

Cigna Arkansas Prior Authorization Report for 10012019 - 12312019

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
BCBA	F84.0	97155/0368T	Approved	
Facility	F10.20	IN*DTX*IP	Approved	
Facility	F10.20	IN*CD*RES	Approved	
Facility	F10.20	IN*CD*RES	Approved	
Facility	F10.20	IN*CD*RES	Approved	
Facility	F10.20	IN*CD*RES	Approved	
Facility	F10.20	IN*CD*RES	Approved	
Facility	F10.20	H0015	Approved	
Facility	F10.20	H0015	Approved	
Facility	F10.20	H0015	Approved	
Facility	F10.20	IN*CD*RES	Denied	Medical Director Review
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	IN*MH*IP	Approved	
Facility	F32.9	S9480	Approved	
Facility	F32.9	H0035	Denied	Medical Director Review
Facility	F33.2	H0035	Approved	
Facility	F33.2	H0035	Approved	
Facility	F33.2	H0035	Approved	
Facility	F33.2	H0035	Approved	
Facility	F33.2	S9480	Approved	
Facility	F34.81	IN*MH*IP	Approved	
Facility	F34.81	IN*MH*IP	Approved	
Facility	F34.81	IN*MH*IP	Approved	
Facility	F34.81	IN*MH*IP	Approved	
Facility	F34.81	IN*MH*IP	Approved	
	11 WEEKS GESTATION OF PREGNANCY	PUMP, EXT INFUSION, MINIMED, INSULIN	Approved	
	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	74174	Approved	
	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	74176	Approved	
	ABDOMINAL DISTENSION GASEOUS	74177	Denied	Medical Director Review
	Abnormal findings on diagnostic imaging of heart and coronary circulation	78472	Approved	
	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	78472	Approved	
	ABNORMAL REFLEX	72141	Approved	
	ABNORMAL REFLEX	72146	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	93458	Denied	Medical Director Review
	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	93458	Approved	
	ACHILLES TENDINITIS RIGHT LEG	73718	Denied	Medical Director Review
	ACHILLES TENDINITIS RIGHT LEG	73721	Denied	Medical Director Review
	Acute pancreatitis without necrosis or infection; unspecified	74183	Denied	Medical Director Review
	Acute pancreatitis without necrosis or infection; unspecified	74170	Approved	
	Acute recurrent maxillary sinusitis	70486	Approved	
	ACUTE RECURRENT SINUSITIS UNSPECIFIED	70486	Approved	
	ALLERGIC RHINITIS UNSPECIFIED	70486	Approved	
	ANAL FISTULA	72197	Approved	
	ANXIETY DISORDER UNSPECIFIED	70450	Approved	
	APNEA, NOT ELSEWHERE CLASSIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Approved	
	APNEA, NOT ELSEWHERE CLASSIFIED	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved	
	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	78452	Approved	
	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	93458	Approved	
	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	78452	Approved	
	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	78452	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	78452	Approved	
	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	93351	Approved	
	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	78452	Approved	
	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	78452	Approved	
	Asymptomatic microscopic hematuria	74178	Approved	
	Asymptomatic microscopic hematuria	74178	Approved	
	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	78452	Approved	
	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	93458	Approved	
	B00.2		Denied	BY MEDICAL DIRECTOR REVIEW
	B00.9		Denied	BY MEDICAL DIRECTOR REVIEW
	B44.9	J8499	Approved	
	B80		Approved	
	B82.9		Denied	BY MEDICAL DIRECTOR REVIEW
	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT ARM	23075	Approved	
	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT ARM	23071	Approved	
	BENIGN NEOPLASM OF BRAIN INFRATENTORIAL	70553	Denied	Medical Director Review
	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	72148	Approved	
	BENIGN NEOPLASM OF PITUITARY GLAND	70553	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	BENIGN NEOPLASM OF PITUITARY GLAND	70553	Approved	
	C15.5	J9355	Approved	
	C19		Approved	
	C19	J9206	Approved	
	C19	J2469	Approved	
	C20	J8521	Approved	
	C34.12	J9045	Approved	
	C41.3	J3490	Approved	
	C43.52	C9399	Approved	
	C50.411	C9399	Approved	
	C50.919	J8521	Approved	
	C61		Approved	
	C64.2	J8999	Approved	
	C79.51	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
	C81.71	J0185	Approved	
	C81.71	J9000	Approved	
	C81.71	J9040	Approved	
	C81.71	J9130	Approved	
	C81.71	J9360	Approved	
	C81.71	J2469	Approved	
	C83.39	J1453	Approved	
	C83.39	J9000	Approved	
	C83.39	J2469	Approved	
	C83.39	J2505	Approved	
	C83.39	J9312	Approved	
	C88.0	C9399	Approved	
	C91.01	J1561	Approved	
	C91.10	C9399	Approved	
	C92.90	C9399	Approved	
	CALCIFIC TENDINITIS OF UNSPECIFIED SHOULDER	73221	Approved	
	CALCULUS OF KIDNEY	74176	Approved	
	CALCULUS OF KIDNEY	74176	Approved	
	CALCULUS OF KIDNEY	74176	Approved	
	CARDIAC ARRHYTHMIA, UNSPECIFIED	MSLT	Approved	
	CEREBRAL CYSTS	70553	Approved	
	CERVICALGIA	72141	Denied	Medical Director Review
	CERVICALGIA	73221	Denied	Medical Director Review
	CERVICALGIA	64479	Denied	Medical Director Review
	CERVICALGIA	72141	Denied	Medical Director Review
	CERVICALGIA	72141	Denied	Medical Director Review
	CERVICALGIA	72141	Denied	Medical Director Review
	CERVICOBRACHIAL SYNDROME	72141	Denied	Medical Director Review
	CHEST PAIN UNSPECIFIED	78452	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	CHEST PAIN UNSPECIFIED	71260	Denied	Medical Director Review
	CHEST PAIN UNSPECIFIED	71260	Denied	Medical Director Review
	CHEST PAIN UNSPECIFIED	93458	Approved	
	CHEST PAIN UNSPECIFIED	93351	Approved	
	CHEST PAIN UNSPECIFIED	78452	Denied	Medical Director Review
	CHEST PAIN UNSPECIFIED	78452	Approved	
	CHEST PAIN UNSPECIFIED	78452	Denied	Medical Director Review
	CHEST PAIN UNSPECIFIED	78452	Approved	
	CHEST PAIN UNSPECIFIED	78452	Approved	
	CHONDROMALACIA PATELLAE LEFT KNEE	73721	Approved	
	Chronic maxillary sinusitis	70486	Approved	
	CHRONIC PAIN SYNDROME	64510	Approved	
	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	29826	Denied	Medical Director Review
	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	29827	Denied	Medical Director Review
	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	29824	Denied	Medical Director Review
	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	73221	Approved	
	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	29826	Approved	
	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	29827	Approved	
	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	29823	Approved	
	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	29807	Approved	
	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	29824	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	COMPLEX REGIONAL PAIN SYNDROME I LEFT UPPER LIMB	64510	Denied	Medical Director Review
	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	73721	Approved	
	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	73721	Approved	
	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	29881	Approved	
	CONGENITAL DEFORMITY OF KNEE	29873	Denied	Medical Director Review
	CONGENITAL DEFORMITY OF KNEE	29881	Denied	Medical Director Review
	Congenital insufficiency of aortic valve	71555	Denied	Medical Director Review
	Congenital insufficiency of aortic valve	75561	Denied	Medical Director Review
	Congenital insufficiency of aortic valve	75574	Approved	
	CONTUSION OF NOSE INITIAL ENCOUNTER	70486	Approved	
	Contusion of nose; initial encounter	70486	Approved	
	CRAMP AND SPASM	72156	Approved	
	CRAMP AND SPASM	72157	Approved	
	CRAMP AND SPASM	70553	Approved	
	D63.1	J0885	Approved	
	D69.6	C9399	Approved	
	D80.1	J1568	Approved	
	D80.1	90284	Approved	
	D83.9	J1561	Approved	
	Demyelinating disease of central nervous system; unspecified	72157	Approved	
	Demyelinating disease of central nervous system; unspecified	72156	Approved	
	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	72156	Approved	
	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	72157	Approved	
	DEVIATED NASAL SEPTUM	70486	Approved	

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	DISORDER OF BRAIN UNSPECIFIED	70553	Approved	
	DISORDER OF FACIAL NERVE UNSPECIFIED	70553	Approved	
	DISORDER OF FACIAL NERVE UNSPECIFIED	70460	Approved	
	DIZZINESS AND GIDDINESS	70450	Approved	
	DIZZINESS AND GIDDINESS	70450	Approved	
	DYSPNEA UNSPECIFIED	78452	Approved	
	E10.9	A4253	Approved	
	E10.9		Approved	
	E10.9	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
	E11.311	J2778	Approved	
	E11.65		Approved	
	E11.65	C9399	Approved	
	E11.65		Approved	
	E11.65		Denied	BY MEDICAL DIRECTOR REVIEW
	E11.9	C9399	Approved	
	E11.9	C9399	Approved	
	E11.9	C9399	Approved	
	E11.9		Approved	
	E11.9	J1815	Denied	BY MEDICAL DIRECTOR REVIEW
	E11.9	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
	E11.9		Denied	BY MEDICAL DIRECTOR REVIEW
	E11.9		Denied	BY MEDICAL DIRECTOR REVIEW
	E23.0	J2941	Approved	
	E24.9	J8499	Approved	
	E29.1	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
	E66.01	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
	E66.9	J3490	Denied	BY MEDICAL DIRECTOR REVIEW
	E78.0	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
	E78.2	C9399	Approved	
	E78.5	J8499	Approved	
	E78.5		Approved	
	E78.5		Approved	
	EFFUSION RIGHT SHOULDER	29822	Approved	
	EFFUSION RIGHT SHOULDER	23044	Approved	
	EFFUSION RIGHT SHOULDER	29805	Approved	
	EFFUSION RIGHT SHOULDER	20680	Approved	
	EFFUSION RIGHT SHOULDER	29999	Denied	Medical Director Review
	EFFUSION RIGHT SHOULDER	29819	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	EFFUSION RIGHT SHOULDER	23101	Approved	
	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	70450	Approved	
	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	70553	Approved	
	Elevated prostate specific antigen [PSA]	76377	Denied	Medical Director Review
	Elevated prostate specific antigen [PSA]	72197	Approved	
	Elevated prostate specific antigen [PSA]	72197	Approved	
	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	74177	Approved	
	Elevated white blood cell count; unspecified	74177	Approved	
	ENCOUNTER AFTERCARE FOLLOW HEART-LUNG TRANSPLANT	93456	Approved	
	Encounter for aftercare following heart-lung transplant	93456	Approved	
	Encounter for routine checking of intrauterine contraceptive device	72192	Approved	
	Encounter for screening for malignant neoplasm of respiratory organs	G0297	Approved	
	Encounter for screening for malignant neoplasm of respiratory organs	G0297	Approved	
	ENCOUNTER ROUTINE CHECKING IU CONTRACEPT DEVICE	72192	Approved	
	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	G0297	Approved	
	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	G0297	Approved	



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	ENCOUNTER SCREENING MALIGNANT NEOPLASM OTH SITES	G0297	Approved	
	ESSENTIAL (PRIMARY) HYPERTENSION	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	ESSENTIAL (PRIMARY) HYPERTENSION	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	ESSENTIAL PRIMARY HYPERTENSION	78452	Approved	
	ESSENTIAL TREMOR	70553	Approved	
	ESSENTIAL TREMOR	72156	Approved	
	ESSENTIAL TREMOR	72157	Approved	
	ESSENTIAL TREMOR	72158	Approved	
	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	74177	Approved	
	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	78815	Approved	
	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	71260	Approved	
	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	70491	Denied	Medical Director Review
	F17.210		Denied	BY MEDICAL DIRECTOR REVIEW
	F20.9		Approved	
	F32.9		Denied	BY MEDICAL DIRECTOR REVIEW
	F32.9		Denied	BY MEDICAL DIRECTOR REVIEW
	F32.9		Denied	BY MEDICAL DIRECTOR REVIEW
	F32.9		Denied	BY MEDICAL DIRECTOR REVIEW
	F33.1		Approved	
	F33.1		Approved	
	F33.1		Approved	
	F33.1		Approved	
	F33.41		Approved	
	F41.8		Approved	
	F90.0	J8499	Approved	
	F90.0	J8499	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	F90.0		Approved	
	F90.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
	F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
	F90.0		Denied	BY MEDICAL DIRECTOR REVIEW
	F90.2		Approved	
	F90.2		Approved	
	F90.2		Denied	BY MEDICAL DIRECTOR REVIEW
	F90.2		Denied	BY MEDICAL DIRECTOR REVIEW
	F90.8		Approved	
	F90.9	J8499	Approved	
	F90.9		Approved	
	F90.9		Approved	
	F90.9		Denied	BY MEDICAL DIRECTOR REVIEW
	F90.9		Denied	BY MEDICAL DIRECTOR REVIEW
	F90.9		Denied	BY MEDICAL DIRECTOR REVIEW
	F98.8		Approved	
	F98.8		Denied	BY MEDICAL DIRECTOR REVIEW
	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	77049	Approved	
	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	70546	Approved	
	FRACTURE UNS PART RT CLAV INIT ENC CLOS FRACTURE	73200	Approved	
	G35	J8499	Approved	
	G35	J2350	Approved	
	G35	J2350	Approved	
	G35	J2350	Approved	
	G35	J8499	Approved	
	G35	J8499	Approved	
	G35	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	G40.319		Denied	BY MEDICAL DIRECTOR REVIEW
	G40.909	J8499	Approved	
	G43.009		Approved	
	G43.009		Approved	
	G43.009		Approved	
	G43.009		Approved	
	G43.009		Denied	BY MEDICAL DIRECTOR REVIEW
	G43.009		Denied	BY MEDICAL DIRECTOR REVIEW
	G43.101		Approved	
	G43.109		Denied	BY MEDICAL DIRECTOR REVIEW
	G43.709	J3031	Approved	
	G43.709		Approved	
	G43.709		Approved	
	G43.709	J0585	Denied	BY MEDICAL DIRECTOR REVIEW
	G43.711	J0585	Approved	
	G43.719	J0585	Approved	
	G43.719	J0585	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G43.719	J0585	Approved	
	G43.719	J0585	Approved	
	G43.719	J0585	Denied	BY MEDICAL DIRECTOR REVIEW
	G43.909		Approved	
	G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
	G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
	G43.909		Denied	BY MEDICAL DIRECTOR REVIEW
	G44.219	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
	G47.00		Denied	BY MEDICAL DIRECTOR REVIEW
	G47.26	J8499	Approved	
	G47.33	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	G47.33		Denied	BY MEDICAL DIRECTOR REVIEW
	G47.411	J8499	Approved	
	G47.411		Denied	BY MEDICAL DIRECTOR REVIEW
	G70.00	J1300	Denied	BY MEDICAL DIRECTOR REVIEW
	G70.01	J1561	Approved	
	G80.9	J0585	Approved	
	G81.10	J0585	Approved	
	G81.10	J0585	Denied	BY MEDICAL DIRECTOR REVIEW
	G81.14	J0585	Approved	
	G89.29		Approved	
	G89.29	J8499	Approved	
	G89.3		Approved	
	G89.3		Approved	
	G89.4		Approved	
	G93.40	90283	Denied	BY MEDICAL DIRECTOR REVIEW
	G93.49	J9312	Approved	
	GENERALIZED ABDOMINAL PAIN	74177	Denied	Medical Director Review
	GENERALIZED ENLARGED LYMPH NODES	71260	Approved	
	GENERALIZED ENLARGED LYMPH NODES	74177	Denied	Medical Director Review
	GENERALIZED ENLARGED LYMPH NODES	74177	Approved	
	GENERALIZED ENLARGED LYMPH NODES	71260	Denied	Medical Director Review
	GENERALIZED ENLARGED LYMPH NODES	70491	Denied	Medical Director Review
	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	77049	Approved	
	GROSS HEMATURIA	74178	Approved	
	GROSS HEMATURIA	74178	Approved	
	GROSS HEMATURIA	74178	Approved	

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	GROSS HEMATURIA	74178	Approved	
	H16.011	J3590	Approved	
	HEADACHE	70450	Approved	
	HEADACHE	70553	Approved	
	HEADACHE	70496	Denied	Medical Director Review
	HEADACHE	70450	Approved	
	HEADACHE	70553	Approved	
	HEADACHE	70450	Approved	
	HEMATURIA UNSPECIFIED	74176	Approved	
	HEMATURIA UNSPECIFIED	74176	Approved	
	HODGKIN LYMPHOMA UNS NODES HEAD FACE & ENCK	70491	Approved	
	HODGKIN LYMPHOMA UNS NODES HEAD FACE & ENCK	71260	Approved	
	Hodgkin lymphoma; unspecified; lymph nodes of head; face; and neck	70491	Approved	
	Hodgkin lymphoma; unspecified; lymph nodes of head; face; and neck	71260	Approved	
	HYPERLIPIDEMIA UNSPECIFIED	75571	Denied	Medical Director Review
	HYPERMOMNIA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	HYPERMOMNIA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	HYPERMOMNIA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	HYPERMOMNIA, UNSPECIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review

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	HYPERSOMNIA, UNSPECIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
	HYPERSOMNIA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	HYPERSOMNIA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	HYPOPITUITARISM	70551	Approved	
	HYPOPITUITARISM	70553	Approved	
	I10		Approved	
	I10		Approved	
	I10		Denied	BY MEDICAL DIRECTOR REVIEW
	I25.10	C9399	Approved	
	I25.10		Approved	
	I25.10	C9399	Approved	
	I27.0	J8499	Approved	
	I27.0	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	I47.9	J8499	Approved	
	I82.401	J1650	Approved	
	IMPINGEMENT SYNDROME OF LEFT SHOULDER	73221	Denied	Medical Director Review
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29826	Denied	Medical Director Review
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29827	Denied	Medical Director Review
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29824	Denied	Medical Director Review
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	29823	Denied	Medical Director Review
	Incisional hernia without obstruction or gangrene	74177	Approved	
	Incisional hernia without obstruction or gangrene	74177	Approved	

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	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	74177	Approved	
	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	74177	Approved	
	INSOMNIA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Medical Director Review
	INSOMNIA, UNSPECIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	72148	Approved	
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	64483	Denied	Medical Director Review
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	64484	Denied	Medical Director Review
	Irritable bowel syndrome with constipation	74177	Approved	
	ISCHEMIC OPTIC NEUROPATHY UNSPECIFIED EYE	70553	Denied	Medical Director Review
	ISCHEMIC OPTIC NEUROPATHY UNSPECIFIED EYE	70543	Denied	Medical Director Review
	Ischemic optic neuropathy; unspecified eye	70553	Denied	Medical Director Review
	Ischemic optic neuropathy; unspecified eye	70543	Denied	Medical Director Review
	J33.0	J3590	Approved	
	J33.0	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
	J44.1		Denied	BY MEDICAL DIRECTOR REVIEW
	J44.9	J3535	Approved	
	J44.9	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
	J45.40	C9399	Approved	
	J45.50	J3535	Denied	BY MEDICAL DIRECTOR REVIEW
	J45.901	J3535	Denied	BY MEDICAL DIRECTOR REVIEW

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	J98.4	90378	Approved	
	K21.0		Denied	BY MEDICAL DIRECTOR REVIEW
	K21.0		Denied	BY MEDICAL DIRECTOR REVIEW
	K21.9	J8499	Approved	
	K21.9	J8499	Approved	
	K21.9	J8499	Approved	
	K21.9	J8499	Approved	
	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	K21.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	K22.70	J8499	Approved	
	K29.70	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	K50.00	J1745	Approved	
	K50.10	J1745	Approved	
	K50.10	J1745	Approved	
	K50.10	J1745	Approved	
	K50.111	J3380	Approved	
	K50.119	J3380	Approved	
	K50.80	J3380	Approved	
	K50.818		Approved	
	K50.90	J3358	Approved	
	K50.90	J3380	Approved	
	K51.90	J0135	Approved	
	K59.00		Denied	BY MEDICAL DIRECTOR REVIEW
	K73.9	J8499	Approved	
	L20.89	C9399	Approved	
	L20.89	C9399	Approved	
	L20.89		Approved	
	L40.0	C9399	Approved	
	L40.0	C9399	Approved	
	L40.0	J1628	Approved	
	L40.0	J1628	Approved	
	L40.0		Denied	BY MEDICAL DIRECTOR REVIEW
	L40.50	C9399	Approved	
	L40.50	J8499	Approved	
	L40.50	J1745	Approved	
	L40.50	J0717	Approved	
	L40.50	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
	L40.8		Approved	
	L40.8		Denied	BY MEDICAL DIRECTOR REVIEW
	L40.9	J3357	Approved	
	L65.9	S0138	Denied	BY MEDICAL DIRECTOR REVIEW
	L70.0		Approved	
	L70.0		Approved	
	L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
	L70.0		Denied	BY MEDICAL DIRECTOR REVIEW
	L70.8		Denied	BY MEDICAL DIRECTOR REVIEW
	L71.8		Denied	BY MEDICAL DIRECTOR REVIEW
	L73.8		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	L74.510		Denied	BY MEDICAL DIRECTOR REVIEW
	LIVER CELL CARCINOMA	74183	Approved	
	LIVER DISEASE UNSPECIFIED	74170	Approved	
	Liver disease; unspecified	74170	Approved	
	Lobular carcinoma in situ of left breast	77049	Approved	
	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures; not intractable; without status epilepticus	70553	Approved	
	LOCALIZED ENLARGED LYMPH NODES	70490	Denied	Medical Director Review
	LOCALIZED ENLARGED LYMPH NODES	74177	Approved	
	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	73220	Approved	
	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	73718	Denied	Medical Director Review
	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	73718	Denied	Medical Director Review
	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	73718	Approved	
	LOCALIZED SWELLING MASS AND LUMP NECK	70491	Approved	
	LOCALIZED SWELLING MASS AND LUMP NECK	70491	Denied	Medical Director Review
	LOCALIZED SWELLING MASS AND LUMP NECK	70543	Approved	
	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	70553	Approved	
	LOW BACK PAIN	72148	Denied	Medical Director Review
	LOW BACK PAIN	72148	Approved	
	LOW BACK PAIN	72148	Denied	Medical Director Review
	LOWER ABDOMINAL PAIN UNSPECIFIED	74178	Denied	Medical Director Review



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	LOWER ABDOMINAL PAIN UNSPECIFIED	74177	Approved	
	LOWER ABDOMINAL PAIN UNSPECIFIED	74176	Approved	
	LOWER ABDOMINAL PAIN UNSPECIFIED	74178	Approved	
	LUMBAGO WITH SCIATICA LEFT SIDE	72148	Approved	
	LUMBAGO WITH SCIATICA RIGHT SIDE	72148	Approved	
	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	72148	Approved	
M05.79		J1745	Approved	
M05.79		J9312	Approved	
M05.79		J9312	Approved	
M05.79		J1745	Approved	
M05.79		J0129	Approved	
M05.79		J3590	Approved	
M05.79		J1438	Approved	
M05.79		J1745	Approved	
M05.79		J1438	Approved	
M05.79		J9312	Approved	
M05.79		C9399	Denied	BY MEDICAL DIRECTOR REVIEW
M05.89		J8499	Approved	
M05.9		J1745	Approved	
M05.9		J3590	Approved	
M05.9		Q5104	Denied	BY MEDICAL DIRECTOR REVIEW
M06.09		J8499	Approved	
M06.9		J9312	Approved	
M08.3			Approved	
M17.0		J7327	Approved	
M17.0		J7325	Approved	
M17.0		J7325	Approved	
M17.0		J7324	Approved	
M17.0		J7327	Approved	
M17.0		J7326	Denied	BY MEDICAL DIRECTOR REVIEW
M17.0			Denied	BY MEDICAL DIRECTOR REVIEW
M17.11		J7325	Approved	
M17.11		J7324	Approved	
M17.11		J7324	Approved	
M17.11		J7327	Approved	
M17.11		J7325	Approved	
M17.11		J7328	Denied	BY MEDICAL DIRECTOR REVIEW
M17.11		J3304	Denied	BY MEDICAL DIRECTOR REVIEW
M17.11		J7326	Denied	BY MEDICAL DIRECTOR REVIEW
M17.12		J7325	Approved	
M17.12			Approved	
M17.12		J7327	Approved	
M17.12		J7321	Denied	BY MEDICAL DIRECTOR REVIEW
M17.12		J7328	Denied	BY MEDICAL DIRECTOR REVIEW

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M25.511	PAIN IN RIGHT SHOULDER	Denied	Medical Director Review
	M25.511	PAIN IN RIGHT SHOULDER	Denied	Medical Director Review
	M25.511	PAIN IN RIGHT SHOULDER	Denied	Medical Director Review
	M25.519		Approved	
	M25.551	PAIN IN RIGHT HIP	Denied	Medical Director Review
	M25.551	PAIN IN RIGHT HIP	Denied	Medical Director Review
	M25.562		Denied	BY MEDICAL DIRECTOR REVIEW
	M32.10	J0490	Approved	
	M45.0	J1745	Approved	
	M45.6	J1745	Approved	
	M47.817		Approved	
	M47.896		Denied	BY MEDICAL DIRECTOR REVIEW
	M50.30		Approved	
	M51.16	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Approved	
	M51.16	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Denied	Medical Director Review
	M51.16	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Denied	Medical Director Review
	M51.36	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Denied	Medical Director Review
	M54.10		Denied	BY MEDICAL DIRECTOR REVIEW
	M54.12	RADICULOPATHY, CERVICAL REGION	Denied	Medical Director Review
	M54.2		Denied	BY MEDICAL DIRECTOR REVIEW
	M54.40	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	M54.40	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	M54.5	LOW BACK PAIN	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	M54.5	LOW BACK PAIN	Denied	Medical Director Review
	M54.5		Approved	
	M54.5		Approved	
	M54.5		Approved	
	M60.9	J9312	Approved	
	M609	J9312	Denied	BY MEDICAL DIRECTOR REVIEW
	M75.51		Approved	
	M76.821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	Denied	Medical Director Review
	M79.7	J8499	Approved	
	M79.7		Approved	
	M79.7	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
	M85.80	J0897	Denied	BY MEDICAL DIRECTOR REVIEW
	M86.172	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	M96.1		Approved	
	M96.1	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	M99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Denied	Medical Director Review
	M99.01	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Denied	Medical Director Review
	M99.02	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	Denied	Medical Director Review
	M99.03	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Denied	Medical Director Review
	M99.13	SUBLUXATION COMPLEX (VERTEBRAL) OF LUMBAR REGION	Denied	Medical Director Review
	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	71260	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	74177	Approved	
	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	78815	Approved	
	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	71260	Approved	
	Malignant carcinoid tumor of the transverse colon	74178	Approved	
	MALIGNANT CARCINOID TUMOR OF TRANSVERSE COLON	74178	Approved	
	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	71250	Approved	
	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	72197	Approved	
	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	71260	Approved	
	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	70553	Approved	
	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	74177	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	70553	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	74178	Denied	Medical Director Review
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	74177	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	74170	Denied	Medical Director Review
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	70551	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	74176	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	70491	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	71250	Approved	
	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	71260	Approved	
	Malignant neoplasm of central portion of left female breast	78815	Approved	
	Malignant neoplasm of central portion of left female breast	71260	Approved	
	Malignant neoplasm of central portion of left female breast	74177	Approved	
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	74178	Approved	
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	78815	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	78815	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	71260	Approved	
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	78815	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	74178	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	74178	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	71260	Approved	
	Malignant neoplasm of cervix uteri; unspecified	78815	Denied	Medical Director Review
	Malignant neoplasm of cervix uteri; unspecified	71260	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Malignant neoplasm of cervix uteri; unspecified	71260	Approved	
	Malignant neoplasm of cervix uteri; unspecified	78815	Denied	Medical Director Review
	Malignant neoplasm of cervix uteri; unspecified	74178	Denied	Medical Director Review
	Malignant neoplasm of cervix uteri; unspecified	78815	Denied	Medical Director Review
	Malignant neoplasm of cervix uteri; unspecified	74178	Denied	Medical Director Review
	Malignant neoplasm of cervix uteri; unspecified	74178	Approved	
	Malignant neoplasm of left ovary	74176	Denied	Medical Director Review
	Malignant neoplasm of left ovary	74177	Denied	Medical Director Review
	Malignant neoplasm of long bones of right lower li	CHEMOTHERAPY	Approved	
	Malignant neoplasm of long bones of right lower li	CHEMOTHERAPY	Approved	
	Malignant neoplasm of lower third of esophagus	71260	Approved	
	Malignant neoplasm of lower third of esophagus	74170	Denied	Medical Director Review
	Malignant neoplasm of lower-outer quadrant of left	BREAST CANCER	Approved	
	Malignant neoplasm of nasal cavity	70487	Denied	Medical Director Review
	Malignant neoplasm of overlapping sites of left female breast	74177	Denied	Medical Director Review
	Malignant neoplasm of overlapping sites of left female breast	71260	Denied	Medical Director Review
	Malignant neoplasm of overlapping sites of vulva	78815	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF PROSTATE	71260	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Malignant neoplasm of prostate	72197	Approved	
	MALIGNANT NEOPLASM OF SIGMOID COLON	71260	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF SIGMOID COLON	74183	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF SIGMOID COLON	72197	Denied	Medical Director Review
	MALIGNANT NEOPLASM OF SIGMOID COLON	74178	Denied	Medical Director Review
	Malignant neoplasm of transverse colon	71260	Approved	
	Malignant neoplasm of transverse colon	74177	Approved	
	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	74177	Denied	Medical Director Review
	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	71260	Denied	Medical Director Review
	MALIGNANT NEOPLASM UNSITE LEFT FEMALE BREAST	78472	Denied	Medical Director Review
	MALIGNANT NEOPLASM UNSITE LEFT FEMALE BREAST	78815	Approved	
	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	71260	Approved	
	MECH LOOSENING OTH INTRL PROSTH JNT INITIAL ENC	73200	Denied	Medical Director Review
	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	70551	Denied	Medical Director Review
	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	72141	Denied	Medical Director Review
	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	70553	Approved	
	MULTIPLE SCLEROSIS	72157	Approved	
	MULTIPLE SCLEROSIS	70553	Approved	
	MULTIPLE SCLEROSIS	72156	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	MULTIPLE SCLEROSIS	70553	Approved	
	N18.6		Approved	
	N18.9	J0881	Approved	
	N18.9	J0881	Approved	
	N32.81	J0585	Approved	
	N32.81		Approved	
	N39.41	J0585	Denied	BY MEDICAL DIRECTOR REVIEW
	N39.46		Denied	BY MEDICAL DIRECTOR REVIEW
	N40.1	J8499	Approved	
	N40.1		Approved	
	N52.9	J8499	Approved	
	N52.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	N52.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	N52.9	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	N52.9		Denied	BY MEDICAL DIRECTOR REVIEW
	N88.3	J1726	Denied	BY MEDICAL DIRECTOR REVIEW
	N97.9		Approved	
	N97.9	S0128	Approved	
	N97.9	S0128	Approved	
	N97.9	J3490	Approved	
	N97.9	J3490	Approved	
	N97.9	J3490	Approved	
	N97.9	J3490	Approved	
	N97.9	S0132	Approved	
	N97.9	S0126	Denied	BY MEDICAL DIRECTOR REVIEW
	NARCOLEPSY WITHOUT CATAPLEXY	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Approved	
	NARCOLEPSY WITHOUT CATAPLEXY	MSLT	Approved	
	Neoplasm of uncertain behavior of liver; gallbladder and bile ducts	74170	Approved	
	Neoplasm of uncertain behavior of trachea; bronchus and lung	71260	Approved	
	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	72157	Approved	
	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	72158	Approved	
	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	72156	Approved	
	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	70553	Approved	



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD	74170	Approved	
	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG	71260	Approved	
	NEW DAILY PERSISTENT HEADACHE	70450	Denied	Medical Director Review
	NEW DAILY PERSISTENT HEADACHE	70450	Approved	
	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	G0297	Approved	
	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	74177	Approved	
	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	73720	Approved	
	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	73723	Approved	
	NON-PRSS CHR N ULCR LT HEEL MIDFOOT W/NECROS MUSC	73723	Approved	
	NON-PRSS CHR N ULCR LT HEEL MIDFOOT W/NECROS MUSC	73720	Approved	
	NONRHEUMATIC AORTIC VALVE STENOSIS	74174	Approved	
	NONRHEUMATIC AORTIC VALVE STENOSIS	75574	Approved	
	O09.212	J1726	Approved	
	O34.32	J1726	Denied	BY MEDICAL DIRECTOR REVIEW
	OBESITY, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Medical Director Review
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Medical Director Review
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE II PORTABLE MONITOR; MIN 7 CHAN	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Medical Director Review
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Denied	Medical Director Review
	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	70498	Approved	
	OSTEOCHONDRITIS DISSECANS RT ANKLE JNTS RT FOOT	73721	Approved	
	Osteochondritis dissecans; right ankle and joints of right foot	73721	Approved	
	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	70553	Approved	
	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	72141	Approved	
	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	72128	Approved	
	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	72125	Approved	
	OTH CLASSICAL HODGKIN LYMPHOMA INTRATHOR NODES	78815	Approved	
	OTH CLASSICAL HODGKIN LYMPHOMA NODE HEAD FCE NCK	78815	Approved	
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	72148	Denied	Medical Director Review
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	72148	Approved	
	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	64483	Approved	
	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	72148	Denied	Medical Director Review
	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	74183	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	70470	Approved	
	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	70450	Approved	
	OTH SPEC ABDOMINAL HERNIA W/O OBST/GANGRENE	74150	Approved	
	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	29880	Denied	Medical Director Review
	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	29881	Denied	Medical Director Review
	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	29881	Approved	
	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	29882	Approved	
	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	73721	Approved	
	Other abnormal findings on diagnostic imaging of central nervous system	70553	Approved	
	OTHER ABNORMALITIES OF GAIT AND MOBILITY	70551	Denied	Medical Director Review
	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	73720	Approved	
	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	73723	Approved	
	OTHER ACUTE POSTPROCEDURAL PAIN	72148	Approved	
	Other benign neoplasm of skin of left lower limb; including hip	27339	Denied	Medical Director Review
	OTHER BENIGN NEOPLASM SKIN LT LOW LIMB INCL HIP	27339	Denied	Medical Director Review
	Other benign neuroendocrine tumors	74183	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	OTHER CHEST PAIN	75574	Approved	
	OTHER CHRONIC PAIN	72148	Denied	Medical Director Review
	OTHER CHRONIC PAIN	62323	Denied	Medical Director Review
	OTHER CHRONIC PAIN	73721	Approved	
	OTHER CHRONIC PAIN	72146	Approved	
	OTHER CHRONIC PAIN	73221	Approved	
	OTHER CHRONIC PAIN	73221	Approved	
	OTHER CHRONIC PAIN	73221	Approved	
	OTHER CHRONIC SINUSITIS	70486	Approved	
	Other classical Hodgkin lymphoma; intrathoracic lymph nodes	78815	Approved	
	Other classical Hodgkin lymphoma; lymph nodes of head; face; and neck	78815	Approved	
	Other diseases of mediastinum; not elsewhere classified	71552	Approved	
	OTHER DISEASES OF TONGUE	70543	Approved	
	OTHER FATIGUE	70546	Denied	Medical Director Review
	OTHER FORMS OF DYSPNEA	93351	Denied	Medical Director Review
	OTHER FORMS OF DYSPNEA	71250	Approved	
	OTHER FORMS OF DYSPNEA	71275	Denied	Medical Director Review
	OTHER HEADACHE SYNDROME	64490	Approved	
	OTHER HEADACHE SYNDROME	64491	Approved	
	OTHER HYPERSOMNIA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	OTHER INSTABILITY LEFT ANKLE	73721	Approved	
	OTHER INSTABILITY LEFT FOOT	73718	Approved	
	OTHER INSTABILITY LEFT KNEE	73721	Approved	
	OTHER INSTABILITY RIGHT KNEE	73721	Approved	
	Other malignant neuroendocrine tumors	78815	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	G0297	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	71250	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	71250	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	71260	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	71260	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	78815	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	74178	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	71250	Approved	
	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	71260	Approved	
	Other specified abdominal hernia without obstruction or gangrene	74150	Approved	
	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	74178	Denied	Medical Director Review
	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	74170	Approved	
	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	74170	Approved	
	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	71260	Denied	Medical Director Review
	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	73721	Approved	
	OTHER VISUAL DISTURBANCES	70450	Approved	
	P27.8	90378	Approved	
	PAIN IN LEFT ANKLE	73721	Approved	
	PAIN IN LEFT KNEE	73721	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT KNEE	29882	Denied	Medical Director Review
	PAIN IN LEFT KNEE	29888	Denied	Medical Director Review
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT KNEE	29880	Denied	Medical Director Review
	PAIN IN LEFT KNEE	73721	Denied	Medical Director Review
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT KNEE	29881	Denied	Medical Director Review
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT KNEE	73721	Approved	
	PAIN IN LEFT LEG	62323	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73221	Approved	
	PAIN IN LEFT SHOULDER	73223	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73221	Approved	
	PAIN IN LEFT SHOULDER	29823	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	29824	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	29826	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	29827	Denied	Medical Director Review
	PAIN IN LEFT SHOULDER	73222	Denied	Medical Director Review
	PAIN IN LEFT WRIST	73221	Approved	
	PAIN IN RIGHT ANKLE	73721	Denied	Medical Director Review
	PAIN IN RIGHT ANKLE	73721	Denied	Medical Director Review
	PAIN IN RIGHT ELBOW	73221	Denied	Medical Director Review
	PAIN IN RIGHT ELBOW	73223	Approved	
	PAIN IN RIGHT ELBOW	73221	Approved	
	PAIN IN RIGHT HIP	73721	Approved	
	PAIN IN RIGHT HIP	73721	Approved	
	PAIN IN RIGHT HIP	78816	Approved	
	PAIN IN RIGHT HIP	78815	Approved	
	PAIN IN RIGHT KNEE	73721	Approved	



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	PAIN IN RIGHT KNEE	73721	Denied	Medical Director Review
	PAIN IN RIGHT KNEE	73721	Denied	Medical Director Review
	PAIN IN RIGHT KNEE	73721	Approved	
	PAIN IN RIGHT KNEE	73721	Approved	
	PAIN IN RIGHT KNEE	73721	Approved	
	PAIN IN RIGHT KNEE	73721	Approved	
	PAIN IN RIGHT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN RIGHT SHOULDER	73221	Approved	
	PAIN IN RIGHT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN RIGHT SHOULDER	73721	Denied	Medical Director Review
	PAIN IN RIGHT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN RIGHT SHOULDER	73221	Denied	Medical Director Review
	PAIN IN THORACIC SPINE	72146	Approved	
	PALPITATIONS	93351	Approved	
	Palpitations	78452	Denied	Medical Director Review
	PARESTHESIA OF SKIN	72156	Approved	
	PARESTHESIA OF SKIN	70450	Approved	
	PARESTHESIA OF SKIN	70553	Approved	
	PARESTHESIA OF SKIN	70460	approved	
	PARESTHESIA OF SKIN	72157	Approved	
	PARESTHESIA OF SKIN	73202	Denied	Medical Director Review
	PARKINSONS DISEASE	70551	Approved	
	PAROXYSMAL ATRIAL FIBRILLATION	71275	Approved	
	PELVIC AND PERINEAL PAIN	74177	Denied	Medical Director Review
	PERIPHERAL VASC ANGIOPLASTY STATUS IMPLANT&GRAFT	74174	Approved	
	Peripheral vascular angioplasty status with implants and grafts	74174	Approved	
	Personal history of malignant melanoma of skin	78816	Approved	
	PERSONAL HISTORY OF NICOTINE DEPENDENCE	G0297	Approved	
	PERSONAL HISTORY OF NICOTINE DEPENDENCE	G0297	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Personal history of other benign neoplasm	70553	Approved	
	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	72132	Denied	Medical Director Review
	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	77049	Denied	Medical Director Review
	PNEUMONIA UNSPECIFIED ORGANISM	71260	Denied	Medical Director Review
	POSTLAMINECTOMY SYNDROME NEC	72148	Approved	
	POSTLAMINECTOMY SYNDROME NEC	72146	Denied	Medical Director Review
	PRIMARY CENTRAL SLEEP APNEA	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Medical Director Review
	PRIMARY CENTRAL SLEEP APNEA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Denied	Medical Director Review
	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	29824	Approved	
	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	29826	Approved	
	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	73221	Denied	Medical Director Review
	Pulsatile tinnitus; right ear	70496	Approved	
	Pulsatile tinnitus; right ear	70480	Approved	
	Pulsatile tinnitus; unspecified ear	76377	Denied	Medical Director Review
	Q21.1	90378	Approved	
	Q24.8	90378	Denied	BY MEDICAL DIRECTOR REVIEW
	Q25.1	90378	Approved	
	Q61.2		Approved	
	R05		Denied	BY MEDICAL DIRECTOR REVIEW
	R10.13	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	R10.2	PELVIC AND PERINEAL PAIN	Denied	Medical Director Review
	R13.10	J8499	Denied	BY MEDICAL DIRECTOR REVIEW
	R35.0	J0585	Approved	
	R51		Denied	BY MEDICAL DIRECTOR REVIEW

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	R53.83		Denied	BY MEDICAL DIRECTOR REVIEW
	R56.9		Approved	
	R60.0		Denied	BY MEDICAL DIRECTOR REVIEW
	R61		Approved	
	R68.8	C9399	Denied	BY MEDICAL DIRECTOR REVIEW
	R68.89	J3490	Approved	
	R68.89	J0135	Approved	
	R68.89	C9399	Approved	
	RADICULOPATHY CERVICAL REGION	72126	Approved	
	RADICULOPATHY CERVICAL REGION	72141	Denied	Medical Director Review
	RADICULOPATHY CERVICAL REGION	64479	Approved	
	RADICULOPATHY CERVICAL REGION	64480	Approved	
	RADICULOPATHY CERVICAL REGION	72141	Denied	Medical Director Review
	RADICULOPATHY CERVICAL REGION	72141	Approved	
	RADICULOPATHY CERVICAL REGION	72146	Denied	Medical Director Review
	RADICULOPATHY CERVICAL REGION	72141	Denied	Medical Director Review
	RADICULOPATHY CERVICAL REGION	72148	Denied	Medical Director Review
	RADICULOPATHY CERVICAL REGION	72141	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	64483	Approved	
	RADICULOPATHY LUMBAR REGION	72148	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	72158	Approved	
	RADICULOPATHY LUMBAR REGION	64495	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	64493	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	64494	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	62323	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	62323	Approved	
	RADICULOPATHY LUMBAR REGION	62323	Approved	
	RADICULOPATHY LUMBAR REGION	62323	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	72148	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	RADICULOPATHY LUMBAR REGION	64483	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	64484	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	64635	Approved	
	RADICULOPATHY LUMBAR REGION	72158	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	72131	Approved	
	RADICULOPATHY LUMBAR REGION	64636	Approved	
	RADICULOPATHY LUMBAR REGION	72158	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	64483	Approved	
	RADICULOPATHY LUMBAR REGION	72148	Denied	Medical Director Review
	RADICULOPATHY LUMBAR REGION	64483	Approved	
	RADICULOPATHY LUMBAR REGION	72132	Approved	
	RADICULOPATHY LUMBAR REGION	72131	Approved	
	RADICULOPATHY LUMBOSACRAL REGION	72148	Approved	
	RADICULOPATHY LUMBOSACRAL REGION	72148	Denied	Medical Director Review
	RADICULOPATHY LUMBOSACRAL REGION	72148	Approved	
	RADICULOPATHY SITE UNSPECIFIED	72148	Denied	Medical Director Review
	RECURRENT HYPERSOMNIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	RECURRENT HYPERSOMNIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	RECURRENT HYPERSOMNIA	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
	RIGHT LOWER QUADRANT PAIN	74176	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	RIGHT LOWER QUADRANT PAIN	74177	Denied	Medical Director Review
	RIGHT LOWER QUADRANT PAIN	74177	Approved	
	RIGHT UPPER QUADRANT PAIN	74177	Approved	
	RIGHT UPPER QUADRANT PAIN	74181	Approved	
	RIGHT UPPER QUADRANT PAIN	74183	Approved	
	S00.521A		Denied	BY MEDICAL DIRECTOR REVIEW
	S86.111D	STRAIN MUSC/TEND POST GRP AT LOW LEG LEVEL, RIGHT LEG, SUBS	Approved	
	SACROCOCCYGEAL DISORDERS NEC	64520	Denied	Medical Director Review
	SEC & UNS MALIG NEO INTRATHORACIC LYMPH NODES	70553	Approved	
	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	70553	Approved	
	SECONDARY MALIGNANT NEOPLASM OF BRAIN	76498	Approved	
	SECONDARY MALIGNANT NEOPLASM OF BRAIN	70553	Denied	Medical Director Review
	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	74177	Approved	
	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	71260	Approved	
	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	71260	Approved	
	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	70553	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	74177	Approved	
	SECONDARY OSTEOARTHRITIS RIGHT WRIST	73200	Approved	
	Secondary osteoarthritis; right wrist	73200	Approved	
	SENSORINEURAL HEARING LOSS BILATERAL	70553	Approved	
	SHORTNESS OF BREATH	71250	Approved	
	SHORTNESS OF BREATH	93458	Approved	
	SHORTNESS OF BREATH	71260	Approved	
	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved	
	SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved	
	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	SLEEP APNEA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	
	SLEEP APNEA, UNSPECIFIED	PSG, < 6 YEARS OLD	Approved	
	SLEEP APNEA, UNSPECIFIED	PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Denied	Medical Director Review
	SNORING	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	SNORING	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	SNORING	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	SOLITARY PULMONARY NODULE	71250	Approved	
	SOLITARY PULMONARY NODULE	71250	Denied	Medical Director Review
	SOLITARY PULMONARY NODULE	71250	Approved	
	SOLITARY PULMONARY NODULE	71260	Denied	Medical Director Review
	SOLITARY PULMONARY NODULE	71250	Denied	Medical Director Review
	SOLITARY PULMONARY NODULE	71250	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	SOMNOLENCE	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	
	Spinal stenosis; lumbar region with neurogenic claudication	72158	Approved	
	Spinal stenosis; lumbar region with neurogenic claudication	62323	Approved	
	Spinal stenosis; lumbar region with neurogenic claudication	62323	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	72141	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	64633	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	64634	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	64490	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	62321	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	72141	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	62321	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	64491	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	62321	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64636	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64494	Approved	



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64636	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64495	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64635	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64493	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64494	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64493	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64495	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	64635	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	62323	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	62323	Approved	
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	62321	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	72148	Denied	Medical Director Review
	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	72146	Denied	Medical Director Review
	SPONTANEOUS RUPTURE FLEXOR TENDONS RT ANKLE FOOT	73721	Approved	
	SPONTANEOUS RUPTURE FLEXOR TENDONS RT UPPER ARM	73221	Approved	
	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	73721	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	73221	Approved	
	SYNCOPE AND COLLAPSE	70551	Approved	
	SYRINGOMYELIA AND SYRINGOBULBIA	72146	Approved	
	TINNITUS BILATERAL	70553	Approved	
	TRANSIENT ALTERATION OF AWARENESS	70546	Approved	
	TRANSIENT ALTERATION OF AWARENESS	70544	Approved	
	TRANSIENT ALTERATION OF AWARENESS	70551	Approved	
	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	70551	Approved	
	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	70498	Approved	
	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	70496	Approved	
	TRANSIENT VISUAL LOSS RIGHT EYE	70553	Approved	
	Transient visual loss; right eye	70553	Approved	
	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	73700	Denied	Medical Director Review
	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	PUMP, EXT INFUSION, MINIMED, INSULIN	Approved	
	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	93350	Approved	
	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	78452	Approved	
	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	78452	Approved	
	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	78452	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	74177	Approved	
	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	74160	Approved	
	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	27447	Approved	
	UNS INJ MUSC FASC TEND POST THIGH LT INITIAL ENC	73718	Denied	Medical Director Review
	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	29824	Approved	
	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	29826	Approved	
	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	29827	Approved	
	UNSPECIFIED ABDOMINAL PAIN	74177	Approved	
	UNSPECIFIED ABDOMINAL PAIN	74177	Approved	
	UNSPECIFIED ABDOMINAL PAIN	74176	Approved	
	UNSPECIFIED ABDOMINAL PAIN	74176	Approved	
	UNSPECIFIED ABDOMINAL PAIN	74177	Denied	Denied by Medical Director Review
	UNSPECIFIED ABDOMINAL PAIN	74177	Approved	
	UNSPECIFIED ABDOMINAL PAIN	74183	Denied	Medical Director Review
	UNSPECIFIED ABDOMINAL PAIN	74176	Approved	
	UNSPECIFIED ABDOMINAL PAIN	S8037	Denied	Medical Director Review
	UNSPECIFIED ABDOMINAL PAIN	74176	Approved	
	UNSPECIFIED ABDOMINAL PAIN	74177	Approved	

Cigna Arkansas Prior Authorization Report for 10012019 - 12312019

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER	73721	Approved	
	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	70450	Approved	
	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	70450	Approved	
	Unspecified injury of head; initial encounter	70450	Approved	
	Unspecified injury of head; initial encounter	70450	Approved	
	Unspecified injury of muscle; fascia and tendon of the posterior muscle group at thigh level; left thigh; initial encounter	73718	Denied	Medical Director Review
	Unspecified lump in the right breast; upper inner quadrant	77049	Denied	Medical Director Review
	UNSPECIFIED VISUAL DISTURBANCE	70553	Approved	
	UNSPECIFIED VISUAL DISTURBANCE	70543	Denied	Medical Director Review
	UNSPECIFIED VISUAL DISTURBANCE	70553	Denied	Medical Director Review
	VENTRICULAR SEPTAL DEFECT	75561	Approved	
	VENTRICULAR SEPTAL DEFECT	71555	Approved	
	WERNICKES ENCEPHALOPATHY	70551	Approved	
	Wernicke's encephalopathy	70551	Approved	
	Z17.1	J8521	Approved	
	Z76.89		Approved	
	Z98.84	J8499	Denied	BY MEDICAL DIRECTOR REVIEW