

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	P07.00	90378	Approved	
	J98.4	90378	Approved	
	P27.1	90378	Approved	
	P07.00	90378	Denied	by Medical Director Review
Hospital - Outpatient	N17.9	Acute Kidney Failure, Unspecified	Approved	
Hospital - Outpatient	N17.9	Acute Kidney Failure, Unspecified	Approved	
Hospital - Outpatient	N17.9	Acute Kidney Failure, Unspecified	Approved	
Home	J96.02	Acute Respiratory Failure with Hypercapnia	Approved	
Home	J96.02	Acute Respiratory Failure with Hypercapnia	Approved	
Hospital - Outpatient	M75.02	Adhesive Capsulitis of Left Shoulder	Approved	
Office	M81.0	Age-Related Osteoporosis w/o Current Pathological Fracture	Approved	
Office	M81.0	Age-Related Osteoporosis w/o Current Pathological Fracture	Approved	
Office	M81.0	Age-Related Osteoporosis w/o Current Pathological Fracture	Approved	
Office	D63.1	Anemia In Chronic Kidney Disease	Approved	
Office	M45.9	Ankylosing Spondylitis of Unspecified Sites In Spine	Approved	
Facility	F84.0	Applied Behavioral Analysis	Approved	
Facility	F84.0	Applied Behavioral Analysis	Approved	
Facility	F84.0	Applied Behavioral Analysis	Approved	
Facility	F84.0	Applied Behavioral Analysis	Approved	
Hospital - Inpatient	Z98.1	Arthrodesis Status	Approved	
Hospital - Outpatient	Z98.1	Arthrodesis Status	Approved	
Hospital - Outpatient	Z98.1	Arthrodesis Status	Approved	
Hospital - Outpatient	Z98.1	Arthrodesis Status	Approved	
Hospital - Inpatient	I25.10	Atherosclerotic Heart Disease of Native Coronary Artery w/o Ang Pctrs	Approved	
Rehabilitation Facility - Outpatient	F84.0	Autistic Disorder	Approved	
Rehabilitation Facility - Outpatient	F84.0	Autistic Disorder	Approved	
Hospital - Outpatient	D59.10	Autoimmune Hemolytic Anemia, Unspecified	Approved	
Office	D59.10	Autoimmune Hemolytic Anemia, Unspecified	Denied	by Medical Director Review
Hospital - Outpatient	D59.10	Autoimmune Hemolytic Anemia, Unspecified	Denied	by Medical Director Review
	K91.2	B4187	Approved	
Home	R78.81	Bacteremia	Approved	
Home	R78.81	Bacteremia	Approved	
Office	M17.0	Bilateral Primary Osteoarthritis of Knee	Approved	
Office	P27.1	Bronchopulmonary Dysplasia Origin In The Perinatal Period	Approved	
Hospital - Outpatient	M50.123	Cervical Disc Disorder At C6-C7 Level with Radiculopathy	Approved	
Hospital - Inpatient	M50.00	Cervical Disc Disorder with Myelopathy, Unsp Cervical Region	Approved	

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Hospital - Outpatient	M50.00	Cervical Disc Disorder with Myelopathy, Unsp Cervical Region	Approved	
Hospital - Outpatient	M50.00	Cervical Disc Disorder with Myelopathy, Unsp Cervical Region	Approved	
Hospital - Outpatient	M50.00	Cervical Disc Disorder with Myelopathy, Unsp Cervical Region	Approved	
Hospital - Outpatient	M50.00	Cervical Disc Disorder with Myelopathy, Unsp Cervical Region	Approved	
Hospital - Outpatient	C91.10	Chronic Lymphocytic Leuk of B-Cell Type Not Achieve Remis	Denied	by Medical Director Review
Office	G43.711	Chronic Migraine w/o Aura, Intractable, W Status Migrainosus	Approved	
Hospital - Outpatient	G43.711	Chronic Migraine w/o Aura, Intractable, W Status Migrainosus	Denied	by EXPERIMENTAL SERVICE OR PROCEDURE
Hospital - Outpatient	G43.711	Chronic Migraine w/o Aura, Intractable, W Status Migrainosus	Denied	by EXPERIMENTAL SERVICE OR PROCEDURE
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Approved	
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Approved	
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Approved	
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Approved	
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Denied	by Medical Director Review
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Denied	by Medical Director Review
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Denied	by Medical Director Review
Office	G43.719	Chronic Migraine w/o Aura, Intractable, w/o Stat Migr	Denied	by Medical Director Review
Office	G43.709	Chronic Migraine w/o Aura, Not Intractable, w/o Stat Migr	Approved	
Office	G43.709	Chronic Migraine w/o Aura, Not Intractable, w/o Stat Migr	Approved	
Office	G43.709	Chronic Migraine w/o Aura, Not Intractable, w/o Stat Migr	Approved	
Office	G43.709	Chronic Migraine w/o Aura, Not Intractable, w/o Stat Migr	Denied	by Medical Director Review
Hospital - Outpatient	J32.4	Chronic Pansinusitis	Approved	
Ambulatory Surgical	J32.4	Chronic Pansinusitis	Approved	
Hospital - Outpatient	J32.4	Chronic Pansinusitis	Denied	by Medical Director Review
Hospital - Outpatient	J32.4	Chronic Pansinusitis	Denied	by Medical Director Review
Home	J96.11	Chronic Respiratory Failure with Hypoxia	Approved	
Hospital - Outpatient	J32.9	Chronic Sinusitis, Unspecified	Approved	
Hospital - Outpatient	J32.9	Chronic Sinusitis, Unspecified	Approved	
Ambulatory Surgical Center	M75.121	Complete Rotatr-Cuff Tear/Ruptr of R Shoulder, Not Trauma	Denied	by Medical Director Review
Home	U07.1	Covid-19	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Office	K50.10	Crohn's Disease of Large Intestine without Complications	Approved	
Home	K50.10	Crohn's Disease of Large Intestine without Complications	Approved	
Home	K50.10	Crohn's Disease of Large Intestine without Complications	Approved	
Office	K50.00	Crohn's Disease of Small Intestine without Complications	Approved	
Office	K50.90	Crohn's Disease, Unspecified, without Complications	Denied	by Medical Director Review
Office	R62.0	Delayed Milestone In Childhood	Approved	
Hospital - Outpatient	K02.9	Dental Caries, Unspecified	Approved	
Hospital - Outpatient	K02.9	Dental Caries, Unspecified	Approved	
Facility	F10.20	Detox	Approved	
Office	F80.9	Developmental Disorder of Speech And Language, Unspecified	Approved	
Rehabilitation Facility - Outpatient	F80.9	Developmental Disorder of Speech And Language, Unspecified	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Hospital - Outpatient	C83.30	Diffuse Large B-Cell Lymphoma, Unspecified Site	Approved	
Home	S92.352D	Disp Fx of 5th Metatarsal Bone, L Ft, 7thd	Approved	
Hospital - Outpatient	S72.042A	Disp Fx of Base of Neck of Left Femur, Init For Clos Fx	Approved	
Hospital - Outpatient	S82.851A	Displaced Trimalleolar Fracture of Right Lower Leg	Denied	by PEER TO PEER UPHELD
Hospital - Outpatient	S82.851A	Displaced Trimalleolar Fracture of Right Lower Leg, Init	Approved	
Hospital - Outpatient	S82.851A	Displaced Trimalleolar Fracture of Right Lower Leg, Init	Approved	
Hospital - Outpatient	S82.851A	Displaced Trimalleolar Fracture of Right Lower Leg, Init	Approved	
Independent Laboratory	R97.20	Elevated Prostate Specific Antigen	Approved	
Independent Laboratory	R97.20	Elevated Prostate Specific Antigen	Approved	
Home	Z48.812	Encntr For Surgical Aftcr Following Surgery On The Circ Sys	Approved	
Hospital - Outpatient	Z31.83	Encounter For Assisted Reproductv Fertility Procedure Cycle	Denied	by Medical Director Review

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Hospital - Outpatient	Z42.1	Encounter For Breast Reconstruction Following Mastectomy	Approved	
Hospital - Outpatient	Z42.1	Encounter For Breast Reconstruction Following Mastectomy	Approved	
Hospital - Outpatient	Z42.1	Encounter For Breast Reconstruction Following Mastectomy	Approved	
Hospital - Outpatient	Z42.1	Encounter For Breast Reconstruction Following Mastectomy	Approved	
Home	O80	Encounter For Full-Term Uncomplicated Delivery	Denied	by Medical Director Review
Hospital - Outpatient	N18.6	End Stage Renal Disease	Approved	
Hospital - Outpatient	N18.6	End Stage Renal Disease	Approved	
Hospital - Inpatient	K22.2	Esophageal Obstruction	Approved	
Office	H35.3211	Exdtve Age-Rel Mclr Degn, Right Eye, with Actv Chrdl Neovas	Approved	
Hospital - Outpatient	F80.1	Expressive Language Disorder	Approved	
Rehabilitation Facility - Outpatient	F80.1	Expressive Language Disorder	Approved	
Office	H35.3231	Exudative Age-Rel Mclr Degn, Bi, with Actv Chrdl Neovas	Approved	
Independent Laboratory	Z80.3	Family History of Malignant Neoplasm of Breast	Approved	
Independent Laboratory	Z80.3	Family History of Malignant Neoplasm of Breast	Approved	
Independent Laboratory	Z80.41	Family History of Malignant Neoplasm of Ovary	Approved	
Rehabilitation Facility - Outpatient	R63.3	Feeding Difficulties	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Home	N97.9	Female Infertility, Unspecified	Approved	
Home	N97.9	Female Infertility, Unspecified	Approved	
Home	N97.9	Female Infertility, Unspecified	Approved	
Home	N97.9	Female Infertility, Unspecified	Approved	
Home	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
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Office	N97.9	Female Infertility, Unspecified	Approved	
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Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	
Office	N97.9	Female Infertility, Unspecified	Approved	

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Office	N97.9	Female Infertility, Unspecified	Approved	
Home	N97.9	Female Infertility, Unspecified	Approved	
Home	N97.9	Female Infertility, Unspecified	Approved	
Hospital - Outpatient	M21.371	Foot Drop, Right Foot	Approved	
Home	G47.10	Hypersomnia, Unspecified	Approved	
Hospital - Outpatient	N62	Hypertrophy of Breast	Approved	
Office	N62	Hypertrophy of Breast	Denied	by Medical Director Review
Office	L50.1	Idiopathic Urticaria	Approved	
Office	D80.5	Immunodeficiency with Increased Immunoglobulin M [Igm]	Approved	
Home	D80.5	Immunodeficiency with Increased Immunoglobulin M [Igm]	Approved	
Ambulatory Surgical Center	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Approved	
Ambulatory Surgical Center	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Approved	
Hospital - Inpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by EXPERIMENTAL SERVICE OR PROCEDURE
Hospital - Outpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by EXPERIMENTAL SERVICE OR PROCEDURE
Hospital - Outpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by Medical Director Review
Hospital - Outpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by Medical Director Review
Hospital - Outpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by Medical Director Review
Hospital - Outpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by Medical Director Review
Hospital - Outpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by Medical Director Review
Hospital - Outpatient	M51.16	Intervertebral Disc Disorders W Radiculopathy, Lumbar Region	Denied	by Medical Director Review
	G35	J0202	Approved	
	G35	J0202	Approved	
	M32.19	J0490	Approved	
	M32.19	J0490	Denied	by Medical Director Review
	M32.19	J0490	Denied	by Medical Director Review
	G43.719	J0585	Approved	
	G43.709	J0585	Approved	
	G43.711	J0585	Approved	
	K52.9	J0585	Approved	
	G24.3	J0585	Approved	
	G43.711	J0585	Approved	
	G43.719	J0585	Approved	
	G43.711	J0585	Approved	
	G43.711	J0585	Approved	
	G43.711	J0585	Approved	
	G43.711	J0585	Approved	
	G43.711	J0585	Approved	
	G43.709	J0585	Approved	
	G43.719	J0585	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M62.838	J0585	Approved	
	G80.9	J0585	Approved	
	L74.510	J0585	Approved	
	G43.711	J0585	Approved	
	G43.711	J0585	Approved	
	G43.719	J0585	Approved	
	G24.8	J0585	Approved	
	M62.838	J0585	Denied	by Medical Director Review
	G24.5	J0585	Denied	by Medical Director Review
	G43.711	J0585	Denied	by Medical Director Review
	G43.719	J0585	Denied	by Medical Director Review
	G43.709	J0585	Denied	by Medical Director Review
	G43.709	J0585	Denied	by Medical Director Review
	N39.41	J0585	Denied	by Medical Director Review
	G43.719	J0585	Denied	by Medical Director Review
	C17.9	J0641	Approved	
	L40.53	J0717	Approved	
	M05.79	J0717	Approved	
	N97.9	J0725	Approved	
	N97.9	J0725	Approved	
	E29.1	J0725	Denied	by Medical Director Review
	N48.6	J0775	Approved	
	D63.1	J0887	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	C50.412	J0897	Approved	
	G70.00	J1300	Denied	by Medical Director Review
	G70.00	J1300	Denied	by Medical Director Review
	C44.42	J1453	Approved	
	C54.1	J1454	Approved	
	D80.1	J1459	Approved	
	D80.1	J1555	Approved	
	D81.9	J1561	Approved	
	D80.1	J1561	Approved	
	D81.9	J1561	Approved	
	M33.90	J1561	Approved	
	M33.90	J1561	Denied	by Medical Director Review
	C91.10	J1569	Denied	by Medical Director Review
	C91.10	J1569	Denied	by Medical Director Review
	D80.3	J1569	Denied	by Medical Director Review
	D80.5	J1575	Approved	
	D80.5	J1575	Approved	
	M05.79	J1602	Approved	
	M45.9	J1602	Denied	by Medical Director Review
	R68.89	J1628	Denied	by Medical Director Review
	M06.89	J1745	Approved	
	K50.90	J1745	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	L40.59	J1745	Approved	
	L88	J1745	Approved	
	K50.90	J1745	Approved	
	M45.9	J1745	Approved	
	K50.812	J1745	Approved	
	M45.9	J1745	Approved	
	K51.00	J1745	Approved	
	K50.00	J1745	Approved	
	K50.10	J1745	Approved	
	K50.10	J1745	Approved	
	K50.00	J1745	Approved	
	K51.00	J1745	Denied	by Medical Director Review
	K50.90	J1745	Denied	by Medical Director Review
	G35	J2323	Approved	
	G35	J2350	Approved	
	G35	J2350	Approved	
	J45.50	J2357	Approved	
	L50.1	J2357	Approved	
	C44.42	J2469	Approved	
	G43.119	J3032	Approved	
	G43.119	J3032	Denied	by Medical Director Review
	M06.061	J3262	Approved	
	K51.90	J3358	Approved	
	K51.011	J3380	Approved	
	K51.90	J3380	Approved	
	K51.011	J3380	Approved	
	K51.90	J3380	Approved	
	K50.90	J3380	Denied	by Medical Director Review
	N97.9	J3490	Approved	
	N97.9	J3590	Approved	
	N97.9	J3590	Approved	
	N97.9	J3590	Approved	
	N97.9	J3590	Approved	
	N97.9	J3590	Approved	
	D66	J7187	Denied	by Medical Director Review
	D66	J7192	Approved	
	M17.0	J7318	Denied	by Medical Director Review
	M17.10	J7318	Denied	by Medical Director Review
	M17.11	J7324	Approved	
	M17.11	J7324	Approved	
	M17.12	J7324	Denied	by Medical Director Review
	M17.12	J7325	Approved	
	M17.11	J7325	Approved	
	M17.0	J7325	Approved	
	M17.11	J7325	Approved	
	M17.12	J7325	Approved	
	M17.11	J7325	Approved	
	M17.12	J7326	Denied	by Medical Director Review
	M17.11	J7327	Approved	
	M17.11	J7328	Denied	by Medical Director Review
	M17.12	J7328	Denied	by Medical Director Review

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C54.1	J9060	Approved	
	C44.42	J9060	Approved	
	C17.9	J9190	Approved	
	C54.1	J9201	Approved	
	C91.00	J9266	Approved	
	M31.30	J9312	Approved	
	M32.8	J9312	Denied	by Medical Director Review
Hospital - Outpatient	C50.412	Malig Neoplasm of Upper-Outer Quadrant of Left Female Breast	Approved	
Home	C50.412	Malig Neoplasm of Upper-Outer Quadrant of Left Female Breast	Approved	
Home	C71.4	Malignant Neoplasm of Occipital Lobe	Approved	
Office	C17.9	Malignant Neoplasm of Small Intestine, Unspecified	Approved	
Office	C17.9	Malignant Neoplasm of Small Intestine, Unspecified	Approved	
Office	C17.9	Malignant Neoplasm of Small Intestine, Unspecified	Approved	
Hospital - Outpatient	C50.911	Malignant Neoplasm of Unsp Site of Right Female Breast	Approved	
Hospital - Outpatient	C50.911	Malignant Neoplasm of Unsp Site of Right Female Breast	Approved	
Ambulatory Surgical Center	D22.72	Melanocytic Nevi of Left Lower Limb, Including Hip	Denied	by Medical Director Review
Facility	R69	Mental Health Individual And Family Therapy	Approved	
Facility	R69	Mental Health Individual And Family Therapy	Approved	
Facility	F43.10	Mental Health Intensive Outpatient Program	Approved	
Hospital - Outpatient	G43.119	Migraine with Aura, Intractable, without Status Migrainosus	Approved	
Office	G43.119	Migraine with Aura, Intractable, without Status Migrainosus	Approved	
Office	G43.119	Migraine with Aura, Intractable, without Status Migrainosus	Denied	by Medical Director Review
Rehabilitation Facility - Outpatient	F80.2	Mixed Receptive-Expressive Language Disorder	Approved	
Rehabilitation Facility - Outpatient	F80.2	Mixed Receptive-Expressive Language Disorder	Approved	
Rehabilitation Facility - Outpatient	F80.2	Mixed Receptive-Expressive Language Disorder	Approved	
Office	F80.2	Mixed Receptive-Expressive Language Disorder	Approved	
Rehabilitation Facility - Outpatient	F80.2	Mixed Receptive-Expressive Language Disorder	Approved	
Rehabilitation Facility - Outpatient	F80.2	Mixed Receptive-Expressive Language Disorder	Approved	
Hospital - Inpatient	E66.01	Morbid (Severe) Obesity Due To Excess Calories	Approved	
Office	G35	Multiple Sclerosis	Approved	

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Home	D80.1	Nonfamilial Hypogammaglobulinemia	Approved	
Home	D80.1	Nonfamilial Hypogammaglobulinemia	Approved	
Hospital - Inpatient	I35.0	Nonrheumatic Aortic (Valve) Stenosis	Approved	
Office	M32.19	Oth Organ Or System Involv In Systemic Lupus Erythematosus	Approved	
Office	G24.8	Other Dystonia	Approved	
Ambulatory Surgical Center	M51.36	Other Intervertebral Disc Degeneration, Lumbar Region	Denied	by Medical Director Review
Ambulatory Surgical Center	M51.36	Other Intervertebral Disc Degeneration, Lumbar Region	Denied	by Medical Director Review
Hospital - Outpatient	M51.26	Other Intervertebral Disc Displacement, Lumbar Region	Approved	
Home	L43.8	Other Lichen Planus	Approved	
Hospital - Outpatient	M26.79	Other Specified Alveolar Anomalies	Approved	
Hospital - Outpatient	M26.79	Other Specified Alveolar Anomalies	Approved	
Hospital - Outpatient	M26.79	Other Specified Alveolar Anomalies	Approved	
Hospital - Inpatient	N28.89	Other Specified Disorders of Kidney And Ureter	Approved	
Hospital - Outpatient	M53.80	Other Specified Dorsopathies, Site Unspecified	Approved	
Rehabilitation Facility - Outpatient	R47.89	Other Speech Disturbances	Approved	
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	I73.9	Peripheral Vascular Disease,	Denied	by Medical Director Review
Office	Z87.891	Personal History of Nicotine Dependence	Approved	
Rehabilitation Facility - Outpatient	F80.0	Phonological Disorder	Approved	
Office	F80.0	Phonological Disorder	Approved	
Hospital - Inpatient	Z85.048	Prsnl Hx of Malig Neoplms of Rectum, Rectosig Junct, And Anus	Approved	
Hospital - Outpatient	Z85.048	Prsnl Hx of Malig Neoplms of Rectum, Rectosig Junct, And Anus	Approved	
Facility	F33.2	Psychiatric Treatment Partial Hospitalization	Approved	
Facility	F33.2	Psychiatric Treatment Partial Hospitalization	Approved	

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	K51.90	Q5104	Denied	by Medical Director Review
	C49.9	Q5108	Approved	
	C49.9	Q5108	Approved	
	D70.1	Q5110	Denied	by Medical Director Review
	C17.9	Q5118	Approved	
	C54.1	Q5118	Denied	by Medical Director Review
Hospital - Inpatient	J39.0	Retropharyngeal And Parapharyngeal Abscess	Approved	
Hospital - Outpatient	J39.0	Retropharyngeal And Parapharyngeal Abscess	Approved	
Hospital - Outpatient	J39.0	Retropharyngeal And Parapharyngeal Abscess	Approved	
Hospital - Outpatient	J39.0	Retropharyngeal And Parapharyngeal Abscess	Approved	
	N97.9	S0126	Approved	
	N97.9	S0126	Approved	
	N97.9	S0126	Approved	
	N97.9	S0126	Approved	
	N97.9	S0126	Approved	
Hospital - Inpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Approved	
Hospital - Outpatient	M41.9	Scoliosis, Unspecified	Denied	by Medical Director Review
Independent Laboratory	C79.51	Secondary Malignant Neoplasm of	Approved	
Home	A41.9	Sepsis, Unspecified Organism	Approved	
Home	A41.9	Sepsis, Unspecified Organism	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Hospital - Outpatient	M48.02	Spinal Stenosis, Cervical Region	Approved	
Facility	F10.20	Substance Abuse Residential	Approved	
Hospital - Outpatient	H91.22	Sudden Idiopathic Hearing Loss, Left	Denied	by Medical Director Review
Hospital - Outpatient	H91.22	Sudden Idiopathic Hearing Loss, Left	Denied	by Medical Director Review
Independent Laboratory	O09.511	Supervision of Elderly Primigravida, First Trimester	Approved	
Hospital - Outpatient	F64.0	Transsexualism	Denied	by Medical Director Review
Hospital - Outpatient	F64.0	Transsexualism	Denied	by Medical Director Review
Office	H34.8310	Trib Rtnl Vein Occlusion, Right Eye, with Macular Edema	Approved	
Office	E11.3313	Type 2 Diab with Moderate Nonp Rtnop with Macular Edema, Bi	Approved	
Office	E11.3313	Type 2 Diab with Moderate Nonp Rtnop with Macular Edema, Bi	Approved	
Office	E11.3513	Type 2 Diab with Prolif Diab Rtnop with Macular Edema, Bi	Approved	
Office	E11.3511	Type 2 Diab with Prolif Diab Rtnop with Macular Edema, R Eye	Approved	
Hospital - Inpatient	E11.49	Type 2 Diabetes W Oth Diabetic Neurological Complication	Approved	
Office	K51.00	Ulcerative (Chronic) Pancolitis without Complications	Approved	
Office	K51.00	Ulcerative (Chronic) Pancolitis without Complications	Approved	
Office	M17.12	Unilateral Primary Osteoarthritis, Left Knee	Approved	
Rehabilitation Facility - Outpatient	R62.50	Unsp Lack of Expected Normal Physiol Dev In Childhood	Approved	
Hospital - Outpatient	H71.91	Unspecified Cholesteatoma, Right Ear	Approved	
Hospital - Inpatient	R56.9	Unspecified Convulsions	Approved	
Ambulatory Surgical	H02.403	Unspecified Ptosis of Bilateral Eyelids	Approved	
Office	N39.41	Urge Incontinence	Approved	
Office	N39.41	Urge Incontinence	Denied	by Medical Director Review
Hospital - Outpatient	I49.3	Ventricular Premature Depolarization	Approved	
	S82.141A		Approved	
	S82.141A		Approved	
	G95.9		Approved	
	G95.9		Approved	
	N20.0		Approved	
	N20.0		Approved	
	M54.12		Approved	
	M54.12		Approved	
	D50.8		Approved	
	D50.8		Approved	
	D50.8		Approved	
	C56.9		Approved	
	C56.9		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C18.7		Approved	
	C18.7		Approved	
	C18.7		Approved	
	C18.7		Approved	
	E04.1		Approved	
	E04.1		Approved	
	G93.2		Approved	
	G93.2		Approved	
	G93.2		Approved	
	M54.5		Approved	
	M54.5		Approved	
	S83.002D		Denied	by Medical Director Review
	S83.002D		Denied	by Medical Director Review
	M48.52XA		Denied	by Medical Director Review
	M48.52XA		Denied	by Medical Director Review
	C43.72		Approved	
	C92.11		Approved	
	C92.11		Approved	
	C50.411		Approved	
	C34.32		Approved	
	C79.31		Approved	
	C71.9		Approved	
	C71.8		Approved	
	C92.00		Approved	
	C43.9		Approved	
	C34.01		Approved	
	C34.01		Approved	
	C49.21		Approved	
	C50.412		Approved	
	G47.33		Approved	
	G47.419		Approved	
	G47.419		Approved	
	M87.271		Approved	
	I25.10		Approved	
	J32.4		Approved	
	M48.062		Approved	
	J32.0		Approved	
	G93.2		Approved	
	D24.1		Approved	
	Z85.71		Approved	
	C61		Approved	
	I49.3		Approved	
	M25.511		Approved	
	M25.562		Approved	
	S96.912A		Approved	
	G35		Approved	
	M25.512		Approved	
	S92.902A		Approved	
	I48.0		Approved	
	R94.31		Approved	
	R68.89		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C50.112		Approved	
	S92.902A		Approved	
	R94.31		Approved	
	M19.071		Approved	
	I25.118		Approved	
	Z01.810		Approved	
	I25.118		Approved	
	M25.562		Approved	
	G93.9		Approved	
	M25.522		Approved	
	C50.112		Approved	
	I10		Approved	
	J32.9		Approved	
	J32.9		Approved	
	M54.17		Approved	
	S62.002A		Approved	
	G60.9		Approved	
	R91.1		Approved	
	M48.02		Approved	
	R10.32		Approved	
	R10.9		Approved	
	M25.312		Approved	
	H54.61		Approved	
	I71.4		Approved	
	M25.511		Approved	
	M25.512		Approved	
	E78.5		Approved	
	G40.209		Approved	
	M17.12		Approved	
	H54.61		Approved	
	R07.2		Approved	
	I26.92		Approved	
	M25.562		Approved	
	M54.12		Approved	
	R07.89		Approved	
	M54.12		Approved	
	G31.84		Approved	
	M25.561		Approved	
	R07.2		Approved	
	C18.2		Approved	
	S62.002A		Approved	
	R31.0		Approved	
	C18.2		Approved	
	I71.4		Approved	
	F95.2		Approved	
	M25.561		Approved	
	G95.9		Approved	
	I26.92		Approved	
	M17.11		Approved	
	G43.719		Approved	
	G62.9		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	D35.2		Approved	
	R06.00		Approved	
	M17.11		Approved	
	M25.512		Approved	
	C34.12		Approved	
	H92.02		Approved	
	H92.02		Approved	
	M19.012		Approved	
	E66.9		Approved	
	Z87.891		Approved	
	M25.461		Approved	
	R42		Approved	
	H91.22		Approved	
	H91.22		Approved	
	E78.5		Approved	
	F39		Approved	
	M47.816		Approved	
	M54.89		Approved	
	S43.421D		Approved	
	R40.4		Approved	
	I20.9		Approved	
	M47.892		Approved	
	I10		Approved	
	Z85.71		Approved	
	M16.11		Approved	
	N60.29		Approved	
	Z85.818		Approved	
	M25.561		Approved	
	M54.16		Approved	
	M25.562		Approved	
	G43.809		Approved	
	I20.9		Approved	
	M54.16		Approved	
	Z85.71		Approved	
	E23.6		Approved	
	R91.1		Approved	
	M47.817		Approved	
	T84.093A		Approved	
	E23.6		Approved	
	R97.20		Approved	
	M54.16		Approved	
	Z85.818		Approved	
	R07.9		Approved	
	N60.29		Approved	
	G51.9		Approved	
	G44.019		Approved	
	M54.16		Approved	
	F17.200		Approved	
	I25.10		Approved	
	S83.241A		Approved	
	M22.42		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M46.92		Approved	
	M54.5		Approved	
	S83.511D		Approved	
	M54.9		Approved	
	M54.9		Approved	
	M54.9		Approved	
	M54.9		Approved	
	M25.562		Approved	
	M25.562		Approved	
	R22.1		Approved	
	H81.399		Approved	
	H81.399		Approved	
	G40.909		Approved	
	G44.52		Approved	
	Z80.3		Approved	
	H81.399		Approved	
	M23.221		Approved	
	R22.1		Approved	
	M25.512		Approved	
	M23.221		Approved	
	M25.512		Approved	
	Z80.3		Approved	
	G95.9		Approved	
	M25.512		Approved	
	M25.512		Approved	
	C34.32		Approved	
	S83.511A		Approved	
	H81.399		Approved	
	G44.52		Approved	
	G95.9		Approved	
	S83.511A		Approved	
	G40.909		Approved	
	C34.32		Approved	
	M25.552		Approved	
	M47.812		Approved	
	M25.552		Approved	
	M47.812		Approved	
	C77.3		Approved	
	N80.9		Approved	
	M23.92		Approved	
	C77.3		Approved	
	R42		Approved	
	N80.9		Approved	
	C50.812		Approved	
	C50.812		Approved	
	M75.102		Approved	
	M25.512		Approved	
	M75.41		Approved	
	M47.816		Approved	
	M47.816		Approved	
	M25.512		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M75.41		Approved	
	C50.812		Approved	
	R42		Approved	
	M23.92		Approved	
	M47.812		Approved	
	C50.812		Approved	
	M75.102		Approved	
	M47.816		Approved	
	M47.816		Approved	
	M47.812		Approved	
	M47.812		Approved	
	M75.101		Approved	
	M47.812		Approved	
	M54.14		Approved	
	M54.14		Approved	
	M47.812		Approved	
	M75.101		Approved	
	M75.101		Approved	
	M54.14		Approved	
	G35		Approved	
	G35		Approved	
	M47.816		Approved	
	M47.816		Approved	
	M47.817		Approved	
	M47.817		Approved	
	G35		Approved	
	M47.817		Approved	
	M47.812		Approved	
	M47.812		Approved	
	M47.812		Approved	
	M47.812		Approved	
	M47.812		Approved	
	M47.812		Approved	
	M47.816		Approved	
	M47.812		Approved	
	G35		Approved	
	G35		Approved	
	G35		Approved	
	G35		Approved	
	M47.897		Approved	
	M47.897		Approved	
	M47.897		Approved	
	R31.0		Approved	
	R31.0		Approved	
	H71.91		Approved	
	H71.91		Approved	
	H71.91		Approved	
	H71.91		Approved	
	R55		Approved	
	R07.9		Approved	
	M87.271		Approved	
	G40.209		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C49.0		Approved	
	C49.0		Approved	
	M17.11		Approved	
	R22.31		Approved	
	R19.00		Approved	
	M54.2		Approved	
	M79.642		Approved	
	R10.30		Approved	
	G93.9		Approved	
	S90.31XD		Approved	
	S90.31XD		Approved	
	M54.2		Approved	
	R10.12		Approved	
	G35		Approved	
	M25.561		Approved	
	I63.9		Approved	
	M46.07		Approved	
	R94.31		Approved	
	M25.532		Approved	
	S83.249A		Approved	
	M23.203		Approved	
	C18.7		Approved	
	R94.31		Approved	
	Q89.9		Approved	
	K75.0		Approved	
	M54.14		Approved	
	R19.00		Approved	
	K75.0		Approved	
	M54.16		Approved	
	M54.16		Approved	
	D48.1		Approved	
	D48.1		Approved	
	D48.1		Approved	
	D48.1		Approved	
	S02.92XA		Approved	
	M25.551		Approved	
	M25.511		Approved	
	S69.91XA		Approved	
	S69.91XA		Approved	
	M54.16		Approved	
	S02.92XA		Approved	
	S02.92XA		Approved	
	M25.551		Approved	
	M54.41		Approved	
	M54.16		Approved	
	M25.561		Approved	
	M25.511		Approved	
	M25.561		Approved	
	S02.92XA		Approved	
	M54.41		Approved	
	M25.851		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M25.851		Approved	
	M25.512		Approved	
	M25.512		Approved	
	M47.817		Approved	
	M47.817		Approved	
	M47.817		Approved	
	G89.29		Approved	
	G89.29		Approved	
	G89.29		Approved	
	C83.13		Approved	
	C83.13		Approved	
	C83.13		Approved	
	C83.13		Approved	
	C83.13		Approved	
	C83.13		Approved	
	H53.2		Approved	
	H53.2		Approved	
	H53.2		Approved	
	M54.5		Approved	
	M54.5		Approved	
	M19.011		Approved	
	M19.011		Approved	
	M19.011		Approved	
	M19.011		Approved	
	M19.011		Approved	
	M19.011		Approved	
	M25.572		Approved	
	M25.572		Approved	
	R22.1		Approved	
	R22.1		Approved	
	E31.21		Approved	
	E31.21		Approved	
	E31.21		Approved	
	E31.21		Approved	
	M54.5		Approved	
	M54.5		Approved	
	M54.5		Approved	
	M54.5		Approved	
	N39.0		Approved	
	N39.0		Approved	
	N39.0		Approved	
	S62.141A		Approved	
	S62.141A		Approved	
	S62.141A		Approved	
	S62.141A		Approved	
	K63.89		Approved	
	K63.89		Approved	
	C61		Approved	
	C61		Approved	
	G89.29		Approved	
	G89.29		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	R92.8		Approved	
	M79.641		Approved	
	M79.641		Approved	
	R19.00		Approved	
	R19.00		Approved	
	M89.9		Approved	
	M89.9		Approved	
	R92.8		Approved	
	M47.816		Approved	
	M50.30		Approved	
	M50.30		Approved	
	Z85.3		Approved	
	Z85.3		Approved	
	M25.561		Approved	
	M25.561		Approved	
	G89.29		Approved	
	M54.41		Approved	
	M25.521		Approved	
	M46.07		Approved	
	M25.551		Approved	
	R10.9		Approved	
	R10.9		Approved	
	S69.91XA		Approved	
	F17.218		Approved	
	J45.40		Approved	
	F17.218		Approved	
	J45.40		Approved	
	F17.218		Approved	
	M25.551		Approved	
	S69.91XA		Approved	
	F17.218		Approved	
	R06.02		Approved	
	R06.02		Approved	
	R25.1		Approved	
	R25.1		Approved	
	G93.9		Approved	
	G93.9		Approved	
	M54.16		Approved	
	M54.16		Approved	
	R10.33		Approved	
	I25.82		Approved	
	S93.412A		Approved	
	R91.1		Approved	
	R07.9		Approved	
	K57.92		Approved	
	K57.92		Approved	
	M54.5		Approved	
	M47.23		Approved	
	K50.80		Approved	
	C49.9		Approved	
	M25.572		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M51.26		Approved	
	M54.5		Approved	
	M62.81		Approved	
	K50.80		Approved	
	C49.9		Approved	
	M40.40		Approved	
	M25.562		Approved	
	N39.0		Approved	
	R10.32		Approved	
	M54.2		Approved	
	Z51.5		Approved	
	Z85.818		Approved	
	M54.41		Approved	
	K25.4		Approved	
	I20.9		Approved	
	R07.2		Approved	
	I20.9		Approved	
	K25.4		Approved	
	Z51.5		Approved	
	Z85.818		Approved	
	C43.72		Approved	
	G93.2		Approved	
	F17.218		Approved	
	F17.218		Approved	
	R10.32		Approved	
	G93.2		Approved	
	M54.16		Approved	
	C43.72		Approved	
	M51.16		Approved	
	M25.512		Approved	
	M47.817		Approved	
	M47.817		Approved	
	M89.9		Approved	
	M75.02		Approved	
	R10.32		Approved	
	R91.8		Approved	
	R92.8		Approved	
	K65.9		Approved	
	R10.9		Approved	
	R09.02		Approved	
	M25.512		Approved	
	R10.9		Approved	
	M54.12		Approved	
	R91.1		Approved	
	G83.10		Approved	
	I62.00		Approved	
	R92.8		Approved	
	M75.02		Approved	
	K21.9		Approved	
	G83.10		Approved	
	G95.9		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C49.21		Approved	
	C49.21		Approved	
	R19.00		Approved	
	G83.10		Approved	
	G95.9		Approved	
	M54.5		Approved	
	M54.16		Approved	
	M25.512		Approved	
	R19.00		Approved	
	R10.32		Approved	
	K65.9		Approved	
	M54.16		Approved	
	M54.12		Approved	
	K21.9		Approved	
	M89.9		Approved	
	M54.5		Approved	
	I62.00		Approved	
	K65.9		Approved	
	K65.9		Approved	
	R09.02		Approved	
	M54.5		Approved	
	M54.5		Approved	
	M54.2		Approved	
	G83.10		Approved	
	M25.571		Approved	
	D35.2		Approved	
	M25.511		Approved	
	M25.561		Approved	
	D35.2		Approved	
	M25.571		Approved	
	R93.0		Approved	
	C71.9		Approved	
	M25.561		Approved	
	M25.512		Approved	
	M25.511		Approved	
	M25.512		Approved	
	M25.551		Approved	
	D43.2		Approved	
	D43.2		Approved	
	R91.1		Approved	
	R93.0		Approved	
	I63.9		Approved	
	M54.2		Approved	
	R91.8		Approved	
	M47.816		Approved	
	M47.816		Approved	
	I63.9		Approved	
	C71.9		Approved	
	M25.551		Approved	
	M54.2		Approved	
	M54.2		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M48.04		Approved	
	M48.04		Approved	
	M48.04		Approved	
	M25.512		Approved	
	C81.91		Approved	
	C81.91		Approved	
	M25.512		Approved	
	M25.512		Approved	
	C81.91		Approved	
	C81.91		Approved	
	C81.91		Approved	
	C81.91		Approved	
	C43.72		Approved	
	C43.72		Approved	
	C43.72		Approved	
	C43.72		Approved	
	R91.1		Approved	
	S09.90XA		Approved	
	R91.1		Approved	
	R10.9		Approved	
	S09.90XA		Approved	
	S09.90XA		Approved	
	S09.90XA		Approved	
	S52.591A		Approved	
	S52.591A		Approved	
	S52.591A		Approved	
	R10.9		Approved	
	S52.591A		Approved	
	M54.16		Approved	
	M54.16		Approved	
	S76.312A		Approved	
	M25.561		Approved	
	m54.17		Approved	
	S82.92XD		Denied	by Medical Director Review
	I63.9		Denied	by Medical Director Review
	E27.8		Denied	by Medical Director Review
	I88.0		Denied	by Medical Director Review
	I37.0		Denied	by Medical Director Review
	R00.2		Denied	by Medical Director Review
	R00.2		Denied	by Medical Director Review
	Z85.71		Denied	by Medical Director Review
	J32.0		Denied	by Medical Director Review
	C62.11		Denied	by Medical Director Review
	C62.11		Denied	by Medical Director Review
	Z85.71		Denied	by Medical Director Review
	Z85.71		Denied	by Medical Director Review
	I51.7		Denied	by Medical Director Review
	M25.561		Denied	by Medical Director Review
	R06.00		Denied	by Medical Director Review
	D50.8		Denied	by Medical Director Review
	C34.2		Denied	by Medical Director Review

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C34.2		Denied	by Medical Director Review
	C34.2		Denied	by Medical Director Review
	D50.8		Denied	by Medical Director Review
	M25.561		Denied	by Medical Director Review
	M51.36		Denied	by Medical Director Review
	M25.561		Denied	by Medical Director Review
	M51.36		Denied	by Medical Director Review
	C34.2		Denied	by Medical Director Review
	M54.12		Denied	by Medical Director Review
	M54.12		Denied	by Medical Director Review
	F17.200		Denied	by Medical Director Review
	F17.200		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M25.511		Denied	by Medical Director Review
	M25.511		Denied	by Medical Director Review
	M25.511		Denied	by Medical Director Review
	M25.511		Denied	by Medical Director Review
	M25.571		Denied	by Medical Director Review
	M17.12		Denied	by Medical Director Review
	M25.461		Denied	by Medical Director Review
	M25.461		Denied	by Medical Director Review
	M54.5		Denied	by Medical Director Review
	M54.5		Denied	by Medical Director Review
	M75.42		Denied	by Medical Director Review
	M75.42		Denied	by Medical Director Review
	M54.6		Denied	by Medical Director Review
	G90.01		Denied	by Medical Director Review
	R10.9		Denied	by Medical Director Review
	R10.32		Denied	by Medical Director Review
	R06.02		Denied	by Medical Director Review
	M54.16		Denied	by Medical Director Review
	G57.61		Denied	by Medical Director Review
	G60.9		Denied	by Medical Director Review
	M51.26		Denied	by Medical Director Review
	E31.21		Denied	by Medical Director Review
	G60.9		Denied	by Medical Director Review
	C34.12		Denied	by Medical Director Review
	M54.2		Denied	by Medical Director Review
	M25.662		Denied	by Medical Director Review
	M54.17		Denied	by Medical Director Review
	M51.36		Denied	by Medical Director Review
	M54.12		Denied	by Medical Director Review
	S83.242D		Denied	by Medical Director Review
	M51.26		Denied	by Medical Director Review
	M25.512		Denied	by Medical Director Review
	C34.12		Denied	by Medical Director Review
	C50.412		Denied	by Medical Director Review
	I65.22		Denied	by Medical Director Review

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C64.2		Denied	by Medical Director Review
	I65.22		Denied	by Medical Director Review
	E31.21		Denied	by Medical Director Review
	C49.A3		Denied	by Medical Director Review
	M54.16		Denied	by Medical Director Review
	C64.2		Denied	by Medical Director Review
	R10.32		Denied	by Medical Director Review
	G90.529		Denied	by Medical Director Review
	K62.89		Denied	by Medical Director Review
	K40.90		Denied	by Medical Director Review
	S83.242D		Denied	by Medical Director Review
	M25.561		Denied	by Medical Director Review
	M54.6		Denied	by Medical Director Review
	I63.9		Denied	by Medical Director Review
	M25.561		Denied	by Medical Director Review
	R03.0		Denied	by Medical Director Review
	C83.13		Denied	by Medical Director Review
	C83.13		Denied	by Medical Director Review
	R59.9		Denied	by Medical Director Review
	M51.36		Denied	by Medical Director Review
	M50.00		Denied	by Medical Director Review
	M25.512		Denied	by Medical Director Review
	R31.0		Denied	by Medical Director Review
	R31.0		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	G43.109		Denied	by Medical Director Review
	M47.816		Denied	by Medical Director Review
	R04.2		Denied	by Medical Director Review
	Z85.818		Denied	by Medical Director Review
	Z85.818		Denied	by Medical Director Review
	R10.9		Denied	by Medical Director Review
	Z85.818		Denied	by Medical Director Review
	G89.29		Denied	by Medical Director Review
	C50.111		Denied	by Medical Director Review
	Z85.818		Denied	by Medical Director Review
	M54.12		Denied	by Medical Director Review
	R07.89		Denied	by Medical Director Review
	D50.8		Denied	by Medical Director Review
	I11.9		Denied	by Medical Director Review
	G51.9		Denied	by Medical Director Review
	M54.12		Denied	by Medical Director Review
	M54.5		Denied	by Medical Director Review
	M25.562		Denied	by Medical Director Review
	M25.562		Denied	by Medical Director Review
	G89.4		Denied	by Medical Director Review
	R07.9		Denied	by Medical Director Review
	C49.A3		Denied	by Medical Director Review
	R10.2		Denied	by Medical Director Review
	M25.552		Denied	by Medical Director Review
	R10.2		Denied	by Medical Director Review
	R07.9		Denied	by Medical Director Review

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G60.9		Denied	by Medical Director Review
	G60.9		Denied	by Medical Director Review
	M25.552		Denied	by Medical Director Review
	M25.561		Denied	by Medical Director Review
	M54.16		Denied	by Medical Director Review
	M54.16		Denied	by Medical Director Review
	M54.16		Denied	by Medical Director Review
	M54.16		Denied	by Medical Director Review
	M25.561		Denied	by Medical Director Review
	R05		Denied	by Medical Director Review
	R05		Denied	by Medical Director Review
	C53.1		Denied	by Medical Director Review
	C53.1		Denied	by Medical Director Review
	C53.1		Denied	by Medical Director Review
	C34.32		Denied	by Medical Director Review
	C34.32		Denied	by Medical Director Review
	M25.512		Denied	by Medical Director Review
	R06.02		Denied	by Medical Director Review
	C50.211		Denied	by Medical Director Review
	M25.512		Denied	by Medical Director Review
	R07.9		Denied	by Medical Director Review
	R59.9		Denied	by Medical Director Review
	R59.9		Denied	by Medical Director Review
	I10		Denied	by Medical Director Review
	I10		Denied	by Medical Director Review
	R63.4		Denied	by Medical Director Review
	R63.4		Denied	by Medical Director Review
	S83.281A		Denied	by Medical Director Review
	S83.281A		Denied	by Medical Director Review
	S83.281A		Denied	by Medical Director Review
	D35.2		Denied	by Medical Director Review
	D35.2		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M22.41		Denied	by Medical Director Review
	M54.2		Denied	by Medical Director Review
	M54.2		Denied	by Medical Director Review
	M54.5		Partially Denied	by Medical Director Review
	F41.9		Partially Denied	by Medical Director Review
	M25.561		Partially Denied	by Medical Director Review
	M54.5		Partially Denied	by Medical Director Review
	M99.03		Partially Denied	by Medical Director Review
	S82.122D		Partially Denied	by Medical Director Review
	S82.122D		Partially Denied	by Medical Director Review
	M99.07		Partially Denied	by Medical Director Review
	M47.813		Partially Denied	by Medical Director Review
	M75.41		Partially Denied	by Medical Director Review
	m54.17		Partially Denied	by Medical Director Review
	m54.17		Partially Denied	by Medical Director Review