

Cigna Arkansas Prior Authorization Report for 04012021 - 06302021

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Rehab Provider	S13.4XXD		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	S82.122D		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Chiropractor	M99.03		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	M54.2		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	S89.81XD		Approved	APPROVED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	S89.81XD		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	S89.81XD		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	M75.42		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Chiropractor	M99.02		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	m75.42		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	S82.852D		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	M79.645		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	m54.17		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Chiropractor	m54.17		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Chiropractor	m54.17		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Chiropractor	m54.5		Denied	DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	M25.561		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	S43.421D		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Rehab Provider	S43.421D		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
Chiropractor	m54.14		Partially Denied	PARTIALLY DENIED BY MEDICAL DIRECTOR REVIEW
	C44.42	RT	Approved	
	C10.2	Medonc	Approved	
	C90.00	Medonc	Approved	
	C50.112		Denied	Denied by Medical Director Review
	C34.2		Approved	
	M54.2		Denied	Denied by Medical Director Review
	M25.511		Approved	
	D3A.8		Approved	
	R93.5		Approved	
	R06.02		Denied	Denied by Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	R06.02		Denied	Denied by Medical Director Review
	G56.92		Approved	
	M54.5		Denied	Denied by Medical Director Review
	M48.52XG		Approved	
	R10.32		Denied	Denied by Medical Director Review
	C18.7		Approved	
	M54.5		Denied	Denied by Medical Director Review
	M23.203		Approved	
	C31.0		Denied	Denied by Medical Director Review
	G89.29		Denied	Denied by Medical Director Review
	M51.9		Denied	Denied by Medical Director Review
	D45		Approved	
	A04.9		Denied	Denied by Medical Director Review
	A04.9		Denied	Denied by Medical Director Review
	G93.2		Approved	
	M47.12		Denied	Denied by Medical Director Review
	R25.1		Denied	Denied by Medical Director Review
	C49.21		Approved	
	C49.21		Approved	
	C34.2		Approved	
	C34.2		Approved	
	M75.51		Approved	
	M50.30		Approved	
	I50.22		Approved	
	M54.12		Approved	
	K50.819		Approved	
	K50.819		Approved	
	M54.5		Denied	Denied by Medical Director Review
	R06.02		Approved	
	S46.011A		Approved	
	S86.011A		Denied	Denied by Medical Director Review
	R13.10		Approved	
	M75.122		Approved	
	M75.122		Approved	
	R10.84		Approved	
	M23.91		Approved	
	C56.1		Denied	Denied by Medical Director Review
	M47.12		Approved	
	R25.1		Denied	Denied by Medical Director Review
	R07.2		Approved	
	S15.101A		Approved	
	M25.562		Approved	
	M54.5		Approved	
	C50.112		Denied	Denied by Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C34.2		Approved	
	C34.2		Approved	
	M19.021		Approved	
	M19.021		Approved	
	M25.511		Approved	
	D3A.8		Approved	
	R92.8		Denied	Denied by Medical Director Review
	K50.819		Approved	
	M25.312		Approved	
	M47.816		Denied	Denied by Medical Director Review
	M79.671		Denied	Denied by Medical Director Review
	M51.9		Denied	Denied by Medical Director Review
	M25.562		Approved	
	C50.412		Approved	
	C50.412		Approved	
	M25.561		Approved	
	S15.101A		Approved	
	S83.242A		Approved	
	C50.112		Denied	Denied by Medical Director Review
	M54.16		Approved	
	R10.815		Approved	
	R91.8		Approved	
	M41.9		Denied	Denied by Medical Director Review
	D50.8		Denied	Denied by Medical Director Review
	G89.29		Approved	
	M75.121		Approved	
	I25.10		Approved	
	S86.011A		Approved	
	C18.9		Approved	
	R93.5		Approved	
	S83.232A		Denied	Denied by Medical Director Review
	R93.7		Denied	Denied by Medical Director Review
	C18.7		Approved	
	N60.39		Approved	
	M22.41		Denied	Denied by Medical Director Review
	S86.011A		Denied	Denied by Medical Director Review
	S86.011A		Denied	Denied by Medical Director Review
	R13.10		Approved	
	R13.10		Approved	
	R10.84		Denied	Denied by Medical Director Review
	M79.671		Denied	Denied by Medical Director Review
	G44.52		Approved	
	N20.0		Approved	
	N20.0		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M25.561		Approved	
	M23.203		Approved	
	M25.562		Denied	Denied by Medical Director Review
	S86.011A		Approved	
	C61		Approved	
	C61		Denied	Denied by Medical Director Review
	G44.52		Approved	
	R13.10		Approved	
	G93.5		Denied	Denied by Medical Director Review
	G93.5		Denied	Denied by Medical Director Review
	S83.281A		Denied	Denied by Medical Director Review
	M47.816		Denied	Denied by Medical Director Review
	R91.8		Approved	
	G95.9		Approved	
	C56.1		Denied	Denied by Medical Director Review
	A04.9		Denied	Denied by Medical Director Review
	A04.9		Denied	Denied by Medical Director Review
	G93.2		Approved	
	R22.9		Denied	Denied by Medical Director Review
	K62.89		Approved	
	N20.0		Denied	Denied by Medical Director Review
	S15.101A		Approved	
	M54.5		Approved	
	C50.112		Denied	Denied by Medical Director Review
	C43.9		Denied	Denied by Medical Director Review
	C34.2		Approved	
	M23.203		Approved	
	N60.39		Approved	
	M75.121		Approved	
	S86.011A		Approved	
	S86.011A		Approved	
	R31.21		Approved	
	J32.0		Approved	
	M25.562		Denied	Denied by Medical Director Review
	E16.2		Approved	
	E16.2		Approved	
	E16.2		Approved	
	E16.2		Approved	
	C43.9		Denied	Denied by Medical Director Review
	C34.2		Approved	
	C34.2		Approved	
	M47.817		Approved	
	M25.561		Approved	
	M47.816		Denied	Denied by Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	R93.5		Approved	
	M75.40		Denied	Denied by Medical Director Review
	K56.7		Denied	Denied by Medical Director Review
	M54.5		Approved	
	S46.011A		Approved	
	M25.561		Approved	
	R22.9		Denied	Denied by Medical Director Review
	K62.89		Approved	
	H90.5		Denied	Denied by Medical Director Review
	M25.562		Approved	
	R06.02		Approved	
	C34.2		Approved	
	C34.2		Approved	
	C34.2		Approved	
	C18.9		Denied	Denied by Medical Director Review
	R93.5		Approved	
	M54.12		Approved	
	M48.52XG		Approved	
	R10.32		Denied	Denied by Medical Director Review
	S46.011A		Approved	
	R07.89		Approved	
	J32.0		Approved	
	M54.16		Approved	
	M23.91		Approved	
	R91.8		Approved	
	M47.896		Approved	
	Z01.810		Approved	
	M25.561		Denied	Denied by Medical Director Review
	D05.11		Denied	Denied by Medical Director Review
	C50.412		Denied	Denied by Medical Director Review
	M51.9		Denied	Denied by Medical Director Review
	M51.9		Denied	Denied by Medical Director Review
	M54.16		Approved	
	M51.26		Denied	Denied by Medical Director Review
	A04.9		Denied	Denied by Medical Director Review
	G89.29		Denied	Denied by Medical Director Review
	H90.5		Denied	Denied by Medical Director Review
	M54.5		Approved	
	M54.9		Denied	Denied by Medical Director Review
	R91.8		Approved	
	M25.552		Denied	Denied by Medical Director Review
	M25.552		Denied	Denied by Medical Director Review
	M25.552		Denied	Denied by Medical Director Review
	M25.312		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C31.0		Denied	Denied by Medical Director Review
	M50.20		Denied	Denied by Medical Director Review
	C56.1		Denied	Denied by Medical Director Review
	M25.562		Approved	
	C56.1		Denied	Denied by Medical Director Review
	M50.30		Approved	
	M54.16		Approved	
	G89.29		Denied	Denied by Medical Director Review
	C50.412		Approved	
	R07.9		Denied	Denied by Medical Director Review
	I21.4		Approved	
	C50.111		Approved	
	M54.5		Denied	Denied by Medical Director Review
	K46.9		Approved	
	Z91.89		Approved	
	M54.5		Approved	
	K50.819		Approved	
	K50.819		Approved	
	K50.819		Approved	
	C18.9		Approved	
	R07.9		Approved	
	M54.16		Denied	Denied by Medical Director Review
	C18.7		Approved	
	C61		Approved	
	R31.21		Approved	
	C50.112		Denied	Denied by Medical Director Review
	C50.112		Denied	Denied by Medical Director Review
	M54.5		Approved	
	C34.2		Approved	
	M54.2		Denied	Denied by Medical Director Review
	I25.10		Approved	
	M19.021		Approved	
	M75.51		Approved	
	R06.00		Approved	
	M47.817		Approved	
	R92.8		Denied	Denied by Medical Director Review
	R91.8		Approved	
	G56.92		Approved	
	S83.209A		Denied	Denied by Medical Director Review
	M25.512		Approved	
	M41.9		Denied	Denied by Medical Director Review
	G93.5		Denied	Denied by Medical Director Review
	S83.281A		Denied	Denied by Medical Director Review
	M54.9		Denied	Denied by Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M75.122		Approved	
	M75.122		Approved	
	M47.816		Approved	
	R42		Denied	Denied by Medical Director Review
	M41.9		Denied	Denied by Medical Director Review
	G93.5		Denied	Denied by Medical Director Review
	S83.281A		Denied	Denied by Medical Director Review
	R10.815		Approved	
	R22.2		Denied	Denied by Medical Director Review
	D50.8		Denied	Denied by Medical Director Review
	M79.671		Denied	Denied by Medical Director Review
	M47.896		Approved	
	D45		Approved	
	M25.561		Denied	Denied by Medical Director Review
	M50.30		Approved	
	R91.1		Approved	
	I67.1		Denied	Denied by Medical Director Review
	M46.1		Approved	
	S43.431A		Denied	Denied by Medical Director Review
	M16.11		Denied	Denied by Medical Director Review
	R10.84		Approved	
	R91.1		Approved	
	R06.02		Denied	Denied by Medical Director Review
	M47.12		Denied	Denied by Medical Director Review
	R10.9		Denied	Denied by Medical Director Review
	R11.0		Approved	
	H90.5		Denied	Denied by Medical Director Review
	M54.12		Denied	Denied by Medical Director Review
	S15.101A		Approved	
	S46.011D		Approved	
	M77.02		Approved	
	G35		Approved	
	M19.021		Approved	
	M25.561		Approved	
	R91.8		Approved	
	K46.9		Approved	
	Z91.89		Approved	
	M48.52XG		Approved	
	M48.52XG		Approved	
	S46.011A		Approved	
	M23.92		Denied	Denied by Medical Director Review
	M77.02		Approved	
	G43.109		Approved	
	R91.1		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G35		Approved	
	A04.9		Denied	Denied by Medical Director Review
	R06.02		Denied	Denied by Medical Director Review
	C50.412		Approved	
	N20.0		Denied	Denied by Medical Director Review
	M54.12		Denied	Denied by Medical Director Review
	C34.2		Approved	
	C34.2		Approved	
	C18.9		Approved	
	C18.9		Denied	Denied by Medical Director Review
	J33.9		Approved	
	J33.9		Approved	
	S86.011A		Denied	Denied by Medical Director Review
	M54.12		Denied	Denied by Medical Director Review
	M51.16		Approved	
	M51.16		Approved	
	M46.1		Denied	Denied by Medical Director Review
	M25.512		Approved	
	C50.919		Approved	
	S43.431A		Denied	Denied by Medical Director Review
	G43.109		Approved	
	M25.562		Approved	
	M25.569		Denied	Denied by Medical Director Review
	N20.0		Approved	
	S72.401K		Approved	
	M54.12		Approved	
	R10.9		Approved	
	G89.29		Approved	
	S83.209A		Denied	Denied by Medical Director Review
	M54.5		Approved	
	J33.9		Approved	
	G89.29		Approved	
	R06.00		Approved	
	S06.0X0D		Denied	Denied by Medical Director Review
	E34.8		Approved	
	N20.9		Approved	
	S72.401K		Approved	
	M21.851		Approved	
	M21.851		Approved	
	K57.32		Approved	
	M25.569		Denied	Denied by Medical Director Review
	M17.12		Approved	
	M54.16		Denied	Denied by Medical Director Review
	I49.3		Denied	Denied by Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G44.209		Approved	
	M54.2		Denied	Denied by Medical Director Review
	C50.812		Approved	
	Z12.2		Approved	
	M25.512		Approved	
	T85.44XA		Denied	Denied by Medical Director Review
	T85.44XA		Denied	Denied by Medical Director Review
	G35		Approved	
	M25.531		Approved	
	C10.2		Approved	
	Z15.01		Approved	
	J32.9		Approved	
	M66.361		Approved	
	M66.361		Approved	
	S83.242A		Approved	
	Q21.1		Denied	Denied by Medical Director Review
	G35		Approved	
	M54.16		Approved	
	D49.6		Approved	
	M54.2		Denied	Denied by Medical Director Review
	M23.92		Approved	
	G44.52		Approved	
	S83.242A		Approved	
	N20.9		Approved	
	M25.562		Approved	
	S92.021A		Approved	
	S83.212D		Approved	
	J32.9		Approved	
	Z80.0		Denied	Denied by Medical Director Review
	Z80.0		Denied	Denied by Medical Director Review
	R07.9		Approved	
	R07.9		Approved	
	C10.2		Approved	
	M75.22		Approved	
	E34.8		Approved	
	G43.709		Denied	Denied by Medical Director Review
	N64.4		Approved	
	S06.0X0D		Denied	Denied by Medical Director Review
	R07.9		Approved	
	I25.10		Approved	
	C07		Approved	
	M54.12		Denied	Denied by Medical Director Review
	Z12.2		Approved	
	R42		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M54.2		Denied	Denied by Medical Director Review
	M54.2		Denied	Denied by Medical Director Review
	M23.222		Approved	
	M23.222		Approved	
	N20.9		Approved	
	N20.9		Approved	
	K57.32		Approved	
	J33.9		Approved	
	S89.91XD		Approved	
	S83.281A		Approved	
	R31.9		Approved	
	M54.12		Denied	Denied by Medical Director Review
	S91.101S		Approved	
	M16.11		Approved	
	C07		Approved	
	M75.121		Denied	Denied by Medical Director Review
	M75.121		Denied	Denied by Medical Director Review
	R06.00		Approved	
	R06.02		Approved	
	R07.9		Approved	
	M25.311		Approved	
	I25.10		Denied	Denied by Medical Director Review
	S63.391A		Approved	
	M66.361		Approved	
	M66.361		Approved	
	R06.02		Approved	
	M54.5		Approved	
	M54.5		Approved	
	G89.29		Approved	
	G89.29		Approved	
	S91.101S		Approved	
	Z87.74		Denied	Denied by Medical Director Review
	G08		Approved	
	Q61.3		Approved	
	D49.6		Approved	
	Z15.01		Approved	
	G35		Approved	
	R31.0		Approved	
	R07.9		Denied	Denied by Medical Director Review
	R07.9		Denied	Denied by Medical Director Review
	S92.021A		Approved	
	S92.021A		Approved	
	S83.212D		Approved	
	C18.7		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M54.6		Approved	
	S92.021A		Approved	
	Z80.0		Denied	Denied by Medical Director Review
	R26.9		Approved	
	M25.512		Approved	
	M54.2		Approved	
	C44.42		Approved	
	C44.42		Approved	
	J30.9		Approved	
	J01.01		Approved	
	R10.9		Denied	Denied by Medical Director Review
	M75.22		Approved	
	M75.22		Approved	
	Q23.1		Approved	
	G43.709		Denied	Denied by Medical Director Review
	S43.439A		Denied	Denied by Medical Director Review
	G25.0		Approved	
	C50.812		Approved	
	C50.812		Approved	
	S91.101S		Approved	
	S83.231A		Denied	Denied by Medical Director Review
	M25.521		Approved	
	S83.281A		Approved	
	M47.892		Approved	
	M54.2		Approved	
	Z12.2		Approved	
	Z12.2		Approved	
	M54.5		Approved	
	S91.101S		Approved	
	M25.521		Approved	
	R31.0		Approved	
	M47.892		Approved	
	M54.16		Approved	
	R42		Approved	
	Q61.3		Approved	
	S89.91XD		Approved	
	S83.281A		Approved	
	Z12.2		Approved	
	C44.42		Approved	
	R91.1		Approved	
	J01.01		Approved	
	M25.512		Approved	
	M25.532		Approved	
	M22.2X2		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M46.1		Approved	
	M23.92		Denied	Denied by Medical Director Review
	C44.42		Approved	
	M25.512		Approved	
	M25.512		Approved	
	M46.1		Approved	
	J32.8		Approved	
	Z87.74		Denied	Denied by Medical Director Review
	M25.531		Approved	
	S92.021A		Approved	
	S92.021A		Approved	
	S92.021A		Approved	
	J32.9		Approved	
	Z80.0		Denied	Denied by Medical Director Review
	R07.9		Approved	
	M54.16		Approved	
	J32.8		Approved	
	S83.232A		Approved	
	S83.232A		Approved	
	G43.709		Denied	Denied by Medical Director Review
	M54.16		Denied	Denied by Medical Director Review
	M54.6		Approved	
	R10.11		Approved	
	R10.11		Approved	
	S63.391A		Approved	
	S63.391A		Approved	
	S63.391A		Approved	
	C18.7		Denied	Denied by Medical Director Review
	C18.7		Denied	Denied by Medical Director Review
	Z12.2		Approved	
	C50.812		Approved	
	G35		Approved	
	M23.92		Approved	
	M54.17		Denied	Denied by Medical Director Review
	R10.9		Denied	Denied by Medical Director Review
	H90.11		Approved	
	M25.311		Approved	
	S92.021A		Approved	
	J32.9		Approved	
	R31.9		Approved	
	M19.012		Denied	Denied by Medical Director Review
	J01.90		Approved	
	R31.9		Approved	
	E11.65		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	D35.2		Approved	
	M22.11		Approved	
	Z13.29		Approved	
	R10.31		Approved	
	D35.2		Denied	Denied by Medical Director Review
	G89.29		Approved	
	I48.0		Approved	
	S83.242D		Approved	
	Q07.00		Approved	
	M25.871		Approved	
	R07.9		Approved	
	M54.2		Approved	
	I20.9		Denied	Denied by Medical Director Review
	M25.561		Approved	
	C67.2		Approved	
	R31.0		Approved	
	R31.0		Approved	
	F05		Approved	
	R31.9		Approved	
	M51.26		Approved	
	M54.16		Approved	
	M25.511		Denied	Denied by Medical Director Review
	M54.5		Denied	Denied by Medical Director Review
	M25.562		Denied	Denied by Medical Director Review
	J32.9		Denied	Denied by Medical Director Review
	J32.9		Denied	Denied by Medical Director Review
	Z12.31		Approved	
	R06.00		Approved	
	M51.26		Approved	
	D49.6		Approved	
	S83.282A		Denied	Denied by Medical Director Review
	H90.A22		Approved	
	E22.0		Approved	
	Q04.8		Approved	
	K21.9		Denied	Denied by Medical Director Review
	Q07.00		Approved	
	M25.362		Approved	
	R05		Denied	Denied by Medical Director Review
	R07.9		Approved	
	G44.89		Approved	
	K40.90		Denied	Denied by Medical Director Review
	N20.0		Approved	
	I50.9		Approved	
	C18.2		Approved	

Cigna Arkansas Prior Authorization Report for 04012021 - 06302021

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	R31.0		Approved	
	R31.0		Approved	
	M47.812		Approved	
	T84.84XA		Approved	
	G89.29		Approved	
	M54.17		Approved	
	M54.12		Approved	
	C49.A3		Approved	
	C83.39		Approved	
	S83.512A		Approved	
	R10.84		Approved	
	Z76.89		Approved	
	M23.361		Approved	
	R07.81		Denied	Denied by Medical Director Review
	I47.2		Approved	
	S49.92XD		Approved	
	M54.5		Approved	
	M25.572		Denied	Denied by Medical Director Review
	M79.641		Denied	Denied by Medical Director Review
	M25.561		Approved	
	M53.3		Approved	
	R91.1		Approved	
	R07.9		Approved	
	C62.90		Approved	
	N20.0		Approved	
	M54.2		Denied	Denied by Medical Director Review
	R10.12		Denied	Denied by Medical Director Review
	M23.41		Approved	
	R42		Approved	
	S83.011A		Approved	
	G61.81		Denied	Denied by Medical Director Review
	J32.9		Approved	
	J32.2		Approved	
	M25.562		Approved	
	R97.20		Approved	
	R07.9		Denied	Denied by Medical Director Review
	I20.9		Approved	
	C62.90		Approved	
	N20.0		Approved	
	R55		Approved	
	I77.74		Approved	
	M48.04		Denied	Denied by Medical Director Review
	S63.634A		Approved	
	S83.271A		Denied	Denied by Medical Director Review

Cigna Arkansas Prior Authorization Report for 04012021 - 06302021

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	H93.13		Approved	
	M54.16		Approved	
	R10.12		Denied	Denied by Medical Director Review
	M25.311		Denied	Denied by Medical Director Review
	M54.16		Approved	
	S83.232D		Approved	
	R97.20		Approved	
	S32.592A		Denied	Denied by Medical Director Review
	M25.871		Approved	
	R97.20		Denied	Denied by Medical Director Review
	R97.20		Denied	Denied by Medical Director Review
	R20.0		Approved	
	M25.561		Approved	
	S83.512A		Approved	
	G43.109		Approved	
	M25.512		Approved	
	D68.51		Approved	
	S83.282A		Denied	Denied by Medical Director Review
	M54.41		Denied	Denied by Medical Director Review
	M51.26		Denied	Denied by Medical Director Review
	J32.2		Approved	
	R91.8		Approved	
	S32.592A		Denied	Denied by Medical Director Review
	K21.9		Denied	Denied by Medical Director Review
	R10.11		Denied	Denied by Medical Director Review
	M54.16		Approved	
	R22.2		Approved	
	M19.012		Approved	
	M47.816		Approved	
	Z96.652		Approved	
	T84.84XA		Approved	
	J32.9		Approved	
	R10.12		Denied	Denied by Medical Director Review
	M65.841		Approved	
	M13.169		Approved	
	R07.89		Approved	
	R91.8		Approved	
	C62.90		Approved	
	Z87.891		Approved	
	C83.39		Approved	
	C81.72		Denied	Denied by Medical Director Review
	C81.72		Denied	Denied by Medical Director Review
	S83.241A		Approved	
	M48.04		Denied	Denied by Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	D3A.8		Approved	
	J01.90		Approved	
	C49.A3		Denied	Denied by Medical Director Review
	N20.0		Approved	
	M25.561		Approved	
	M54.16		Denied	Denied by Medical Director Review
	M23.361		Approved	
	M25.531		Denied	Denied by Medical Director Review
	S83.512D		Approved	
	G31.84		Approved	
	S53.492A		Approved	
	S53.492A		Approved	
	M94.261		Approved	
	S63.650D		Approved	
	R41.3		Approved	
	M22.41		Denied	Denied by Medical Director Review
	S83.241D		Approved	
	M25.521		Approved	
	R41.3		Approved	
	C18.2		Approved	
	G95.0		Approved	
	D48.1		Denied	Denied by Medical Director Review
	R31.9		Approved	
	M50.30		Denied	Denied by Medical Director Review
	M47.816		Approved	
	C83.39		Approved	
	C83.39		Approved	
	C81.72		Denied	Denied by Medical Director Review
	N20.0		Approved	
	M48.04		Denied	Denied by Medical Director Review
	C61		Approved	
	M51.16		Denied	Denied by Medical Director Review
	M54.5		Approved	
	K59.09		Approved	
	R91.1		Denied	Denied by Medical Director Review
	M51.36		Approved	
	C64.2		Approved	
	J01.01		Denied	Denied by Medical Director Review
	C83.39		Approved	
	C81.72		Denied	Denied by Medical Director Review
	G44.84		Approved	
	M54.16		Denied	Denied by Medical Director Review
	R10.9		Denied	Denied by Medical Director Review
	H04.123		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	R59.9		Denied	Denied by Medical Director Review
	M25.572		Denied	Denied by Medical Director Review
	R55		Approved	
	G95.0		Approved	
	G95.0		Approved	
	G89.29		Approved	
	C54.1		Approved	
	S43.432D		Approved	
	C64.2		Approved	
	S83.231A		Approved	
	G44.89		Approved	
	C83.39		Approved	
	C81.72		Denied	Denied by Medical Director Review
	M54.9		Denied	Denied by Medical Director Review
	S83.511A		Approved	
	M19.012		Denied	Denied by Medical Director Review
	I77.74		Approved	
	S73.191A		Approved	
	M54.16		Approved	
	M54.16		Denied	Denied by Medical Director Review
	C64.2		Approved	
	R10.813		Approved	
	Q23.4		Approved	
	M43.16		Approved	
	S89.92XA		Approved	
	R31.29		Approved	
	M54.16		Approved	
	M54.16		Approved	
	M51.16		Approved	
	R06.00		Approved	
	C62.90		Approved	
	G43.909		Approved	
	R93.7		Approved	
	C90.00		Approved	
	M25.851		Approved	
	M25.512		Approved	
	M25.549		Approved	
	R10.9		Approved	
	C62.90		Approved	
	M54.5		Approved	
	C62.90		Approved	
	M54.2		Denied	Denied by Medical Director Review
	S56.911A		Approved	
	I26.99		Approved	

Cigna Arkansas Prior Authorization Report for 04012021 - 06302021

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Z76.89		Approved	
	M54.16		Approved	
	M54.16		Approved	
	R05		Approved	
	S83.242D		Approved	
	R25.1		Approved	
	Z13.29		Approved	
	R22.2		Denied	Denied by Medical Director Review
	M47.896		Denied	Denied by Medical Director Review
	M65.841		Approved	
	R31.0		Approved	
	R06.02		Approved	
	K21.9		Denied	Denied by Medical Director Review
	G83.14		Denied	Denied by Medical Director Review
	D49.6		Approved	
	I20.9		Denied	Denied by Medical Director Review
	M54.2		Approved	
	M54.32		Approved	
	F17.210		Approved	
	I25.10		Approved	
	M25.511		Approved	
	S83.211A		Denied	Denied by Medical Director Review
	C90.00		Approved	
	C90.00		Approved	
	C90.00		Approved	
	C90.00		Approved	
	M54.32		Approved	
	M75.81		Approved	
	M54.16		Approved	
	K21.9		Denied	Denied by Medical Director Review
	M54.2		Approved	
	N30.21		Approved	
	M25.562		Denied	Denied by Medical Director Review
	M13.169		Approved	
	M25.561		Approved	
	I20.9		Approved	
	J34.2		Approved	
	R07.89		Approved	
	M25.562		Approved	
	R94.39		Approved	
	R07.9		Approved	
	I10		Approved	
	S89.81XA		Approved	
	S83.282A		Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C76.0		Approved	
	C61		Denied	Denied by Medical Director Review
	R32		Approved	
	C54.1		Approved	
	M25.551		Denied	Denied by Medical Director Review
	D48.1		Denied	Denied by Medical Director Review
	S63.650D		Approved	
	M25.561		Approved	
	M54.9		Denied	Denied by Medical Director Review
	C49.A3		Denied	Denied by Medical Director Review
	C81.72		Denied	Denied by Medical Director Review
	C49.A3		Approved	
	G44.84		Approved	
	I26.99		Approved	
	R07.89		Denied	Denied by Medical Director Review
	E66.9		Approved	
Practitioner	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	Approved	
Practitioner	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	M51.16	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Approved	
Practitioner	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Denied	MEDICAL DIRECTOR DECISION
Practitioner	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	Approved	
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Denied	MEDICAL DIRECTOR DECISION
Practitioner	Q67.2	DOLICHOCEPHALY	Denied	MEDICAL DIRECTOR DECISION
Practitioner	N92.1	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Approved	
Practitioner	M41.115	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Approved	
Practitioner	M41.115	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Approved	
Practitioner	M41.115	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Approved	
Practitioner	J93.83	OTHER PNEUMOTHORAX	Approved	
Practitioner	J93.83	OTHER PNEUMOTHORAX	Approved	
Practitioner	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Approved	
Practitioner	M41.125	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Approved	
Practitioner	M41.125	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Approved	
Practitioner	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	Approved	
Practitioner	I47.2	VENTRICULAR TACHYCARDIA	Denied	MEDICAL DIRECTOR DECISION
Practitioner	I47.2	VENTRICULAR TACHYCARDIA	Denied	MEDICAL DIRECTOR DECISION
Practitioner	D86.9	SARCOIDOSIS, UNSPECIFIED	Approved	
Practitioner	D86.9	SARCOIDOSIS, UNSPECIFIED	Approved	
Practitioner	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
Practitioner	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
Practitioner	M06.09	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
Practitioner	M06.09	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
Practitioner	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Denied	MEDICAL DIRECTOR DECISION
Practitioner	K51.00	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
Practitioner	K51.00	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
Practitioner	K50.00	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	K50.00	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
Practitioner	F80.0	PHONOLOGICAL DISORDER	Approved	
Practitioner	M45.9	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Approved	
Practitioner	M45.9	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Approved	
Practitioner	Z80.42	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Approved	
Practitioner	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Approved	
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Approved	
Practitioner	M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	D59.10	AUTOIMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	Approved	
Practitioner	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Approved	
Practitioner	K50.80	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
Practitioner	C49.21	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	Approved	
Practitioner	N31.9	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Approved	
Practitioner	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Approved	
Practitioner	Z47.89	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Approved	
Practitioner	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	Approved	
Practitioner	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	Approved	
Practitioner	H90.11	CONDCTV HEAR LOSS, UNI, RIGHT EAR, W UNRESTR HEAR CNTRA SIDE	Approved	
Practitioner	F80.9	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Approved	
Practitioner	T81.41XD	INFCT FOL A PROC, SUPERFIC INCISIONAL SURGICAL SITE, SUBS	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	T81.41XD	INFCT FOL A PROC, SUPERFIC INCISIONAL SURGICAL SITE, SUBS	Approved	
Practitioner	L50.1	IDIOPATHIC URTICARIA	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.20	KISSING SPINE, SITE UNSPECIFIED	Approved	
Practitioner	M48.20	KISSING SPINE, SITE UNSPECIFIED	Approved	
Practitioner	M48.20	KISSING SPINE, SITE UNSPECIFIED	Approved	
Practitioner	M48.20	KISSING SPINE, SITE UNSPECIFIED	Approved	
Practitioner	F80.9	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	Z42.1	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Approved	
Practitioner	Z42.1	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Approved	
Practitioner	Z42.1	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Approved	
Practitioner	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Approved	
Practitioner	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Approved	
Practitioner	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Approved	
Practitioner	M25.561	PAIN IN RIGHT KNEE	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M25.561	PAIN IN RIGHT KNEE	Denied	MEDICAL DIRECTOR DECISION
Practitioner	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Approved	
Practitioner	M05.79	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
Practitioner	D66	HEREDITARY FACTOR VIII DEFICIENCY	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	
Practitioner	E10.3512	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	Z13.41	ENCOUNTER FOR AUTISM SCREENING	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	M48.02	SPINAL STENOSIS, CERVICAL REGION	Approved	
Practitioner	F80.9	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Approved	
Practitioner	C50.511	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Approved	
Practitioner	M05.79	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
Practitioner	M05.79	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
Practitioner	M05.79	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
Practitioner	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	MEDICAL DIRECTOR DECISION
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Approved	
Practitioner	O90.0	DISRUPTION OF CESAREAN DELIVERY WOUND	Approved	
Practitioner	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Approved	
Practitioner	C49.21	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	Denied	MEDICAL DIRECTOR DECISION
Practitioner	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Approved	
Practitioner	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Approved	
Practitioner	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	Approved	
Practitioner	E10.3213	TYPE 1 DIABETES WITH MILD NONP RTNOP WITH MACULAR EDEMA, BI	Approved	
Practitioner	M81.0	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	G24.3	SPASMODIC TORTICOLLIS	Approved	
Practitioner	N48.6	INDURATION PENIS PLASTICA	Approved	
Practitioner	M06.09	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
Practitioner	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Denied	MEDICAL DIRECTOR DECISION
Practitioner	H35.3221	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Approved	
Practitioner	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Denied	MEDICAL DIRECTOR DECISION
Practitioner	Q11.1	OTHER ANOPHTHALMOS	Approved	
Practitioner	Q11.1	OTHER ANOPHTHALMOS	Approved	
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	
Practitioner	Z80.49	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Approved	
Practitioner	N18.6	END STAGE RENAL DISEASE	Approved	
Practitioner	N18.6	END STAGE RENAL DISEASE	Approved	
Practitioner	M81.0	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	MEDICAL DIRECTOR DECISION
Practitioner	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	
Practitioner	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Approved	
Practitioner	M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	
Practitioner	Z80.42	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Approved	
Practitioner	Z86.010	PERSONAL HISTORY OF COLONIC POLYPS	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
Practitioner	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
Practitioner	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
Practitioner	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Approved	
Practitioner	M43.17	SPONDYLOLISTHESIS , LUMBOSACRAL REGION	Approved	
Practitioner	M43.17	SPONDYLOLISTHESIS , LUMBOSACRAL REGION	Approved	
Practitioner	M43.17	SPONDYLOLISTHESIS , LUMBOSACRAL REGION	Approved	
Practitioner	M43.17	SPONDYLOLISTHESIS , LUMBOSACRAL REGION	Approved	
Practitioner	E46	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Approved	
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
Practitioner	F80.1	EXPRESSIVE LANGUAGE DISORDER	Approved	
Practitioner	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	G43.719	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
Practitioner	G43.719	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
Practitioner	K70.9	ALCOHOLIC LIVER DISEASE, UNSPECIFIED	Approved	
Practitioner	M31.30	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Approved	
Practitioner	T78.3XXA	ANGIONEUROTIC EDEMA, INITIAL ENCOUNTER	Denied	MEDICAL DIRECTOR DECISION
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	M43.06	SPONDYLOLYSIS, LUMBAR REGION	Approved	
Practitioner	G35	MULTIPLE SCLEROSIS	Approved	
Practitioner	N40.1	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Denied	MEDICAL DIRECTOR DECISION
Practitioner	N40.1	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Denied	MEDICAL DIRECTOR DECISION
Practitioner	D80.1	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	
Practitioner	R78.81	BACTEREMIA	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	O90.0	DISRUPTION OF CESAREAN DELIVERY WOUND	Approved	
Practitioner	Z80.3	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Approved	
Practitioner	N18.6	END STAGE RENAL DISEASE	Approved	
Practitioner	N18.6	END STAGE RENAL DISEASE	Approved	
Practitioner	N18.6	END STAGE RENAL DISEASE	Approved	
Practitioner	M05.79	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
Practitioner	M05.79	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	G24.9	DYSTONIA, UNSPECIFIED	Approved	
Practitioner	F64.0	TRANSSEXUALISM	Approved	
Practitioner	F64.0	TRANSSEXUALISM	Approved	
Practitioner	F64.0	TRANSSEXUALISM	Denied	MEDICAL DIRECTOR DECISION
Practitioner	F64.0	TRANSSEXUALISM	Denied	MEDICAL DIRECTOR DECISION
Practitioner	F64.0	TRANSSEXUALISM	Approved	
Practitioner	F64.0	TRANSSEXUALISM	Approved	
Practitioner	F64.0	TRANSSEXUALISM	Approved	
Practitioner	F64.0	TRANSSEXUALISM	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Approved	
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	
Practitioner	N97.9	FEMALE INFERTILITY, UNSPECIFIED	Approved	

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Practitioner	M54.16	RADICULOPATHY, LUMBAR REGION	Approved	
Practitioner	K50.80	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
Practitioner	G43.711	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
Practitioner	G43.711	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
Practitioner	H40.1111	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MILD STAGE	Approved	
Practitioner	L03.90	CELLULITIS, UNSPECIFIED	Approved	
Practitioner	K60.1	CHRONIC ANAL FISSURE	Approved	
Practitioner	K02.63	DENTAL CARIES ON SMOOTH SURFACE PENETRATING INTO PULP	Approved	
Practitioner	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Approved	
Practitioner	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Approved	
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
Practitioner	G43.709	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	

