	Cigna Arkan	sas Prior Authorizatio	on Report for 04012020 -	
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M75.02	23700	Denied	Medical Director Review
	M16.12	27130	Approved	
	M16.12	27130	Approved	Medical Director Review
	M25.561	27422	Approved	
	S83.005A	27422	Approved	
	M17.12	27446	Approved	Medical Director Review
	M17.12	27447	Approved	
	M75.42	29805	Denied	Medical Director Review
	M75.02	29806	Denied	Medical Director Review
	M75.21	29822	Denied	Medical Director Review
	S46.212D	29823	Approved	
	S46.212D	29823	Approved	
	M75.122	29824	Approved	
	M75.02	29824	Denied	Medical Director Review
	S46.212D	29825	Approved	
	S46.212D	29825	Approved	
	M75.02	29825	Denied	Medical Director Review
	M75.122	29826	Approved	
	M75.21	29826	Denied	Medical Director Review
	M75.42	29826	Denied	Medical Director Review
	M75.42	29826	Denied	Medical Director Review
	M75.122	29827	Approved	
	M75.21	29827	Denied	Medical Director Review
	M75.122	29828	Approved	
	M23.41	29874	Approved	
	M23.41	29875	Approved	
	M23.41	29876	Approved	
	M23.41	29877	Approved	
	M23.332	29877	Denied	Medical Director Review
	M23.332	29877	Denied	Medical Director Review
	M23.41	29880	Approved	
	M23.41	29881	Approved	
	M22.2X2	29881	Approved	
	M23.204	29881	Denied	Medical Director Review
	M23.332	29881	Denied	Medical Director Review
	M23.332	29881	Denied	Medical Director Review
	S83.241A	29881	Approved	
	M54.2	62321	Approved	
	M51.37	62323	Denied	Medical Director Review
	M54.16	62323	Denied	Medical Director Review
	M48.062	62323	Denied	Medical Director Review
	M54.16	62323	Approved	
	M54.16	62323	Denied	Medical Director Review
	M51.16	64483	Approved	

	Cigna Arkan	sas Prior Authorizatio	n Report for 04012020 - 063	or 04012020 - 06302020	
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial	
	M54.16	64483	Approved	Nurse Review	
	M51.16	64483	Denied	Medical Director Review	
	M51.26	64483	Approved		
	M51.16	64484	Denied	Medical Director Review	
	M47.816	64493	Approved	Medical Director Review	
	M47.816	64493	Approved	Nurse Review	
	M47.896	64493	Approved	Medical Director Review	
	M47.816	64494	Approved	Medical Director Review	
	M47.816	64494	Approved	Nurse Review	
	M47.896	64494	Approved	Medical Director Review	
	G44.89	64633	Denied	Medical Director Review	
	G44.89	64633	Denied	Medical Director Review	
	G44.89	64634	Denied	Medical Director Review	
	G44.89	64634	Denied	Medical Director Review	
	M54.9	64635	Approved		
	M54.9	64636	Approved		
	G50.1	70336	Approved		
	G51.0	70450	Approved		
	R51	70450	Approved		
	160.9	70450	Approved		
	160.9	70450	Approved		
	Q06.8	70450	Approved	Medical Director Review	
	R51	70450	Denied	Medical Director Review	
	S09.90XS	70450	Denied	Medical Director Review	
	R51	70450	Needs Additional Research		
	Q02	70450	Approved	Medical Director Review	
	H47.11	70470	Approved	Nurse Review	
	H47.11	70470	Approved	Nurse Review	
	H65.31	70480	Approved	Nurse Review	
	H65.31	70480	Approved	Nurse Review	
	H05.89	70481	Needs Additional Research		
	H05.89	70482	Needs Additional Research		
	J32.8	70486	Approved		
	D48.5	70486	Approved	Medical Director Review	
	R51	70486	Denied	Medical Director Review	
	J30.9	70486	Approved	Nurse Review	
	J30.9	70486	Denied	Medical Director Review	
	C76.0	70480	Approved	Medical Director Review	
	C50.912	70487	Approved	Medical Director Review	
	C81.72	70491	Approved	Nurse Review	
	N88.8	70491	Approved	Nurse Review	

Ordering Provider Type/Specialty	Cigna Arkansas Prior Authorization Report for 04012020 - 06302020			
	Diagnosis	Service	Status	Reason for Denial
	C81.72	70491	Approved	Nurse Review
	N88.8	70491	Approved	Nurse Review
	H93.A2	70496	Approved	Medical Director Review
	H47.11	70496	Needs Additional Research	
	H47.11	70496	Needs Additional Research	
	C49.0	70543	Approved	
	C49.0	70543	Approved	
	H05.112	70543	Approved	Medical Director Review
	C76.0	70543	Approved	Nurse Review
	H49.23	70543	Approved	Nurse Review
	H49.23	70543	Approved	Nurse Review
	H05.241	70543	Approved	Nurse Review
	H05.241	70543	Approved	Nurse Review
	Q06.8	70544	Approved	Medical Director Review
	G93.0	70544	Approved	Nurse Review
	H47.11	70544	Needs Additional Research	
	H47.11	70544	Needs Additional Research	
	G50.0	70544	Approved	Medical Director Review
	H93.12	70545	Approved	
	H93.12	70545	Approved	
	H93.12	70546	Approved	
	H93.12	70546	Approved	
	G93.0	70547	Approved	Nurse Review
	R20.2	70547	Approved	Medical Director Review
	R51	70551	Approved	
	G43.011	70551	Approved	
	Q07.00	70551	Approved	Medical Director Review
	R25.8	70551	Approved	Medical Director Review
	Q06.8	70551	Approved	Medical Director Review
	G45.9	70551	Approved	Medical Director Review
	R51	70551	Approved	
	R29.818	70551	Approved	
	H90.5	70551	Approved	
	R51	70551	Approved	Nurse Review
	R40.0	70551	Approved	Nurse Review
	Z45.42	70551	Denied	Medical Director Review
	D35.2	70553	Approved	
	G93.0	70553	Approved	
	R42	70553	Approved	
	G40.309	70553	Approved	

	Cigna Arkan	sas Prior Authorizatio	on Report for 04012020 - 063	302020
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G35	70553	Approved	
	G35	70553	Approved	
	D44.3	70553	Approved	
	D44.3	70553	Approved	
	H47.11	70553	Approved	
	H47.11	70553	Approved	
	G20	70553	Approved	
	G44.309	70553	Approved	
	R55	70553	Approved	
	G45.9	70553	Approved	
	H53.123	70553	Approved	
	H53.123	70553	Approved	
	H53.9	70553	Approved	
	H05.112	70553	Approved	Medical Director Review
	R51	70553	Approved	Medical Director Review
	R51	70553	Approved	Medical Director Review
	C79.31	70553	Approved	Medical Director Review
	R42	70553	Approved	Nurse Review
	H49.23	70553	Approved	Nurse Review
	H49.23	70553	Approved	Nurse Review
	H54.7	70553	Approved	Nurse Review
	R20.2	70553	Denied	Medical Director Review
	R51	70553	Needs Additional Research	
	R41.89	70553	Approved	
	R26.89	70553	Approved	
	G51.0	70553	Approved	Medical Director Review
	G43.109	70553	Approved	Medical Director Review
	G50.0	70553	Approved	Medical Director Review
	G50.0	70553	Approved	Medical Director Review
	C34.32	70553	Approved	Nurse Review
	C34.31	70553	Approved	Nurse Review
	Q02	70553	Approved	Nurse Review
	E84.9	71250	Approved	Nurse Review
	E84.9	71250	Approved	Nurse Review
	R91.1	71250	Approved	Nurse Review
	R91.1	71250	Approved	Nurse Review
	R06.02	71250	Denied	Medical Director Review
	R06.02	71250	Denied	Medical Director Review
	R91.1	71250	Approved	
	R91.8	71250	Denied	Medical Director Review
	C50.419	71260	Approved	
	C34.32	71260	Approved	
	R06.02	71260	Approved	

	Cigna Arkans	as Prior Authorization Repo	rt for 04012020 - (06302020
Ordering Provider	Diagnosis	Service	Status	Reason for Denial
Type/Specialty				
	C64.2	71260	Approved	Medical Director Review
	C18.7	71260	Approved	Medical Director Review
	C50.912	71260	Approved	Medical Director Review
	D3A.8	71260	Approved	Medical Director Review
	Z86.711	71260	Approved	Medical Director Review
	C79.31	71260	Approved	Medical Director Review
	C50.811	71260	Approved	Nurse Review
	C50.811	71260	Approved	Nurse Review
	C81.72	71260	Approved	Nurse Review
	C81.72	71260	Approved	Nurse Review
	R19.00	71260	Denied	Medical Director Review
	D3A.8	71260	Denied	Medical Director Review
	C50.112	71260	Approved	
	C50.112	71260	Approved	
	C20	71260	Approved	
	C77.3	71260	Approved	
	R06.02	71260	Approved	
	R91.1	71260	Approved	
	C50.919	71260	Approved	Medical Director Review
	R59.0	71260	Approved	Nurse Review
	C34.32	71260	Approved	Nurse Review
	J18.9	71260	Approved	Nurse Review
	R91.1	71260	Approved	Nurse Review
	C18.6	71260	Denied	Medical Director Review
	142.9	71275	Approved	
	142.9	71275	Approved	
	173.9	71275	Approved	
	R07.9	71275	Approved	Medical Director Review
	R06.00	71275	Approved	Medical Director Review
	Q89.9	71552	Approved	Medical Director Review
	Q89.9	71555	Approved	Medical Director Review
	M54.12	72125	Approved	Medical Director Review
	M54.2	72125	Approved	Nurse Review
	M47.22	72126	Denied	Medical Director Review
	M47.24	72128	Approved	Nurse Review
	M54.16	72131	Approved	
	M54.5	72131	Denied	Medical Director Review
	M51.36	72132	Approved	Medical Director Review
	M54.12	72141	Approved	The state of the s
	Q07.00	72141	Approved	Medical Director Review
	M48.50XA	72141	Approved	Medical Director Review
	R25.8	72141	Approved	Medical Director Review
	Q06.8	72141	Approved	Medical Director Review
	G93.5	72141	Approved	Nurse Review

Cigna Arkan	sas Prior Authorization R	Report for 04012020 -	06302020
Diagnosis	Service	Status	Reason for Denial
_			Medical Director Review
_			Medical Director Review
			Medical Director Review
M47.13	72141	Denied	Medical Director Review
M54.12	72141	Denied	Medical Director Review
	72141	Denied	Medical Director Review
M54.12	72141	Denied	Medical Director Review
G89.29	72141	Approved	Medical Director Review
R20.2	72141	Approved	Medical Director Review
M79.601	72141	Denied	Medical Director Review
M25.511	72141	Denied	Medical Director Review
M48.02	72141	Denied	Medical Director Review
M41.9	72146	Approved	
R25.8	72146	Approved	Medical Director Review
Q06.8	72146	Approved	Medical Director Review
G93.5	72146	Approved	Nurse Review
M54.12	72146	Denied	Medical Director Review
M41.50	72146	Approved	
M48.02	72146	Denied	Medical Director Review
M54.9	72148	Approved	
M51.36	72148		
M51.16	72148		Medical Director Review
R25.8	72148	Approved	Medical Director Review
Q06.8	72148		Medical Director Review
M54.17	72148		Medical Director Review
G93.5	72148		Nurse Review
M54.10	72148		Nurse Review
R93.7	72148		Medical Director Review
M54.9	72148	Denied	Medical Director Review
		Denied	Medical Director Review
	72148		Medical Director Review
		• • •	Medical Director Review
		• • •	Medical Director Review
			Medical Director Review
			Medical Director Review
	M54.2 M47.22 G89.29 M47.13 M54.12 M54.12 M54.12 G89.29 R20.2 M79.601 M25.511 M48.02 M41.9 R25.8 Q06.8 G93.5 M54.12 M41.50 M48.02 M54.9 M51.36 M51.16 R25.8 Q06.8 G93.5 M54.17 G93.5 M54.17	Diagnosis Service M54.2 72141 M47.22 72141 G89.29 72141 M47.13 72141 M54.12 72141 M54.12 72141 M54.12 72141 M54.12 72141 R20.2 72141 M79.601 72141 M48.02 72141 M48.02 72141 M41.9 72146 R25.8 72146 M54.12 72146 M54.12 72146 M48.02 72146 M48.02 72146 M48.02 72148 M51.36 72148 M51.36 72148 M51.36 72148 M51.16 72148 R25.8 72148 M54.17 72148 M54.10 72148 M54.9 72148 M54.9 72148 M54.5 72148 M54.5 72148	M54.2 72141 Denied M47.22 72141 Denied 689.29 72141 Denied M47.13 72141 Denied M54.12 72141 Denied M54.12 72141 Denied M54.12 72141 Denied M54.12 72141 Approved R20.2 72141 Approved M79.601 72141 Denied M48.02 72141 Denied M48.02 72141 Denied M48.02 72141 Denied M41.9 72146 Approved R25.8 72146 Approved G93.5 72146 Approved M54.12 72146 Approved M48.02 72146 Approved M48.02 72146 Approved M54.12 72146 Approved M48.02 72146 Approved M54.9 72148 Approved M51.36 72

	Cigna Arkans	as Prior Authorization Rep	oort for 04012020 -	06302020
Ordering Provider	Diagnosis	Service	Status	Reason for Denial
Type/Specialty				
	M54.41	72148	Denied	Medical Director Review
	M54.40	72148	Denied	Medical Director Review
	M54.16	72148	Denied	Medical Director Review
	M54.16	72148	Denied	Medical Director Review
	M54.16	72148		Medical Director Review
	M54.16	72148	Denied Denied	Medical Director Review
	M54.16			
		72149	Approved	Medical Director Review
	G35	72156	Approved	Madical Disastes Devices
	C90.00	72156	Approved	Medical Director Review
	M54.12	72156	Denied	Medical Director Review
	R20.2	72156	Approved	Medical Director Review
	R29.810	72156	Denied	Medical Director Review
	C90.00	72157	Approved	Medical Director Review
	M54.6	72157	Denied	Medical Director Review
	M54.6	72157	Approved	Nurse Review
	M54.16	72158	Approved	Medical Director Review
	C20	72197	Approved	
	D41.00	72197	Approved	Medical Director Review
	D41.00	72197	Approved	Medical Director Review
	R19.00	72197	Approved	Nurse Review
	K50.919	72197	Approved	Nurse Review
	K50.919	72197	Approved	Nurse Review
	M84.332A	73200	Approved	Medical Director Review
	M84.332A	73200	Approved	Medical Director Review
	S62.002K	73200	Approved	Nurse Review
	S62.002K	73200	Approved	Nurse Review
	M79.644	73218	Approved	Nurse Review
	S69.92XA	73218	Approved	Nurse Review
	R22.32	73220	Approved	Medical Director Review
	M75.42	73221	Approved	
	S53.442A	73221	Approved	
	S53.442A	73221	Approved	
	M75.02	73221	Approved	Medical Director Review
	M25.512	73221	Approved	Medical Director Review
	M25.511	73221	Approved	Medical Director Review
	M12.512	73221	Approved	Medical Director Review
	M25.521	73221	Approved	Nurse Review
	S43.422D	73221	Approved	Nurse Review
	M75.41	73221	Denied	Medical Director Review
	M25.512	73221	Denied	Medical Director Review
	M25.511	73221	Denied	Medical Director Review
	M25.511	73221	Denied	Medical Director Review
	M25.511	73221	Denied	Medical Director Review
	S43.422A	73221	Denied	Medical Director Review

	Cigna Arkan	sas Prior Authorization Re	eport for 04012020 -	06302020
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M75.41	73221	Approved	
	M25.512	73221	Approved	Medical Director Review
	M75.42	73221	Denied	Medical Director Review
	M75.102	73221	Denied	Medical Director Review
_	M25.512	73222	Approved	
_	M25.562	73700	Approved	Nurse Review
	M17.11	73700	Approved	Nurse Review
	M20.11	73700	Approved	Medical Director Review
	S72.412K	73700	Denied	Medical Director Review
	S72.412K	73700	Denied	Medical Director Review
	182.422	73706	Approved	Nurse Review
	M72.2	73718	Approved	Medical Director Review
	M66.372	73718	Approved	Medical Director Review
	M66.372	73718	Approved	Medical Director Review
	M72.2	73718	Approved	Nurse Review
	M79.2	73718	Denied	Medical Director Review
	M06.4	73720	Approved	Medical Director Review
	M79.661	73720	Approved	Nurse Review
	S83.281A	73721	Approved	
	M25.561	73721	Approved	
	M25.561	73721	Approved	
	M23.92	73721	Approved	Medical Director Review
	S83.272A	73721	Approved	Nurse Review
	S83.242D	73721	Approved	Nurse Review
	M23.207	73721	Denied	Medical Director Review
	M23.332	73721	Denied	Medical Director Review
	M23.332	73721	Denied	Medical Director Review
	M25.569	73721	Denied	Medical Director Review
	M25.561	73721	Approved	
	M25.372	73721	Approved	Medical Director Review
	M25.562	73721	Approved	Medical Director Review
	M25.551	73721	Approved	Medical Director Review
	M76.51	73721	Approved	Medical Director Review
	M25.562	73721	Denied	Medical Director Review
	S93.402S	73721	Denied	Medical Director Review
	S86.911A	73721	Denied	Medical Director Review
	S86.911A	73721	Denied	Medical Director Review
	M25.552	73722	Approved	INCORDITION NEVICEN
	R22.41	73723	Approved	
	C50.912	74160	Approved	Medical Director Review
	R16.0	74160	Approved	Nurse Review
	_			
	R16.0	74160	Approved	Nurse Review
	C64.2 N28.89	74170 74170	Approved Approved	Medical Director Review Medical Director Review

	Cigna Arkan	sas Prior Authorization Re	port for 04012020 - 063	t for 04012020 - 06302020	
Ordering Provider	Diagnosis	Service	Status	Reason for Denial	
Type/Specialty					
	D49.512	74170	Denied	Medical Director Review	
	R10.31	74170	Denied	Medical Director Review	
	R10.9	74170	Denied	Medical Director Review	
	173.9	74174	Approved	Iviedical Director Neview	
	R31.21	74174	Approved		
	N20.0	74176	Approved		
	N20.0	74176	Approved		
	N20.0	74176			
	N20.1	74176	Approved		
			Approved		
	N20.1	74176	Approved		
	N20.1	74176	Approved		
	R10.84	74176	Approved		
	M54.5	74176	Approved		
	K46.9	74176	Approved		
	K46.9	74176	Approved		
	R10.9	74176	Approved		
	R30.0	74176	Approved	Nurse Review	
	R10.9	74176	Approved	Nurse Review	
	R10.9	74176	Needs Additional		
			Research		
	R10.9	74176	Approved		
	R10.9	74176	Approved	Nurse Review	
	R10.9	74176	Denied	Medical Director Review	
	R10.30	74177	Approved		
	C34.32	74177	Approved		
	C18.7	74177	Approved	Medical Director Review	
	D3A.8	74177	Approved	Medical Director Review	
	N28.89	74177	Approved	Medical Director Review	
	R10.11	74177	Approved	Medical Director Review	
	C79.31	74177	Approved	Medical Director Review	
	R10.9	74177	Approved	Medical Director Review	
	R10.9	74177	Approved	Medical Director Review	
	C50.811	74177	Approved	Nurse Review	
	C50.811	74177	Approved	Nurse Review	
	C81.72	74177	Approved	Nurse Review	
	C81.72	74177	Approved	Nurse Review	
	R10.31	74177	Approved	Nurse Review	
	R10.9	74177	Approved	Nurse Review	
	R14.0	74177	Denied	Medical Director Review	
	R10.12	74177	Denied	Medical Director Review	
	D3A.8	74177	Denied	Medical Director Review	
	R10.9	74177	Needs Additional	ca.ca. Director Neview	
	1.23.3	1 12//	Research		
	C50.112	74177	Approved		
	COO'TIZ	/41//	lyhhioven		

			Report for 04012020 -	
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C50.112	74177	Approved	
	C18.6	74177	Approved	
	C20	74177	Approved	
	K59.09	74177	Approved	
	C77.3	74177	Approved	
	C50.919	74177	Approved	Medical Director Review
	R10.13	74177	Approved	Nurse Review
	R10.32	74177	Approved	Nurse Review
	R59.0	74177	Approved	Nurse Review
	C34.32	74177	Approved	Nurse Review
	R10.31	74177	Approved	Nurse Review
	R10.31	74177	Approved	Nurse Review
	R31.21	74178	Approved	
	N20.0	74178	Approved	
	N20.1	74178	Approved	
	N28.1	74178	Approved	
	C18.9	74178	Approved	
	R10.9	74178	Approved	
	R31.0	74178	Approved	Medical Director Review
	C18.7	74178	Approved	Medical Director Review
	R10.9	74178	Approved	Nurse Review
	R10.13	74178	Denied	Medical Director Review
	186.1	74178	Denied	Medical Director Review
	R10.9	74178	Denied	Medical Director Review
	C18.6	74178	Denied	Medical Director Review
	K76.9	74181	Approved	Medical Director Review
	K76.9	74181	Approved	Medical Director Review
	K83.8	74181	Approved	Medical Director Review
	K80.66	74181	Approved	Nurse Review
	K80.66	74181	Approved	Nurse Review
	K76.9	74183	Approved	
	K76.9	74183	Approved	
	D41.00	74183	Approved	Medical Director Review
	D41.00	74183	Approved	Medical Director Review
	A06.4	74183	Approved	Nurse Review
	E27.8	74183	Approved	Nurse Review
	K50.919	74183	Approved	Nurse Review
	K50.919	74183	Approved	Nurse Review
	C20	74183	Approved	Nurse Review
	142.2	75561	Approved	
	134.1	75571	Denied	Medical Director Review
	134.1	75571	Denied	Medical Director Review
	R07.9	75572	Approved	
	Q20.4	75573	Approved	Nurse Review

Ordering Provider Type/Specialty			Report for 04012020 - 063		
	Diagnosis	Service	Status	Reason for Denial	
	E78.2	75574	Approved	Medical Director Review	
	173.9	75635	Approved		
	170.202	75635	Approved		
	170.213	75635	Approved	Medical Director Review	
	170.213	75635	Approved	Medical Director Review	
	R09.89	75635	Denied	Medical Director Review	
	142.2	76377	Approved	Nurse Review	
	K61.1	76380	Approved	Medical Director Review	
	T85.44XA	77047	Approved	Medical Director Review	
	T85.44XA	77047	Approved	Medical Director Review	
	C50.411	77049	Approved		
	N63.0	77049	Needs Additional		
			Research		
	C50.311	77049	Approved		
	C22.0	77084	Approved		
	R94.31	78452	Approved		
	R94.31	78452	Approved		
	125.10	78452	Approved		
	G90.01	78452	Approved		
	163.9	78452	Approved		
	R06.00	78452	Approved		
	l10	78452	Approved		
	R06.09	78452	Approved		
	120.9	78452	Approved	Medical Director Review	
	120.9	78452	Approved	Medical Director Review	
	R07.9	78452	Denied	Medical Director Review	
	125.10	78452	Approved		
	125.10	78452	Approved		
	125.10	78452	Approved		
	R07.9	78452	Approved		
	Z01.810	78452	Approved		
	R07.89	78452	Approved		
	R07.89	78492	Approved	Medical Director Review	
	C83.39	78815	Approved	Medical Director Review	
	C83.39	78815	Approved	Medical Director Review	
	C50.912	78815	Approved	Medical Director Review	
	D49.0	78815	Approved	Nurse Review	
	D49.0	78815	Approved	Nurse Review	
	C34.31	78815	Approved	Nurse Review	
	R00.1	93350	Approved	Medical Director Review	
	R06.02	93350	Denied	Medical Director Review	
	R07.9	93350	Needs Additional	Micaical Director Neview	
	125 40	02254	Research		
	125.10	93351	Approved		

	Cigna Arkan	sas Prior Authorization Repo	rt for 04012020 - 063	302020
Ordering Provider	Diagnosis	Service	Status	Reason for Denial
Type/Specialty				
	R07.9	93351	Approved	
	R06.02	93351	Approved	
	R42	93351	Approved	
	l10	93351	Approved	Medical Director Review
	R07.2	93351	Denied	Medical Director Review
	R07.9	93351	Needs Additional	
			Research	
	125.10	93458	Approved	Nurse Review
	R06.02	93458	Approved	Nurse Review
	G47.01	95782	Approved	
	G47.33	95800	Approved	
	G47.33	95806	Approved	
	G47.33	95806	Approved	
	G47.33	95810	Approved	
	G47.8	95810	Approved	
	G47.33	95810	Denied	Medical Director Review
	G47.33	95810	Denied	Medical Director Review
	G47.33	95810	Denied	Medical Director Review
	G47.33	95810	Denied	Medical Director Review
	G47.33	95810	Approved	
	G47.10	95810	Denied	Medical Director Review
	G47.33	95810	Denied	Medical Director Review
	G47.33	95810	Denied	Medical Director Review
	R06.83	95810	Denied	Medical Director Review
	G47.33	95811	Denied	Medical Director Review
	G47.33	95811	Approved	
	G47.30	95811	Approved	
	G47.33	95811	Approved	
	G47.33	95811	Approved	
	G47.33	95811	Denied	Medical Director Review
	G47.33	95811	Denied	Medical Director Review
	G47.30	95811	Denied	Medical Director Review
	E10.65	A4253	Approved	N/a
	E10.65	A4253	Approved	N/a
	E10.9	A4253	Denied	Medical Director Review
	10.5	Acute Inpatient Mental	Demed	IVICAICAI DITECTOI NEVIEW
Facility	F32.9	Health Treatment	Approved	
r defirty	C64.1	Brain Metastases	Approved	
	L40.50	C9399	Approved	N/a
	G43.711	C9399	Approved	N/a
	G43.711 G44.221	C9399	Approved	N/a
	G44.221 G43.009	C9399	Approved	N/a
			Approved	
	G43.909	C9399		N/a
	D46.9	C9399	Approved	N/a

	Cigna Arkansas Prior Authorization Report for 04012020 - 06302020			
Ordering Provider	Diagnosis	Service	Status	Reason for Denial
Type/Specialty				
	L20.89	C9399	Approved	N/a
	L40.0	C9399	Approved	N/a
	E11.00	C9399	Approved	N/a
	E11.65	C9399	Approved	N/a
	E11.9	C9399	Approved	N/a
	L40.50	C9399	Denied	Medical Director Review
	L20.9	C9399	Denied	Medical Director Review
	C61	C9399	Denied	Medical Director Review
	G43.909	C9399	Denied	Medical Director Review
	L40.0	C9399	Denied	Medical Director Review
	L40.0	C9399	Denied	Medical Director Review
	C50.412	CHEMOTHERAPY	Approved	
	C50.919	CHEMOTHERAPY	Approved	
	C20	CHEMOTHERAPY	Approved	
	C34.11	CHEMOTHERAPY	Approved	
	C50.311	CHEMOTHERAPY	Approved	
	C64.1	CHEMOTHERAPY	Approved	
	C18.7	CHEMOTHERAPY	Approved	
	E10.65	E0784	Approved	
	F17.210	G0297	Approved	
	G47.33	G0297	Approved	Medical Director Review
	Z12.2	G0297	Approved	
	Z12.2	G0297	Approved	
	M05.79	J0129	Denied	Medical Director Review
	L40.50	J0135	Approved	N/a
	L73.2	J0135	Approved	N/a
	K52.9	J0135	Approved	N/a
	M05.79	J0135	Approved	N/a
	H35.22	J0178	Approved	N/a
	E88.01	J0256	Approved	N/a
	E88.01	J0256	Approved	N/a
	M32.9	J0490	Approved	N/a
	K60.2	J0585	Approved	N/a
	G43.711	J0585	Approved	N/a
	G43.711	J0585	Approved	· ·
	G43.719 G43.701	J0585 J0585		N/a N/a
			Approved	
	G43.709	J0585	Approved	N/a
	G24.9	J0585	Approved	N/a
	G43.119	J0585	Approved	N/a
	H50.011	J0585	Approved	N/a
	N31.9	J0585	Approved	N/a
	L74.510	J0585	Approved	N/a
	G43.711	J0585	Denied	Medical Director Review
	L40.51	J0717	Approved	N/a

	Cigna Arkansas Prior Authorization Report for 04012020 - 06302020			
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	D63.1	J0881	Approved	N/a
	D63.1	J0881	Approved	N/a
	N184	J0885	Approved	N/a
	N18.4	J0885	Approved	N/a
	M81.0	J0897	Approved	N/a
	M81.0	J0897	Approved	N/a
	M81.0	J0897	Approved	N/a
	M81.0	J0897	Approved	N/a
	M81.0	J0897	Approved	N/a
	M85.9	J0897	Denied	Medical Director Review
	C85.10	J0897	Denied	Medical Director Review
	D80.1	J1459	Approved	N/a
	D80.1	J1555	Approved	N/a
	D80.1	J1561	Approved	N/a
	L40.0	J1628	Approved	N/a
	L40.0	J1628	Approved	N/a
	L40.0	J1628	Approved	N/a
	L40.0	J1628	Approved	N/a
	009.219	J1726	Approved	N/a
	009.219	J1726	Denied	Medical Director Review
	009.219	J1726	Denied	Medical Director Review
	K50.10	J1745	Approved	N/a
	K50919	J1745	Approved	N/a
	K50.90	J1745	Approved	N/a
	M05.79	J1745	Approved	N/a
	D86.9	J1745	Approved	N/a
	K51.90	J1745	Approved	N/a
	R68.89	J1815	Approved	N/a
	E10.9	J1815	Approved	N/a
	E11.65	J1815	Approved	N/a
	E11.9	J1815	Approved	N/a
	E10.9	J1815	Denied	Medical Director Review
	G35	J2350	Approved	N/a
	G35	J2350	Approved	N/a
	L50.1	J2357	Approved	N/a
	J45.50	J2357	Approved	N/a
	L50.1	J2357	Denied	Medical Director Review
	J45.909	J2357	Denied	Medical Director Review
	C18.7	J2469	Approved	N/a
	N97.9	J2675	Approved	N/a
	H35.052	J2778	Approved	N/a
	M06.09	J3262	Approved	N/a
	M17.31	J3304	Denied	Medical Director Review
	K50.113	J3357	Approved	N/a

	Cigna Arkansas Prior Authorization Report for 04012020 - 06302020			
Ordering Provider	Diagnosis	Service	Status	Reason for Denial
Type/Specialty				
				_
	K50.00	J3357	Approved	N/a
	K50.00	J3357	Approved	N/a
	K50.90	J3357	Approved	N/a
	L40.0	J3357	Approved	N/a
	K51.311	J3357	Approved	N/a
	K50.90	J3380	Approved	N/a
	K51.00	J3380	Approved	N/a
	J30.1	J3490	Approved	N/a
	J30.1	J3490	Approved	N/a
	N97.9	J3490	Approved	N/a
	R51	J3490	Approved	N/a
	E66.9	J3490	Approved	N/a
	E29.1	J3490	Approved	N/a
	E11.9	J3490	Approved	N/a
	J30.9	J3490	Denied	Medical Director Review
	E29.1	J3490	Denied	Medical Director Review
	E0500	J3590	Denied	Medical Director Review
	M17.0	J7324	Approved	N/a
	M25.561	J7324	Approved	N/a
	M17.12	J7324	Approved	N/a
	M17.11	J7324	Approved	N/a
	M17.0	J7325	Approved	N/a
	M17.0	J7325	Approved	N/a
	M17.5	J7325	Approved	N/a
	M17.12	J7325	Approved	N/a
	M17.11	J7325	Approved	N/a
	M17.11	J7325	Approved	N/a
	M17.11	J7325	Approved	N/a
	M17.12	J7327	Approved	N/a
	M17.11	J7327 J7327	Approved	N/a
	M17.11	J7327 J7327	Approved	N/a
	M17.11		Approved	N/a
	M17.11	J7327 J7327		
			Approved	N/a
	M17.11	J7328	Denied	Medical Director Review
	E84.9	J7682	Approved	N/a
	127.0	J7686	Approved	N/a
	N40.1	J8499	Approved	N/a
	K21.9	J8499	Approved	N/a
	K21.9	J8499	Approved	N/a
	K72.90	J8499	Approved	N/a
	Z72.51	J8499	Approved	N/a
	F33.0	J8499	Approved	N/a
	G47.411	J8499	Approved	N/a
	J84.89	J8499	Approved	N/a

	Cigna Arkan	sas Prior Authorization Repo	ort for 04012020 - (t for 04012020 - 06302020	
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial	
	L40.3	J8499	Approved	N/a	
	M05.79	J8499	Approved	N/a	
	E11.621	J8499	Approved	N/a	
	K22.10	J8499	Approved	N/a	
	F90.9	J8499	Denied	Medical Director Review	
	G47.26	J8499	Denied	Medical Director Review	
	K21.9	J8499	Denied	Medical Director Review	
	K21.9	J8499	Denied	Medical Director Review	
	K21.9	J8499	Denied	Medical Director Review	
	G47.00	J8499	Denied	Medical Director Review	
	F52.21	J8499	Denied	Medical Director Review	
	G43.909	J8499	Denied	Medical Director Review	
	J30.89	J8499	Denied	Medical Director Review	
	R68.89	J8499	Denied	Medical Director Review	
	R68.89	J8499	Denied	Medical Director Review	
	M19.90	J8499	Denied	Medical Director Review	
	C18.0	J8521	Approved	N/a	
	C91.00	J9041	Approved	N/a	
	C91.00	J9100	Approved	N/a	
	C91.00	J9150	Approved	N/a	
	C50.911	J9171	Approved	N/a	
	C18.7	J9263	Approved	N/a	
	C91.00	J9266	Approved	N/a	
	G93.49	J9312	Approved	N/a	
	M31.30	J9312	Approved	N/a	
	D86.9	J9312	Denied	Medical Director Review	
	D86.9	J9312	Denied	Medical Director Review	
	C91.00	J9370	Approved	N/a	
	K50.80	Q5103	Denied	Medical Director Review	
	M45.0	Q5104	Denied	Medical Director Review	
	D64.81	Q5105	Approved	N/a	
	D64.81	Q5106	Approved	N/a	
	C18.7	Q5107	Approved	N/a	
	(210.7	Residential Substance	7.55.0700	14/ 4	
Facility	F10.20	Abuse Treatment	Approved		
raciiity	C22	S0109	Approved	N/a	
	N97.9	S0126	Approved	N/a	
	C50.412	Supportive Therapies	Denied	Medical Director Review	
	C50.919	Supportive Therapies	Approved	Tricalcal Director Neview	
	C50.919	Supportive Therapies	Approved		
	C34.11	Supportive Therapies	Approved		
	C18.7	Supportive Therapies	Approved		
	C50.919	Supportive Therapies	Approved		
	M54.6	Supportive merapies	APPROVED	Medical Director Review	

	Cigna Arkansas Prior Authorization Report for 04012020 - 06302020				
Ordering Provider	Diagnosis Service		Status	Reason for Denial	
Type/Specialty					
	M25.562		APPROVED	Medical Director Review	
	M72.2		PARTIALLY DENIED	Medical Director Review	
	M75.101		PARTIALLY DENIED	Medical Director Review	
	M75.101		PARTIALLY DENIED	Medical Director Review	
	M41.125		PARTIALLY DENIED	Medical Director Review	
	F90.2		Approved	N/a	
	F90.2		Approved	N/a	
	F90.2		Approved	N/a	
	F90.2		Approved	N/a	
	F90.9		Approved	N/a	
	F90.9		Approved	N/a	
	F90.9		Approved	N/a	
	F90.9		Approved	N/a	
	F90.9		Approved	N/a	
	F90.9		Approved	N/a	
	F90.1		Approved	N/a	
	F90.0		Approved	N/a	
	F90.0		Approved	N/a	
	F90.0		Approved	N/a	
	F90.0		Approved	N/a	
	F90.0			<u> </u>	
			Approved	N/a	
	F90.0		Approved	N/a	
	G43.719		Approved	N/a	
	G43.719		Approved	N/a	
	G43.719		Approved	N/a	
	G43.709		Approved	N/a	
	G43.709		Approved	N/a	
	G89.4		Approved	N/a	
	G89.4		Approved	N/a	
	G47.26		Approved	N/a	
	R03.0		Approved	N/a	
	N40.0		Approved	N/a	
	G40.911		Approved	N/a	
	l10		Approved	N/a	
	I10		Approved	N/a	
	I10		Approved	N/a	
	I10		Approved	N/a	
	K21.9		Approved	N/a	
	G43.409		Approved	N/a	
	E78.5		Approved	N/a	
	E78.5		Approved	N/a	
	J84.112		Approved	N/a	
	M08.1		Approved	N/a	
	M54.5		Approved	N/a	

	Cigna Arkansas Prior Authorization Report for 04012020 - 06302020				
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial	
	M54.5		Approved	N/a	
	M54.5		Approved	N/a	
	F33.1		Approved	N/a	
	F33.2		Approved	N/a	
	C22		Approved	N/a	
	G43.009		Approved	N/a	
	G43.109		Approved	N/a	
	G43.919		Approved	N/a	
	G43.909		Approved	N/a	
	E78.2		Approved	N/a	
	E78.2		Approved	N/a	
	G47.419		Approved	N/a	
	G47.419		Approved	N/a	
	G47.33		Approved	N/a	
	G47.33		Approved	N/a	
	G47.33		Approved	N/a	
	F98.8		Approved	N/a	
	G89.29		Approved	N/a	
	G43.809		Approved	N/a	
	F41.8		Approved	N/a	
	K27.9		Approved	N/a	
	N94.3		Approved	N/a	
	L40.0		Approved	N/a	
	L40.9		Approved	N/a	
	L40.9		Approved	N/a	
	E78.1		Approved	N/a	
	E78.1		Approved	N/a	
	M05.79		Approved	N/a	
	M05.79		Approved	N/a	
	M05.79		Approved	N/a	
	M06.09		Approved	N/a	
	J45.50		Approved	N/a	
	G47.30		Approved	N/a	
	S39.012D		Approved	N/a	
	A49.1		Approved	N/a	
	M32.9		Approved	N/a	
	E29.1		Approved	N/a	
	Z72.0		Approved	N/a	
	E10		Approved	N/a	
	K51.30		Approved	N/a	
	M19.90		Approved	N/a	
	147.2		Approved	N/a	
	F90.2		Denied	Medical Director Review	
	F90.2		Denied	Medical Director Review	

	Cigna Arkansas Prior Authorization Report for 04012020 - 06302020				
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial	
	F902		Denied	Medical Director Review	
	F90.2		Denied	Medical Director Review	
	F90.9		Denied	Medical Director Review	
	F90.0		Denied	Medical Director Review	
	F90.0		Denied	Medical Director Review	
	F90.0		Denied	Medical Director Review	
	F90.0		Denied	Medical Director Review	
	Z68.41		Denied	Medical Director Review	
	M94.0		Denied	Medical Director Review	
	G43.711		Denied	Medical Director Review	
	G43.701		Denied	Medical Director Review	
	G43.709		Denied	Medical Director Review	
	J44.9		Denied	Medical Director Review	
	G89.4		Denied	Medical Director Review	
	G47.26		Denied	Medical Director Review	
	G47.26		Denied	Medical Director Review	
	G47.26		Denied	Medical Director Review	
	E74.9		Denied	Medical Director Review	
	J43.9		Denied	Medical Director Review	
	l10		Denied	Medical Director Review	
	l10		Denied	Medical Director Review	
	l10		Denied	Medical Director Review	
	l10		Denied	Medical Director Review	
	N97.2		Denied	Medical Director Review	
	M79.7		Denied	Medical Director Review	
	R35.0		Denied	Medical Director Review	
	R51		Denied	Medical Director Review	
	B00.9		Denied	Medical Director Review	
	J84.112		Denied	Medical Director Review	
	F33.1		Denied	Medical Director Review	
	F32.9		Denied	Medical Director Review	
	F33.2		Denied	Medical Director Review	
	F52.21		Denied	Medical Director Review	
	N52.9		Denied	Medical Director Review	
	G43.019		Denied	Medical Director Review	
	G43.009		Denied	Medical Director Review	
	G43.009		Denied	Medical Director Review	
	G43.009		Denied	Medical Director Review	
	G43.009		Denied	Medical Director Review	
	G43.001		Denied	Medical Director Review	
	G43.001		Denied	Medical Director Review	
	G43.909		Denied	Medical Director Review	
	G43.909		Denied	Medical Director Review	
	G43.909		Denied	Medical Director Review	

Cigna Arkansas Prior Authorization Report for 04012020 - 06302020					
Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial	
	J45.41		Denied	Medical Director Review	
	F17.210		Denied	Medical Director Review	
	E13.8		Denied	Medical Director Review	
	R68.89		Denied	Medical Director Review	
	M51.26		Denied	Medical Director Review	
	N32.81		Denied	Medical Director Review	
	F51.11		Denied	Medical Director Review	
	127.0		Denied	Medical Director Review	
	R06.02		Denied	Medical Director Review	
	E11.65		Denied	Medical Director Review	
	E11.65		Denied	Medical Director Review	
	E11.9		Denied	Medical Director Review	
	K51.30		Denied	Medical Director Review	
	K51.30		Denied	Medical Director Review	
	M17.12		Denied	Medical Director Review	
-	J45.901		Denied	Medical Director Review	
	J45.901		Denied	Medical Director Review	
	J45.909		Denied	Medical Director Review	
	N39.41		Denied	Medical Director Review	