Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
23412 (Repair of ruptured musculotendinous cuff (eg, rotator cuff)	Unknown(23412),OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER(23412),OTHER ARTICULAR CARTILAGE DISORDERS RT									
open; chronic), 23412 (Repair of ruptured musculotendinous cuff	SHOULDER(29823),Unknown(29823),Unknown(29824									
(eg, rotator cuff) open; chronic), 29823 (Arthroscopy, shoulder,),OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER(29824									
surgical; debridement, extensive), 29823 (Arthroscopy, shou),OTHER ARTICULAR	Other Provider							1	
27096 (Injection procedure for sacroiliac joint, arthrography and/or										
anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint,	CACROULUTICALOT FLOTIALIERE CLASSIFIED/2700C	Oth an Duardalan								
arthrography and/or anesthetic/steroid),	SACROILIITIS NOT ELSEWHERE CLASSIFIED(27096)	Other Provider	+						1	
27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint,	SACROILIITIS NOT ELSEWHERE CLASSIFIED(27096									
arthrography and/or anesthetic/steroid),),Unknown(27096),	Other Provider							1	
artifiography and/or anestrictic/steroid/,), OTIKITOWII(27030),	Other Frovider							_	
	Unknown(27096),SACROCOCCYGEAL DISORDERS NEC(27096									
27096 (Injection procedure for sacroiliac joint, arthrography and/or),SACROCOCCYGEAL DISORDERS NEC(27096),Unknown(27096									
anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint,),Unknown(G0260),SACROCOCCYGEAL DISORDERS NEC(G0260									
arthrography and/or anesthetic/steroid), 27096 (Injection procedure),SACROCOCCYGEAL DISORDERS NEC(G0260),Unknown(G0260									
for sacroiliac joint, arthrography and/or anesth),	Other Provider							1	
27096 (Injection procedure for sacroiliac joint, arthrography and/or										
anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint,	Unknown(27096),Unknown(27096),SACROILIITIS NOT									
arthrography and/or anesthetic/steroid), 27096 (Injection procedure	ELSEWHERE CLASSIFIED(27096),SACROILIITIS NOT ELSEWHERE									
for sacroiliac joint, arthrography and/or anesth	CLASSIFIED(27096),	Other Provider						1		
27096 (Injection procedure for sacroiliac joint, arthrography and/or										
anesthetic/steroid), 27096 (Injection procedure for sacroiliac joint,										
arthrography and/or anesthetic/steroid), G0260 (Injection										
procedure for sacroiliac joint; provision of anesthetic, s	SACROCOCCYGEAL DISORDERS NEC(27096)	Other Provider							1	
27130 (Arthroplasty, acetabular and proximal femoral prosthetic										
replacement (total hip arthroplasty), with or without autograft or										
allograft), 27130 (Arthroplasty, acetabular and proximal femoral	Unknown(27130),IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED									
prosthetic replacement (total hip arthroplasty), with or wi	FEMUR(27130),	Other Provider						1		
27405 (Repair, primary, torn ligament and/or capsule, knee;	TEMOR(27130),	Other Frontier								
collateral), 27405 (Repair, primary, torn ligament and/or capsule,	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC(27405									
knee; collateral),),Unknown(27405),	Other Provider						1		
27420 (Reconstruction of dislocating patella; (eg, Hauser type										
procedure)), 27420 (Reconstruction of dislocating patella; (eg,	Unknown(27420), RECURRENT DISLOCATION OF PATELLA LEFT									
Hauser type procedure)),	KNEE(27420),	Other Provider						1		
27570 (Manipulation of knee joint under general anesthesia										
(includes application of traction or other fixation devices)), 27570	OTHER ACUTE POSTPROCEDURAL PAIN(27570),Unknown(27570									
(Manipulation of knee joint under general anesthesia (includes),Unknown(29884),OTHER ACUTE POSTPROCEDURAL PAIN(29884									
application of traction or other fixation devices)), 29884 (Arth),	Other Provider				1		1		ļ
20022 (Arthurson shoulder switch this think is	UNICIPECIFIED DICLOCATION BT AC 1015 T MITTAL (20022									
29823 (Arthroscopy, shoulder, surgical; debridement, extensive),	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL(29823	Other Brouid] _	
29823 (Arthroscopy, shoulder, surgical; debridement, extensive),),Unknown(29823),	Other Provider	-			-			1	
29823 (Arthroscopy, shoulder, surgical; debridement, extensive), 29823 (Arthroscopy, shoulder, surgical; debridement, extensive),										
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER(29823									
29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without),Unknown(29823),IMPINGEMENT SYNDROME OF RIGHT									
coraco	SHOULDER(29826),Unknown(29826),	Other Provider						1		
COTACO	SHOOLDEN(23020),OHRHOWH(23020),	Other Frovider						1		
29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair),	Strain of muscle(s) and tendon(s) of the rotator cuff of right									
29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair),	shoulder, initial encounter	Other Provider	1		1		1	1	1	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	-									
29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair),										
29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair),										
29828 (Arthroscopy, shoulder, surgical; biceps tenodesis), 29828	Unknown(29827),PAIN IN RIGHT SHOULDER(29827),PAIN IN									
(Arthroscopy, shoulder, surgical; biceps tenodesis),	RIGHT SHOULDER(29828), Unknown(29828),	Other Provider						1		
29870 (Arthroscopy, knee, diagnostic, with or without synovial										
	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE(29870									
with or without synovial biopsy (separate procedure)),),Unknown(29870),	Other Provider							1	
29874 (Arthroscopy, knee, surgical; for removal of loose body or	Unknown(29874),LOOSE BODY IN KNEE RIGHT KNEE(29874									
foreign body (eg, osteochondritis dissecans fragmentation, chondral),Unknown(29876),LOOSE BODY IN KNEE RIGHT KNEE(29876									
fragmentation)), 29874 (Arthroscopy, knee, surgical; for removal of),Unknown(29877),LOOSE BODY IN KNEE RIGHT KNEE(29877									
loose body or foreign body (eg, osteochondritis dissec),Unknown(29881),LOOSE BODY IN KNEE RIGHT KNEE(29881),	Other Provider							1	
29876 (Arthroscopy, knee, surgical; synovectomy, major, two or										
more compartments (eg, medial or lateral)), 29876 (Arthroscopy,										
knee, surgical; synovectomy, major, two or more compartments (eg,										
medial or lateral)), 29881 (Arthroscopy, knee, surgical; with m	Other synovitis and tenosynovitis, left lower leg	Other Provider							1	
medial of lateralyy 25001 (walloscopy, wheel, surgical) main	other synorius and tenesynorius, reference reg	other Frontae.								†
29877 (Arthroscopy, knee, surgical; debridement/shaving of articular										
cartilage (chondroplasty)), 29877 (Arthroscopy, knee, surgical;	CHONDROMALACIA RIGHT KNEE(29877),Unknown(29877									
debridement/shaving of articular cartilage (chondroplasty)), 29881),CHONDROMALACIA RIGHT KNEE(29881),Unknown(29881									
(Arthroscopy, knee, surgical; with meniscectomy (medial),CHONDROMALACIA RIGHT KNEE(29882),Unknown(29882),	Other Provider							1	
29881 (Arthroscopy, knee, surgical; with meniscectomy (medial OR										
lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee,										
surgical; with meniscectomy (medial OR lateral, including any	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC(29881									
meniscal shaving)),),Unknown(29881),	Other Provider							1	<u> </u>
29881 (Arthroscopy, knee, surgical; with meniscectomy (medial OR										
lateral, including any meniscal shaving)), 29881 (Arthroscopy, knee,										
surgical; with meniscectomy (medial OR lateral, including any										
meniscal shaving)), 29881 (Arthroscopy, knee, surgical;with m	PAIN IN RIGHT KNEE(29881)	Other Provider							1	
29888 (Arthroscopically aided anterior cruciate ligament	TAIL IN MIGHT MILE(25001	Other Frovider								†
repair/augmentation or reconstruction), 29888 (Arthroscopically										
aided anterior cruciate ligament repair/augmentation or										
reconstruction),	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC(29888)	Other Provider						1		
20044 (Authorous Bloom stoll 1914)	OTHER SPECIFIED IONIT DISCORDERS SIGNED INCOME.									
29914 (Arthroscopy, hip, surgical; with femoroplasty (ie, treatment	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP(29914									
of cam lesion)), 29914 (Arthroscopy, hip, surgical; with femoroplasty),Unknown(29914),OTHER SPECIFIED JOINT DISORDERS RIGHT									
(ie, treatment of cam lesion)), 29916 (Arthroscopy, hip, surgical;	HIP(29916),Unknown(29916),OTHER SPECIFIED JOINT	Other Descrides								
with labral repair), 29916 (Arthroscopy, hip, surg 3-D RADIOTHERAPY PLAN	DISORDERS RIGHT HIP(29999), Unknown(29999), ANEMIA, UNSPECIFIED	Other Provider RADIATION ONCOLOGY	1	0	0	0	0		1	+
3-D RADIOTHERAPY PLAN	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
3-D RADIOTHERAPY PLAN	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	RADIATION ONCOLOGY	1	0	0	0	0			†
3-D RADIOTHERAPY PLAN	HYPERTROPHIC SCAR	SURGERY, PLASTIC	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
	1	1					l			+
3-D RADIOTHERAPY PLAN	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			

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200400000000000000000000000000000000000	State of State State of State	Donald or Constaller	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description 3-D RADIOTHERAPY PLAN	Diagnosis Code Description MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Provider Specialty FAMILY MEDICINE	Approvals	Denials 0	Denials	Denials 0	Denials 0	Approved	Denied	by IRO
3-D NADIOTILINAFT FEAT	INVALIG NEOFEW OF OFFER-INVER QUADRANT OF RIGHT FEMALE BREAST	TAIVILET WIEDICINE	_	U	ľ	o o	O			
3-D RADIOTHERAPY PLAN	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	N/A	HOSPITAL	1							
3-D RADIOTHERAPY PLAN	NAUSEA WITH VOMITING, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	2	0	0	0	0			
3-D RADIOTHERAPY PLAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	OTHER SPECIFIED DISORDERS OF BREAST	ONCOLOGY	2	0	0	0	0			
3-D RADIOTHERAPY PLAN	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HEMATOLOGY	1	0	n	0	0			
3-D RADIOTHERAPY PLAN	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	RADIATION ONCOLOGY	1	0	0	0	0			
3-D RADIOTHERAPY PLAN	SNORING	ONCOLOGY	1	0	0	0	0			
3D RENDER W/INTRP POSTPROCES	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
3D RENDER W/INTRP POSTPROCES	PULMONARY HYPERTENSION, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
3D Rendering with interpretation and reporting of computed	- CEMOTO III III EKIENSICH, CHSI ECII IES	T OLINOTOTIC DISEASE								
tomography, magnetic resonance imaging, ultrasound, or other										
tomographic modality; requiring image postprocessing on an	DYSPNEA UNSPECIFIED; TACHYCARDIA UNSPECIFIED; DIZZINESS AND	CARDIOVASCIII AR								
independent workstation	GIDDINESS	DISEASE		1	1					
·	GIDDINE33	DISLASL		1	1					
3D Rendering with interpretation and reporting of computed	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING; MALIG									
tomography, magnetic resonance imaging, ultrasound, or other										
tomographic modality; requiring image postprocessing on an	NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST; OTHER LONG	ONICOLOGY	1							
independent workstation	TERM CURRENT DRUG THERAPY	ONCOLOGY	1							
3D Rendering with interpretation and reporting of computed										
tomography, magnetic resonance imaging, ultrasound, or other										
tomographic modality; requiring image postprocessing on an	OTHER LONG TERM CURRENT DRUG THERAPY; ENCOUNTER FOR									
independent workstation	THERAPEUTIC DRUG LEVEL MONITORING	ONCOLOGY	1							
3D Rendering with interpretation and reporting of computed										
tomography, magnetic resonance imaging, ultrasound, or other										
tomographic modality; requiring image postprocessing on an		CARDIOVASCULAR								
independent workstation	PAROXYSMAL ATRIAL FIBRILLATION	DISEASE	1							
62321 (Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances), 62321 (Injection(s), of diagnostic or										
therapeutic substance(s) (eg, anesthetic, antispas	Unknown(62321),CERVICALGIA(62321),	Other Provider						1		
62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances), 62323 (Injection(s), of diagnostic or										
therapeutic substance(s) (eg, anesthetic, antispas	OTHER SPONDYLOSIS LUMBAR REGION(62323)	Other Provider							1	
62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances), 62323 (Injection(s), of diagnostic or										
therapeutic substance(s) (eg, anesthetic, antispas	RADICULOPATHY LUMBAR REGION(62323), Unknown(62323),	Other Provider							1	

			Tatal UNA	Tatal IIBA	Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances), 62323 (Injection(s), of diagnostic or										
therapeutic substance(s) (eg, anesthetic, antispas	Unknown(62323),CHRONIC PAIN SYNDROME(62323),	Other Provider						1		
62324 (Injection(s), including indwelling catheter placement,										
continuous infusion or intermittent bolus, of diagnostic or										
therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid,	(5000)									
steroid, other solution)), 62324 (Injection(s), including indwelling	Unknown(62324),CERVICALGIA(62324),	Other Provider							1	
63650 (IMPLANT NEUROELECTRODES), 63650 (IMPLANT										
NEUROELECTRODES),	Chronic pain syndrome	Other Provider							1	
63650 (IMPLANT NEUROELECTRODES), 63650 (IMPLANT										
NEUROELECTRODES), L8680 (Implt neurostim elctr each), L8680	CHRONIC PAIN SYNDROME(63650), Unknown(63650), CHRONIC									
(Implt neurostim elctr each),	PAIN SYNDROME(L8680), Unknown(L8680),	Other Provider							1	
63650 (IMPLANT NEUROELECTRODES), 63650 (IMPLANT										
NEUROELECTRODES), L8686 (Implantable neurostimulator pulse										
generator, single array, nonrechargeable, includes extension), L8686										
(Implantable neurostimulator pulse generator, single array,	OTHER CHRONIC PAIN(63650), Unknown(63650), OTHER									
nonrechargeable, in	CHRONIC PAIN(L8686), Unknown(L8686),	Other Provider							1	
64451 (Injection(s), anesthetic agent(s) and/or steroid; nerves										
innervating the sacroiliac joint, with image guidance (ie, fluoroscopy										
or computed tomography)), 64451 (Injection(s), anesthetic agent(s)										
and/or steroid; nerves innervating the sacroiliac joi	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64451)	Other Provider							1	
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN										
EPIDURAL L/S),	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE(64483)	Other Provider						1		
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN										
EPIDURAL L/S),	RADICULOPATHY LUMBAR REGION(64483)	Other Provider							1	
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN										
EPIDURAL L/S),	RADICULOPATHY LUMBAR REGION(64483), Unknown(64483),	Other Provider						1		
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN	Unknown(64483),LUMBAGO WITH SCIATICA UNSPECIFIED									
EPIDURAL L/S),	SIDE(64483),	Other Provider						1		
CAAGO (INU FORAMENI EDIDURAL LIC), CAAGO (INU FORAMENI	Hadra anna (CAARS) OTH INTERVENTER BAL DICC DICDLA CENAENT IC									
64483 (INJ FORAMEN EPIDURAL L/S), 64483 (INJ FORAMEN	Unknown(64483),OTH INTERVERTEBRAL DISC DISPLACEMENT LS									
EPIDURAL L/S), 64484 (INJ FORAMEN EPIDURAL ADD-ON), 64484	REGION(64483),Unknown(64484),OTH INTERVERTEBRAL DISC	Out - Dec 14								
(INJ FORAMEN EPIDURAL ADD-ON),	DISPLACEMENT LS REGION(64484),	Other Provider							1	
CAACO (Indication (A) Alternation with a second control of the sec										
64490 (Injection(s), diagnostic or therapeutic agent, paravertebral										
facet (zygapophyseal) joint (or nerves innervating that joint) with										
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(64490									
64490 (Injection(s), diagnostic or therapeutic)	Other Provider						1		
C4400 (Injection(s) discussed and the control of th										
64490 (Injection(s), diagnostic or therapeutic agent, paravertebral										
facet (zygapophyseal) joint (or nerves innervating that joint) with										
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(64490									
64490 (Injection(s), diagnostic or therapeutic),Unknown(64490),	Other Provider						1		
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral										
facet (zygapophyseal) joint (or nerves innervating that joint) with										
image guidance (fluoroscopy or CT), lumbar or sacral; single level),	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64493									
64493 (Injection(s), diagnostic or therapeutic age	NATIONAL PIDE PLO WINADICOLOI ATTT LOND RON(04453	Other Provider						1		
orros (injection(s), diagnostic or therapeutic age	[/	Other Frontider	1			1		L		L

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	Other chronic pain	Other Provider						1		
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	SACROCOCCYGEAL DISORDERS NEC(64493)	Other Provider						1		
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493)	Other Provider						1		
64493 (Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level), 64493 (Injection(s), diagnostic or therapeutic age	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493)	Other Provider							1	
64520 (N BLOCK, LUMBAR/THORACIC), 64520	POSTLAMINECTOMY SYNDROME NEC(64520)	Other Provider							1	
64625 (Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)), 64625 (Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or comput	SACROCOCCYGEAL DISORDERS NEC(64625)	Other Provider							1	
64633 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint), 64633 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guid	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(64633	Other Provider							1	
64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint), 64635 (Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance	RADICULOPATHY LUMBAR REGION(64635),Unknown(64635),RADICULOPATHY LUMBAR REGION(64635),Unknown(64635),RADICULOPATHY LUMBAR REGION(64636),Unknown(64636),RADICULOPATHY LUMBAR REGION(64636),Unknown(64636),Unknown(64636),	Other Provider						1		
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material), 70450 (CT	CLUSTER HEADACHE SYNDROME UNS INTRACTABLE(70450),Cluster headache syndrome, unspecified, intractable(70450), EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS(70450	Other Provider						1		
HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),),Unknown(70450), Headache	Other Provider Other Provider						1	1	
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material), 70450 (CT	Unknown(70450),HEADACHE(70450),	Other Provider						1		
HEAD or Brain; without contrast material), 70460 (CT HEAD or Brain; with contrast material(s)), 70460 (CT HEAD or Brain; with contrast material(s)),	Unknown(70450),OBSTRUCTIVE HYDROCEPHALUS(70450), OTHER AMNESIA(70460)	Other Provider Other Provider						1	1	

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
70460 (CT HEAD or Brain; with contrast material(s)), 70460 (CT		,								.,
HEAD or Brain; with contrast material(s)), 74160 (CT ABDOMEN;										
with contrast material(s)), 74160 (CT ABDOMEN; with contrast										
material(s)),	Malignant neoplasm of lower lobe, right bronchus or lung	Other Provider							1	
70470 (CT HEAD or Brain; without contrast material, followed by	Mangrant neoplasm of lower lobe, right bronchas of lang	Other Frovider							-	
contrast material(s) and further sections), 70470 (CT HEAD or Brain;	l									
without contrast material, followed by contrast material(s) and	MILD COGNITIVE IMPAIRMENT SO STATED(70470									
further sections),),Unknown(70470),	Other Provider							1	
70470 (CT HEAD or Brain; without contrast material, followed by										
contrast material(s) and further sections), 70470 (CT HEAD or Brain;										
without contrast material, followed by contrast material(s) and										
further sections),	Unknown(70470),HEADACHE(70470),	Other Provider							1	
70480 (CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner										
Ear; without contrast material), 70480 (CT Orbit, Sella, or Posterior	CONDUCTIVE HEARING LOSS BILATERAL(70480),Unknown(70480									
Fossa or Outer, Middle, or Inner Ear; without contrast material),),CONDUCTIVE HEARING LOSS BILATERAL(70486									
		Other Brander								
70486 (CT SINUS, Maxillofacial Area; without cont),Unknown(70486),	Other Provider							1	
TO A OCC / CT CINIUS AND THE STATE AND THE S		1								
70486 (CT SINUS, Maxillofacial Area; without contrast material),										
70486 (CT SINUS, Maxillofacial Area; without contrast material),	CHRONIC RHINITIS(70486), Unknown(70486),	Other Provider						1		
70486 (CT SINUS, Maxillofacial Area; without contrast material),										
70486 (CT SINUS, Maxillofacial Area; without contrast material),	Chronic sinusitis	Other Provider							1	
70486 (CT SINUS, Maxillofacial Area; without contrast material),	CHRONIC SINUSITIS UNSPECIFIED(70486), Chronic sinusitis,									
70486 (CT SINUS, Maxillofacial Area; without contrast material),	unspecified(70486),	Other Provider							1	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
70486 (CT SINUS, Maxillofacial Area; without contrast material),	CONDUCTIVE HEARING LOSS BILATERAL(70486), Unknown(70486									
70486 (CT SINUS, Maxillofacial Area; without contrast material),), Olikilowii (70480	Other Provider							1	
70480 (CT SINOS, Maxilloracial Area, Without Contrast Haterial),	h	Other Frovider							1	
TO A O.C. (CT. CINIUS, NA. : Ill. C. : L. A	LOCALIZED CINELLING MASS AND LUNADUEAD/ZOAGS									
70486 (CT SINUS, Maxillofacial Area; without contrast material),	LOCALIZED SWELLING MASS AND LUMP HEAD(70486									
70486 (CT SINUS, Maxillofacial Area; without contrast material),),Unknown(70486),	Other Provider						1		
70486 (CT SINUS, Maxillofacial Area; without contrast material),										
70486 (CT SINUS, Maxillofacial Area; without contrast material),	Nasal congestion(70486)	Other Provider						1		
70486 (CT SINUS, Maxillofacial Area; without contrast material),										
70486 (CT SINUS, Maxillofacial Area; without contrast material),	NASAL CONGESTION(70486), Nasal congestion(70486),	Other Provider						1		
	, , , , , , , , , , , , , , , , , , , ,									
70486 (CT SINUS, Maxillofacial Area; without contrast material),	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES(70486									
70486 (CT SINUS, Maxillofacial Area; without contrast material),),Unknown(70486),	Other Provider						1		
70400 (CT SINOS, Maxilloracial Area, Without Contrast Material),	j,onknown(70480),	Other Frovider						1		
TO A OC / CT CINIUS AA. III. S. III. A. III. S. III. S										
70486 (CT SINUS, Maxillofacial Area; without contrast material),										
70486 (CT SINUS, Maxillofacial Area; without contrast material),	MODERATE PERSISTENT ASTHMA UNCOMPLICATED(70486									
71250 (CT CHEST (thorax); without contrast material), 71250 (CT),Unknown(70486),Unknown(71250),MODERATE PERSISTENT	1								
CHEST (thorax); without contrast material),	ASTHMA UNCOMPLICATED(71250),	Other Provider						1		
70486 (CT SINUS, Maxillofacial Area; without contrast material),										
70486 (CT SINUS, Maxillofacial Area; without contrast material),	Unknown(70486),Unknown(70486),Unknown(SOCCPT									
SOCCPT (SOCCPT), SOCCPT (SOCCPT),),Unknown(SOCCPT),	Other Provider							1	
			İ							
70488 (CT SINUS, Maxillofacial Area; without contrast material,		1								
followed by contrast material(s) and further sections), 70488 (CT		1								
SINUS, Maxillofacial Area; without contrast material, followed by	LOCALIZED SWELLING MASS AND LUMP HEAD(70488	1								
		Other Provider							4	
contrast material(s) and further sections),),Unknown(70488),	Other Provider	1					i	1	L

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvais	Delliais	Delliais	Demais	Delliais	Approved	Dellieu	by IRO
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT	Malignant neoplasm of border of tongue(70491), MALIGNANT									
NECK Soft Tissue; with contrast material(s)),	NEOPLASM OF BORDER OF TONGUE(70491),	Other Provider						1		
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT	, , ,									
NECK Soft Tissue; with contrast material(s)),	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL(70491)	Other Provider							1	
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT	Unspecified B-cell lymphoma, unspecified site(70491									
NECK Soft Tissue; with contrast material(s)),),UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE(70491),	Other Provider						1		
70491 (CT NECK Soft Tissue; with contrast material(s)), 70491 (CT										
NECK Soft Tissue; with contrast material(s)), 71260 (CT CHEST										
(thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with	MANUCHANT NEODIAGNA OF TONICHE UNICREGIFIED/70404	Oth an Danwiden								
contrast material(s)), 70492 (CT NECK Soft Tissue; without contrast followed by contrast	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED(70491)	Other Provider							1	
material(s) and further sections), 70492 (CT NECK Soft Tissue;	NEOPLASM UNCERTAIN BHV CONNCTIVE & DTH SOFT									
without contrast followed by contrast material(s) and further	TISS(70492), Neoplasm of uncertain behavior of connective and									
sections).	other soft tissue(70492),	Other Provider						1		
70496 (CTA HEAD, without contrast, followed by contrast and	other 301t tissue(70432),	Other Frovider								
further sections, including image post-processing), 70496 (CTA										
HEAD, without contrast, followed by contrast and further sections,	Occlusion and stenosis of basilar artery(70496),OCCLUSION AND									
including image post-processing),	STENOSIS OF BASILAR ARTERY(70496),	Other Provider							1	
70496 (CTA HEAD, without contrast, followed by contrast and										
further sections, including image post-processing), 70496 (CTA	Person on outside of bus injured in noncollision transport accident									
HEAD, without contrast, followed by contrast and further sections,	in traffic accident, initial encounter(70496), PERS OUTSD BUS INJ									
including image post-processing),	NONCOLL TRNSP TRAF ACC INIT(70496),	Other Provider						1		
70496 (CTA HEAD, without contrast, followed by contrast and										
further sections, including image post-processing), 70496 (CTA										
HEAD, without contrast, followed by contrast and further sections,										
including image post-processing), 70498 (CTA NECK, without contra	CEREBRAL ANEURYSM NONRUPTURED(70496)	Other Provider							1	
70496 (CTA HEAD, without contrast, followed by contrast and	Heat syncope, sequela(70496),HEAT SYNCOPE SEQUELA(70496									
further sections, including image post-processing), 70496 (CTA),HEAT SYNCOPE SEQUELA(70498),HEAT SYNCOPE SEQUELA(70498									
HEAD, without contrast, followed by contrast and further sections,),HEAT SYNCOPE SEQUELA(70496),HEAT SYNCOPE SEQUELA(70553),HEAT SYNCOPE SEQUELA(70553),HEAT SYNCOPE, sequela(70553									
including image post-processing), 70498 (CTA NECK, without contra), hear stricor is sequeral/10333 //, hear syncope, sequeral/10333	Other Provider							1	
morading image post processing,, to 150 (critically introduced in a	Other abnormal findings on diagnostic imaging of central nervous	other Frontaci								
70496 (CTA HEAD, without contrast, followed by contrast and	system(70496),OTH ABNORMAL FIND ON DX IMAGING CNTRL									
further sections, including image post-processing), 70496 (CTA	NERV SYS(70496),OTH ABNORMAL FIND ON DX IMAGING CNTRL									
HEAD, without contrast, followed by contrast and further sections,	NERV SYS(70498),Other abnormal findings on diagnostic imaging									
including image post-processing), 70498 (CTA NECK, without contra	of cent	Other Provider						1		
70543 (MRI Orbit, Face, and Neck; without contrast material(s),										
followed by contrast material(s) and further sequences), 70543 (MRI										
Orbit, Face, and Neck; without contrast material(s), followed by	paraganglia(70543),NEOPLASM UNCERT BHV AORTIC BODY OTH									
contrast material(s) and further sequences),	PARAGANGLIA(70543),	Other Provider						1		
ZOE 42 (MAD) Orbit Fore and Media State Control of State										
70543 (MRI Orbit, Face, and Neck; without contrast material(s),										
followed by contrast material(s) and further sequences), 70543 (MRI										
Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences), 72141 (MRI Ce	CERVICALGIA(70543)	Other Provider							1	
70544 (MRA Head; without contrast material(s)), 70544 (MRA Head;	NUTRITIONAL DEFICIENCY UNSPECIFIED(70544),Unknown(70544	Other Frovider	<u> </u>							
without contrast material(s)),),	Other Provider							1	
The state of the s	l"		<u>† </u>							
70544 (MRA Head; without contrast material(s)), 70544 (MRA Head;	Unknown(70544),OCCLUSION & DESCRIPTION (TOTAL)									
without contrast material(s)), 70547 (MRA Neck; without contrast	CAROTID ARTERY(70544),OCCLUSION & DEPARTMENT OF THE PROPERTY									
material(s)), 70547 (MRA Neck; without contrast material(s)),	UNSPECIFIED CAROTID ARTERY(70547), Unknown(70547),	Other Provider						1		
material(s),, ros // (mint reck, without contrast material(s)),	5.15. 25.1.25 5.1.0115 /HTERT(705+7),011410W1(705+7),	other i rovider	1			l		1		1

					Medical	Experimental &	Network	Total	Total	
December Code December	Discussion Code Description	Book data of Considering	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description 70544 (MRA Head; without contrast material(s)), 70544 (MRA Head;	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
without contrast material(s)), 70551 (MRI BRAIN (head); without										
contrast material), 70551 (MRI BRAIN (head); without contrast	HEADACHE(70544),Unknown(70544),HEADACHE(70551									
material),),Unknown(70551),	Other Provider							1	
70544 (MRA Head; without contrast material(s)), 70544 (MRA Head;										
without contrast material(s)), 70551 (MRI BRAIN (head); without										
contrast material), 70551 (MRI BRAIN (head); without contrast	OTH SX & DTH									
material),	AWARENESS(70544)	Other Provider							1	
70549 (MRA Neck; without contrast material(s), followed by										
contrast material(s) and further sequences), 70549 (MRA Neck;										
without contrast material(s), followed by contrast material(s) and further sequences).	VIRAL INTESTINAL INFECTION UNSPECIFIED(70549)	Other Provider								
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN(70551	Other Provider							1	
BRAIN (head); without contrast material),),Unknown(70551),	Other Provider							1	
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI), OTKHOWH(70331),	Other Frovider								
BRAIN (head); without contrast material),	Unknown(70551),ENCEPHALOPATHY UNSPECIFIED(70551),	Other Provider						1		
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI	Unknown(70551),MIGRAINE W/AURA NOT INTRACT W/O STAT	other riorider						_		
BRAIN (head); without contrast material),	MIGRAINOSUS(70551),	Other Provider						1		
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI	Unknown(70551),OTH SX & DIGNS INVLV COGNITIVE FUNC									
BRAIN (head); without contrast material),	& AWARENESS(70551),	Other Provider							1	
70551 (MRI BRAIN (head); without contrast material), 70551 (MRI	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION(70551									
BRAIN (head); without contrast material), 72141 (MRI Cervical Spine,),Unknown(70551),OTH INTERVERTEBRAL DISC DEGEN LUMBAR									
(spinal canal and contents); without contrast material), 72141 (MRI	REGION(72141),Unknown(72141),OTH INTERVERTEBRAL DISC									
Cervical Spine, (spinal canal and contents); without c	DEGEN LUMBAR REGION(72148), Unknown(72148),	Other Provider							1	
	Other specified endocrine disorders(70552),OTHER SPECIFIED									
70552 (MRI BRAIN (head); with contrast material(s)), 70552 (MRI	ENDOCRINE DISORDERS(70552),OTHER SPECIFIED ENDOCRINE									
BRAIN (head); with contrast material(s)), SOCCPT (SOCCPT), SOCCPT (SOCCPT),	DISORDERS(SOCCPT),Other specified endocrine disorders(SOCCPT	Other Provider							1	
70553 (MRI BRAIN (head); without contrast material, followed by		Other Frovider	+							
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)	BENIGN NEOPLASM OF BRAIN SUPRATENTORIAL(70553									
and further sequences),),Unknown(70553),	Other Provider						1		
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)	BENIGN NEOPLASM OF MENINGES UNSPECIFIED(70553									
and further sequences),),Unknown(70553),	Other Provider						1	1	
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)										
and further sequences),	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM(70553)	Other Provider						1		
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN (head); without contrast material, followed by contrast material(s)										
and further sequences),	DISORDER OF PITUITARY GLAND UNSPECIFIED(70553)	Other Provider						1		
70553 (MRI BRAIN (head); without contrast material, followed by	Localization-related (focal) (partial) idiopathic epilepsy and epileptic	St. CI I I OVIDEI	+					1		
contrast material(s) and further sequences), 70553 (MRI BRAIN	syndromes with seizures of localized onset, intractable, without									
(head); without contrast material, followed by contrast material(s)	status epilepticus(70553),LOC-REL IDIO EPI W/SEIZ LOC ONSET									
and further sequences),	INTRCT W/O SE(70553),	Other Provider						1		
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)										
and further sequences),	Malignant neoplasm of brain, unspecified	Other Provider						1		

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)										
and further sequences),	Obstructive hydrocephalus	Other Provider						1		
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)										
and further sequences),	Unknown(70553),HEADACHE(70553),	Other Provider							1	
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)										
and further sequences),	Unknown(70553),HYPERPROLACTINEMIA(70553),	Other Provider						1		
70553 (MRI BRAIN (head); without contrast material, followed by										
contrast material(s) and further sequences), 70553 (MRI BRAIN										
(head); without contrast material, followed by contrast material(s)	UNSPECIFIED SENSORINEURAL HEARING LOSS(70553									
and further sequences),),Unknown(70553),	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	FLUID OVERLOAD UNSPECIFIED(71250),Fluid overload,									
CHEST (thorax); without contrast material),	unspecified(71250),	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT										
CHEST (thorax); without contrast material),	Mucopurulent chronic bronchitis(71250)	Other Provider							1	
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	· · ·									
CHEST (thorax); without contrast material),	OTHER CHEST PAIN(71250)	Other Provider							1	
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	,									
CHEST (thorax); without contrast material),	OTHER CHEST PAIN(71250), Unknown(71250),	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	, , , , , , , , , , , , , , , , , , , ,									
CHEST (thorax); without contrast material),	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD (71250)	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	Other viral pneumonia(71250),OTHER VIRAL PNEUMONIA(71250									
CHEST (thorax); without contrast material),),	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	Unknown(71250),INTERSTITIAL PULMONARY DISEASE									
CHEST (thorax); without contrast material),	UNSPECIFIED(71250),	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT										
CHEST (thorax); without contrast material),	Unknown(71250),OTHER DISORDERS OF LUNG(71250),	Other Provider							1	
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	Unknown(71250),OTHER NONSPECIFIC ABNORMAL FINDING OF									
CHEST (thorax); without contrast material),	LUNG FIELD(71250),	Other Provider							1	
71250 (CT CHEST (thorax); without contrast material), 71250 (CT										
CHEST (thorax); without contrast material),	Unknown(71250),SOLITARY PULMONARY NODULE(71250),	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT										
CHEST (thorax); without contrast material), 74176 (Computed										
tomography; abdomen and pelvis; without contrast material), 74176	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS(71250									
(Computed tomography; abdomen and pelvis; without contrast),Unknown(71250),MALIGNANT NEOPLASM RT KIDNEY EXCEPT									
materi	RENAL PELVIS(74176),Unknown(74176),	Other Provider						1		
71250 (CT CHEST (thorax); without contrast material), 71250 (CT										
CHEST (thorax); without contrast material), 74176 (Computed										
tomography; abdomen and pelvis; without contrast material), 74176										
(Computed tomography; abdomen and pelvis; without contrast),Unknown(71250),MALIGNANT NEOPLASM UNS KIDNEY EXCEPT									
materi	RENL PELVIS(74176), Unknown(74176),	Other Provider							1	
71250 (CT CHEST (thorax); without contrast material), 71250 (CT	Unknown(71250),PNEUMONIA UNSPECIFIED ORGANISM(71250									
CHEST (thorax); without contrast material), SOCCPT (SOCCPT),),Unknown(SOCCPT),PNEUMONIA UNSPECIFIED									
SOCCPT (SOCCPT),	ORGANISM(SOCCPT),	Other Provider							1	
	Abnormal findings on diagnostic imaging of other specified body									
71260 (CT CHEST (thorax); with contrast material(s)),	structures	Other Provider						1	1	
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	20101/21050									
CHEST (thorax); with contrast material(s)),	COUGH(71260)	Other Provider						1		
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	COUCH/712C0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Oth an Dunid								
CHEST (thorax); with contrast material(s)),	COUGH(71260),Unknown(71260),	Other Provider	l					1		

Procedure Code Description Diagnosis Code Description Diagnosis Code Description Provider Specialty Provider Specialty Approvals Denials Denia	Approved by IRO
71250 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s), 71260 (CT C	
CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s), 71260 (CT CHEST (tho	
CHEST (thorax); with contrast material(s)), Malignant neoplasm of upper lobe, left bronchus or lung	
71260 (CT CHEST (thorax); with contrast material(s)), 71277 (computed tomography; abdomen and pelvis; with contrast material(s)), 71277 (computed tomography; abdomen and pelvis; with contrast material(s)), 71277 (computed tomography; abdomen and pelvis; with contr	
CHEST (thorax); with contrast material(s)),	
CHEST (thorax); with contrast material(s)),	
71260 (CT CHEST (thorax); with contrast material(s)), 71277 (Computed tomography; abdomen and pelvis; with contrast material(s)), 71477 (Computed tomography; with contrast material(s)), 71477 (Computed tomography; with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71477 (Computed tomography; abdomen and pelvis; with contrast material(s)), 71477 (Computed tomography; with contrast material(s)), 71477 (Computed tomography; abdomen and pelvis; with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71477 (Computed tomography; abdomen and pelvis; with contrast material(s)), 71477 (Computed tomography; abdomen and pelvis; with contrast material(s), 71477 (Computed tomography; abdomen and p	
CHEST (thorax); with contrast material(s)), 21260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 7126	
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	
CHEST (thorax); with contrast material(s)), OTHER CHEST PAIN(71260), Unknown(71260), Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT Unknown(71260), LOCALIZED ENLARGED LYMPH NODES(71260), Other Provider 1 Malignant neoplasm of pancreas, unspecified(71260), MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED(71260), MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED(71260), MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED(71297), MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED(72197), MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED (71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Degraphy of unspecified adrenal gland(71260), Benign neoplasm of unspecified adrenal gland(71260), Benign neoplasm of unspecified adrenal gland(71477), BENIGN neoplasm of unspecified adrenal gland(74177), Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	
71260 (CT CHEST (thorax); with contrast material(s)), 71270 (CT CHEST (thorax); with contrast material	
CHEST (thorax); with contrast material(s)), Malignant neoplasm of pancreas, unspecified(71260 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Deplasm of unspecified adrenal gland(71260), Benign neoplasm of unspecified adrenal gland(71477), BENIGN material(NEOPLASM OF UNSPECIFIED ADRENAL GLAND(74177), Other Provider	
Malignant neoplasm of pancreas, unspecified(71260 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast mater 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (NEOPLASM OF UNSPECIFIED ADRENAL GLAND(71260 NEOPLASM OF UNSPECIFIED ADRENAL GLAND(74177), Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Deplace of the contrast m	
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Deplace of the contrast m	
CHEST (thorax); with contrast material(s)), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and hurther sequences), 72197 (MRI PELVIS; without contrast material(s)), Malignant neoplasm of pancreas, unspecified(72197), Malignant neoplasm of pancreas, u Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Deplasm of unspecified adrenal gland(71260), Benign neoplasm of unspecified adrenal gland(71260), Benign neoplasm of unspecified adrenal gland(74177), BENIGN (Deplasm of unspecified adrenal gland(74177), BENIGN (Deplasm of unspecified adrenal gland(74177), BENIGN (Deplasm of unspecified adrenal gland(74177), Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	
without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material), Malignant neoplasm of pancreas, u 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Deeplasm of unspecified adrenal gland(71260), Benign neoplasm of unspecified adrenal gland(71260), Benign neoplasm of unspecified adrenal gland(74177), BENIGN (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74170 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74171 (Co	
further sequences), 72197 (MRI PELVIS, without contrast mater and plasm of pancreas, u	1
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Description of unspecified adrenal gland(71260 pland(71260 pland(71	,
CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Description of unspecified adrenal gland(71260 pland(71260	
tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast neoplasm of unspecified adrenal gland(74177), BENIGN (NEOPLASM OF UNSPECIFIED ADRENAL GLAND(74177), Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	l
(Computed tomography; abdomen and pelvis; with contrast neoplasm of unspecified adrenal gland(74177), BENIGN neterial(NEOPLASM OF UNSPECIFIED ADRENAL GLAND(74177), Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	l
material(NEOPLASM OF UNSPECIFIED ADRENAL GLAND(74177), Other Provider 1 71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	l
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	ŀ
CHEST (thorax); with contrast material(s)), 74177 (Computed	
	ŀ
tomography; abdomen and pelvis; with contrast material(s)), 74177	l
(Computed tomography; abdomen and pelvis; with contrast Chronic lymphocytic leukemia of B-cell type not having achieved	l
material(remission(71260) Other Provider 1	l
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	
CHEST (thorax); with contrast material(s)), 74177 (Computed	l
tomography; abdomen and pelvis; with contrast material(s)), 74177	l
(Computed tomography; abdomen and pelvis; with contrast	l
material(SOLITARY PULMONARY NODULE(71260) Other Provider 1	
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	l
CHEST (thorax); with contrast material(s)), 74177 (Computed	l
tomography; abdomen and pelvis; with contrast material(s)), 74177 Unknown(71260), MALIG NEOPLASM UPPER-OUTER QUAD RT	l
(Computed tomography; abdomen and pelvis; with contrast FEMALE BREAST(71260), Unknown(74177), MALIG NEOPLASM	l
material(UPPER-OUTER QUAD RT FEMALE BREAST(74177), Other Provider 1	
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	l
CHEST (thorax); with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)), 74177 Unknown(71260),MALIGNANT NEOPLASM LONG BONES RIGHT	ŀ
(Computed tomography; abdomen and pelvis; with contrast LOWER LIMB(71260), MALIGNANT NEOPLASM LONG BONES	l
material(RIGHT LOWER LIMB(74177), Unknown(74177), Other Provider 1	ŀ
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT	
CHEST (thorax); with contrast material(s)), 71200 (CI	ľ
tomography; abdomen and pelvis; with contrast material(s)), 74177 Unknown(71260),MALIGNANT NEOPLASM OF RECTUM(71260	l
(Computed tomography; abdomen and pelvis; with contrast), Unknown/14177), JMALIGNANT NEOPLASM OF RECTUM/74177)	ľ
material (), Other Provider 1	ļ
71260 (CT CHEST (thorax); with contrast material(s)), 71260 (CT Malignant carcinoid tumor of the ileum(71260), MALIGNANT	ľ
CHEST (thorax); with contrast material(s)), 74183 (MRI ABDOMEN; CARCINOID TUMOR OF THE ILEUM(71260), Malignant carcinoid	ŀ
without contrast material(s), followed by with contrast material(s) tumor of the ileum(74183),MALIGNANT CARCINOID TUMOR OF	ľ
and further sequences), 74183 (MRI ABDOMEN; without contras	ŀ
71270 (CT CHEST (thorax); without contrast material, followed by Abnormal findings on diagnostic imaging of other specified body	
contrast material(s) and further sections), structures Other Provider 1	,

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description 71270 (CT CHEST (thorax); without contrast material, followed by	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
contrast material(s) and further sections), 71270 (CT CHEST (thorax);										
without contrast material, followed by contrast material(s) and										
further sections),	Abscess of lung without pneumonia(71270)	Other Provider						1		
71270 (CT CHEST (thorax); without contrast material, followed by										
contrast material(s) and further sections), 71270 (CT CHEST (thorax);										
without contrast material, followed by contrast material(s) and	MALIGNANT MELANOMA OF SKIN UNSPECIFIED(71270									
further sections),),Unknown(71270),	Other Provider							1	
74270 (CT CUEST (the control of the										
71270 (CT CHEST (thorax); without contrast material, followed by										
contrast material(s) and further sections), 71270 (CT CHEST (thorax);										
without contrast material, followed by contrast material(s) and	Malignant pooplasm of transverse colon/71370	Other Provider							1	
further sections), 74178 (Computed tomography; abdomen a	Malignant neoplasm of transverse colon(71270)	Other Provider	1						1	
71270 (CT CHEST (thorax); without contrast material, followed by										
contrast material(s) and further sections), 71270 (CT CHEST (thorax);	MULTIPLE MYELOMA IN RELAPSE(71270). Multiple myeloma in									
without contrast material, followed by contrast material(s) and	relapse(71270),Multiple myeloma in relapse(74178),MULTIPLE									
further sections), 74178 (Computed tomography; abdomen a	MYELOMA IN RELAPSE(74178),	Other Provider							1	
71275 (CTA CHEST; without contrast material(s), followed by	,	other riorider								
contrast material(s) and further sections, including image post-										
processing), 71275 (CTA CHEST; without contrast material(s),	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE(71275									
followed by contrast material(s) and further sections, including),Unknown(71275),AORTIC ANEURYSM UNSPECIFIED SITE									
image	WITHOUT RUPTURE(74174),Unknown(74174),	Other Provider							1	
71275 (CTA CHEST; without contrast material(s), followed by	, and the second									
contrast material(s) and further sections, including image post-										
processing), 71275 (CTA CHEST; without contrast material(s),										
followed by contrast material(s) and further sections, including	Unknown(71275),Unknown(71275),Unknown(74174									
image),Unknown(74174),	Other Provider						1		
71550 (MRI CHEST (eg, for evaluation of hilar and mediastinal										
lymphadenopathy); without contrast), 71550 (MRI CHEST (eg, for										
evaluation of hilar and mediastinal lymphadenopathy); without										
contrast),	SPRAIN RT STERNOCLAVICULAR JOINT SUBSQT ENC(71550)	Other Provider							1	
71552 (MRI CHEST (eg, for evaluation of hilar and mediastinal										
lymphadenopathy); without contrast material(s), followed by										
contrast material(s) and further sequences), 71552 (MRI CHEST (eg,										
for evaluation of hilar and mediastinal lymphadenopathy); withou	CHEST PAIN UNSPECIFIED(71552)	Other Provider						1		
71555 (MRA CHEST (excluding myocardium), with or without										
contrast material(s)), 71555 (MRA CHEST (excluding myocardium),	Hemochromatosis, unspecified(71555),HEMOCHROMATOSIS									
with or without contrast material(s)), 75561 (Cardiac MRI for	UNSPECIFIED(71555),HEMOCHROMATOSIS UNSPECIFIED(75561									
morphology and function without contrast, followed by contrast and),Hemochromatosis, unspecified(75561),HEMOCHROMATOSIS									
furth	UNSPECIFIED(75565),Hemochromatosis, unspecified(75565),	Other Provider							1	
71555 (MRA CHEST (excluding myocardium), with or without	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES(71555									
contrast material(s)), 71555 (MRA CHEST (excluding myocardium),),Unknown(71555),NEOPLASM OF UNSPECIFIED BEHAVIOR OTH									
with or without contrast material(s)), 75561 (Cardiac MRI for	SPEC SITES(75561),Unknown(75561),NEOPLASM OF									
	UNSPECIFIED BEHAVIOR OTH SPEC SITES(75565),Unknown(75565	011-1-12								
furth	[), I	Other Provider	1					1		
72125 (CT Cervical Spine; without contrast material), 72125 (CT	CERVICAL CIA/7313E	Other Brouider								
Cervical Spine; without contrast material),	CERVICALGIA(72125)	Other Provider	1						1	
72125 (CT Cervical Spine; without contrast material), 72125 (CT	SPINAL STENOSIS CERVICAL REGION(72125),Unknown(72125									
Cervical Spine; without contrast material), 72131 (CT Lumbar Spine;),SPINAL STENOSIS CERVICAL REGION(72123),Unknown(72131									
without contrast material), 72131 (CT Lumbar Spine; without),SPINAL STENOSIS CERVICAL REGION(72141),Unknown(72141									
contrast material), 72141 (MRI Cervical Spine, (spinal canal an	ļ″ ,	Other Provider							1	
(Spring candidati	[1	1			1				

					Medical	Experimental &	Network	Total	Total	
December Code Description	Diamenia Code Description	Dunyidan Canalalan	Total UM	Total UM Denials	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Deniais	Denials	Denials	Denials	Approved	Denied	by IRO
72126 (CT Cervical Spine; with contrast material), 72126 (CT Cervical										
Spine; with contrast material), 72129 (CT Thoracic Spine; with	Unknown(72126),CEREBROSPINAL FLUID LEAK(72126									
contrast material), 72129 (CT Thoracic Spine; with contrast),CEREBROSPINAL FLUID LEAK(72129),Unknown(72129									
material), 72132 (CT Lumbar Spine; with contrast material), 72),Unknown(72132),CEREBROSPINAL FLUID LEAK(72132),	Other Provider						1		
	Unknown(72126),SPONDYLOSIS W/O									
72126 (CT Cervical Spine; with contrast material), 72126 (CT Cervical	MYELOPATH/RADICULOPATHY LUMB RGN(72126									
Spine; with contrast material), 72132 (CT Lumbar Spine; with),Unknown(72132),SPONDYLOSIS W/O									
contrast material), 72132 (CT Lumbar Spine; with contrast material),	MYELOPATH/RADICULOPATHY LUMB RGN(72132),	Other Provider						1		
72131 (CT Lumbar Spine; without contrast material), 72131 (CT										
Lumbar Spine; without contrast material),	LOW BACK PAIN(72131)	Other Provider							1	
72131 (CT Lumbar Spine; without contrast material), 72131 (CT	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN(72131									
Lumbar Spine; without contrast material),),Unknown(72131),	Other Provider							1	
72131 (CT Lumbar Spine; without contrast material), 72131 (CT	Unknown(72131),RADICULOPATHY LUMBOSACRAL									
Lumbar Spine; without contrast material),	REGION(72131),	Other Provider							1	
72131 (CT Lumbar Spine; without contrast material), 72131 (CT										
Lumbar Spine; without contrast material), 72148 (MRI Lumbar Spine,	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION(72131									
(spinal canal and contents); without contrast material), 72148 (MRI),Unknown(72131),OTH INTERVERTEBRAL DISC DEGEN LUMBAR									
Lumbar Spine, (spinal canal and contents); without contras	REGION(72148),Unknown(72148),	Other Provider							1	
72132 (CT Lumbar Spine; with contrast material), 72132 (CT Lumbar										
Spine; with contrast material),	LOW BACK PAIN(72132), Unknown(72132),	Other Provider						1	1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS(72141									
contents); without contrast material),),Unknown(72141),	Other Provider						1		
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material),	Cervicalgia	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	CERVICAL CIA/724 44	Out - Dec 14								
contents); without contrast material),	CERVICALGIA(72141)	Other Provider	1						1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	CERVICAL CIA/724.44 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Oth an Duantidan						4	1	
contents); without contrast material),	CERVICALGIA(72141),Unknown(72141),	Other Provider	<u> </u>					1	1	
72141 (MRI Cervical Spine, (spinal canal and contents); without	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72141									
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	,	Oth an Duantidan						4		
contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without),Unknown(72141),	Other Provider	1					1		
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION(72141									
contents); without contrast material),),Unknown(72141),	Other Provider						1	2	
72141 (MRI Cervical Spine, (spinal canal and contents); without),01KHOWH(72141),	Other Frovider	+					1		
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material),	Other cervical disc displacement, unspecified cervical region	Other Provider						1		
72141 (MRI Cervical Spine, (spinal canal and contents); without	other cervical disc displacement, unspecified cervical region	Other Frovider								
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material),	RADICULOPATHY CERVICAL REGION(72141)	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without	IN BIOCECO TATAL CENTRAL REGION (72111	other rioride.								
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material),	RADICULOPATHY CERVICAL REGION(72141),Unknown(72141),	Other Provider						3	1	
72141 (MRI Cervical Spine, (spinal canal and contents); without	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(72141									
contents); without contrast material),)	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material),	Unknown(72141),MUSCLE WEAKNESS GENERALIZED(72141),	Other Provider							1	
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	Unknown(72141),OTH CERVICAL DISC DEGENERATION UNS CERV									
contents); without contrast material),	REGION(72141),	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material),	Unknown(72141),PAIN UNSPECIFIED(72141),	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material),	Unknown(72141),RADICULOPATHY CERVICAL REGION(72141),	Other Provider						1		
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	Unknown(72141),SPONDYLOSIS W/O									
contents); without contrast material),	MYELOPATH/RADICULOPATHY CERV RGN(72141),	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without	SYRINGOMYELIA AND SYRINGOBULBIA(72141),Unknown(72141									
contrast material), 72141 (MRI Cervical Spine, (spinal canal and),Unknown(72146),SYRINGOMYELIA AND SYRINGOBULBIA(72146									
contents); without contrast material), 72146 (MRI Thoracic Spine,),SYRINGOMYELIA AND SYRINGOBULBIA(72148),Unknown(72148									
(spinal canal and contents); without contrast material), 721),	Other Provider						1		
	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY(72141									
72141 (MRI Cervical Spine, (spinal canal and contents); without),Unknown(72141),UNSPECIFIED ABNORMALITIES OF GAIT AND									
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	MOBILITY(72146),Unknown(72146),UNSPECIFIED									
contents); without contrast material), 72146 (MRI Thoracic Spine,	ABNORMALITIES OF GAIT AND MOBILITY(72148),Unknown(72148									
(spinal canal and contents); without contrast material), 721),	Other Provider						1		
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	Unknown(72141),NEUROMUSCULAR SCOLIOSIS THORACIC									
contents); without contrast material), 72148 (MRI Lumbar Spine,	REGION(72141),NEUROMUSCULAR SCOLIOSIS THORACIC									
(spinal canal and contents); without contrast material), 72148	REGION(72148),Unknown(72148),	Other Provider						1		
731.41 (NADI Coming Crime (spine) and analysis to the sat	Halia anna / 734 44									
72141 (MRI Cervical Spine, (spinal canal and contents); without	Unknown(72141),PAIN IN LEFT SHOULDER(72141									
contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine,),Unknown(72148),PAIN IN LEFT SHOULDER(72148),Unknown(73221),PAIN IN LEFT SHOULDER(73221									
),Unknown(SOCCPT),PAIN IN LEFT SHOULDER(75221	Other Provider							1	
(spinal canal and contents); without contrast material), 72148	J,UNKNOWN(SUCCET J, PAIN IN LEFT SHOULDER(SUCCET J,	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and	Unknown(72141),RADICULOPATHY CERVICOTHORACIC									
contents); without contrast material), 72148 (MRI Lumbar Spine,	REGION(72141),Unknown(72148),RADICULOPATHY									
(spinal canal and contents); without contrast material), 72148	CERVICOTHORACIC REGION(72148),	Other Provider							1	
(spinal canal and contents), without contrast material), 72140	CERVICOTTORACIC REGION(72148),	Other Frovider								
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material), 72148 (MRI Lumbar Spine,	Unknown(72141),RADICULOPATHY LUMBAR REGION(72141									
(spinal canal and contents); without contrast material), 72148),Unknown(72148),RADICULOPATHY LUMBAR REGION(72148),	Other Provider						1		
VEF TO THE SECOND SECON										
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material), 73221 (MRI Upper Extremity,										
any joint; without contrast material(s)), 73221 (MRI Upper	FISTULA RIGHT SHOULDER(72141)	Other Provider							1	
72141 (MRI Cervical Spine, (spinal canal and contents); without										
contrast material), 72141 (MRI Cervical Spine, (spinal canal and										
contents); without contrast material), SOCCPT (SOCCPT), SOCCPT	CERVICALGIA(72141),Unknown(72141),CERVICALGIA(SOCCPT									
(SOCCPT),),Unknown(SOCCPT),	Other Provider							1	
72146 (MRI Thoracic Spine, (spinal canal and contents); without										
contrast material), 72146 (MRI Thoracic Spine, (spinal canal and										
	CERVICALGIA(72146), Unknown(72146),	Other Provider	1		l	1		i	1 .	

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	Approved by IRO
72146 (MRI Thoracic Spine, (spinal canal and contents); without	Piagnosis code Pesanpaion	1 Toriaci opecialty	, ippi orais	Demais	Demais	Demais	Demais	/ ipproved	Demea	2,
contrast material), 72146 (MRI Thoracic Spine, (spinal canal and										
contents); without contrast material),	Unknown(72146),RADICULOPATHY THORACIC REGION(72146),	Other Provider						1		
72146 (MRI Thoracic Spine, (spinal canal and contents); without	PERSONAL HX OTH DZ MUSCULOSKEL SYS&CONNECTV	Other Frovider						_		
contrast material), 72146 (MRI Thoracic Spine, (spinal canal and	TISS(72146),Unknown(72146),PERSONAL HX OTH DZ									
contents); without contrast material), SOCCPT (SOCCPT), SOCCPT	MUSCULOSKEL SYS&CONNECTV TISS(SOCCPT									
(SOCCPT),),Unknown(SOCCPT),	Other Provider							1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without	Spinal stenosis, lumbar region with neurogenic claudication(72148	Other Frovider	+						1	
contrast material),	Spinal Steriosis, lumbal region with heurogenic claudication(72148	Other Provider						1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without	lı	Other Frovider	1					1		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
, , , , , , , , , , , , , , , , , , , ,	ANESTHESIA OF SKINIZZA AG	Other Drewides								
contents); without contrast material),	ANESTHESIA OF SKIN(72148), Unknown(72148),	Other Provider						1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and								_		
contents); without contrast material),	DORSALGIA UNSPECIFIED(72148)	Other Provider						1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN(72148									
contents); without contrast material),),Unknown(72148),	Other Provider							1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	Low back pain	Other Provider							1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	LOW BACK PAIN(72148)	Other Provider							1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	LOW BACK PAIN(72148), Unknown(72148),	Other Provider						5	4	
72148 (MRI Lumbar Spine, (spinal canal and contents); without	, , , , , , , , , , , , , , , , , , ,		1							
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	LUMBAGO WITH SCIATICA LEFT SIDE(72148), Unknown(72148),	Other Provider							1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without	ECHIBAGO WITH SCIATION EET 1 SIDE(12140), OHMIOWII(12140),	Other Frovider							_	
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE(72148									
contents); without contrast material),),Unknown(72148),	Other Provider							1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without),Olikilowii(72148),	Other Provider							1	
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material),	OTHER DORSALGIA(72148), Unknown(72148),	Other Provider							1	
	OTHER DURSALGIA(72148), UNKNOWN(72148),	Other Provider							1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and								_		
contents); without contrast material),	OTHER SPONDYLOSIS LUMBAR REGION(72148)	Other Provider						1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	RADICULOPATHY CERVICAL REGION(72148), Unknown(72148),	Other Provider	1					1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	RADICULOPATHY LUMBAR REGION(72148)	Other Provider						3	2	
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	RADICULOPATHY LUMBAR REGION(72148), Unknown(72148),	Other Provider						1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and	RADICULOPATHY LUMBOSACRAL REGION(72148									
contents); without contrast material),),Unknown(72148),	Other Provider						1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without										
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and										
contents); without contrast material),	Radiculopathy, lumbar region	Other Provider	1					1	1	

Procedure Code Description Total UM Approvals Provider Specialty Provider Special Canal Canal Special Canal Canal Canal Canal Canal Canal Canal Canal C	Total Appeals Denied	Approved by IRO
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Radiculopathy, lumbosacral region Other Provider 1 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), SACROCOCCYGEAL DISORDERS NEC(72148), Unknown(72148), Other Provider 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Sciatica, unspecified side 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Sciatica, unspecified side 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Spine, (spinal canal and Spine, (sp	Denied 1	by IRO
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	
contents); without contrast material), Radiculopathy, lumbosacral region Other Provider 1 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), SACROCOCCYGEAL DISORDERS NEC(72148), Unknown(72148), Other Provider 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Sciatica, unspecified side Other Provider 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Sciatica, unspecified side Other Provider 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	
contents); without contrast material), SACROCOCCYGEAL DISORDERS NEC(72148), Unknown(72148), Other Provider Contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Sciatica, unspecified side 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), Contrast material), Sciatica, unspecified side Other Provider Other Provider	1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	
contents); without contrast material), Sciatica, unspecified side Other Provider 72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	1	1
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB		
contents), without contrast material),	2	
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and Unknown(72148),DISCITIS UNSPECIFIED SITE UNSPECIFIED (72148		
Contents); without contrast material),), Other Provider 1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and Unknown(72148),INTERVERTEBRAL DISC D/O		
Contents); without contrast materiall), W/RADICULOPATHY LUMB RGN(72148), Other Provider	1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and Unknown(72148),LOCALIZED SWELLING MASS AND LUMP		
Contents); without contrast material), NECK(72148), Other Provider 1		
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and		
contents); without contrast material), Unknown(72148), RADICULOPATHY LUMBAR REGION(72148), Other Provider	5	
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and		
contents); without contrast material), 72195 (MRI PELVIS; without SACROCOCCYGEAL DISORDERS NEC(72148), Unknown(72148		
contrast material(s)), 72195 (MRI PELVIS; without contrast mater), Unknown(72195), SACROCOCCYGEAL DISORDERS NEC(72195), Other Provider	1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and SACROILIITIS NOT ELSEWHERE CLASSIFIED(72148		
contents); without contrast material), 72195 (MRI PELVIS; without),Unknown(72148),Unknown(72195),SACROILIITIS NOT		
contrast material(s)), 72195 (MRI PELVIS; without contrast mater	1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and		
contents); without contrast material), 73721 (MRI Lower Extremity,		
any joint; without contrast material(s)), 73721 (MRI Lower Extr Unilateral post-traumatic osteoarthritis, left knee Other Provider	1	
72148 (MRI Lumbar Spine, (spinal canal and contents); without		
contrast material), 72148 (MRI Lumbar Spine, (spinal canal and		
contents); without contrast material), 73722 (MRI Lower Extremity, PAIN IN LEFT HIP(72148), Unknown(72148), PAIN IN LEFT	1	
any joint; with contrast material(s)), 73722 (MRI Lower Extremi HIP(73722), Unknown(73722), Other Provider	1	1
72156 (MRI Cervical Spine, (spinal canal and contents); without		
contrast material, followed by contrast material(s) and further		
sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); NEURALGIA AND NEURITIS UNSPECIFIED(72156), Unknown(72156		
without contrast material, followed by contrast material(s)), Other Provider	1	
7)		1
72156 (MRI Cervical Spine, (spinal canal and contents); without		
contrast material, followed by contrast material(s) and further		
sequences), 72156 (MRI Cervical Spine, (spinal canal and contents);		
without contrast material, followed by contrast material(s) RADICULOPATHY CERVICAL REGION(72156) Other Provider	1	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Radiculopathy, cervical region	Other Provider							1	
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Unknown(72156),CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM(72156),	Other Provider							1	
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Unknown(72156),OTHER CHRONIC PAIN(72156),	Other Provider							1	
72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences), 72156 (MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s)	Unknown(72156),SACROILIITIS NOT ELSEWHERE CLASSIFIED(72156),SACROILIITIS NOT ELSEWHERE CLASSIFIED(72158),Unknown(72158),	Other Provider						1		
72157 (MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72157 (MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s)	ACUTE INFARCTION SPINAL CORD EMBOLIC NONEMBOLIC(72157),Unknown(72157),Unknown(72158),ACUTE INFARCTION SPINAL CORD EMBOLIC NONEMBOLIC(72158),	Other Provider						1		
72157 (MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72157 (MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BONE(72157),Unknown(72157),	Other Provider						1		
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	DORSALGIA UNSPECIFIED(72158),Unknown(72158),	Other Provider							1	
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	Lumbago with sciatica, right side	Other Provider						1		
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	RADICULOPATHY LUMBAR REGION(72158)	Other Provider						1		
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	Unknown(72158),RADICULOPATHY LUMBAR REGION(72158),	Other Provider						1		
72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences), 72158 (MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and	VARICOSE VEINS LT LOWER EXTREMITIES W/OTH COMP(72158)	Other Provider							1	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
72193 (CT PELVIS; with contrast material(s)), 72193 (CT PELVIS; with	Diagnosis code Description	Provider Specialty	Approvais	Demais	Delilais	Demais	Demais	Арргочец	Dellieu	by INO
contrast material(s)),	PELVIC AND PERINEAL PAIN(72193), Unknown(72193),	Other Provider						1		
72193 (CT PELVIS; with contrast material(s)), 72193 (CT PELVIS; with	PELVIC AND PERINEAL PAIN(72193), OIKHOWH(72193),	Other Provider	-					1		-
	Halian and 72402 A DICHT LOWER OLIA DRANT DAIN/72402	Oth an Duantidan						4		
contrast material(s)),	Unknown(72193),RIGHT LOWER QUADRANT PAIN(72193),	Other Provider	-					1		-
72195 (MRI PELVIS; without contrast material(s)), 72195 (MRI	Intramural leiomyoma of uterus(72195),INTRAMURAL									
PELVIS; without contrast material(s)),	LEIOMYOMA OF UTERUS(72195),	Other Provider						1		
72195 (MRI PELVIS; without contrast material(s)), 72195 (MRI PELVIS; without contrast material(s)),	Maternal care for (suspected) central nervous system malformation in fetus, not applicable or unspecified(72195), MATERNAL CARE CNS MALFORMATION IN FETUS NA/UNS(72195),	Other Provider							1	
72195 (MRI PELVIS; without contrast material(s)), 72195 (MRI										
PELVIS; without contrast material(s)),	PELVIC AND PERINEAL PAIN(72195), Unknown(72195),	Other Provider						1		
72195 (MRI PELVIS; without contrast material(s)), 72195 (MRI										
PELVIS; without contrast material(s)),	Unknown(72195),PAIN IN RIGHT HIP(72195),	Other Provider						1		
72195 (MRI PELVIS; without contrast material(s)), 72195 (MRI	Unknown(72195),STRAIN MUSCLE FASC TEND POST THIGH LT INIT									
PELVIS; without contrast material(s)),	ENC(72195),	Other Provider							1	
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences),	Abnormal uterine and vaginal bleeding, unspecified(72197),ABNORMAL UTERINE & DESCRIPTION (72197), UNSPECIFIED(72197),	Other Provider						1		
72197 (MRI PELVIS; without contrast material(s), followed by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1							
contrast material(s) and further sequences), 72197 (MRI PELVIS;										
without contrast material(s), followed by contrast material(s) and										
·	Florated prostate specific antigon [DSA]/73107	Other Provider						1	1	
further sequences),	Elevated prostate specific antigen [PSA](72197)	Other Provider	+					1	1	-
72197 (MRI PELVIS; without contrast material(s), followed by										
contrast material(s) and further sequences), 72197 (MRI PELVIS;	[
without contrast material(s), followed by contrast material(s) and	Elevated prostate specific antigen [PSA](72197),Unknown(72197									
further sequences),),	Other Provider						1	1	
72197 (MRI PELVIS; without contrast material(s), followed by										
contrast material(s) and further sequences), 72197 (MRI PELVIS;										
without contrast material(s), followed by contrast material(s) and	LESION OF SCIATIC NERVE LEFT LOWER LIMB(72197									
further sequences),),Unknown(72197),	Other Provider							1	
72197 (MRI PELVIS; without contrast material(s), followed by										
contrast material(s) and further sequences), 72197 (MRI PELVIS;										
without contrast material(s), followed by contrast material(s) and	MALIGNANT NEOPLASM OF PROSTATE(72197), Malignant									
further sequences),	neoplasm of prostate(72197),	Other Provider						1		
72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences), 72197 (MRI PELVIS; without contrast material(s), followed by contrast material(s) and										
further sequences),	PELVIC AND PERINEAL PAIN(72197)	Other Provider						1		
72197 (MRI PELVIS; without contrast material(s), followed by										
contrast material(s) and further sequences), 72197 (MRI PELVIS;										
without contrast material(s), followed by contrast material(s) and	Unknown(72197), Elevated prostate specific antigen [PSA](72197									
further sequences),),	Other Provider						1		
72197 (MRI PELVIS; without contrast material(s), followed by										
contrast material(s) and further sequences), 72197 (MRI PELVIS;										
without contrast material(s), followed by contrast material(s) and	Unknown(72197),LEIOMYOMA OF UTERUS UNSPECIFIED(72197									
further sequences),),	Other Provider				<u> </u>		1		<u> </u>
73200 (CT Upper Extremity; without contrast material), 73200 (CT										
Upper Extremity; without contrast material), 73201 (CT Upper										
Extremity; with contrast material(s)), 73201 (CT Upper Extremity;										
with contrast material(s)),	PAIN IN LEFT SHOULDER(73200)	Other Provider						1		
73218 (MRI Upper Extremity, other than joint; without contrast	, ,									
material(s)), 73218 (MRI Upper Extremity, other than joint; without										
contrast material(s)),	PAIN IN LEFT WRIST(73218),Unknown(73218),	Other Provider	1					1		
	point of the property of the p	1	1			ll			1	

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
73220 (MRI Upper Extremity, other than joint; without contrast										
material(s), followed by contrast material(s) and further sequences),										
73220 (MRI Upper Extremity, other than joint; without contrast	OTHER SPECIFIED SOFT TISSUE DISORDERS(73220									
),Unknown(73220),	Other Provider						1		
material(s), followed by contrast material(s) and further s 73221 (MRI Upper Extremity, any joint; without contrast),OTKHOWH(73220),	Other Frovider	+							
material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	BICIPITAL TENDINITIS RIGHT SHOULDER(73221)	Other Provider							1	
73221 (MRI Upper Extremity, any joint; without contrast	BICIFITAL TENDINITIS NIGHT SHOOLDER(73221	Other Frovider	+						1	1
material(s)), 73221 (MRI Upper Extremity, any joint; without										
contrast material(s)),	LESION OF ULNAR NERVE UNSPECIFIED UPPER LIMB(73221)	Other Provider							1	
	LESION OF OLIVAR NERVE ONSPECIFIED OFFER LIIVIB(75221)	Other Provider	+						1	
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without	LOCALIZED CONNECTIVE TISSUE DISORDER UNSPECIFIED(73221)	Other Provider							1	
contrast material(s)),	LOCALIZED CONNECTIVE 11330E DISORDER UNSPECIFIED(73221)	Other Provider							1	
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without	MACNIONI ECIA LIBRER LIMAR RICUT DOMINIANT CIDE/72224	Other Brander								
contrast material(s)),	MONOPLEGIA UPPER LIMB RIGHT DOMINANT SIDE(73221)	Other Provider	-						1	
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without	DAINUNUETT EL DOIM/72224 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other Born Maria								
contrast material(s)),	PAIN IN LEFT ELBOW(73221),Unknown(73221),	Other Provider						1		
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without										
contrast material(s)),	Pain in left shoulder	Other Provider							1	
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without										
contrast material(s)),	PAIN IN LEFT SHOULDER(73221),Unknown(73221),	Other Provider							1	
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without										
contrast material(s)),	Pain in right shoulder	Other Provider							1	
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without										
contrast material(s)),	PAIN IN RIGHT SHOULDER(73221)	Other Provider							1	
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without									_	
contrast material(s)),	PAIN IN RIGHT SHOULDER(73221),Unknown(73221),	Other Provider							2	!
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without										
contrast material(s)),	PAIN IN RIGHT WRIST(73221),Unknown(73221),	Other Provider						1		
73221 (MRI Upper Extremity, any joint; without contrast	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC(73221									
material(s)), 73221 (MRI Upper Extremity, any joint; without),Strain of muscle, fascia and tendon of other parts of biceps, left									
contrast material(s)),	arm, initial encounter(73221),	Other Provider						1		ļ
73221 (MRI Upper Extremity, any joint; without contrast						1				
material(s)), 73221 (MRI Upper Extremity, any joint; without	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT(73221					ĺ				
contrast material(s)),),Unknown(73221),	Other Provider						1		ļ
73221 (MRI Upper Extremity, any joint; without contrast	Traumatic rupture of left ulnar collateral ligament, subsequent									
material(s)), 73221 (MRI Upper Extremity, any joint; without	encounter(73221),TRAUMATIC RUPTURE LT ULNAR COLLATERAL					ĺ				
contrast material(s)),	LIG SUBSQT(73221),	Other Provider				ļ		1		
73221 (MRI Upper Extremity, any joint; without contrast	(Table 1)					1				
material(s)), 73221 (MRI Upper Extremity, any joint; without	Unknown(73221),CONTUSION OF RIGHT SHOULDER INITIAL	Other Boards				1				
contrast material(s)),	ENCOUNTER(73221),	Other Provider	-			-		1		<u> </u>
73221 (MRI Upper Extremity, any joint; without contrast										
material(s)), 73221 (MRI Upper Extremity, any joint; without	Unknown(73221),IMPINGEMENT SYNDROME OF RIGHT									
contrast material(s)),	SHOULDER(73221),	Other Provider	1					1		
73221 (MRI Upper Extremity, any joint; without contrast						1				
material(s)), 73221 (MRI Upper Extremity, any joint; without		L				1				
contrast material(s)),	Unknown(73221),PAIN IN LEFT SHOULDER(73221),	Other Provider				1			2	!

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
73221 (MRI Upper Extremity, any joint; without contrast	Diagnosis code Description	1 Tovider Specialty	Approvais	Demais	Demais	Demais	Demais	Арргочси	Dellieu	by inc
material(s)), 73221 (MRI Upper Extremity, any joint; without										
contrast material(s)),	Unknown(73221),PAIN IN RIGHT SHOULDER(73221),	Other Provider						1		
73221 (MRI Upper Extremity, any joint; without contrast	onatown(75221)jirran ne ment en eele za (75221)ji	other riovider						_		
material(s)), 73221 (MRI Upper Extremity, any joint; without	Unknown(73221),SUPERIOR GLENOID LABRUM LESION LT									
contrast material(s)),	SHOULDER INIT(73221),	Other Provider						1		
73221 (MRI Upper Extremity, any joint; without contrast	SHOOLSEN HIN (70221)	outer i rovider								
material(s)), 73221 (MRI Upper Extremity, any joint; without	Unknown(73221), UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC									
contrast material(s)),	TRAUMAT(73221),	Other Provider						1		
contrast material(5)),	THOUSENT(19221),	Other Frovider						_		
73222 (MRI Upper Extremity, any joint; with contrast material(s)),										
73222 (MRI Upper Extremity, any joint; with contrast material(s)),	Impingement syndrome of right shoulder	Other Provider							1	
73222 (With Opper Extremity, any joint, with contrast material(5)),	impingement syndrome of right shoulder	Other Frowaci								
73222 (MRI Upper Extremity, any joint; with contrast material(s)),	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC(73222									
73222 (MRI Upper Extremity, any joint; with contrast material(s)),),Unknown(73222),	Other Provider						1		
73222 (With Opper Extremity, any Joint, with contrast material(3)),), OTKHOWH(73222),	Other Frovider	-					-		
72222 (MPLUpper Extremity, any joint; with contract material(s))										
73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)),	PAIN IN RIGHT SHOULDER(73222),Unknown(73222),	Other Provider						1		
73222 (With Opper Extremity, any Joint, with contrast material(3)),	TAIN IN MOTH SHOOLDER(73222), OHMIOWII(73222),	Other Frovider	1							
73222 (MRI Upper Extremity, any joint; with contrast material(s)),										
73222 (MRI Upper Extremity, any joint; with contrast material(s)),	Pain in unspecified shoulder	Other Provider							1	
73222 (With Opper Extremity, any Joint, with Contrast material(3)),	an in unspecified shoulder	Other Frovider								
73222 (MRI Upper Extremity, any joint; with contrast material(s)),										
73222 (MRI Upper Extremity, any joint; with contrast material(s)),	Unknown(73222),PAIN IN LEFT SHOULDER(73222),	Other Provider							1	
75222 (With Opper Extremity, any joint, with contrast material(5)),	Onknown(75222), FAIR IN EET 1 SHOOLDEN(75222),	Other Frowaer								
73222 (MRI Upper Extremity, any joint; with contrast material(s)),										
73222 (MRI Upper Extremity, any joint; with contrast material(s)),										
73721 (MRI Lower Extremity, any joint; without contrast	Unknown(73222),PAIN IN LEFT SHOULDER(73222),PAIN IN									
material(s)), 73721 (MRI Lower Extremity, any joint; without cont	LEFT SHOULDER(73721),Unknown(73721),	Other Provider							1	
73222 (MRI Upper Extremity, any joint; with contrast material(s)),	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB(73222	Other Frovider							-	
73222 (MRI Upper Extremity, any joint; with contrast material(s)),),Unknown(73222),CARPAL TUNNEL SYNDROME RIGHT UPPER									
SOCCPT (SOCCPT), SOCCPT (SOCCPT),	LIMB(SOCCPT), Unknown(SOCCPT),	Other Provider							1	
73700 (CT Lower Extremity; without contrast material), 73700 (CT	LINIB(SOCCI 1), OTKHOWN(SOCCI 1),	Other Frovider	+							
Lower Extremity; without contrast material),	Pain in right hip	Other Provider						1		
73700 (CT Lower Extremity; without contrast material), 73700 (CT	T unit in right inp	Other Frovider	-					-		
Lower Extremity; without contrast material), 73700 (CT Lower	Unknown(73700),Unknown(73700),BILATERAL PRIMARY									
Extremity; without contrast material), 73700 (CT Lower Extremity;	OSTEOARTHRITIS OF KNEE(73700),BILATERAL PRIMARY									
without contrast material),	OSTEOARTHRITIS OF KNEE(73700),	Other Provider						1		
without contrast materially	OSTEO/ARTHATIS OF RALE(13700),	other riovider								
73702 (CT Llower Extremity; without contrast material, followed by										
contrast material(s) and further sections), 73702 (CT Llower										
Extremity; without contrast material, followed by contrast	LOC SWELLING MASS & DOWN LOWER LIMB BILATERAL (73702									
material(s) and further sections), 73702 (CT Llower Extremity; witho)	Other Provider							1	
73718 (MRI Lower Extremity, other than joint; without contrast	<u>'</u>								1	
material(s)), 73718 (MRI Lower Extremity, other than joint; without			1							
contrast material(s)),	ANESTHESIA OF SKIN(73718),Unknown(73718),	Other Provider							1	
73718 (MRI Lower Extremity, other than joint; without contrast	pominion (7.720)								-	
material(s)), 73718 (MRI Lower Extremity, other than joint; without	LESION OF PLANTAR NERVE RIGHT LOWER LIMB(73718		1							
contrast material(s)),),Unknown(73718),	Other Provider							1	
73718 (MRI Lower Extremity, other than joint; without contrast	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	1	1	1				1	
material(s)), 73718 (MRI Lower Extremity, other than joint; without	Unspecified injury of right Achilles tendon, initial encounter(73718									
contrast material(s)),), UNS INJURY RT ACHILLES TENDON INITIAL ENCOUNTER(73718),	Other Provider						1		
	Internal and the record of the state of the	123.00.1.01.00	1	·	·	I.				

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
73720 (MRI Lower Extremity, other than joint; without contrast										
material(s), followed by contrast material(s) and further sequences),										
	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB(73720									
73720 (MRI Lower Extremity, other than joint; without contrast	•	Oth an Brandala								
material(s), followed by contrast material(s) and further s),Unknown(73720),	Other Provider						1		
73720 (MRI Lower Extremity, other than joint; without contrast										
material(s), followed by contrast material(s) and further sequences),										
73720 (MRI Lower Extremity, other than joint; without contrast										
	PAIN IN RIGHT KNEE(73720),Unknown(73720),	Other Provider						1		
material(s), followed by contrast material(s) and further s	PAIN IN RIGHT KNEE(73720), UNKNOWN(73720),	Other Provider						1		
73720 (MRI Lower Extremity, other than joint; without contrast										
material(s), followed by contrast material(s) and further sequences),										
73720 (MRI Lower Extremity, other than joint; without contrast										
	Unknown(73720), DISORDER OF BONE UNSPECIFIED(73720),	Other Provider						1		
material(s), followed by contrast material(s) and further s 73721 (MRI Lower Extremity, any joint; without contrast	OHAHOWH(73720), DISONDER OF BUINE UNSPECIFIED(73720),	Other Provider	1			 		1		-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Complex tear of medial menicous augment injury right langer initial									
material(s)), 73721 (MRI Lower Extremity, any joint; without	Complex tear of medial meniscus, current injury, right knee, initial	Oth an Duardan								
contrast material(s)),	encounter	Other Provider	1			 		1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	EFFUSION RIGHT ANKLE(73721),Unknown(73721),	Other Provider	1					1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	EFFUSION UNSPECIFIED KNEE(73721)	Other Provider						1	1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC(73721									
contrast material(s)),),Unknown(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC(73721									
contrast material(s)),),Unknown(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN LEFT ANKLE(73721),Unknown(73721),	Other Provider						2		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	Pain in left hip	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN LEFT HIP(73721), Unknown(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	Pain in left knee	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN LEFT KNEE(73721)	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN LEFT KNEE(73721),Unknown(73721),	Other Provider						2	2	
73721 (MRI Lower Extremity, any joint; without contrast	77.5.22 //2							_	_	
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN RIGHT ANKLE(73721)	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast	THE STATE OF THE S	Calci i i ovidei						1		
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN RIGHT ANKLE(73721),Unknown(73721),	Other Provider						1		
contrast material(s)),	TOTAL TO COLD MINICEL (1972) JOHNHOWII (1972)	other i Tovider	1			ı		1 1		I

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
73721 (MRI Lower Extremity, any joint; without contrast			ТФристан					Терриотов		.,
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN RIGHT KNEE(73721), Unknown(73721),	Other Provider						2	1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN UNSPECIFIED ANKLE(73721)	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PAIN IN UNSPECIFIED ANKLE(73721), Unknown(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PERONEAL TENDINITIS RIGHT LEG(73721)	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast	, ,									
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	PLANTAR FASCIAL FIBROMATOSIS(73721),Unknown(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	RA WITH RHEUMATOID FACTOR UNSPECIFIED(73721									
contrast material(s)),),Unknown(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast	<i>y y</i>									
material(s)), 73721 (MRI Lower Extremity, any joint; without	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER(73721									
contrast material(s)),),Unknown(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast	mental market m	other riovide:							-	
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE(73721)	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast	,									
material(s)), 73721 (MRI Lower Extremity, any joint; without	Unknown(73721),OTHER SPRAIN OF RIGHT HIP INITIAL									
contrast material(s)),	ENCOUNTER(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast									_	
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	Unknown(73721),PAIN IN RIGHT ANKLE(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	Unknown(73721),PAIN IN RIGHT KNEE(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	Unknown(73721), PLANTAR FASCIAL FIBROMATOSIS(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	Unknown(73721),SHORT ACHILLES TENDON ACQUIRED RIGHT									
contrast material(s)),	ANKLE(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	Unknown(73721),SOFT TISSUE DISORDER UNSPECIFIED(73721									
contrast material(s)),),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	Unknown(73721), UNILATERAL PRIMARY OSTEOARTHRITIS LEFT									
contrast material(s)),	HIP(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	Unknown(73721), UNSPECIFIED INTERNAL DERANGEMENT OF									
contrast material(s)),	RIGHT KNEE(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast	Unspecified fracture of right lower leg, initial encounter for closed									
material(s)), 73721 (MRI Lower Extremity, any joint; without	fracture(73721),UNS FRACTURE RT LOWER LEG INIT ENC CLOS									
contrast material(s)),	FRACTURE(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast	. "									
material(s)), 73721 (MRI Lower Extremity, any joint; without										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unspecified injury of adductor muscle	Other Provider	1	l	I	1	1	l .	1	

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE(73721									
contrast material(s)),),Unknown(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)),	Villonodular synovitis (pigmented)	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)), 73721 (MRI Lower Extremity, any joint;										
without contrast material(s)), 73721 (MRI Lower Extremity, any	PAIN IN LEFT KNEE(73721),Unknown(73721),PAIN IN LEFT									
joint; withou	KNEE(73721),Unknown(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)), 73721 (MRI Lower Extremity, any joint;										
without contrast material(s)), 73721 (MRI Lower Extremity, any										
joint; withou	Pain in right knee	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast	I dili ili ligiti kilee	Other Frovider								
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)), 73721 (MRI Lower Extremity, any joint;										
without contrast material(s)), 73721 (MRI Lower Extremity, any	PAIN IN RIGHT KNEE(73721),Unknown(73721),PAIN IN RIGHT									
joint; withou	KNEE(73721),Unknown(73721),	Other Provider							1	
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)), 73721 (MRI Lower Extremity, any joint;										
without contrast material(s)), 73721 (MRI Lower Extremity, any										
joint; withou	Unilateral primary osteoarthritis, right knee	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without										
contrast material(s)), 73721 (MRI Lower Extremity, any joint;										
without contrast material(s)), 73721 (MRI Lower Extremity, any	Unknown(73721),Unknown(73721),OTHER CHRONIC									
joint; withou	PAIN(73721),OTHER CHRONIC PAIN(73721),	Other Provider						1		
73721 (MRI Lower Extremity, any joint; without contrast										
material(s)), 73721 (MRI Lower Extremity, any joint; without	PAIN IN LEFT KNEE(73721),Unknown(73721),PAIN IN LEFT									
contrast material(s)), SOCCPT (SOCCPT), SOCCPT (SOCCPT),	KNEE(SOCCPT),Unknown(SOCCPT),	Other Provider							1	
contrast material(s);; seech + (seech +	muzzlasses i mammasses i m	other riovide:							-	
73722 (MRI Lower Extremity, any joint; with contrast material(s)),										
73722 (MRI Lower Extremity, any joint; with contrast material(s)),	Pain in right hip	Other Provider						1		
74150 (CT ABDOMEN; without contrast material), 74150 (CT	I all ill light hip	Other Frovider								
ABDOMEN; without contrast material),	Unknown(74150), UNSPECIFIED ABDOMINAL PAIN(74150),	Other Provider						1		
i i	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED(74160	Other Provider						1		
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT	•	Other Box 114								
ABDOMEN; with contrast material(s)),),Unknown(74160),	Other Provider	+			-		-	1	1
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST(74160								1	
ABDOMEN; with contrast material(s)),),Unknown(74160),	Other Provider	+			1		1		1
74160 (CT ABDOMEN; with contrast material(s)), 74160 (CT	(
ABDOMEN; with contrast material(s)),	Unknown(74160),EPIGASTRIC PAIN(74160),	Other Provider	ļ			ļ		1		1
74170 (CT ABDOMEN; without contrast material, followed by									1	
contrast material(s) and further sections), 74170 (CT ABDOMEN;									1	
without contrast material, followed by contrast material(s) and	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM(74170								1	
further sections),)	Other Provider						1		
74170 (CT ABDOMEN; without contrast material, followed by										
contrast material(s) and further sections), 74170 (CT ABDOMEN;										
without contrast material, followed by contrast material(s) and	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED(74170								1	
further sections),),Hepatomegaly, not elsewhere classified(74170),	Other Provider							1	
	In -t 10. W	1	1		1	1		1		1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
74170 (CT ABDOMEN; without contrast material, followed by										
contrast material(s) and further sections), 74170 (CT ABDOMEN;										
without contrast material, followed by contrast material(s) and										
further sections),	LEFT UPPER QUADRANT PAIN(74170)	Other Provider							1	
74170 (CT ABDOMEN; without contrast material, followed by										
contrast material(s) and further sections), 74170 (CT ABDOMEN;										
without contrast material, followed by contrast material(s) and	OTH INTRA-ABD & DELVIC SWELLING MASS & DELVIC									
further sections),	LUMP(74170),Unknown(74170),	Other Provider							1	
74170 (CT ABDOMEN; without contrast material, followed by										
contrast material(s) and further sections), 74170 (CT ABDOMEN;										
without contrast material, followed by contrast material(s) and										
further sections),	Unknown(74170),EPIGASTRIC PAIN(74170),	Other Provider						1		
Tarther sections;;		outer i rovider								-
74175 (CTA ABDOMEN, without contrast material(s), followed by										
contrast material(s) and further sections, including image post-										
processing), 74175 (CTA ABDOMEN, without contrast material(s),										
followed by contrast material(s) and further sections, including i	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE(74175)	Other Provider						1		
74176 (Computed tomography; abdomen and pelvis; without	ABDOMINAL AURTIC ANEURYSINI WITHOUT RUPTURE(74175)	Other Provider						1		
contrast material), 74176 (Computed tomography; abdomen and	CALCULUS OF LIBETER/ZAAZS	Out Dec. 1st								
pelvis; without contrast material),	CALCULUS OF URETER(74176)	Other Provider							1	-
74176 (Computed tomography; abdomen and pelvis; without										
	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED(74176									
pelvis; without contrast material),),Unknown(74176),	Other Provider							1	
74176 (Computed tomography; abdomen and pelvis; without										
contrast material), 74176 (Computed tomography; abdomen and										
pelvis; without contrast material),	LEFT LOWER QUADRANT PAIN(74176),Unknown(74176),	Other Provider						1		
74176 (Computed tomography; abdomen and pelvis; without										
contrast material), 74176 (Computed tomography; abdomen and										
pelvis; without contrast material),	LEFT UPPER QUADRANT PAIN(74176)	Other Provider						1		
74176 (Computed tomography; abdomen and pelvis; without										
contrast material), 74176 (Computed tomography; abdomen and	Unilateral inguinal hernia, without obstruction or gangrene, not									
pelvis; without contrast material),	specified as recurrent	Other Provider							1	
74177 (Computed tomography; abdomen and pelvis; with contrast										
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	ACUTE ABDOMEN(74177), Unknown(74177),	Other Provider						1		
74177 (Computed tomography; abdomen and pelvis; with contrast										
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	ACUTE PROSTATITIS(74177), Acute prostatitis(74177),	Other Provider						1		
74177 (Computed tomography; abdomen and pelvis; with contrast										
	Disease of stomach and duodenum, unspecified(74177), DISEASE									
with contrast material(s)),	OF STOMACH AND DUODENUM UNSPECIFIED(74177),	Other Provider						1		
74177 (Computed tomography; abdomen and pelvis; with contrast										
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	Generalized abdominal pain	Other Provider							1	
74177 (Computed tomography; abdomen and pelvis; with contrast	Generalized abdominial pain	Other Frovider								+
material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	GENERALIZED ABDOMINAL PAIN(74177)	Other Provider						2	1	
	GENERALIZED ABDOMINAL FAIN(74177	Other Frovider							1	-
74177 (Computed tomography; abdomen and pelvis; with contrast										
material(s)), 74177 (Computed tomography; abdomen and pelvis;	LEST LOWED OLLADDANT DAIN/74477	Out Dec. 1st								
with contrast material(s)),	LEFT LOWER QUADRANT PAIN(74177), Unknown(74177),	Other Provider	+					1		
74177 (Computed tomography; abdomen and pelvis; with contrast										
material(s)), 74177 (Computed tomography; abdomen and pelvis;		a., a								
with contrast material(s)),	MALIGNANT NEOPLASM OF RECTUM(74177)	Other Provider	1						1	
74177 (Computed tomography; abdomen and pelvis; with contrast										
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	MALIGNANT NEOPLASM OF SIGMOID COLON(74177)	Other Provider			ī	1		4		1

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
74177 (Computed tomography; abdomen and pelvis; with contrast	OTH SPEC SV 8 amp, SIGNS INVIVITHE DISCESTIVEVE 8 amp.									
material(s)), 74177 (Computed tomography; abdomen and pelvis;	OTH SPEC SX & DISTRICT SYS & STATE OF S	Oth an Duardan								
with contrast material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast	ABD(74177),Unknown(74177),	Other Provider							1	
material(s)), 74177 (Computed tomography; abdomen and pelvis; with contrast material(s)),	Unknown(74177),ABNORMAL WEIGHT LOSS(74177),	Other Provider							1	
74177 (Computed tomography; abdomen and pelvis; with contrast	Olikilowii(74177),ABNORINIAL WEIGHT LOSS(74177),	Other Provider							1	
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	Unknown(74177),EPIGASTRIC PAIN(74177),	Other Provider							1	
74177 (Computed tomography; abdomen and pelvis; with contrast	Olkhown(74177),LFIGASTRIC FAIN(74177),	Other Frovider							1	
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	Unknown(74177),Other specified diseases of pancreas(74177),	Other Provider							1	
74177 (Computed tomography; abdomen and pelvis; with contrast	Officiowii(74177),Other specified diseases of particleas(74177),	Other Frovider							1	
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	Unknown(74177),RIGHT UPPER QUADRANT PAIN(74177),	Physician						1		
74177 (Computed tomography; abdomen and pelvis; with contrast	Unspecified abdominal hernia without obstruction or	Filysiciali								
material(s)), 74177 (Computed tomography; abdomen and pelvis;	gangrene(74177),UNS ABDOMINAL HERNIA W/O OBSTRUCTION									
with contrast material(s)),	OR GANGRENE(74177), ONS ABDOMINAL HERNIA W/O OBSTRUCTION	Other Provider							1	
74177 (Computed tomography; abdomen and pelvis; with contrast	OR GANGRENE(74177),	Other Provider							1	
material(s)), 74177 (Computed tomography; abdomen and pelvis;										
with contrast material(s)),	UNSPECIFIED ABDOMINAL PAIN(74177)	Other Provider							1	
with contrast material(s)),	UNSPECIFIED ABDOMINAL PAIN(74177)	Other Provider							1	
74178 (Computed tomography; abdomen and pelvis; without										
contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Calculus of ureter(74178)	Other Provider							1	
(computed tomography, abdomen and pervis, without contrast mat	Calculus of dieter(74178)	Other Frovider							1	
74178 (Computed tomography; abdomen and pelvis; without										
contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions), 74178										
(Computed tomography; abdomen and pelvis; without contrast mat	Constination unspecified	Other Provider							1	
(compared tomography, abdomen and pervis, without contrast muc	constitution, unspecifica	Other Frovider							1	
74178 (Computed tomography; abdomen and pelvis; without										
contrast material in one or both body regions, followed by contrast	Crohn's disease of both small and large intestine with other									
material(s) and further sections in one or both body regions), 74178	complication(74178),CROHNS DISEASE SMALL & DIRECTION (CONTROL OF THE CONTROL OF									
(Computed tomography; abdomen and pelvis; without contrast mat	INTEST W/OTH COMP(74178),	Other Provider							1	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
74178 (Computed tomography; abdomen and pelvis; without										
contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions), 74178										
(Computed tomography; abdomen and pelvis; without contrast mat	MALIGNANT NEOPLASM OF PROSTATE(74178)	Other Provider							1	
74178 (Computed tomography; abdomen and pelvis; without										
contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions), 74178	Malignant neoplasm of prostate(74178), MALIGNANT NEOPLASM									
(Computed tomography; abdomen and pelvis; without contrast mat	OF PROSTATE(74178),	Other Provider							1	
•										
74178 (Computed tomography; abdomen and pelvis; without										
contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions), 74178	Pure hypercholesterolemia, unspecified(74178), Unknown(74178									
(Computed tomography; abdomen and pelvis; without contrast mat),	Other Provider							1	
•										
74178 (Computed tomography; abdomen and pelvis; without										
contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions), 74178										
(Computed tomography; abdomen and pelvis; without contrast mat	RIGHT LOWER QUADRANT PAIN(74178)	Other Provider				<u> </u>		1	<u></u>	<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
_ · · · · · · · · · · · · · · · · · · ·	Unknown(74178),PERSONAL HISTORY OTHER MALIGNANT NEOPLASM KIDNEY(74178),	Other Provider							1	
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	Unspecified complication of genitourinary prosthetic device, implant and graft, subsequent encounter(74178),UNS COMP GU PROSTH DEVICE IMPL GRAFT SUBSQT ENC(74178),	Other Provider							1	
74178 (Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions), 74178 (Computed tomography; abdomen and pelvis; without contrast mat	UNSPECIFIED HYDRONEPHROSIS(74178),Unknown(74178),	Other Provider							1	
74181 (MRI ABDOMEN; without contrast material(s)), 74181 (MRI ABDOMEN; without contrast material(s)), 74181 (MRI ABDOMEN; without contrast material(s)), 74181 (MRI	Biliary cyst(74181),BILIARY CYST(74181),	Other Provider						1		
ABDOMEN; without contrast material(s)), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Unknown(74181), EPIGASTRIC PAIN(74181), ABNORMAL WEIGHT LOSS(74183), Unknown(74183),	Other Provider Other Provider						1		
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	Generalized abdominal pain	Other Provider						1		
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED(74183)	Other Provider						1		
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	LIVER DISEASE UNSPECIFIED(74183)	Other Provider							1	
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	NONSPECIFIC ELEVATION LEVELS TRANSAMINASE & DH (74183), Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase [LDH] (74183),	Other Provider						1		
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences),	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES(74183),Other specified inflammatory liver diseases(74183),	Other Provider						1		
74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 74183 (MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences), 76391 (Magnetic resonance (eg,	OTHER DRUG-INDUCED PANCYTOPENIA(74183),Other drug-induced pancytopenia(74183),OTHER DRUG-INDUCED PANCYTOPENIA(76391),Other drug-induced pancytopenia(76391),	Other Provider							1	

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
74183 (MRI ABDOMEN; without contrast material(s), followed by	Diagnosis code Description	1 Tovider Specialty	Арргочиз	Demais	Demais	Demais	Demais	Арргочси	Demeu	by mo
with contrast material(s) and further sequences), 74183 (MRI										
ABDOMEN; without contrast material(s), followed by with contrast	Unknown(74183),OTHER SPECIFIED DISEASES OF LIVER(74183									
material(s) and further sequences), SOCCPT (SOCCPT), SOCCPT),OTHER SPECIFIED DISEASES OF LIVER(SOCCPT),Unknown(SOCCPT									
(SOCCPT),	Other Provider							1	
75557 (Cardiac MRI for morphology and function without contrast										
material;), 75557 (Cardiac MRI for morphology and function without contrast material;),	Discordant ventriculoarterial connection(75557),DISCORDANT VENTRICULOARTERIAL CONNECTION(75557),	Other Provider						1		
75557 (Cardiac MRI for morphology and function without contrast	VENTRICOLOANIERIAE CONNECTION(73337),	Other Frovider						1		
material;), 75557 (Cardiac MRI for morphology and function without										
contrast material;),	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY(75557)	Other Provider						1		
75561 (Cardiac MRI for morphology and function without contrast,	Dissection of thoracoabdominal aorta(75561),DISSECTION OF									
followed by contrast and further sequences;), 75561 (Cardiac MRI	THORACOABDOMINAL AORTA(75561), DISSECTION OF									
for morphology and function without contrast, followed by contrast	THORACOABDOMINAL AORTA(75565), Dissection of	Out - Don't le								
and further sequences;), 75565 (Cardiac magnetic resonance 77048 (Magnetic resonance imaging, breast, without and with	thoracoabdominal aorta(75565),	Other Provider						1		
contrast material(s), including computer-aided detection (CAD real-										
time lesion detection, characterization and pharmacokinetic										
analysis), when performed; unilateral), 77048 (Magnetic resonance	OTH ABNORM & amp; INCONCLUSIVE FIND ON DX IMAG									
im	BREAST(77048),Unknown(77048),	Other Provider							1	
77049 (Magnetic resonance imaging, breast, without and with										
contrast material(s), including computer-aided detection (CAD real-										
time lesion detection, characterization and pharmacokinetic										
analysis), when performed; unilateral), 77049 (Magnetic resonance	BREAST IMPLANT STATUS(77049)	Other Provider						1		
77049 (Magnetic resonance imaging, breast, without and with	DREAST INII EANY STATUS(77045	Other Frovider						1		
contrast material(s), including computer-aided detection (CAD real-										
time lesion detection, characterization and pharmacokinetic	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST(77049									
analysis), when performed; unilateral), 77049 (Magnetic resonance),Unknown(77049),MALIGNANT NEOPLASM UNS SITE LEFT									
im	FEMALE BREAST(SOCCPT), Unknown(SOCCPT),	Other Provider							1	
77049 (Magnetic resonance imaging, breast, without and with										
contrast material(s), including computer-aided detection (CAD real-										
time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral), 77049 (Magnetic resonance										
im	OTHER SIGNS AND SYMPTOMS IN BREAST(77049)	Other Provider						1		
78452 (Myocardial perfusion imaging, tomographic (SPECT)										
(including attenuation correction, qualitative or quantitative wall										
motion, ejection fraction by first pass or gated technique, additional										
quantification, when performed); multiple studies, at rest	ABNORMAL ELECTROCARDIOGRAM(78452)	Other Provider						1		
78452 (Myocardial perfusion imaging, tomographic (SPECT)										
(including attenuation correction, qualitative or quantitative wall										
motion, ejection fraction by first pass or gated technique, additional										
quantification, when performed); multiple studies, at rest	CHEST PAIN UNSPECIFIED(78452),Unknown(78452),	Other Provider						1		
									·	
78452 (Myocardial perfusion imaging, tomographic (SPECT)										
(including attenuation correction, qualitative or quantitative wall										
motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest	HYPERLIPIDEMIA UNSPECIFIED(78452), Unknown(78452),	Other Provider						1		
quantification, when performed, multiple studies, at rest	THE EIGHT DEIVING ONSELCIFIED (70432), OHIGHOWH (70432),	Other Flovider	-					1		
78452 (Myocardial perfusion imaging, tomographic (SPECT)										
(including attenuation correction, qualitative or quantitative wall										
motion, ejection fraction by first pass or gated technique, additional										
quantification, when performed); multiple studies, at rest	TACHYCARDIA UNSPECIFIED(78452),Unknown(78452),	Other Provider						1		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
78452 (Myocardial perfusion imaging, tomographic (SPECT)										
(including attenuation correction, qualitative or quantitative wall										
motion, ejection fraction by first pass or gated technique, additional	Unknown(78452),ABNORMAL RESULT OTH CARDIOVASCULR									
quantification, when performed); multiple studies, at rest	FUNCTION STUDY(78452),	Other Provider							1	
78452 (Myocardial perfusion imaging, tomographic (SPECT)										
(including attenuation correction, qualitative or quantitative wall										
motion, ejection fraction by first pass or gated technique, additional	Unknown(78452),ASHD NATIVE CORONARY ARTERY W/O									
quantification, when performed); multiple studies, at rest	ANGINA PECTORIS(78452),	Other Provider							1	
70402 (DET CARDIAC enteredial invasion desfusion enthis)										
78492 (PET CARDIAC, myocardial imaging, perfusion; multiple										
studies at rest and/or stress), 78492 (PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress),	CHEST PAIN UNSPECIFIED(78492),Unknown(78492),	Other Provider							1	
imaging, perrusion, multiple studies at rest and/or stress),	CHEST PAIN UNSPECIFIED(76492), UTIKITOWII(76492),	Other Provider							1	-
78492 (PET CARDIAC, myocardial imaging, perfusion; multiple										
studies at rest and/or stress), 78492 (PET CARDIAC, myocardial										
imaging, perfusion; multiple studies at rest and/or stress),	Chest pain, unspecified	Other Provider							1	
78492 (PET CARDIAC, myocardial imaging, perfusion; multiple										
studies at rest and/or stress), 78492 (PET CARDIAC, myocardial	MORBID SEVERE OBESITY W/ALVEOLAR HYPOVENTILATION(78492									
imaging, perfusion; multiple studies at rest and/or stress),), Morbid (severe) obesity with alveolar hypoventilation(78492),	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh),										
78815 (PET/CT imaging, (concurrently acquired CT for attenuation	Diffuse large B-cell lymphoma, lymph nodes of multiple sites(78815									
correction and anatomical localization); skull base to mid), DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES(78815),	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh),										
78815 (PET/CT imaging, (concurrently acquired CT for attenuation	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST(78815									
correction and anatomical localization); skull base to mid		Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh),										
78815 (PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid	Malignant (primary) neoplasm, unspecified	Other Provider							1	
correction and anatomical localizationly, skall base to mid	Wanghant (primary) neoplasm, anspecimed	Other Frovider								
78815 (PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh),										
78815 (PET/CT imaging, (concurrently acquired CT for attenuation	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE(78815									
correction and anatomical localization); skull base to mid),Malignant carcinoid tumor of unspecified site(78815),	Other Provider						1	1	
70045 (057/67)										
78815 (PET/CT imaging, (concurrently acquired CT for attenuation		1								
correction and anatomical localization); skull base to mid-thigh),	MALICALANT NEODI ACAA IIVED DDIAAA DV IING AC TO TVDE TOO									
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE(78815), Unknown(78815),	Other Provider							1	
correction and anatomical localizations, skull base to iniu), OHKHOWH (70013),	Outer Frovider							1	-
78815 (PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh),										
78815 (PET/CT imaging, (concurrently acquired CT for attenuation	Malignant neoplasm of anterior mediastinum(78815	1								
correction and anatomical localization); skull base to mid), MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM(78815),	Other Provider						1		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Malignant neoplasm of overlapping sites of nasopharynx(78815)	Other Provider						1		
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS(78815)	Other Provider						1		
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST(78815),Malignant neoplasm of overlapping sites of left female breast(78815),	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	N/A	Other Provider						1		
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck(78815), NODULAR SCLEROSIS CLASS HL NODES HEAD FACE NECK(78815),	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Other specified types of non-Hodgkin lymphoma	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	SQUAMOUS CELL CARCINOMA OF SKIN	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),INTRAHEPATIC BILE DUCT CARCINOMA(78815),	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG(78815),	Other Provider							1	
78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh), 78815 (PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid	Unknown(78815),MALIGNANT PRIMARY NEOPLASM UNSPECIFIED(78815),	Other Provider						1		
78816 (PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body), 78816 (PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body),	MALIGNANT MELANOMA OF SCALP AND NECK(78816), Malignant melanoma of scalp and neck(78816),	Other Provider						1		

Providence Code Description	Discussis Code Description	Dunyidas Canainlay	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IRO
78816 (PET/CT Imaging, (concurrently acquired CT attenuation										
correction and anatomical localization); whole body), 78816 (PET/CT	Adultinia acceleration and acceleration (7004 C.) Adult TIDLE MAYEL ON A INC.									
Imaging, (concurrently acquired CT attenuation correction and	Multiple myeloma in relapse(78816),MULTIPLE MYELOMA IN RELAPSE(78816),	Other Provider							1	
anatomical localization); whole body),	ABNORMAL ELECTROCARDIOGRAM(93351),Abnormal	Other Provider							1	
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	electrocardiogram [ECG] [EKG](93351),	Other Provider							1	
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	CHEST PAIN UNSPECIFIED(93351),Unknown(93351),	Other Provider						1		
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	PALPITATIONS(93351),Palpitations(93351),	Other Provider							1	
33331 (STRESS TTE COMIT LETE), 33331 (STRESS TTE COMIT LETE),	Unknown(93351),Pure hypercholesterolemia, unspecified(93351	Other Frontier							_	
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),).	Other Provider						1		
9VHPV VACCINE 2/3 DOSE IM	ATYP SQUAM CELL OF UNDET SIGNFC CYTO SMR CRVX (ASC-US)	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ABATACEPT INJECTION	ARTHROPATHIC PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
ABATACEPT INJECTION	CEREBRAL INFARCTION, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
ABATACEPT INJECTION	CHRONIC MAXILLARY SINUSITIS	RHEUMATOLOGY	1	0	0	0	0			
ABATACEPT INJECTION	CUTANEOUS ABSCESS OF BUTTOCK	INFECTIOUS DISEASE	1	0	0	0	0			
ABATACEPT INJECTION	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	RHEUMATOLOGY	1	1	1	0	0			
ABATACEPT INJECTION	PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	2	0	0	0	0			
ABATACEPT INJECTION	RHEU ARTHRIT W RHEU FACTOR OF UNSP SHLDR W/O ORG/SYS INVOLV	RHEUMATOLOGY	1	0	0	0	0			
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	COUNSELING	1	0	0	0	0			
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	HEMATOLOGY	3	0	0	0	0			
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	10	1	1	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	INFECTIOUS DISEASE	1	0	0	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	RHEUMATOLOGY	1	2	2	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	ALLERGY/IMMUNOLOGY	0	1	1	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	RHEUMATOLOGY	2	0	0	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	RHEUMATOLOGY	1	0	0	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	5	0	0	0	0			
ABD PARACENTESIS W/IMAGING	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			
ABD PARACENTESIS W/IMAGING	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
ABDOMEN SURGERY PROCEDURE	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0			
ABDOMEN SURGERY PROCEDURE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0			
ABILIFY 2 MG TABLET	Bipolar disorder, unspecified	Other Provider	1							
ABILIFY 30 MG TABLET	N/A	Other Provider	2	1	1					
ABILIFY 5 MG TABLET	Major depressy disorder, recurrent, severe w psych symptoms	Other Provider		1	1					
ABILIFY 5 MG TABLET	N/A	Other Provider		3	3					
ABILIFY 5 MG TABLET	N/A	SURGERY, ORTHOPEDIC	1							
ABIRATERONE ACETATE 250 MG TAB	Malignant neoplasm of prostate	ONCOLOGY	3							
ABIRATERONE ACETATE 250 MG TAB	Malignant neoplasm of prostate	Other Provider	2							
ABIRATERONE ACETATE 250 MG TABLET	N/A	ONCOLOGY	4							
ABIRATERONE ACETATE 250 MG TABLET	N/A	Other Provider	1							
ABL1 GENE	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	ONCOLOGY	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	ATYPICAL ATRIAL FLUTTER	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			

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ABLATE ARRHYTHMIA ADD ON	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIAC	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	OTHER PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIAC	4	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	OTHER PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY FACILITY	1	n	0	n	0			+
ABLATE ARRHYTHMIA ADD ON	PALPITATIONS	CARDIAC	2	0	0	0	0			+
		ELECTROPHYSIOLOGY								
ABLATE ARRHYTHMIA ADD ON	PAROXYSMAL ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	9	4	4	0	0			
ABLATE ARRHYTHMIA ADD ON	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	2	1	1	0	0			
ABLATE ARRHYTHMIA ADD ON	PAROXYSMAL ATRIAL FIBRILLATION	FAMILY MEDICINE	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	2	2	2	0	0			
ABLATE ARRHYTHMIA ADD ON	PRE-EXCITATION SYNDROME	CARDIAC	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	PRE-EXCITATION SYNDROME	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	1	0	0	0	0			+ -
ABLATE ARRHYTHMIA ADD ON	RE-ENTRY VENTRICULAR ARRHYTHMIA	CARDIAC	1	1	1	0	0			+
ABLATE ARRHYTHMIA ADD ON	RE-ENTRY VENTRICULAR ARRHYTHMIA	ELECTROPHYSIOLOGY INTERNAL MEDICINE	2	0	0	0	0			++
ABLATE ARRHYTHMIA ADD ON	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC	8	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	SUPRAVENTRICULAR TACHYCARDIA	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	3	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	2	n	0	0	0			+
ABLATE ARRHYTHMIA ADD ON	TYPICAL ATRIAL FLUTTER	CARDIAC	1	0	0	0	0			+
		ELECTROPHYSIOLOGY								
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	5	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FLUTTER	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIAC ELECTROPHYSIOLOGY	0	1	1	0	0			
ABLATE ARRHYTHMIA ADD ON	VENTRICULAR PREMATURE DEPOLARIZATION	INTERNAL MEDICINE	1	0	0	0	0			
ABLATE ARRHYTHMIA ADD ON	VENTRICULAR TACHYCARDIA	CARDIAC	1	0	0	0	0			
ABLATE ATRIA W/BYPASS EXTEN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	ELECTROPHYSIOLOGY SURGERY, THORACIC	1	0	0	0	0			+
ADLATE ATRIA VACCIVADO CAL	CARRIONAVORATIIV HACRECIFIED	CURCERY THORACIC	0		4		0			+
ABLATE ATRIA X10SV ADD-ON ABOBOTULINUMTOXINA	CARDIOMYOPATHY, UNSPECIFIED BLEPHAROSPASM	SURGERY, THORACIC NEUROLOGY	1	1	0	0	0			
ABOBOTULINUMTOXINA	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	PEDIATRIC REHABILITATION	2	0	0	0	0			+
ABOBOTOLINOMIOANNA	EFILLEST, ONSE, INTINCENDEL, WITHOUT STATUS EFILEF FICUS	MEDICINE		O	Ü					
ABOBOTULINUMTOXINA	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE	2	0	0	0	0			+
ABOBOTULINUMTOXINA	OTHER CEREBRAL PALSY	PHYSICAL MEDICINE	1	0	0	0	0			
ABOBOTULINUMTOXINA	SPASMODIC TORTICOLLIS	NEUROLOGY	2	0	0	0	0			
ABOBOTULINUMTOXINA	SPASTIC HEMIPLEGIC CEREBRAL PALSY	PHYSICAL MEDICINE	1	0	0	0	0			
ABOBOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PEDIATRIC REHABILITATION MEDICINE	1	0	0	0	0			
ABSCESS DRAINAGE UNDER X-RAY	ANAL FISSURE, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ABSCESS DRAINAGE UNDER X-RAY	MALIGNANT ASCITES	INTERNAL MEDICINE	1	0	0	0	0			+
ABSORICA 20 MG CAPSULE	N/A	DERMATOLOGY		2	2					
ABSORICA 20 MG CAPSULE	N/A	Other Provider		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ABSORICA 25 MG CAPSULE	N/A	DERMATOLOGY	1	1	1					
ABSORICA 30 MG CAPSULE	Acne vulgaris	PHYSICIAN ASSISTANT	_	1	1					
ABSORICA 30 MG CAPSULE	N/A	DERMATOLOGY		2	2					
ABSORICA 30 MG CAPSULE	N/A	Other Provider	2	1	1					
ABSORICA 35 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	_	1	1					
ABSORICA 40 MG CAPSULE	Acne vulgaris	DERMATOLOGY		1	1					
ABSORICA 40 MG CAPSULE	N/A	DERMATOLOGY	2	7	7					
ABSORICA 40 MG CAPSULE	N/A	Other Provider	2	2	2					
ABSORICA 40 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	_	2	2					
ABSORICA LD 24 MG CAPSULE	Acne vulgaris	Dermatology	2	1	1					
ABSORICA LD 24 MG CAPSULE	Acne vulgaris	PHYSICIAN ASSISTANT	1	1	_					
ABSORICA LD 32 MG CAPSULE	Acne vulgaris	DERMATOLOGY	1							+
ABSORICA LD 32 MG CAPSULE	Acne vulgaris	Other Provider	-	1	1					+
ABSORICA LD 32 MG CAPSULE	N/A	DERMATOLOGY		3	3					+
ABSORICA LD 32 MG CAPSULE	N/A	Other Provider		1	1					+
ABSORICA LD 32 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	 	1	1	+				+
ABSORICA LD 32 MIG CAPSULE ABSORICA LD 8 MIG CAPSULE	Acne vulgaris	Other Provider	1	1	1	1				+
ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	0	1	0	0	1			+
ACCU-CHEK AVIVA PLUS STRIP	N/A	FAMILY MEDICINE	1	-	U	0	1			+
ACCU-CHEK AVIVA PLUS STRIP ACCU-CHEK AVIVA PLUS STRIP	N/A		1	4	4					+
		Other Provider		1	1					+
ACCU-CHEK GUIDE MONITOR SYSTEM EACH	N/A	FAMILY MEDICINE		1	1					
A COLL CLIEK CLUDE TEST STRIP	21/2	OBSTETRICS/GYNECOLOG								1
ACCU-CHEK GUIDE TEST STRIP	N/A	CEDIA TRIC A AERICINIE		1	1					
ACCU-CHEK GUIDE TEST STRIP	Type 2 diabetes mellitus with other specified complication	GERIATRIC MEDICINE	1							
ACCU-CHEK GUIDE TEST STRIP STRIP	N/A	Other Provider		1	1					
ACCU-CHEK GUIDE TEST STRIP STRIP	N/A	PHYSICIAN ASSISTANT		1	1					
ACCU-CHEK SMARTVIEW TEST STRIP	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	_	1	1					
ACELLULAR DERM MATRIX IMPLT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, GENERAL	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	4	0	0	0	0			 '
ACELLULAR DERM MATRIX IMPLT	ANTERIOR SUBLUXATION OF RIGHT STERNOCLAVICULAR JOINT, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ACELLULAR DERM MATRIX IMPLT	COVID-19	SURGERY, PLASTIC	1	0	0	0	0			 '
ACELLULAR DERM MATRIX IMPLT	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	ONCOLOGY	0	1	0	1	0			 '
ACELLULAR DERM MATRIX IMPLT	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			 '
ACELLULAR DERM MATRIX IMPLT	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	2	0	0	0	0			 '
ACELLULAR DERM MATRIX IMPLT	HYPERTROPHY OF BREAST	FAMILY MEDICINE	0	1	0	1	0			 '
ACELLULAR DERM MATRIX IMPLT	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ACELLULAR DERM MATRIX IMPLT	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, PLASTIC	3	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	SOCIAL WORK	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	SURGERY, GENERAL	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL	2	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	2	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	5	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, ORTHOPEDIC	2	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	6	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	PSYCHIATRY	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	1	0	1	0			
ACELLULAR DERM MATRIX IMPLT	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	4	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	UNSP DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ACELLULAR DERM MATRIX IMPLT	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	1	0	0	0	0			
ACELLULAR DERM MATRIX IMPLT	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF UNSPECIFIED BREAST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ACETAMIN-CAFF-DIHYDROCOD 320.5	Pain in left shoulder	SURGERY, ORTHOPEDIC	1							
ACETAMIN-CAFF-DIHYDROCOD 320.5	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY, ORTHOPEDIC	1							
ACETAMIN-CAFF-DIHYDROCODEINE 320.5-30MG CAPSULE	N/A	FAMILY MEDICINE		1	1					
ACETAMIN-CAFF-DIHYDROCODEINE 320.5-30MG CAPSULE	N/A	NEUROLOGY	1							
ACETAMIN-CAFF-DIHYDROCODEINE 320.5-30MG CAPSULE	N/A	PAIN MANAGEMENT	1							
ACETAMIN-CAFF-DIHYDROCODEINE 320.5-30MG CAPSULE	N/A	SPORTS MEDICINE	1							
ACETAMIN-CAFF-DIHYDROCODEINE 320.5-30MG CAPSULE	N/A	SURGERY, GENERAL	1							
ACETAMIN-CAFF-DIHYDROCODEINE 325-30-16 TABLET	N/A	NEUROLOGY	1							
ACETAMINOPHEN W/CODEINE 300MG-60MG TABLET	N/A	RHEUMATOLOGY	1							
ACETAMINOPHEN-COD #3 TABLET	Impacted teeth	Other Provider	2							
ACETAMINOPHEN-COD #3 TABLET	LEAKAGE BREAST PROSTHESIS & amp; IMPLANT SUBSQT ENC	SURGERY, PLASTIC	1							
ACETAMINOPHEN-COD #3 TABLET	Low back pain	FAMILY MEDICINE	1							
ACETAMINOPHEN-COD #3 TABLET	N/A	GASTROENTEROLOGY	1							
ACETAMINOPHEN-COD #3 TABLET	N/A	Other Provider	1							
ACETAMINOPHEN-COD #3 TABLET	N/A	PAIN MANAGEMENT	1							
ACETAMINOPHEN-COD #3 TABLET	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Other Provider	1							
ACETAMINOPHEN-COD #3 TABLET	RADICULOPATHY CERVICAL REGION(72141)	INTERNAL MEDICINE	1							
ACETAMINOPHEN-COD #3 TABLET	Unspecified osteoarthritis, unspecified site	SURGERY, ORTHOPEDIC	1							
ACETAMINOPHEN-COD #4 TABLET	Chronic pain syndrome	PAIN MANAGEMENT	1							
ACETAMINOPHEN-COD #4 TABLET	Low back pain	Other Provider	1							
ACETAMINOPHEN-COD #4 TABLET	N/A	FAMILY MEDICINE	1							
ACETAMINOPHEN-COD #4 TABLET	N/A	INTERNAL MEDICINE	1							
		CARDIOVASCULAR								
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	DISEASE	1							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	FAMILY MEDICINE	14	2	2					
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	GASTROENTEROLOGY	2							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	GYNECOLOGY (NO OB)	1							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	INTERNAL MEDICINE	3							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	NEUROLOGY	1	1	1					
		OBSTETRICS/GYNECOLOG								
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	Υ	2							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	ONCOLOGY	1							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	Other Provider	8							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	PAIN MANAGEMENT	1	1	1					
		PHYSICAL MEDICINE AND								
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	REHABILITATION	2	1	1					<u> </u>
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	RHEUMATOLOGY	6							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	SPORTS MEDICINE	1							
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	SURGERY, GENERAL	2							
		SURGERY,								
ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	NEUROLOGICAL	3	1	1					

		Barrier Santala	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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ACETAMINOPHEN-CODEINE 300MG-30MG TABLET	N/A	SURGERY, ORTHOPEDIC	q	3	3					
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	FAMILY MEDICINE	1	,	3					
	,	FAMILY NURSE								
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	PRACTITIONER	1							
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	INTERNAL MEDICINE	1							
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	NURSE PRACTITIONER	1							
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	Other Provider	3							
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	RHEUMATOLOGY	2							
ACETAMINOPHEN-CODEINE 300MG-60MG TABLET	N/A	SURGERY, ORTHOPEDIC	1							
ACETAMN-CAF-DIHYDRCODEIN 320.5	Pain in left shoulder	SURGERY, ORTHOPEDIC	1							
		PEDIATRIC								
ACETYLCYSTEINE 20% VIAL	Pneumonia, unspecified organism	PULMONOLOGY	1							
Acromioplasty or acromionectomy, partial, with or without	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT;									
coracoacromial ligament release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	1							
Acromioplasty or acromionectomy, partial, with or without	OTH MECH COMP OTH BONE DEVC IMPL GRAFT SBSQT ENC	ORTHOPEDIC SURGERY								
coracoacromial ligament release ACTEMRA	Other specified arthritis, unspecified site	RHEUMATOLOGY	1					1		
ACTEMRA	Rheumatoid arthritis	RHEUMATOLOGY						1		
ACTEMRA 162 MG/0.9 ML SYRINGE	N/A	INTERNAL MEDICINE	1							
Note that the transfer of the	Rheumatoid arthritis with rheumatoid factor of multiple sites	INTERNOTE INEBIGINE								
ACTEMRA 162 MG/0.9 ML SYRINGE	without organ or systems involvement	RHEUMATOLOGY	2							
ACTEMRA 162 MG/0.9 ML SYRINGE	Rheumatoid arthritis, unspecified	Other Provider	1							
ACTEMRA 162 MG/0.9 SYRINGE	N/A	Other Provider	2							
		PEDIATRIC								
ACTEMRA 162 MG/0.9 SYRINGE	N/A	RHEUMATOLOGY	1							
ACTEMRA 162 MG/0.9 SYRINGE	N/A	RHEUMATOLOGY	10	1	1					
ACTEMRA ACTPEN	Aortic arch syndrome [Takayasu]	RHEUMATOLOGY						1		
ACTEMRA ACTPEN 162 MG/0.9 ML	Aortic arch syndrome [Takayasu]	RHEUMATOLOGY		1	1					
ACTEMRA ACTPEN 162 MG/0.9 ML	Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	1							
ACTEMRA ACTPEN 162 MG/0.9 ML	Phonometrid arthritis without shoumatrid factor, multiple sites	Other Provider	1							
ACTEMRA ACTPEN 162 MG/0.9 PEN INJCTR	Rheumatoid arthritis without rheumatoid factor, multiple sites N/A	Other Provider RHEUMATOLOGY	6							
ACTENIKA ACTFEN 102 MIG/0.5 FEN INJCTK	IN/A	KIILOWATOLOGI	U							
ACTHAR	Nephrotic syndrome with diffuse membranous glomerulonephritis	NEPHROLOGY							1	
ACTHAR	Nephrotic syndrome with focal and segmental glomerular lesions	Other Provider							1	
ACTHAR	Other dermatopolymyositis with myopathy	ALLERGY/IMMUNOLOGY							1	
ACTHAR	Polymyositis, organ involvement unspecified	Other Provider							1	
	Chronic nephritic syndrome with diffuse membranous									
ACTHAR GEL	glomerulonephritis	NEPHROLOGY							2	
ACTHAR GEL	Nephrotic syndrome with unspecified morphologic changes	Physician						1		
Acute Inpatient Mental Health Treatment	Bipolar disord, crnt epsd depress, sev, w/o psych features	MH/SUD Inpatient						2	1	
Acute Inpatient Mental Health Treatment	Bipolar disord, crnt epsd depress, severe, w psych features	MH/SUD Inpatient							1	
	Bipolar disorder, current episode manic severe with psychotic									
Acute Inpatient Mental Health Treatment	features	MH/SUD Inpatient						1		
Acute Inpatient Mental Health Treatment	Bipolar disorder, unspecified	MH/SUD Inpatient							1	
	Major depressive disorder, recurrent severe without psychotic									
Acute Inpatient Mental Health Treatment	features	MH/SUD Inpatient						1		
Acute Inpatient Mental Health Treatment	Major depressive disorder, recurrent, moderate	MH/SUD Inpatient							1	
Acute Inpatient Mental Health Treatment	Major depressive disorder, single episode, unspecified	MH/SUD Inpatient							1	

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Acute Inpatient Mental Health Treatment	Major depressy disord, single epsd, sev w/o psych features	MH/SUD Inpatient	Approvais	Demais	Demais	Demais	Demais	1	Demea	by inc
Troute imputeric internal frederic fredericine	inajor depressiv disord, single epsay set w/o psych reactives	in iyoob inputione						-		
Acute Inpatient Mental Health Treatment	Major depressy disorder, recurrent severe w/o psych features	MH/SUD Inpatient							2	
Acute Inpatient Mental Health Treatment	Schizoaffective disorder, bipolar type	MH/SUD Inpatient						2		
ACYCLOVIR 5 % CREAM (G)	N/A	DERMATOLOGY		3	3					
ACYCLOVIR 5 % CREAM (G)	N/A	FAMILY MEDICINE	2	13	13					
ACYCLOVIR 5 % CREAM (G)	N/A	HEMATOLOGY		1	1					
ACYCLOVIR 5 % CREAM (G)	N/A	INTERNAL MEDICINE	1							
		OBSTETRICS/GYNECOLOG								
ACYCLOVIR 5 % CREAM (G)	N/A	Y		1	1					
ACYCLOVIR 5 % CREAM (G)	N/A	Other Provider		3	3					
ACYCLOVIR 5 % CREAM (G)	N/A	PEDIATRICS	1	1	1					
ACYCLOVIR 5 % OINT. (G)	N/A	ALLERGY/IMMUNOLOGY		1	1					
		CARDIOVASCULAR								
ACYCLOVIR 5 % OINT. (G)	N/A	DISEASE		1	1					
ACYCLOVIR 5 % OINT. (G)	N/A	DERMATOLOGY		2	2					
ACYCLOVIR 5 % OINT. (G)	N/A	FAMILY MEDICINE	1	11	11					
ACYCLOVIR 5 % OINT. (G)	N/A	INTERNAL MEDICINE	1	2	2					
ACTES VIII S 78 CIIVI. (G)	IN/A	OBSTETRICS/GYNECOLOG	1	-	-					
ACYCLOVIR 5 % OINT. (G)	N/A	v		7	7					
ACYCLOVIR 5 % OINT. (G)	N/A	Other Provider		3	2					+
ACYCLOVIR 5 % OINT. (G)	N/A	PEDIATRICS	+	3	3					
			-	3	3					
ACYCLOVIR 5 % OINT. (G)	N/A	PHYSICIAN ASSISTANT		2	2					
ACYCLOVIR 5% CREAM	N/A	FAMILY MEDICINE		2	2					.
A CYCLOVID FOY CDEANA	21/4	OBSTETRICS/GYNECOLOG								
ACYCLOVIR 5% CREAM	N/A	Y Other Breeding	1	1	1					
ACYCLOVIR 5% CREAM	N/A	Other Provider		2	2					ļ
ACYCLOVIR 5% OINTMENT	N/A	DERMATOLOGY		1	1					
ACYCLOVIR 5% OINTMENT	N/A	INTERNAL MEDICINE		1	1					<u> </u>
		OBSTETRICS/GYNECOLOG								
ACYCLOVIR 5% OINTMENT	N/A	Υ		1	1					<u> </u>
ACYCLOVIR 5% OINTMENT	N/A	Other Provider		4	4					
		ANESTHESIA, CERTIFIED								
ACZONE 7.5 % GEL W/PUMP	N/A	RN	1							l l
ACZONE 7.5 % GEL W/PUMP	N/A	DERMATOLOGY	1	6	6					
ACZONE 7.5 % GEL W/PUMP	N/A	PHYSICIAN ASSISTANT	1	1	1]
ACZONE 7.5% GEL PUMP	Acne vulgaris	Other Provider		2	2					
ACZONE 7.5% GEL PUMP	Acne vulgaris	SURGERY, GENERAL	1							
ADAPALENE 0.1 % CREAM(GM)	N/A	Other Provider	1							
ADAPALENE 0.1% CREAM	Acne vulgaris	Other Provider	1							
ADAPALENE 0.3 % GEL (GM)	N/A	DERMATOLOGY	3							
ADAPALENE 0.3 % GEL (GM)	N/A	FAMILY MEDICINE	1							
ADAPALENE 0.3% GEL	Acne vulgaris	DERMATOLOGY	1							
			Ť			İ				\vdash
ADCIRCA 20 MG TABLET	N/A	PEDIATRIC CARDIOLOGY		2	2					
A SCHOOL STATE OF THE STATE OF	1471	PEDIATRIC		1	1					
ADCIRCA 20 MG TABLET	N/A	PULMONOLOGY		1	l ₁				1	
ADCIRCA 20 MG TABLET	N/A	PULMONARY DISEASE	1	<u> </u>	-					+
ADD PWR LEG ELEVATION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	FAMILY MEDICINE	1	0	0	0	0		-	\vdash
ADD UE PROST B/E ACRYLIC	PARTIAL TRAUMATIC TRANSMETCRPL AMP OF RIGHT HAND, SUBS	SURGERY, HAND	0	2	0	0	2			├ ──┤
		,	0	2	0	0	2			├──
ADD UE PROST BE/WD, ULTLITE	PARTIAL TRAUMATIC TRANSMETCRPL AMP OF RIGHT HAND, SUBS	SURGERY, HAND	U	4	U	U	4			
ADDERALL	Attention-deficit hyperactivity disorder, combined type	GENERAL PRACTICE		<u> </u>	<u> </u>	1		1		
ADDEDALL	Attention-deficit hyperactivity disorder, predominantly inattentive] .]
ADDERALL	type	Physician		1					1	

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	Attention-deficit hyperactivity disorder, predominantly inattentive									
ADDERALL 10 MG TABLET	type	FAMILY MEDICINE	1							
ADDERALL 10 MG TABLET	N/A	Other Provider	1							
ADDERALL 20 MG TABLET	N/A	INTERNAL MEDICINE	1							
ADDERALL 20 MG TABLET	N/A	PEDIATRICS	1							
ADDERALL 30 MG TABLET	N/A	FAMILY MEDICINE	2							
ADDERALL 30 MG TABLET	N/A	Other Provider	1	1	1					
ADDERALL 5 MG TABLET	N/A	INTERNAL MEDICINE	1							
ADDERALL XR	Attention-deficit hyperactivity disorder, combined type	Physician							1	
ADDERALL XR 10 MG CAP.SR 24H	N/A	FAMILY MEDICINE	1							
ADDERALL XR 10 MG CAP.SR 24H	N/A	Other Provider		2	2					
ADDERALL XR 10 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider		1	1					
ADDERALL XR 15 MG CAP.SR 24H	N/A	FAMILY MEDICINE		1	1					
ADDERALL XR 20 MG CAP.SR 24H	N/A	FAMILY MEDICINE		6	6					
ADDERALL XR 20 MG CAP.SR 24H	N/A	INTERNAL MEDICINE		2	2					
ADDERALL XR 20 MG CAP.SR 24H	N/A	Other Provider	7	5	5					
ADDERALL XR 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
ADDERALL XR 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
ADDERALL XR 20 MG CAPSULE	type	GENERAL PRACTICE	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
ADDERALL XR 20 MG CAPSULE	type	Other Provider	1	2	2					
ADDERALL XR 20 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1	1	1					
ADDERALL XR 20 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1	1	1					
ADDERALL XR 20 MG CAPSULE	N/A	FAMILY MEDICINE	2							
ADDERALL XR 25 MG CAP.SR 24H	N/A	FAMILY MEDICINE	1	1	1					
ADDERALL XR 25 MG CAP.SR 24H	N/A	NEUROLOGY	1	-	-					
ADDERALL XR 25 MG CAP.SR 24H	N/A	Other Provider	1							
ADDERALL XR 25 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	-	1	1					
ADDERALL XR 30 MG CAP.SR 24H	N/A	FAMILY MEDICINE	2	3	3					
ADDERALL XR 30 MG CAP.SR 24H	N/A	INTERNAL MEDICINE	_	2	2					
ADDERALL XR 30 MG CAP.SR 24H	N/A	Other Provider	3	4	4					
ADDERALL XR 30 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	-	1	1					
ADDERALL XR 30 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	GENERAL PRACTICE		1	1					
ADDERALL XR 30 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider		2	2					
ADDENTEE AN 30 WG GAI 30EE	Attention-deficit hyperactivity disorder, predominantly inattentive	Other Frovider	-		2					
ADDERALL XR 30 MG CAPSULE	type	FAMILY MEDICINE		2	3					
ADDENALE AN 30 WIG CAI 30LE	Attention-deficit hyperactivity disorder, predominantly inattentive	TAIVILLE WILDICINE	1	3	3					
ADDERALL XR 30 MG CAPSULE	type	Other Provider	1	2	2					
ADDERALL XR 30 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1		2					
ADDERALL XR 30 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
ADDERALL XR 30 MG CAPSULE	N/A	Other Provider	1							
ADDERALL XR 5 MG CAP.SR 24H	N/A	Other Provider	1	1	1					
ADDITIONAL SPINAL FUSION	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDITIONAL SPINAL FUSION	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDITIONAL SPINAL FUSION			0	1	0	1	0			
ADDITIONAL SPINAL FUSION ADDITIONAL SPINAL FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC	0	1	1	0	0			
ADDITIONAL SPINAL FUSION ADDITIONAL SPINAL FUSION	LOW BACK PAIN MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL	1	0	0	0	0			-
ADDITIONAL SPINAL FUSION	INIECH COMPLOF INTERNAL ORTH DEVICES, IMPENT AND GRAFTS, INTI	SURGERT, NEURULUGICAL	1	U	U	U	U			
ADDITIONAL SPINAL FUSION	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ADDITIONAL SPINAL FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDITIONAL SPINAL FUSION	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDITIONAL SPINAL FUSION	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			
ADDITIONAL SPINAL FUSION	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	0	0	0	0			
ADDITIONAL SPINAL FUSION	Spinal instabilities, lumbar region	Other Provider	-	Ĭ	_	~	-		1	\vdash
ADDITIONAL SPINAL FUSION ADDITIONAL SPINAL FUSION	SPINAL INSTABILITIES, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0		1	\vdash
ADDITIONAL SPINAL PUSION	SPINAL INSTABILITIES, LUIVIBAK REGIUN	SUNGERT, URTHUPEDIC	1	U	U	V	U			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	1	1	1	0	0			
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	0	2	2	0	0			+
ADDITIONAL SPINAL FUSION ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, LUMBOSACRAL REGION SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
ADDITIONAL SPINAL FUSION ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, EUMBOSACKAL REGION SPINAL STENOSIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			+
ADDITIONAL SPINAL FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			++
ADDITIONAL SPINAL FUSION	SPONDYLOLISTHESIS, LUMBAR REGION SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	n			+
ADDITIONAL SPINAL FUSION	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
ADDITIONAL SPINAL FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ADDITIONAL SPINAL FUSION	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			+ -
ADDL NECK SPINE FUSION	ARTHRODESIS STATUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDL NECK SPINE FUSION	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	SURGERY, ORTHOPEDIC	2	0	0	0	0			
ADDL NECK SPINE FUSION	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	CERVICALGIA	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	CERVICALGIA	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDL NECK SPINE FUSION	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	DEHYDRATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDL NECK SPINE FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	BEHAVIORAL NURSE	1	0	0	0	0			
ADDL NECK SPINE FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
ADDL NECK SPINE FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	3	0	0	0	0			
ADDL NECK SPINE FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDL NECK SPINE FUSION	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	OSSEOUS AND SUBLUX STENOSIS OF INTVRT FORAMIN OF CERV REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	2	2	2	0	0			
ADDL NECK SPINE FUSION	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	FAMILY MEDICINE	0	1	1	0	0			
ADDL NECK SPINE FUSION	Other spondylosis with radiculopathy, cervical region	Other Provider							1	
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ADDL NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
ADDL NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	4	1	1	0	0			
ADDL NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	6	0	0	0	0			4
ADDL NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	8	2	2	0	0			4
ADDL NECK SPINE FUSION	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			4
ADDL NECK SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	U	U	U	0			
ADDYI	Hypoactive sexual desire disorder	Physician							1	
ADDYI 100 MG TABLET	Hypoactive sexual desire disorder	OBSTETRICS/GYNECOLOG Y		1	1					
ADDYI 100 MG TABLET	N/A	ENDOCRINOLOGY AND METABOLISM		1	1					
		OBSTETRICS/GYNECOLOG		2						
ADDYI 100 MG TABLET	N/A	Y	L	2	2	-				
ADDYI 100 MG TABLET	N/A	Other Provider	2	2	2	ļ				
ADEMPAS 0.5 MG TABLET	N/A	Other Provider	1			-				
ADEMPAS 1 MG TABLET	N/A	Other Provider	1	<u> </u>		L	l			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ADEMPAS 1.5 MG TABLET	N/A	NURSE PRACTITIONER	1					пристоп		-,
ADEMPAS 1.5 MG TABLET	N/A	Other Provider	1							
ADEMPAS 1.5 MG TABLET	N/A	PULMONARY DISEASE	1							
ADEMPAS 2 MG TABLET	N/A	NURSE PRACTITIONER	1							
ADEMPAS 2 MG TABLET	N/A	Other Provider	1							
ADEMPAS 2 MG TABLET	N/A	PULMONARY DISEASE	1							
ADEMPAS 2.5 MG TABLET	N/A	NURSE PRACTITIONER	1							
ADEMPAS 2.5 MG TABLET	N/A	Other Provider	1							
ADEMPAS 2.5 MG TABLET	N/A	PULMONARY DISEASE	1							
ADHANSIA	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	-					1		
ADHANSIA XR 25 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider		1	1			1		
ADHANSIA XR 25 MG CPBP 20-80			1	1	1					
	N/A	Other Provider	1	4	4	-				
ADHANSIA XR 35 MG CPBP 20-80	N/A	Other Provider		1	1					
ADHANSIA XR 45 MG CPBP 20-80	N/A Attention-deficit hyperactivity disorder, predominantly inattentive	Other Provider		1	1					
ADHANSIA XR 55 MG CAPSULE	type Attention-deficit hyperactivity disorder, predominantly inattentive	FAMILY MEDICINE		1	1					
ADHANSIA XR 55 MG CAPSULE	type	PEDIATRICS		1	1					
ADHANSIA XR 55 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE		1	1					
ADHANSIA XR 55 MG CAPSULE	Attention deficit hyperactivity disorder, unspecified type	PEDIATRICS		1	1					
ADHANSIA XR 55 MG CPBP 20-80	N/A	FAMILY MEDICINE	1	1	1					
ADTIANSIA AIL 55 IVIG CI BI 20-00	Attention-deficit hyperactivity disorder, predominantly inattentive	TAIVIET WEDICINE	-							
ADHANSIA XR 70 MG CAPSULE		Other Provider		1	1					
ADHANSIA XR 70 MG CAPSOLL ADHANSIA XR 70 MG CPBP 20-80	type N/A	Other Provider Other Provider	1	1	1					
	,		1	1	1					
ADMELOG 100 UNIT/ML VIAL	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
Adrenal Cancer	Secondary malignant neoplasm of left adrenal gland	RADIATION ONCOLOGY	1							
ADULT ELECTRIC HAND	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	FAMILY MEDICINE	0	1	1	0	0			
ADVAIR	Moderate persistent asthma, uncomplicated	SLEEP MEDICINE						1		
ADVAIR 100-50 DISKUS	Cough	INTERNAL MEDICINE		1	1					
ADVAIR 250-50 DISKUS	Moderate persistent asthma, uncomplicated	FAMILY MEDICINE		1	1					
ADVAIR 500-50 DISKUS	Moderate persistent asthma, uncomplicated	FAMILY MEDICINE		1	1					
ADVAIR 500-50 DISKUS	Unspecified asthma with (acute) exacerbation	FAMILY MEDICINE		1	1					
ADVAIR 500-50 DISKUS	Unspecified asthma, uncomplicated	PULMONARY DISEASE		1	1					
ADVAIR DISKUS 100-50 MCG BLST W/DEV	N/A	Other Provider		1	1					
ADVAIR DISKUS 250-50 MCG BLST W/DEV	N/A	FAMILY MEDICINE	1	6	6					
·		FAMILY NURSE								
ADVAIR DISKUS 250-50 MCG BLST W/DEV	N/A	PRACTITIONER		1	1					
ADVAIR DISKUS 250-50 MCG BLST W/DEV	N/A	INTERNAL MEDICINE	1							
ADVAIR DISKUS 250-50 MCG BLST W/DEV	N/A	Other Provider		1	1					
ADVAIR DISKUS 250-50 MCG BLST W/DEV	N/A	PULMONARY DISEASE		2	2					
ADVAIR DISKUS 500-50 MCG BLST W/DEV	N/A	ALLERGY/IMMUNOLOGY		1	1					
ADVAIR DISKUS 500-50 MCG BLST W/DEV	N/A	FAMILY MEDICINE	1	1	1					
ADVAIR DISKUS 500-50 MCG BLST W/DEV	N/A	INTERNAL MEDICINE		1	1					
ADVAIR DISKUS 500-50 MCG BLST W/DEV	N/A	Other Provider	1	1	1					
ADVATE 1000 (+/-) VIAL	N/A	Other Provider	1							
ADZENYS ER 1.25 MG/ML SUS BP 24H	N/A	PEDIATRIC NEUROLOGY	1							
702E1113 EN 1.23 WIG/WE 303 DF 2411	Attention-deficit hyperactivity disorder, predominantly inattentive	I EDIATRIC NEUROLOGI	-							†
ADZENYS ER 1.25 MG/ML SUSP	type	PEDIATRICS		1	1					
ADZENYS XR-ODT 12.5 MG TAB RAP BP	N/A	Other Provider	1	1	1					
	N/A	PEDIATRICS	1							
ADZENYS XR-ODT 12.5 MG TAB RAP BP	N/A	LDIATRICS	1	<u> </u>		<u> </u>				
ADZENYS XR-ODT 12.5 MG TAB RAP BP ADZENYS XR-ODT 12.5 MG TABLET	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	Attention-deficit hyperactivity disorder, predominantly inattentive	, , , , , , , , , , , , , , , , , , , ,								
ADZENYS XR-ODT 12.5 MG TABLET	type	Other Provider		3	3					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
ADZENYS XR-ODT 12.5 MG TABLET	type	PEDIATRICS		1	1					
ADZENYS XR-ODT 15.7 MG TABLET	Attention-deficit hyperactivity disorder, combined type	Other Provider	1	1	1					
ADZENYS XR-ODT 18.8 MG TAB RAP BP	N/A	Other Provider	1	1	1					
ADZENYS XR-ODT 18.8 MG TABLET	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE		1	1					
ADZENYS XR-ODT 18.8 MG TABLET	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
ADZENYS XR-ODT 18.8 MG TABLET	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1							
ADZENYS XR-ODT 18.8 MG TABLET	N/A	Other Provider		1	1					
ADZENYS XR-ODT 3.1 MG TAB RAP BP	N/A	Other Provider	1	1	1					
ADZENYS XR-ODT 3.1 MG TABLET	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	Ī	1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
ADZENYS XR-ODT 3.1 MG TABLET	type	PEDIATRICS	1							
ADZENYS XR-ODT 6.3 MG TAB RAP BP	N/A	Other Provider	1	1	1					
ADZENYS XR-ODT 6.3 MG TABLET	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS		1	1					
ADZENYS XR-ODT 9.4 MG TAB RAP BP	N/A	Other Provider	2	1	1					
ABELIATS AR OBT 3.4 WIG TAB IIVII BI	Attention-deficit hyperactivity disorder, predominantly hyperactive	Other Frovider	-	1	1					
ADZENYS XR-ODT 9.4 MG TABLET	type	Other Provider		1	1					
ADZENTS AR-ODT 5.4 MIG TABLET	Attention-deficit hyperactivity disorder, predominantly inattentive	Other Frovider	1	1	1					-
ADZENIKS VR. ODT O 4 MC TARLET		Other Bravider	1							
ADZENYS XR-ODT 9.4 MG TABLET AED GARMENT W ELEC ANALYSIS	type ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	Other Provider CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARIVIENT W ELEC ANALTSIS	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	CARDIOVASCULAR DISEASE	1	o .	U .	U	U			
AED GARMENT W ELEC ANALYSIS	ACUTE COMBINED SYSTOLIC AND DIASTOLIC (CONGESTIVE) HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	INTERNAL MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	CALCULUS OF URETER	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	CARDIAC ARREST, CAUSE UNSPECIFIED	CARDIOLOGY,	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	CARDIOMYOPATHY, UNSPECIFIED	INTERVENTIONAL FAMILY MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	CELLULITIS OF RIGHT LOWER LIMB	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARIVIENT W ELEC ANALYSIS	CELLOLITS OF RIGHT LOWER LINIB	CARDIOVASCULAR DISEASE	1	U	U	U	U			
AED GARMENT W ELEC ANALYSIS	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
	, ,									
AED GARMENT W ELEC ANALYSIS	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	FAMILY MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	ADVANCED HEART FAILURE	4	0	0	0	0			
		AND TRANSPLANT								
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	CARDIOLOGY	2	0	0	0	0			
AED GARIVIENT W ELEC ANALYSIS	DILATED CARDIOWITOPATHY	CARDIOLOGY, INTERVENTIONAL	2	U	U	U	U			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	28	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	FAMILY MEDICINE	5	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	GENERAL PRACTICE	3	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	INTERNAL MEDICINE	4	1	1	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	NEPHROLOGY	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	NURSE PRACTITIONER	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	PHYSICIAN ASSISTANT	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	SOCIAL WORK	2	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	SURGERY, VASCULAR	2	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	CARDIOVASCULAR DISEASE	2	0	0	0	0			1
			1							
AED GARMENT W ELEC ANALYSIS	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR DISEASE	2	0	0	0	0			
150 01015115115115150	USANT SAULING ANYONG STEEL	DUNGUOUAN AGGIGTANI	<u> </u>			-				
AED GARMENT W ELEC ANALYSIS	HEART FAILURE, UNSPECIFIED	PHYSICIAN ASSISTANT	1	U	U	U	U			
AED GARMENT W ELEC ANALYSIS	ILLNESS, UNSPECIFIED	FAMILY MEDICINE CARDIOVASCULAR DISEASE	1	0	U	U	U -			1
AED GARMENT W ELEC ANALYSIS	INFLAMMATORY DISORDERS OF SCROTUM									

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
AED GARMENT W ELEC ANALYSIS	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	FAMILY MEDICINE	1	0	0	0	0	пристои		-,
AED GARMENT W ELEC ANALYSIS	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W FAT LAYER EXPOSED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	3	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	FAMILY MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	INTERNAL MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	OLD MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	RE-ENTRY VENTRICULAR ARRHYTHMIA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	SECONDARY HYPERTENSION, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	SHORTNESS OF BREATH	INTERNAL MEDICINE	1	0	0	0	0			1
AED GARMENT W ELEC ANALYSIS	SICK SINUS SYNDROME	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	CARDIOLOGY, INTERVENTIONAL	4	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	FAMILY MEDICINE	2	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	STEMI INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY	INTERNAL MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	UNSTABLE ANGINA	FAMILY MEDICINE	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	VENTRICULAR FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
AED GARMENT W ELEC ANALYSIS	VENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	0	1	1	0	0			
AED GARMENT W ELEC ANALYSIS	VENTRICULAR TACHYCARDIA	FAMILY MEDICINE	1	0	0	0	0			
AFINITOR 10 MG TABLET	N/A	NURSE PRACTITIONER	1							
AFLIBERCEPT INJECTION	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	ACUTE CEREBROVASCULAR INSUFFICIENCY	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	5	0	0	0	0			
AFLIBERCEPT INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	2	0	0	0	0			
AFLIBERCEPT INJECTION	CENTRAL SEROUS CHORIORETINOPATHY, LEFT EYE	OPHTHALMOLOGY	0	1	1	0	0			
AFLIBERCEPT INJECTION	CEREBRAL INFARCTION, UNSPECIFIED	OPHTHALMOLOGY	2	0	0	0	0			<u> </u>
AFLIBERCEPT INJECTION	CHEST PAIN, UNSPECIFIED	OPHTHALMOLOGY	0	1	1	0	0			
AFLIBERCEPT INJECTION	END STAGE RENAL DISEASE	OPHTHALMOLOGY	3	0	0	0	0			
AFLIBERCEPT INJECTION	ESSENTIAL (PRIMARY) HYPERTENSION	OPHTHALMOLOGY	1	0	0	0	0			ļ
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	2	0	0	0	0			ļ
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	9	0	0	0	0			<u> </u>
AFLIBERCEPT INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	2	0	0	0	0			
AFLIBERCEPT INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BILATERAL, STAGE UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION AFLIBERCEPT INJECTION	HYPERTENSIVE EMERGENCY MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	OPHTHALMOLOGY OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	OTHER SPECIFIED ABNORMALITIES OF PLASMA PROTEINS	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	PAIN, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	OPHTHALMOLOGY	0	1	1	0	0			
AFLIBERCEPT INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	4	0	0	0	0			
AFLIBERCEPT INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	3	0	0	0	0			ļ
AFLIBERCEPT INJECTION	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPCF AS ACUTE OR CHRONIC	OPHTHALMOLOGY	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
AFLIBERCEPT INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 1 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	0	1	1	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, LEYE	OPHTHALMOLOGY	4	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	2	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	13	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH COMB DETACH, R EYE	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	36	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	2	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	FAMILY MEDICINE	0	1	0	0	1			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	4	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, R EYE	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA. BI	OPHTHALMOLOGY	10	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	2	0	0	0	0			+
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AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	1	0	0	0	0			
AFLIBERCEPT INJECTION	TYPE 2 DIABETES WITH MILD NONP RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	3	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	DISP FX OF BODY OF LEFT CALCANEUS, SUBS FOR FX W MALUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	DISP FX OF MED MALLEOLUS OF L TIBIA, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	DISPL AVULS FX (CHIP FRACTURE) OF L TALUS, 7THD	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	DISPL BIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	DISPL TRIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	FLAT FOOT [PES PLANUS] (ACQUIRED), RIGHT FOOT	FAMILY MEDICINE	2	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	PODIATRY	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	NONDISP COMMNT FX SHAFT OF L FIBULA, 7THD	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	SURGERY, ORTHOPEDIC	2	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	SURGERY, ORTHOPEDIC	3	0	0	0	0			†
AFO ANKLE GAUNTLET PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			†
AFO ANKLE GAUNTLET PRE OTS	OTH FRACTURE OF L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	OTH FRACTURE OF UPPER AND LOWER END OF UNSP FIBULA, INIT	SPORTS MEDICINE	1	0	0	0	0			†
AFO ANKLE GAUNTLET PRE OTS	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	OTHER ENTHESOPATHY OF UNSPECIFIED FOOT AND ANKLE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	OTHER INSTABILITY, LEFT ANKLE	SPORTS MEDICINE	1	0	0	0	0			<u> </u>
AFO ANKLE GAUNTLET PRE OTS	OTHER INSTABILITY, RIGHT ANKLE	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	FAMILY MEDICINE	3	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	SPORTS MEDICINE	4	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	SPORTS MEDICINE	6	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	SURGERY, ORTHOPEDIC	3	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	PAIN IN RIGHT ANNEE AND JOINTS OF RIGHT FOOT	INTERNAL MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS AFO ANKLE GAUNTLET PRE OTS	PAIN IN RIGHT FOOT		1	0	0	0	0			
		SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	PERONEAL TENDINITIS, LEFT LEG	SURGERY, ORTHOPEDIC	I ₊	ľ	I ^o	Įν	ľ	j		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
AFO ANKLE GAUNTLET PRE OTS	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	PODIATRY	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	SPORTS MEDICINE	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	COUNSELING	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			†
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	FAMILY MEDICINE	3	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	PODIATRY	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	FAMILY MEDICINE	2	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	PHYSICIAN ASSISTANT	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SPORTS MEDICINE	2	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SURGERY, ORTHOPEDIC	2	0	0	0	0			†
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	SPORTS MEDICINE	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	COUNSELING	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCOTR	FAMILY MEDICINE	3	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	SURGERY, ORTHOPEDIC	2	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	SPORTS MEDICINE	2	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
AFO ANKLE GAUNTLET PRE OTS	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	UNSP INJ MUSC/TEND PERONEAL GRP AT LOW LEG LEV, UNSP LEG, INIT	SPORTS MEDICINE	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	INTERNAL MEDICINE	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	PEDIATRICS	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			+
AFO ANKLE GAUNTLET PRE OTS	UNSPECIFIED INJURY OF UNSPECIFIED ANKLE, SUBS ENCNTR	SPORTS MEDICINE	1	0	0	0	n			+
AFO MOLDED ANKLE GAUNTLET	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	FAMILY MEDICINE	1	0	0	0	n			+
AFO MOLDED TO PATIENT PLASTI	CONGENITAL PES PLANUS, LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
AFO MOLDED TO PATIENT PLASTI	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	PODIATRY	1	0	0	0	n			+
AFO MOLDED TO PATIENT PLASTI	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	PODIATRY	1	0	0	0	0			
AFO PLASTIC	FOOT DROP, LEFT FOOT	FAMILY MEDICINE	1	0	0	0	0			†
AFO PLASTIC	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	PODIATRY	1	0	0	0	0			+
AFO PLASTIC MOLDED W/ANKLE J	VESICOURETERAL-REFLUX, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0		 	+
AFO POS SOLID ANK PLASTIC MO	ACQUIRED CLUBFOOT, RIGHT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0		 	+
AFO RIG ANT TIB PREFAB TCF/=	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	NEUROLOGY	1	0	0	0	0			
AFO SPIRAL PREFABRICATED	FOOT DROP, LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
AFO SPIRAL PREFABRICATED	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	NEUROLOGY	1	0	0	0	0			
AFO SPIRAL PREFABRICATED	PERSONAL HISTORY OF COLONIC POLYPS	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
AFO SUPRAMALLEOLAR CUSTOM	ACQUIRED CLUBFOOT, RIGHT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
AFO SUPRAMALLEOLAR CUSTOM	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	PEDIATRICS	1	0	0	0	0			1
AFO SUPRAMALLEOLAR CUSTOM	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	SOCIAL WORK	1	0	0	0	0			1
										•

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
AFO, WALK BOOT TYPE, CUS FAB	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	PODIATRY	1	0	0	0	0	прриотец	Demea	2,
AFO, WALK BOOT TYPE, CUS FAB	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
AFREZZA	Type 1 diabetes mellitus with hypoglycemia without coma	INTERNAL MEDICINE						1		+
	7, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	ENDOCRINOLOGY AND						_		†
AFREZZA	Type 1 diabetes mellitus without complications	METABOLISM						1		
AFREZZA 4 UNIT CARTRIDGE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	NURSE PRACTITIONER		1	1					+
7. TELEST FORTH GRANTING GE	THE I SHIBE LES INCLEASES WITH THE ENGLISHMENT	ENDOCRINOLOGY AND		-	-					+
AFREZZA 4 UNIT CARTRIDGE	Type 1 diabetes mellitus without complications	METABOLISM		1	1					
A THEELE A TOTAL CHANNED CE	Type I diabetes memas mandat complications	ENDOCRINOLOGY AND		_	_			-		
AFREZZA 4 UNIT(90) CART INHAL	N/A	METABOLISM	1							
AFREZZA 4 UNIT(90) CART INHAL	N/A	INTERNAL MEDICINE	+	1	1			-		
ATTEZZA 4 ONTI(30) CART INTIAL	IN/A	ENDOCRINOLOGY AND		1	1					+
AFREZZA 4 UNIT/8 UNIT/12 UNIT	Type 1 diabetes mellitus without complications	METABOLISM		1	1					
ATREZZA 4 ONTI/O ONTI/12 ONTI	Type I diabetes mentus without complications	ENDOCRINOLOGY AND		1	1					+
AFREZZA 4 UNIT/8 UNIT/12 UNIT	Type 2 diabetes mellitus with hyperglycemia	METABOLISM		1	1					
AFREZZA 4 UNIT/8 UNIT/12 UNIT	Type 2 diabetes mellitus with hyperglycemia	Other Provider	+	1	1	1				+
VINESTO A OMINO OMINATO OMIN	Type 2 diabetes meintus with hypergrytemia	ENDOCRINOLOGY AND	+	_	1	1				+
AERE77A 4-8-12(60) CART INILAL	N/A	METABOLISM		_	_					
AFREZZA 4-8-12(60) CART INHAL AFREZZA 4-8-12(60) CART INHAL	N/A			5	5			-		
		PHYSICIAN ASSISTANT		1	1			-		
AFREZZA 8 UNIT(90) CART INHAL	N/A	DIABETIC MEDICINE		1	1					
AFREZZA 90-4 UNIT / 90-8 UNIT	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Other Provider	1							
		ENDOCRINOLOGY AND	_							
AFREZZA 90-8 UNIT / 90-12 UNIT	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	METABOLISM	2							
AIMOVIG	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY						1		
AIMOVIG	Chronic migraine without aura, intractable, with status migrainosus	PEDIATRIC NEUROLOGY							1	
	Chronic migraine without aura, intractable, without status									
AIMOVIG	migrainosus	NEUROLOGY						1		
	Chronic migraine without aura, not intractable, without status									
AIMOVIG	migrainosus	NEUROLOGY						1		
	Chronic migraine without aura, not intractable, without status									
AIMOVIG	migrainosus	Physician						2		
AIMOVIG	chronic migraines	Physician						1		
AIMOVIG	Cluster headache syndrome, unspecified, not intractable	FAMILY MEDICINE							1	
AIMOVIG	Migraine with aura, intractable, without status migrainosus	Other Provider							1	
AIMOVIG	Migraine with aura, not intractable, without status migrainosus	NEUROLOGY						1		
AIMOVIG	Migraine without aura, intractable, with status migrainosus	NEUROLOGY							1	
AIMOVIG	Migraine without aura, intractable, without status migrainosus	Other Provider						2		<u> </u>
AIMOVIG	Migraine without aura, intractable, without status migrainosus	Physician						1		<u> </u>
AIMOVIG	Migraine without aura, not intractable, without status migrainosus	INTERNAL MEDICINE							1	
AIMOVIG	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY						3		<u> </u>
AIMOVIG	Migraine, unspecified, not intractable, with status migrainosus	INTERNAL MEDICINE							1	
AIMOVIG	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE							1	
AIMOVIG 140 MG/ML AUTOINJECTOR	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY	3	1	1					
AIMOVIG 140 MG/ML AUTOINJECTOR	Chronic migraine without aura, intractable, with status migrainosus	DUNGICIANI ACCICTANIT	1	1	1	1	1	1	l	1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ALMONIC A 40 MG /MI ALITONUECTOR	Chronic migraine without aura, intractable, without status	FAMILY NURSE								
AIMOVIG 140 MG/ML AUTOINJECTOR	migrainosus Chronic migraino without aura, intractable, without status	PRACTITIONER		4	4					
AIMOVIG 140 MG/ML AUTOINJECTOR	Chronic migraine without aura, intractable, without status	NEUROLOGY	2	1	1					
AINIOVIG 140 IVIG/IVIE AUTOINSECTOR	migrainosus Chronic migraine without aura, intractable, without status	NEOROLOGI	3	1	1					
AIMOVIG 140 MG/ML AUTOINJECTOR	migrainosus	Other Provider	1							
Time the 110 maj me the remoder on	Chronic migraine without aura, not intractable, without status	ourer riovider	-							
AIMOVIG 140 MG/ML AUTOINJECTOR	migrainosus	NEUROLOGY	5	1	1					
	Chronic migraine without aura, not intractable, without status									
AIMOVIG 140 MG/ML AUTOINJECTOR	migrainosus	Other Provider	2							
AIMOVIG 140 MG/ML AUTOINJECTOR	Chronic post-traumatic headache, intractable	Other Provider	1							
AIMOVIG 140 MG/ML AUTOINJECTOR	Headache	Other Provider		2	2					
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	1	1	1					
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine with aura, intractable, without status migrainosus	NEUROLOGY	2	1	1					
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine with aura, not intractable, without status migrainosus	FAMILY MEDICINE		1	1					
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine with aura, not intractable, without status migrainosus	Other Provider	1							
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine without aura, intractable, with status migrainosus	NEUROLOGY		3	3					
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine without aura, intractable, without status migrainosus	NEUROLOGY	3							
ALMONIC 140 MC (MIL ALITOINIECTOR	Maintenant and the second and the se	EARAILY MEDICINE								
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, with status migrainosus	FAMILY MEDICINE	2							
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	Other Provider	6	2	2					
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE		2	2					
		FAMILY NURSE								
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	PRACTITIONER	1							
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	NEUROLOGY		1	1					
AIMOVIG 140 MG/ML AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	Other Provider	1							
		CLINICAL								
AIMOVIG 140 MG/ML AUTOINJECTOR	N/A	NEUROPHYSIOLOGY	1							
AIMOVIG 140 MG/ML AUTOINJECTOR AIMOVIG 140 MG/ML AUTOINJECTOR	N/A N/A	Other Provider PAIN MANAGEMENT	1	2	2					
Aliviovid 140 Mid/ML AUTOINJECTOR	IN/A	PAIN WANAGEWENT	1							
AIMOVIG 70 MG/ML AUTOINJECTOR	Chronic migraine without aura, intractable, with status migrainosus	INTERNAL MEDICINE	1	1	1					
All VIO VIO 70 WIG/WE ACTORISECTOR	Chronic migraine without aura, intractable, with status migrainosus	INTERNAL WEDICINE	-	1	_					
AIMOVIG 70 MG/ML AUTOINJECTOR	migrainosus	NEUROLOGY	2							
Almovia 70 majme no romsecron	Ting uniosus	FAMILY NURSE	-							
	Chronic migraine without aura, not intractable, without status	PRACTITIONER PRIMARY								
AIMOVIG 70 MG/ML AUTOINJECTOR	migrainosus	CARE	1							
	Chronic migraine without aura, not intractable, without status									
AIMOVIG 70 MG/ML AUTOINJECTOR	migrainosus	NEUROLOGY	2							
,	Chronic migraine without aura, not intractable, without status	PEDIATRIC NURSE								
AIMOVIG 70 MG/ML AUTOINJECTOR	migrainosus	PRACTITIONER		1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Headache	NEUROLOGY		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	CARE	1	<u> </u>	<u> </u>	<u> </u>				
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine with aura, intractable, without status migrainosus	NEUROLOGY	1							
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine with aura, intractable, without status migrainosus	Other Provider		1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine with aura, not intractable, without status migrainosus	INTERNAL MEDICINE	1		L					

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine with aura, not intractable, without status migrainosus	Other Provider	1	1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine without aura, intractable, without status migrainosus	NEUROLOGY	2	1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, with status migrainosus	Other Provider	1	1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	FAMILY MEDICINE	2	1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	FAMILY NURSE PRACTITIONER PRIMARY CARE	1							
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	INTERNAL MEDICINE		4	4					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY	2	1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	Other Provider	1							
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE	2	1	1					
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	NEUROLOGY	2							
AIMOVIG 70 MG/ML AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	Other Provider	2	2	2					
AIMOVIG 70 MG/ML AUTOINJECTOR	N/A	INTERNAL MEDICINE		1	1					
AIMOVIG AUTOINJECTOR	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY						1		
AIMOVIG AUTOINJECTOR	Migraine with aura, intractable, with status migrainosus	NEUROLOGY						1		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	CARDIAC ELECTROPHYSIOLOGY	2	1	1					
		CLINICAL								
AIMOVIG AUTOINIECTOR 140 MG/ML AUTO INICT	N/A	NEUROPHYSIOLOGY	3	4	4					
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	Family Medicine FAMILY NURSE	2	1	1					
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	PRACTITIONER	3							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	CARE	2							
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	INTERNAL MEDICINE	3							
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A N/A	NEUROLOGY	79	22	22					
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	NURSE PRACTITIONER Other Provider	13	7	7					
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	PAIN MANAGEMENT	7	2	2					
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	PHYSICIAN ASSISTANT	7	1	1					
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	N/A	SURGERY, HAND		1	1					
		CLINICAL								
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	N/A	NEUROPHYSIOLOGY	6							
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	N/A	FAMILY MEDICINE	7	6	6					
		FAMILY NURSE								
ALMONIC AUTOINUECTOR TO MC (MI AUTO INICT	11/4	PRACTITIONER PRIMARY								
AIMOVIC AUTOINIECTOR 70 MG/ML AUTO INICT	N/A	CARE	1	T	1					
AIMOVIG AUTOINIECTOR 70 MG/ML AUTO INICT	N/A	INTERNAL MEDICINE	3	9	0					
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	N/A N/A	NEUROLOGY Other Provider	31 11	1	1					
AIMOVIG AUTOINJECTOR 70 MIG/ML AUTO INJCT	N/A	PAIN MANAGEMENT	1	-	1					
TETO TO TO BE STONE TO THE MOTO HIGH			† -		t					
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	N/A	PEDIATRIC NEUROLOGY	2	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·		PEDIATRIC NURSE								
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	N/A	PRACTITIONER	1	1	1					
		PHYSICAL MEDICINE AND								
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	N/A	REHABILITATION		1	1					
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	N/A	PHYSICIAN ASSISTANT		3	3					
AIRWAY INHALATION TREATMENT	MILD PERSISTENT ASTHMA, UNCOMPLICATED	FAMILY MEDICINE	1	0	0	0	0			
	Chronic migraine without aura, intractable, without status									
AJOVY	migrainosus	NEUROLOGY							1	
AJOVY	MIGRAINE	NEUROLOGY							1	
AJOVY	Migraine without aura, intractable, without status migrainosus	Other Provider						1		
AJOVY	Migraine without aura, not intractable, with status migrainosus	NEUROLOGY						1		
		CLINICAL	1	1				_		
AJOVY	Migraine without aura, not intractable, without status migrainosus	NEUROPHYSIOLOGY						1		
11111								_		
AJOVY	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY						1		
	Chronic migraine without aura, intractable, without status	CLINICAL						_		
AJOVY 225 MG/1.5 ML AUTOINJECT	migrainosus	NEUROPHYSIOLOGY		1	1					
73077 EES ING/ EIS INE/10 TOINGEO	Chronic migraine without aura, not intractable, without status	NEGROT HISTORGY		1	-					
AJOVY 225 MG/1.5 ML AUTOINJECT	migrainosus	NEUROLOGY	2							
AJOVY 225 MG/1.5 ML AUTOINJECT	Headache, unspecified	Other Provider	1							
	The state of the s		1							
AJOVY 225 MG/1.5 ML AUTOINJECT	Migraine with aura, not intractable, without status migrainosus	PHYSICIAN ASSISTANT		1	1					
AJOVY 225 MG/1.5 ML AUTOINJECT	Migraine without aura, intractable, without status migrainosus	PHYSICIAN ASSISTANT	1							<u> </u>
AJOVY 225 MG/1.5 ML AUTOINJECT	Migraine without aura, not intractable, without status migrainosus	Other Provider		1	1					
7.50 77. 22.5 111.0,7 21.5 111.2.7 10.11.52 21.	implante wereat adia, not includeable, wereat states implantes as	other riovide:		_	-					
AJOVY 225 MG/1.5 ML AUTOINJECT	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE		1	1					
AJOVY 225 MG/1.5 ML AUTOINJECT	N/A	NEUROLOGY		1	1					
THE THE PERSON NETTER TO THE P	1970	11201102001		1	1					
AJOVY 225 MG/1.5 ML SYRINGE	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY	2							
	Chronic migraine without aura, intractable, without status		1							
AJOVY 225 MG/1.5 ML SYRINGE	migrainosus	NEUROLOGY	2							
7.50 77 223 1110/ 213 1112 571111102	Chronic migraine without aura, intractable, without status	11201102001	_							
AJOVY 225 MG/1.5 ML SYRINGE	migrainosus	Other Provider	2	1	1					
7 5 5 7 7 2 2 5 111 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chronic migraine without aura, not intractable, without status	other riovide:	-	-						
AJOVY 225 MG/1.5 ML SYRINGE	migrainosus	NEUROLOGY	3	1	1					
	Chronic migraine without aura, not intractable, without status		†	1						
AJOVY 225 MG/1.5 ML SYRINGE	migrainosus	PAIN MANAGEMENT	1							
AJOVY 225 MG/1.5 ML SYRINGE	Headache	NEUROLOGY	1	2	2					
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	PHYSICIAN ASSISTANT		1	1					
			1	1	 -	1				
AJOVY 225 MG/1.5 ML SYRINGE	Migraine with aura, not intractable, without status migrainosus	NEUROLOGY	1							
- 4	5	CLINICAL	f							<u> </u>
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, intractable, without status migrainosus	NEUROPHYSIOLOGY	1							
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, intractable, without status migrainosus	FAMILY MEDICINE		1	1					<u> </u>
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, intractable, without status migrainosus	NEUROLOGY	1	1	1					
ASSAL ZES MIG/ 1.3 MIESTIMAGE	migranic without aura, intractable, without status migramosus	14LUNULUU1	†	 	 	 				
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, not intractable, with status migrainosus	FAMILY MEDICINE	1							
A IOVV 235 MG/4 5 MI CVDINGS	Minusian of the control of the contr	DAINI MAANIA CENASAIT								
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, not intractable, with status migrainosus	PAIN MANAGEMENT	[1		<u> </u>	1			<u> </u>	<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
			_							
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, not intractable, without status migrainosus	FAMILY MEDICINE	2	1	1					
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, not intractable, without status migrainosus	INTERNAL MEDICINE		1	1					
AJOVY 225 MG/1.5 ML SYRINGE	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY	3	6	6					
AJOVY 225 MG/1.5 ML SYRINGE	Migraine, unspecified, not intractable, without status migrainosus	NEUROLOGY	3	2	2					
AJOVY 225 MG/1.5 ML SYRINGE	Migraine, unspecified, not intractable, without status migrainosus	Other Provider		1	1					
A IOVA COL NAC (4 E NAL CVIDINGE	N/A	CLINICAL	1							
AJOVY 225 MG/1.5 ML SYRINGE AJOVY 225 MG/1.5 ML SYRINGE	N/A N/A	NEUROPHYSIOLOGY NEUROLOGY	1							
AJUVY 225 MG/1.5 MIL SYKINGE	N/A		1							
A LOVAY 225 MAC /4 5 CVDINICS	N/A	CLINICAL	1							
AJOVY 225 MG/1.5 SYRINGE	N/A	NEUROPHYSIOLOGY	1							
AJOVY 225 MG/1.5 SYRINGE	N/A	INTERNAL MEDICINE	1	1	1					
AJOVY 225 MG/1.5 SYRINGE	N/A	NEUROLOGY	2	4	4					
		CLINICAL								
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	N/A	NEUROPHYSIOLOGY	1							
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	N/A	INTERNAL MEDICINE		1	1					
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	N/A	NEUROLOGY	7	8	8					
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	N/A	Other Provider	2	1	1					
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	N/A	PHYSICIAN ASSISTANT	1							
AJOVY SYRINGE	Chronic migraine without aura, intractable, without status migrainosus	NURSE PRACTITIONER						1		
		CLINICAL								
AJOVY SYRINGE 225 MG/1.5 SYRINGE	N/A	NEUROPHYSIOLOGY		4	4					
AJOVY SYRINGE 225 MG/1.5 SYRINGE	N/A	INTERNAL MEDICINE	1							
AJOVY SYRINGE 225 MG/1.5 SYRINGE	N/A	NEUROLOGY	12	8	8					
AJOVY SYRINGE 225 MG/1.5 SYRINGE	N/A	NURSE PRACTITIONER		1	1					
AJOVY SYRINGE 225 MG/1.5 SYRINGE	N/A	Other Provider	2	2	2					
AJOVY SYRINGE 225 MG/1.5 SYRINGE	N/A	PAIN MANAGEMENT	5	1	1					
AJOVY SYRINGE 225 MG/1.5 SYRINGE	N/A	PULMONARY DISEASE		3	3					
AK OPEN END SACH	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	FAMILY MEDICINE	2	0	0	0	0			
AKLIEF 0.005 % CREAM (G)	N/A	DERMATOLOGY	ſ	Δ	4		-			
AKLIEF 0.005 % CREAM (G)	N/A	Other Provider		2	2					
AKLIEF 0.005 % CREAM (G)	N/A	PHYSICIAN ASSISTANT		1	1					
AKLIEF 0.005% CREAM	Acne vulgaris	DERMATOLOGY	1	1	1					
AKLIEF 0.005% CREAM	Acne vulgaris	NURSE PRACTITIONER	1	2	2					
AKLIEF 0.005% CREAM	Acne vulgaris	Other Provider	1		2					
ALBUTEROL HFA 90 MCG INHALER	-	Other Provider	1	-	-					
	Chronic obstructive pulmonary disease, unspecified		1		-					
ALBUTEROL HEA 90 MCG INHALER	Cough MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Other Provider	1	2	2					
ALBUTEROL HEA 90 MCG INHALER	·	FAMILY MEDICINE		2	2					
ALBUTEROL HEA 90 MCG INHALER	N/A	Other Provider		1	1					
ALBUTEROL HFA 90 MCG INHALER	RESPIRATORY DISORDER UNSPECIFIED	Other Provider		1	1					
ALBUTEROL HFA 90 MCG INHALER	Unspecified asthma, uncomplicated	Other Provider	<u> </u>	1	1					
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	FAMILY MEDICINE	5	16	16					
		FAMILY NURSE								
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	PRACTITIONER		2	2	1				
		FAMILY NURSE PRACTITIONER PRIMARY								
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	CARE		3	3					
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	INTERNAL MEDICINE	E	2	2	1				
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	NURSE PRACTITIONER	,	1	1	1				1
			2		C .	 				
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	Other Provider	5	0	0	1				1
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	PEDIATRICS	lτ	2	2		l			1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	PHYSICIAN ASSISTANT		1	1					
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	N/A	PULMONARY DISEASE	1	1	1					'
ALCOHOL WIPES PER BOX	CONGENITAL HYPOTONIA	FAMILY MEDICINE	1	0	0	0	0			'
ALINIA 500 MG TABLET	HEMORRHAGE OF ANUS AND RECTUM	SURGERY, GENERAL		1	1					
ALINIA 500 MG TABLET	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	GASTROENTEROLOGY		1	1					
ALINIA 500 MG TABLET	N/A	GASTROENTEROLOGY	2							
ALINIA 500 MG TABLET	N/A	NURSE PRACTITIONER	2							
ALINIA 500 MG TABLET	N/A	Other Provider	1							
ALINIA 500 MG TABLET	Pure hypercholesterolemia, unspecified	Other Provider	1							
ALLERGY PATCH TESTS	ALLERGIC CONTACT DERMATITIS DUE TO COSMETICS	DERMATOLOGY	1	0	0	0	0			
ALLERGY PATCH TESTS	PERSONAL HISTORY OF COLONIC POLYPS	DERMATOLOGY	1	0	0	0	0			
ALLERGY PATCH TESTS	SHORTNESS OF BREATH	FAMILY MEDICINE	1	0	0	0	0			1
Allograft, morselized, or placement of osteopromotive material, for										
spine surgery only (List separately in addition to code for primary										'
procedure)	Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY	1							
Allograft, structural, for spine surgery only (List separately in	8.00		-							
addition to code for primary procedure)	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							'
Allograft, structural, for spine surgery only (List separately in	other intervertes at alse degeneration, lambar region	NEONOSONGENI	-							+
addition to code for primary procedure)	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							
Allograft, structural, for spine surgery only (List separately in	Spirial entiresopatity, thoracic region	NEOROSORGERI	1							+
	Crimal standard I make a major with a surrencia de utilization	MELIDOCLIDOEDV	1							'
addition to code for primary procedure)	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
Allograft, structural, for spine surgery only (List separately in			_							'
addition to code for primary procedure)	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1							├ ──
ALOGLIPTIN 12.5 MG TABLET	N/A	DIABETIC MEDICINE		1	1					
ALOGLIPTIN 12.5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE		1	1					ļ!
ALOGLIPTIN 12.5 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider		1	1					ļ!
		ENDOCRINOLOGY AND								'
ALOGLIPTIN 25 MG TABLET	N/A	METABOLISM	1	1	1					ļ!
ALOGLIPTIN 25 MG TABLET	N/A	INTERNAL MEDICINE	2							<u> </u>
ALOGLIPTIN 25 MG TABLET	N/A	Other Provider	1	1	1					'
ALOGLIPTIN 25 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE		1	1					
ALOGLIPTIN 25 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider		1	1					
ALOGLIPTIN-METFORMIN 12.5-1000	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1							
ALOGLIPTIN-METFORMIN 12.5-1000	Type 2 diabetes mellitus without complications	GENERAL PRACTICE	1							
		ENDOCRINOLOGY AND								,
ALOGLIPTIN-METFORMIN 12.5-1000 TABLET	N/A	METABOLISM		1	1					
ALOGLIPTIN-METFORMIN 12.5-1000 TABLET	N/A	FAMILY MEDICINE		1	1					
ALOGLIPTIN-PIOGLITAZONE 25 MG-30MG TABLET	N/A	INTERNAL MEDICINE	1							
ALPHA 1 PROTEINASE INHIBITOR	ALPHA-1-ANTITRYPSIN DEFICIENCY	FAMILY MEDICINE	1	0	0	0	0			
ALPHA 1 PROTEINASE INHIBITOR	ALPHA-1-ANTITRYPSIN DEFICIENCY	PULMONARY DISEASE	1	0	0	0	0			
ALPHA 1 PROTEINASE INHIBITOR	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASE	1	0	0	0	0			
ALPHA-FETOPROTEIN AMNIOTIC	MATERNAL CARE FOR (SUSPECTED) CNSL MALFORM IN FETUS, UNSP	FAMILY MEDICINE	1	0	0	0	0			\vdash
ALS 1	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	NEONATAL-PERINATAL	4	1	1	0	0			
		MEDICINE				ļ				<u> </u>
ALS 1	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
ALS 1	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	ANCILLARY	1	0	0	0	0			+
ALS 2	PRETERM NEWBORN, GESTATIONAL AGE 33 COMPLETED WEEKS	FACILITY	1	0	0	0	0			+
ALTEPLASE RECOMBINANT	COVID-19	ONCOLOGY	1	0	0	0	0			+
ALTEPLASE RECOMBINANT ALTEPLASE RECOMBINANT	DEHYDRATION	HEMATOLOGY	1	0	0	0	0			+
ALTEPLASE RECOMBINANT ALTEPLASE RECOMBINANT	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	HEMATOLOGY	1	0	0	0	0			
			1	0	0	0	0			+
ALTEPLASE RECOMBINANT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	1	U	U	U	U			
ALTEPLASE RECOMBINANT	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	ONCOLOGY	1	U	U	U	U			<u> </u>
ALTEPLASE RECOMBINANT	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, INIT	HEMATOLOGY	1	0	0	0	0			<u> </u>
ALTRENO 0.05 % LOTION	N/A	DERMATOLOGY	1	2	2	ļ				<u> </u>
ALTRENO 0.05% LOTION	Acne vulgaris	DERMATOLOGY	1							<u> </u>
ALTRENO 0.05% LOTION	Acne vulgaris	PHYSICIAN ASSISTANT		1	1	<u></u>				<u> </u>

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ALVESCO 160 MCG HFA AER AD	N/A	Other Provider	1							
ALVESCO 160 MCG HFA AER AD	N/A	PULMONARY DISEASE		2	2					
ALVESCO 160 MCG INHALER	Severe persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY		1	1					
ALVESCO 80 MCG HFA AER AD	N/A	ALLERGY/IMMUNOLOGY		1	1					
ALVESCO 80 MCG HFA AER AD	N/A	SLEEP MEDICINE		1	1					
ALVESCO 80 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	PEDIATRICS		1	1					
ALVESCO 80 MCG INHALER	Mild persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY		2	2					
ALVESCO 80 MCG INHALER	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Other Provider	1							
ALYQ 20 MG TABLET	N/A	FAMILY MEDICINE		1	1					
ALYQ 20 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
ALYS CPLX SP/PN NPGT W/PRGRM	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE	0	1	0	0	1			
ALYS CPLX SP/PN NPGT W/PRGRM	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	0	1	0	0	1			
		FAMILY NURSE								
AMBRISENTAN 10 MG TABLET	N/A	PRACTITIONER	1							
AMBULANCE RESPONSE/TREATMENT	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	ANCILLARY	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	ACUTE BRONCHOSPASM	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	ANEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	CONTUSION OF LEFT FOOT, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	CONTUSION OF LEFT FOOT, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	DISP FX OF PROX PHALANX OF L LESS TOE(S), 7THD	SPORTS MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	DISP FX OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INIT	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	DISPLACED UNSP FRACTURE OF LEFT LESSER TOE(S), INIT	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	END STAGE RENAL DISEASE	PODIATRY	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	HALLUX RIGIDUS, LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	HALLUX VALGUS (ACQUIRED), LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF 5TH METATARSAL BONE, L FT, 7THD	SPORTS MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF DISTAL PHALANX OF RIGHT GREAT TOE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF PROX PHALANX OF R GREAT TOE, 7THD	SPORTS MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF PROXIMAL PHALANX OF LEFT GREAT TOE, INIT	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	NONDISP FX OF PROXIMAL PHALANX OF RIGHT LESSER TOE(S), INIT	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	NON-PRS CHRONIC ULCER OTH PRT UNSP FOOT W FAT LAYER EXPOSED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PODIATRY	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC	PAIN IN LEFT FOOT	FAMILY MEDICINE	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC	PAIN IN LEFT FOOT	INTERNAL MEDICINE	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC	PAIN IN RIGHT FOOT	FAMILY MEDICINE	1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC	PAIN IN RIGHT TOE(S)	FAMILY MEDICINE	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC	PERSONAL HISTORY OF COLONIC POLYPS	PODIATRY	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC	PRESSURE-INDUCED DEEP TISSUE DAMAGE OF OTHER SITE	PODIATRY	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC AMBULATORY SURGICAL BOOT EAC	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PODIATRY	1	0	0	0	0			+
			1	0	0	0	0			
AMBULATORY SURGICAL BOOT EAC AMBULATORY SURGICAL BOOT EAC	UNSP FRACTURE OF LEFT TOE(S), INIT FOR CLOS FX UNSP FRACTURE OF UNSP TOE(S), INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			+
AMBULATORY SURGICAL BOOT EAC AMBULATORY SURGICAL BOOT EAC	UNSPERACTURE OF UNSPETOE(S), INIT FOR CLOSEX UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	FAMILY MEDICINE FAMILY MEDICINE	1	0	0	0	0			
	· · · · · · · · · · · · · · · · · · ·		1	0	0	0	0			+
AMBULATORY SURGICAL BOOT FAC	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	PHYSICIAN ASSISTANT	1	0	0	0	0			
AMBULATORY SURGICAL BOOT FAC	UNSPECIFIED INJURY OF DISUT FOOT, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	1	U	U	U	U			+
AMBULATORY SURGICAL BOOT EAC	UNSPECIFIED INJURY OF RIGHT FOOT, INITIAL ENCOUNTER	FAMILY MEDICINE	3	U	U	U	U			₩
AMLODIPINE BESYLATE 10 MG TABLET	N/A	FAMILY MEDICINE	1							₩
AMLODIPINE BESYLATE-BENAZEPRIL 10 MG-20MG CAPSULE	N/A	FAMILY MEDICINE		1	1					
AMNESTEEM 40 MG CAPSULE	Acne vulgaris	DERMATOLOGY	1	1	1					1

Part Part											
AMERICAN MACCASSULE MACA MORPHISTER MAY DECASOR TO 1 MACA MORPHISTOR MAY				Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
AMORPHISMA DATE CAPASALE MACHINESTERS AND CONTROL MACHINESTERS AND C	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
AMASTERE AND ACCESSEDED AND ACCESSED	AMNESTEEM 40 MG CAPSULE	Acne vulgaris	PHYSICIAN ASSISTANT		1	1					
AMERICAN ASSOCIATION 1 1 0 0 0 0 0 0 0 0		N/A	DERMATOLOGY	6	2	2					
AMPERIANDE SIGNAM AMPERIANDE SI	AMNESTEEM 40 MG CAPSULE	N/A	Other Provider	1	1	1					
AMPRICATION ALL STATES AND A	AMNESTEEM 40 MG CAPSULE	N/A	PHYSICIAN ASSISTANT		1	1					
AMPERIATION FOLOW 19 10000W SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND TO THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF TRANSPORT SILVEY PRODUCTS AND THE SEMBETTON OF THE SEMBETTON	AMNIOBAND, GUARDIAN 1 SQ CM	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
DOBUMETICA PRINCENSE	AMNIOBAND, GUARDIAN 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	SURGERY, VASCULAR	0	1	1	0	0			
AMPURITATION OF LOWERLES					1	1					
AMPERIATION OF MORPOOT AMPERI	AMPUTATION FOLLOW-UP SURGERY	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR, INIT ENCNTR	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
AMPURIATION RIGH METATASSAL OMERCIANE, NOT ELECTROPHICS (1.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AMPUTATION OF LOWER LEG	GANGRENE, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMPLITATION TO & METATASSAL	AMPUTATION OF MIDFOOT	GANGRENE, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AMPURITATION TOE & META/ARRAIA OHISE ACUTE CSTROMYKETIN, EFF ANKER AND FOOT PAMINY MIDDORN 1 0 0 0 0 0 0 0 0 0	AMPUTATION THRU METATARSAL	GANGRENE, NOT ELSEWHERE CLASSIFIED	PODIATRY	1	0	0	0	0			
Appropriate, high, through femur, any level; Appropriate high through femur, any level; Peripheral vascular disease, unspecified VASCULAR SURGERY 1	AMPUTATION TOE & METATARSAL	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
Amputation, thigh, through ferror, any level; re-amputation Peripheral vascular disease, unspecified VASCULAR SURGERY 1 Amputation, thigh, through ferror, any level; re-amputation Non-post-off for low log limited to brisdwn skin VASCULAR SURGERY 1 Amputation, thigh, through ferror, any level; re-amputation Non-post-off for low log limited to brisdwn skin VASCULAR SURGERY 1 AMPYROL ALD MS 128 LET 21N NA NUMBER SURGERY 1 1 AMPYROL ALD MS 128 LET 22N NA NUMBER SURGERY 1 1 AMPYROL ALD MS 128 LET 22N NA NUMBER SURGERY 1 1 1 AMPYROL ALD MS 128 LET 22N NA NUMBER SURGERY 1 1 1 1 AMPYROL ALD MS 128 LET 22N NA NA NUMBER SURGERY 2 1 1 1 1 AMPYROL ALD MS 128 LET 22N NA NA DERMATOLOGY 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AMPUTATION TOE & METATARSAL	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	FAMILY MEDICINE	1	0	0	0	0			
Amputation, thigh, through ferror, any level; re-amputation Peripheral vascular disease, unspecified VASCULAR SURGERY 1 Amputation, thigh, through ferror, any level; re-amputation Non-post-off for low log limited to brisdwn skin VASCULAR SURGERY 1 Amputation, thigh, through ferror, any level; re-amputation Non-post-off for low log limited to brisdwn skin VASCULAR SURGERY 1 AMPYROL ALD MS 128 LET 21N NA NUMBER SURGERY 1 1 AMPYROL ALD MS 128 LET 22N NA NUMBER SURGERY 1 1 AMPYROL ALD MS 128 LET 22N NA NUMBER SURGERY 1 1 1 AMPYROL ALD MS 128 LET 22N NA NUMBER SURGERY 1 1 1 1 AMPYROL ALD MS 128 LET 22N NA NA NUMBER SURGERY 2 1 1 1 1 AMPYROL ALD MS 128 LET 22N NA NA DERMATOLOGY 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amputation, thigh, through femur, any level;	Non-prs chr ulc unsp prt of r low leg limited to brkdwn skin	VASCULAR SURGERY	1							
Amputation, high, through femur, any level; re-amputation Amputation, high, through femur, any level; re-amputation Peripheral vascular disease, unspecified VASCULAR SURGERY 1 Amputation, thigh, through femur, any level; re-amputation Peripheral vascular disease, unspecified VASCULAR SURGERY 1 AMPURA RE 10 MG TABLET Multiple sclerosis			1							1	
AMPTER 28 JO MS TABLET N. M. MILIPIE Scienosis N. FUNCLOGY 1 1 1 1 1 1 1 1 1				1							
AMPTER 28 JO MS TABLET N. M. MILIPIE Scienosis N. FUNCLOGY 1 1 1 1 1 1 1 1 1	Amputation, thigh, through femur, any level; re-amputation	Peripheral vascular disease, unspecified	VASCULAR SURGERY	1							
AMPTRA RE 10 MO TABLET				1	1	1					†
AMPER 10 MC TABLET Multiple sclerosis Other Provider 1		,		3	-	-					+
AMBYER 04 NG CAPSULE N/A AMERICA 94 NGAM N/A DEMARDICACY OTHER PROVIDER N/A OTHER PROVIDER N/A OTHER PROVIDER N/A OTHER PROVIDER N/A AMERICA 94 NGAM N/A AMERICA 94 NGAM N/A AMERICA 94 NGAM AME				1		-					+
AMZEE 0.4 % FOAM		·		-	1	1					+
AMZEED 4 % FOAM AMZEED 4 % FOAM N/A PHYSICIAN ASSISTANT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				2	1	1					1
AMZEEQ 4% FOAM ACRE Vulgaris AMZEEQ 4% FOAM ACRE Vulgaris Other Provider OTHER CONSTIPATION AND OTHER CONSTIPATION				2	1	1					+
AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIgaris AMZEEQ 4% FOAM ACRE VUIGaris AMZEEQ 4% FOAM ACRE VUIGaris AMZEEQ 4% FOAM ACRE VUIGaris AMZEEQ 4% FOAM ACRE VUIGaris AMZEEQ 4% FOAM ACRE VUIGaris AMZEEQ 4% FOAM ACRE VUIGARIS AMZEEQ 4% FOAM ACRE VUIGARIA ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGARIS AND ACRE VUIGA				1	1	2					
AMZEEQ 4% FOAM ARDESURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN AND ABDOME				<u> </u>	1	1					
AMZEC 496 FOAM ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN FOR ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN CASTROPHITE ROLLOGY CASTROPHITE COLOGY CASTROPHITE ROLLOGY CASTROPHITE ROLLOGY CASTROPHITE COLOGY CASTROPHITE COLOGY CASTROPHITE ROLLOGY CASTROPHITE COLOGY CASTRO				4	1	1					
ANAL PRESSURE RECORD OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN RESSURE RECORD OTHER CONSTRATION FAMILY MEDICINE FAMILY MEDI				1	1	1					-
ANALPRESURE RECORD OTHER CONSTIPATION (SATING METHOD STAND) ANALPHAND MINISCRESTURY ARABLASTROUTH MINISCRESTURY RETENTION OF UNINE, UNSPECIFIED UROLGGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1							
ANAL PRESSURE RECORD OTHER CONSTIPATION FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANAL PRESSURE RECORD	OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN		1	0	0	0	0			
ANAL/URINARY MUSCLE STUDY RETENTION OF URINE, UNSPECIFIED RETENTON OF URINE, UNSPECIFIED RANAL/URINARY MUSCLE STUDY RETENTON OF URINE, UNSPECIFIED RANAL/URINARY MUSCLE STUDY RANAL/URINARY MUSCLE STUDY RANAL/URINARY MUSCLE STUDY VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION RANAL/URINARY MUSCLE STUDY RANAL/URINARY MUSCLE STUDY VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION RANAL/URINARY MUSCLE STUDY RANAL/URINARY MUSCLE STUDY VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION RANAL/URINARY MUSCLE STUDY VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION RETENTON OR TO THE VEIN OF THE VEIN OR TO THE	ANAL PRESSURE RECORD	OTHER CONSTIDATION		1	0	0	n	n			
ANAL/URINARY MUSCLE STUDY STRESS INCONTINENCE (FEMALE) (MALE) STRESS INCONTINENCE (FEMALE) (MALE) SUPPASIVENCE STUDY STRESS INCONTINENCE (FEMALE) (MALE) SUPPASIVENCE STUDY STRESS INCONTINENCE (FEMALE) (MALE) SUPPASIVENCE STUDY SUPPASIVENCE STUDY SUPPASIVENCE STUDY VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION SURGERY, ORTHOPEDIC ANAL/URINARY MUSCLE STUDY ANAL/URINARY MUSCLE SURVEY MUSCRE SURVEY MUSC				1	0	0	0	0			1
ANAL/URINARY MUSCLE STUDY STRESS INCONTINENCE (FEMALE) (MALE) UROLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			+
ANAL/URINARY MUSCLE STUDY ANAL/URINARY MUSCLE STUDY VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION SURCERY, ORTHOPEDIC ANALYZES PINF PUMP W/REPROG MULTIPLE SCLEROSIS MULTIPLE SCLEROSIS MULTIPLE SCLEROSIS PHYSICAL MEDICINE ENDOCRINOLOGY AND METABOLISM ANDRODERM ANDRODERM A MG/24 HR PATCH TD24 N/A ANDRODERM 2 MG/24 HR PATCH TD24 N/A ANDRODERM 2 MG/24 HR PATCH TD24 N/A ANDRODERM 2 MG/24 HR PATCH TD24 N/A ANDRODERM 4 MG/24 HR PATCH Testicular hypofunction Testicular hypofunction NITERNAL MEDICINE ANDRODERM 4 MG/24 HR PATCH Testicular hypofunction NITERNAL MEDICINE ANDRODERM 4 MG/26 GEL PACKET ANDRODERM 4 MG/26 GEL PACKET ANDRODERM 4 MG/26 GEL PACKET N/A ANDRODERM 4 MG	·			1	0	0	0	0			+
ANAL/URINARY MUSCLE STUDY VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 ANALYZE SP INF PUMP W/REPROG MULTIPLE SCLEROSIS PHYSICAL MEDICINE ENDOCRINOLOGY AND Hypopituitarism METABOLISM ANDRODERM ANDRODERM 2 MG/24 HR PATCH TD24 N/A ANDRODERM 2 MG/24 HR PATCH TD24 N/A ANDRODERM 2 MG/24 HR PATCH TD24 N/A ANDRODERM 2 MG/24 HR PATCH TD24 ANDRODERM 4 MG/24 HR PATCH TD24 N/A ANDRODERM 4 MG/24 HR PATCH TESTICULAR hypofunction Testicular hypofunction INTERNAL MEDICINE 1 1 1 ANDROGEL ANDROGEL ANDROGEL 1%(5G) GEL PACKET N/A METABOLISM 1 1 ANDROGEL 1.25G-1.62 GEL PACKET N/A METABOLISM 1 1 ANDROGEL 1.25G-1.62 GEL PACKET N/A METABOLISM 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
ANDRODERM Hypopituitarism METABOLISM 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
ANDRODERM Hypopituitarism METABOLISM 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		· ·	1	0	0	0	0			
ANDRODERM 4 MG/24 HR PATCH TD24 N/A PATCH TD24 N/A N/A PEAMLY MEDICINE 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANALYZE SP INF PUMP W/REPROG	MULTIPLE SCLEROSIS		1	0	0	0	0			-
ANDRODERM 2 MG/24 HR PATCH TD24 N/A ONCOLOGY 1 2 2 2											
ANDRODERM 2 MG/24 HR PATCH TD24 N/A ONCOLOGY 1 2 2										1	
ENDOCRINOLOGY AND		,			2	2					
ANDRODERM 2 MG/24 HR PATCH TD24 N/A FAMILY MEDICINE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ANDRODERM 2 MG/24 HR PATCH TD24	N/A		1	2	2					
ANDRODERM 4 MG/24 HR PATCH TD24 N/A INTERNAL MEDICINE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
ANDRODERM 4 MG/24 HR PATCH TD24 N/A Other Provider 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·				1	1					
ANDRODERM 4 MG/24 HR PATCH TD24 N/A UROLOGY 2 2 2 ANDRODERM 4 MG/24 HR PATCH TD24 N/A UROLOGY 2 2 2 ANDRODERM 4 MG/24 HR PATCH Testicular hypofunction Family Medicine 1 1 1 ANDRODERM 4 MG/24HR PATCH Testicular hypofunction Other Provider 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	1	1					
ANDRODERM 4 MG/24 HR PATCH TD24 N/A UROLOGY 2 2 2 ANDRODERM 4 MG/24HR PATCH Testicular hypofunction Family Medicine 1 1 1 1 ANDRODERM 4 MG/24HR PATCH Testicular hypofunction Other Provider 1	· · · · · · · · · · · · · · · · · · ·				1	1					
ANDRODERM 4 MG/24HR PATCH Testicular hypofunction Family Medicine 1 1 1 1 1 ANDRODERM 4 MG/24HR PATCH Testicular hypofunction Other Provider 1 ANDROGEL Testicular hypofunction INTERNAL MEDICINE INTERNAL MEDICINE Testicular hypofunction INTERNAL MEDICINE Testicular hypofunction INTERNAL MEDICINE Testicular hypofunction INTERNAL MEDICINE Testicular hypofunction Test	ANDRODERM 4 MG/24 HR PATCH TD24	N/A	Other Provider	1							
ANDRODERM 4 MG/24HR PATCH Testicular hypofunction Other Provider 1 ANDROGEL Testicular hypofunction INTERNAL MEDICINE INTERNAL MEDICINE INTERNAL MEDICINE ENDOCRINOLOGY AND ANDROGEL 1.25G-1.62 GEL PACKET N/A Testicular hypofunction INTERNAL MEDICINE ENDOCRINOLOGY AND ANDROGEL 1.25G-1.62 GEL PACKET N/A Testicular hypofunction INTERNAL MEDICINE ENDOCRINOLOGY AND ANDROGEL 1.25G-1.62 GEL PACKET N/A	ANDRODERM 4 MG/24 HR PATCH TD24	N/A	UROLOGY		2	2					
ANDROGEL Testicular hypofunction INTERNAL MEDICINE 1 ANDROGEL 1%(5G) GEL PACKET Testicular hypofunction INTERNAL MEDICINE 1 ENDOCRINOLOGY AND ENDOCRINOLOGY AND METABOLISM 1	ANDRODERM 4 MG/24HR PATCH	Testicular hypofunction	Family Medicine	1	1	1					
ANDROGEL Testicular hypofunction INTERNAL MEDICINE 1 ANDROGEL 1%(5G) GEL PACKET Testicular hypofunction INTERNAL MEDICINE 1 ENDOCRINOLOGY AND ENDOCRINOLOGY AND METABOLISM 1	ANDRODERM 4 MG/24HR PATCH			1							
ANDROGEL 1%(5G) GEL PACKET Testicular hypofunction INTERNAL MEDICINE ENDOCRINOLOGY AND ANDROGEL 1.25G-1.62 GEL PACKET N/A METABOLISM 1									1		
ENDOCRINOLOGY AND ANDROGEL 1.25G-1.62 GEL PACKET N/A METABOLISM 1				1							
ANDROGEL 1.25G-1.62 GEL PACKET N/A METABOLISM 1	. ,			1							
	ANDROGEL 1.25G-1.62 GEL PACKET	N/A		1							
CHINDROCALL AZONTA DA VILLEBANA I I I I I I I I I I I I I I I I I I	ANDROGEL 1.25G-1.62 GEL PACKET	N/A	PHYSICIAN ASSISTANT	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ANDROGEL 1.25G-1.62 GEL PACKET	N/A	UROLOGY		1	1					
ANDROGEL 1.62% GEL PUMP	Other general symptoms and signs	FAMILY MEDICINE		1	1					
ANDROGEL 1.62% GEL PUMP	Other general symptoms and signs	Other Provider		1	1					
ANDROGEL 1.62% GEL PUMP	Testicular hypofunction	FAMILY MEDICINE	2	2	2					
ANDROGEL 1.62% GEL PUMP	Testicular hypofunction	INTERNAL MEDICINE		1	1					
ANDROGEL 1.62% GEL PUMP	Testicular hypofunction	Other Provider	1							
ANDROGEL 1.62% GEL PUMP	Testicular hypofunction	PHYSICIAN ASSISTANT	1							
ANDROGEL 1.62%(2.5G) GEL PCKT	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY MEDICINE		1	1					
ANDROGEL 20.25/1.25 GEL MD PMP	N/A	FAMILY MEDICINE	1							
ANDROGEL 20.25/1.25 GEL MD PMP	N/A	Other Provider		4	4					
ANDROGEL 50 MG (1%) GEL PACKET	N/A	Other Provider	1							
ANESTH LUMBAR PUNCTURE	ENDOMETRIOSIS OF UTERUS	NEUROLOGY	1	0	0	0	0			
ANESTH PROCEDURE ON MOUTH	CELLULITIS AND ABSCESS OF MOUTH	DENTISTRY	1	0	0	0	0			1
ANESTH PROCEDURE ON MOUTH	CELLULITIS OF FACE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
ANESTH PROCEDURE ON MOUTH	DENTAL CARIES, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
ANESTH PROCEDURE ON MOUTH	HEREDITARY FACTOR VIII DEFICIENCY	FAMILY MEDICINE	1	0	0	0	0			
ANESTH PROCEDURE ON MOUTH	SUPERNUMERARY TEETH	FAMILY MEDICINE	1	0	0	0	0			
ANESTH PROCEDURE ON MOUTH	UNSPECIFIED CYST OF JAW	DENTISTRY	1	0	0	0	0			
ANESTH SPINE CORD SURGERY	N/A	PAIN MANAGEMENT	1							
ANESTH SURG LOWER ABDOMEN	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ANK-FOOT SYS DORS-PLANT FLEX	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	PHYSICAL MEDICINE	0	1	1	0	0			
ANKLE CONTROL ORTHO PRE OTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	FAMILY MEDICINE	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	PEDIATRICS	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	SOCIAL WORK	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	PAIN IN LEFT SHOULDER	PEDIATRICS	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	PAIN IN RIGHT FOOT	FAMILY MEDICINE	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
ANKLE CONTROL ORTHO PRE OTS	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	PEDIATRICS	1	0	0	0	0			
ANL SP INF PMP W/MDREPRG&FIL	UNSPECIFIED URINARY INCONTINENCE	PEDIATRIC REHABILITATION MEDICINE	1	0	0	0	0			
ANNOVERA .15013MG VAG RING	N/A	Other Provider	1							
ANTERIOR COLPORRHAPHY	COMPLETE UTEROVAGINAL PROLAPSE	UROLOGY	1	0	0	0	0			
ANTERIOR COLPORRHAPHY	CYSTOCELE, UNSPECIFIED	HOSPITAL	1							
Anterior instrumentation; 2 to 3 vertebral segments (List separately	,									
in addition to code for primary procedure)	Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY	1							
Anterior instrumentation; 4 to 7 vertebral segments (List separately	, , ,									
in addition to code for primary procedure)	Cervicalgia	NEUROSURGERY	1							
Anterior instrumentation; 4 to 7 vertebral segments (List separately										
in addition to code for primary procedure)	Enthesopathy, unspecified	NEUROSURGERY	1							
Anterior instrumentation; 4 to 7 vertebral segments (List separately										
in addition to code for primary procedure)	Spinal stenosis, cervical region	NEUROSURGERY	1							
Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-										1
Krantz, Burch); simple	Female genital prolapse, unspecified	UROLOGY	1			<u> </u>				
Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-										
Krantz, Burch); simple	Postmenopausal atrophic vaginitis	UROLOGY	1	<u> </u>						<u> </u>
ANUSOL-HC 25 MG SUPP.RECT	N/A	GASTROENTEROLOGY		1	1					
ANUSOL-HC 25 MG SUPPOSITORY	N/A	Other Provider		1	1					
AORTIC DYSFUNCTION/DILATION	FLAIL JOINT, UNSPECIFIED JOINT	GENETICS	0	2	2	0	0			
AORTIC DYSFUNCTION/DILATION	JOINT DERANGEMENT, UNSPECIFIED	NEUROLOGY	0	2	2	0	0			
AORTIC DYSFUNCTION/DILATION	LOCALIZED CONNECTIVE TISSUE DISORDER, UNSPECIFIED	HEMATOLOGY	0	2	2	0	0			
AORTIC DYSFUNCTION/DILATION	OTH CONGENITAL MALFORMATIONS OF CIRCULATORY SYSTEM	PEDIATRIC NEUROLOGY	0	2	2	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
AORTIC DYSFUNCTION/DILATION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	ENDOCRINOLOGY AND	0	2	2	0	0	Approved	Deffieu	by inc
Total Color City Significa		METABOLISM		_	_	o a	Ü			
AORTIC DYSFUNCTION/DILATION	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	GENETICS	2	0	0	0	0			
APAP WITH COMPLIANCE MONITORING	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy		15	15					
APC GENE DUP/DELET VARIANTS	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
APC GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	0	1	1	0	0			+
APC GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
APC GENE DUP/DELET VARIANTS	INTESTINAL MALABSORPTION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			+
APC GENE DUP/DELET VARIANTS	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	0	1	1	0	0			
APC GENE DUP/DELET VARIANTS	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			1
APC GENE FULL SEQUENCE	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
APC GENE FULL SEQUENCE	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			+
						_	_			
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	0	1	1	0	0			
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	HEMATOLOGY	1	0	0	0	0			
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			1
APC GENE FULL SEQUENCE	INTESTINAL MALABSORPTION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			1
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF CECUM	FAMILY MEDICINE	0	1	1	0	0			1
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF CECUM	INTERNAL MEDICINE	0	1	1	0	0			
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	0	1	1	0	0			
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	0	1	1	0	0			
APC GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
APC GENE FULL SEQUENCE	PERSONAL HISTORY OF COLONIC POLYPS	HEMATOLOGY	1	0	0	0	0			
APC GENE FULL SEQUENCE	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	INTERNAL MEDICINE	0	1	1	0	0			
APC GENE KNOWN FAM VARIANTS	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			†
APHERESIS PLASMA	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	PATHOLOGY	2	0	0	0	0			
APHERESIS PLASMA	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	PSYCHOLOGY	2	0	0	0	0			
APHERESIS PLASMA	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
APHERESIS PLASMA	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	HEMATOLOGY	5	0	0	0	0			
APHERESIS PLASMA	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	3	0	0	0	0			
APHERESIS PLASMA	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	2	0	0	0	0			
APHERESIS PLASMA	SICKLE-CELL DISEASE WITHOUT CRISIS	HEMATOLOGY	2	0	0	0	0			
		ENDOCRINOLOGY AND								
APIDRA 100/ML VIAL	N/A	METABOLISM		1	1					
APIDRA 100/ML VIAL	N/A	GENERAL PRACTICE	1							
APIDRA SOLOSTAR	Type 1 diabetes mellitus with hypoglycemia without coma	INTERNAL MEDICINE						1		
		ENDOCRINOLOGY AND								
APIDRA SOLOSTAR 100/ML INSULN PEN	N/A	METABOLISM	1							
APIDRA SOLOSTAR 100/ML INSULN PEN	N/A	GENERAL PRACTICE	1							
APIDRA SOLOSTAR 100/ML INSULN PEN	N/A	INTERNAL MEDICINE		2	2					
APIDRA SOLOSTAR 100/ML INSULN PEN	N/A	Other Provider	1	1	1					
APLENZIN 174MG TAB ER 24H	N/A	Other Provider	2							1
APLENZIN 348MG TAB ER 24H	N/A	Other Provider	2	ļ						1
APLENZIN 522MG TAB ER 24H	N/A	Other Provider	1	ļ						
APLENZIN ER 348 MG TABLET	Major depressive disorder, recurrent, moderate	INTERNAL MEDICINE		1	1					+
APLENZIN ER 522 MG TABLET	Major depressive disorder, recurrent severe without psychotic features	Other Provider	2							
APLENZIN ER 522 MG TABLET APLENZIN ER 522 MG TABLET		Other Provider Other Provider	2	 				-		+
APLENZIN ER 522 MG TABLET APLENZIN ER 522 MG TABLET	Major depressive disorder, recurrent, moderate Unspecified mood [affective] disorder	Other Provider Other Provider	1	1	1			-		+
APPENDECTOMY	UNSPECIFIED ACUTE APPENDICITIS	SURGERY, GENERAL	1	0	0	0	0			+
AFFENDECTOIVIT	UNSPECIFIED ACUTE APPENDICITIS	SUNGERT, GENERAL	1-	U	U	lo .	U	l		

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
APPLICATION OF BODY CAST	BILATERAL INTRAABDOMINAL TESTES	SURGERY, ORTHOPEDIC	2	0	0	0	0			<u> </u>
APPLICATION OF BODY CAST	PRADER-WILLI SYNDROME	SURGERY, ORTHOPEDIC	2	U	U	U	U			
A - dis d Bahas is a A - d - dis (ABA)	A state discouler	MH/SUD All Other								
Applied Behavior Analysis (ABA) APPLY BONE FIXATION DEVICE	Autistic disorder	Outpatient	4	0	0		0		1	1
APPLY BONE FIXATION DEVICE APPLY MULTLAY COMPRS LWR LEG	OTHER REDUCTION DEFECTS OF RIGHT LOWER LIMB TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	PODIATRY FAMILY MEDICINE	1	0	0	0	0			<u> </u>
APPLY MULITAY COMPRS LWR LEG APPLY SRS HEADFRAME ADD-ON	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	SURGERY, NEUROLOGICAL	1	0	0	0	1			-
APTENSIO			1	U	U	U	U			
	Attention-deficit hyperactivity disorder, combined type	Physician	1					1		-
APTENSIO XR 10 MG CAPSULE APTENSIO XR 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1	2	2		-			├ ───
APTENSIO XR 20 MG CAPSULE APTENSIO XR 30 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider		2	2				1	-
APTENSIO XR 40 MG CSBP 40-60	Attention-deficit hyperactivity disorder, combined type	Physician	2		-		-		1	├ ───
APTENSIO XR 40 MG CSBP 40-60 APTENSIO XR 50 MG CSBP 40-60	N/A	Other Provider PEDIATRICS	2							
	N/A		2							-
APTENSIO XR 60 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	2							
APTIOM 200 MG TABLET	N/A	NEUROLOGY	1							
APTIOM 400 MG TABLET	Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	NEUROLOGY	1							ļ!
	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS	0.1 0 11								
APTIOM 600 MG TABLET	EPILEPTICUS	Other Provider	1							
APTIOM 800 MG TABLET	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	2							ļ!
APTIOM 800 MG TABLET	N/A	NEUROLOGY	2							
APTIOM 800 MG TABLET	N/A	Other Provider	1							<u> </u>
AQUEOUS SHUNT EYE W/GRAFT	MECH COMPL OF INTERNAL PROSTH DEV/GRFT, INIT	OPHTHALMOLOGY	1	0	0	0	0			<u> </u>
AQUEOUS SHUNT EYE W/GRAFT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	OPHTHALMOLOGY	2	0	0	0	0			
AQUEOUS SHUNT EYE W/GRAFT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	2	0	0	0	0			<u> </u>
ARANESP 100MCG/0.5 SYRINGE	N/A	NEPHROLOGY	1							<u> </u>
ARANESP 25 MCG/0.42 ML SYRING	Anemia in chronic kidney disease	NEPHROLOGY	1	1	1					<u> </u>
ARANESP 60 MCG/0.3 SYRINGE	N/A	NEPHROLOGY	1							
ARAZLO 0.045% LOTION	N/A	Other Provider		1	1					
		PEDIATRIC								
ARIKAYCE 590 MG/8.4 ML VIAL	N/A	PULMONOLOGY	1							
ARIKAYCE 590 MG/8.4 VIAL-NEB	N/A	INFECTIOUS DISEASE		1	1					
ARIPIPRAZOLE 5 MG TABLET	N/A	Other Provider	9							
ARIPIPRAZOLE 5 MG TABLET	N/A	PEDIATRIC NEUROLOGY	1							
Armodafinil	Obstructive sleep apnea (adult) (pediatric)	Other Provider						1		
ARMODAFINIL 150 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Other Provider	1							
ARMODAFINIL 150 MG TABLET	Circadian rhythm sleep disorder, shift work type	FAMILY MEDICINE	2							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
ARMODAFINIL 150 MG TABLET	Circadian rhythm sleep disorder, shift work type	CARE		1	1					
ARMODAFINIL 150 MG TABLET	Circadian rhythm sleep disorder, shift work type	INTERNAL MEDICINE	1							
ARMODAFINIL 150 MG TABLET	Circadian rhythm sleep disorder, shift work type	Other Provider	1	1	1					
ARMODAFINIL 150 MG TABLET	Hypersomnia due to medical condition	Other Provider		1	1					
ARMODAFINIL 150 MG TABLET	Hypersomnia, unspecified	Other Provider		2	2					
ARMODAFINIL 150 MG TABLET	N/A	FAMILY MEDICINE	2	7	7					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
ARMODAFINIL 150 MG TABLET	N/A	CARE		3	3					
ARMODAFINIL 150 MG TABLET	N/A	INTERNAL MEDICINE		2	2	Ì				
ARMODAFINIL 150 MG TABLET	N/A	NEUROLOGY	4	2	2	Ì				
ARMODAFINIL 150 MG TABLET	N/A	Other Provider	4	4	4	Ì				
ARMODAFINIL 150 MG TABLET	N/A	PULMONARY DISEASE	1	2	2					
ARMODAFINIL 150 MG TABLET	N/A	SLEEP MEDICINE	1	1	1					
ARMODAFINIL 150 MG TABLET	Narcolepsy without cataplexy	FAMILY MEDICINE	1	-	-		 			†
ARMODAFINIL 150 MG TABLET	Obstructive sleep apnea (adult) (pediatric)	INTERNAL MEDICINE	1							
ARMODAFINIL 150 MG TABLET ARMODAFINIL 150 MG TABLET	Obstructive sleep apriea (adult) (pediatric) Obstructive sleep apriea (adult) (pediatric)	NEUROLOGY	1	 	 	 	 			
AUNIONALINIT TON ING TABLET	Obstructive sleep apried (dudit) (pediatric)	INCOROLOGY	IΤ	1	l .	l	1			

					Medical	Experimental &	Network	Total	Total	
Dunandura Cada Danninkian	Diagnosis Code Description	Dunnidas Canadalas	Total UM	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved
Procedure Code Description ARMODAFINIL 150 MG TABLET	Diagnosis Code Description Obstructive sleep apnea (adult) (pediatric)	Provider Specialty Other Provider	Approvals	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IRO
ARMODAFINIL 150 MG TABLET ARMODAFINIL 150 MG TABLET	Other hypersomnia	NEUROLOGY	1	2	2					
ARMODAFINIL 150 MG TABLET	RECURRENT HYPERSOMNIA	PULMONARY DISEASE	1							
ARMODAFINIL 150 MG TABLET	Sleep apnea, unspecified	FAMILY MEDICINE	1	1	1					
ANNODAFINE 130 MG TABLET	звеер арпеа, инѕрестеи	FAMILY NURSE		1	1					
		PRACTITIONER PRIMARY								
ARMODAFINIL 150 MG TABLET	SOMNOLENCE	CARE		1	1					
ANNODATINE 130 WG TABLET	Attention-deficit hyperactivity disorder, predominantly inattentive	CATTLE		-	1					
ARMODAFINIL 200 MG TABLET	type	Other Provider	1							
ARMODAFINIL 200 MG TABLET	Circadian rhythm sleep disorder, shift work type	PHYSICIAN ASSISTANT	1							
ARMODAFINIL 200 MG TABLET	Generalized anxiety disorder	Other Provider	_	1	1					
ARMODAFINIL 200 MG TABLET	Hypersomnia, unspecified	Other Provider		2	2					
ARMODAFINIL 200 MG TABLET	Hypersomnia, unspecified	PULMONARY DISEASE	1							
ARMODAFINIL 200 MG TABLET	Multiple sclerosis	NEUROLOGY	1							
ARMODAFINIL 200 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
ARMODAFINIL 200 MG TABLET	N/A	Other Provider	2							
ARMODAFINIL 200 MG TABLET	N/A	PULMONARY DISEASE	3							
ARMODAFINIL 200 MG TABLET	Narcolepsy without cataplexy	FAMILY MEDICINE		1	1					
ARMODAFINIL 200 MG TABLET	Narcolepsy without cataplexy	SLEEP MEDICINE		1	1					
ARMODAFINIL 250 MG TABLET	Circadian rhythm sleep disorder, shift work type	INTERNAL MEDICINE	1							
ARMODAFINIL 250 MG TABLET	Circadian rhythm sleep disorder, shift work type	Other Provider	2							
ARMODAFINIL 250 MG TABLET	Hypersomnia due to medical condition	SLEEP MEDICINE	1							
ARMODAFINIL 250 MG TABLET	INSOMNIA, UNSPECIFIED	Other Provider	1							
ARMODAFINIL 250 MG TABLET	N/A	FAMILY MEDICINE	3	3	3					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
ARMODAFINIL 250 MG TABLET	N/A	CARE		1	1					
ARMODAFINIL 250 MG TABLET	N/A	INTERNAL MEDICINE	1							
ARMODAFINIL 250 MG TABLET	N/A	NEUROLOGY	2							
ARMODAFINIL 250 MG TABLET	N/A	Other Provider	7	2	2					
ARMODAFINIL 250 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
ARMODAFINIL 250 MG TABLET	N/A	PULMONARY DISEASE	4							
ARMODAFINIL 250 MG TABLET	N/A	RHEUMATOLOGY	1							
ARMODAFINIL 250 MG TABLET	N/A	SLEEP MEDICINE		2	2					
ARMODAFINIL 250 MG TABLET	Sleep apnea, unspecified	RHEUMATOLOGY	1							
ARMODAFINIL 50 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
ARMODAFINIL 50 MG TABLET	N/A	Other Provider		1	1					<u> </u>
ARMODAFINIL 50 MG TABLET	Obstructive sleep apnea (adult) (pediatric)	NEUROLOGY		1	1					<u> </u>
ARNUITY ELLIPTA	Mild persistent asthma with (acute) exacerbation	ALLERGY/IMMUNOLOGY						1		
ARNUITY ELLIPTA 100 MCG BLST W/DEV	N/A	ALLERGY/IMMUNOLOGY	1	5	5					
ARNUITY ELLIPTA 100 MCG INH	N/A	ALLERGY/IMMUNOLOGY		1	1					
ARNUITY ELLIPTA 100 MCG INH	N/A	Other Provider		1	1					
ARNUITY ELLIPTA 200 MCG BLST W/DEV	N/A	ALLERGY/IMMUNOLOGY	1	6	6					
		FAMILY NURSE								1
ARNUITY ELLIPTA 200 MCG BLST W/DEV	N/A	PRACTITIONER		1	1					
ARNUITY ELLIPTA 200 MCG INH	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	SLEEP MEDICINE		1	1					
ARNUITY ELLIPTA 200 MCG INH	Moderate persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY	1							
ART BYP AORTOBIFEMORAL	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, THORACIC	1	0	0	0	0			
ART BYP AORTOBIFEMORAL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, THORACIC	1	0	0	0	0			
ART BYP CAROTID-SUBCLAVIAN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ART BYP FEM-ANT-POST TIB/PRL	ATHSCL NATIVE ARTERIES OF EXTRM W REST PAIN, UNSP EXTREMITY	SURGERY, VASCULAR	1	O Delliais	O Delliais	O Demais	O Delilais	Approveu	Dellieu	by INO
ART BYP FEM-ANT-POST TIB/PRL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	2	0	n	0	n			
ART BYP FEMORAL-POPLITEAL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			-
ART BYP GRET FEM-POPLITEAL	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			-
ARTERY TRANSPOSE/ENDOVAS TAA	DISSECTION OF THORACOABDOMINAL AORTA		1	0	0	0	0			
ARTERY-VEIN AUTOGRAFT	END STAGE RENAL DISEASE	SURGERY, THORACIC	1	0	0	0	0			-
		SURGERY, THORACIC	1	1	1	0	0			-
ARTERY-VEIN NONAUTOGRAFT	HYPERGLYCEMIA, UNSPECIFIED	SURGERY, THORACIC	1	0	0	0	0			
ARTERY-VEIN NONAUTOGRAFT	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	SURGERY, THORACIC	1	0	0	0	0			
ARTHRODESIS SACROILIAC JOINT	LOW BACK PAIN	ANESTHESIOLOGY	0	1	1	0	0			
ARTHRODESIS SACROILIAC JOINT	Other intervertebral disc displacement, lumbosacral region	Other Provider							1	
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
		SURGERY,								
ARTHRODESIS SACROILIAC JOINT	Sacrococcygeal disorders, not elsewhere classified	NEUROLOGICAL						1	1	1
ARTHRODESIS SACROILIAC JOINT	Sacroiliitis, not elsewhere classified	Other Provider	1						1	
ARTHRODESIS SACROILIAC JOINT	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	0	1	1	0	0		_	
ARTHRODESIS SACROILIAC JOINT	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	2	1	1	0	0			
THE THE SECOND STATE OF TH	STORIOLENIS, NOT ELSEWHERE CERSON LES	SURGERY,	-	-						
ARTHRODESIS SACROILIAC JOINT	Sacroiliitis, not elsewhere classified	NEUROLOGICAL							1	
ARTHRODESIS SACROILIAC JOINT ARTHRODESIS SACROILIAC JOINT	Spinal instabilities, sacral and sacrococcygeal region	Other Provider	-						1	
	Spirial instabilities, sacrai and sacrococcygeal region	Other Provider	-							
Arthrodesis, anterior interbody technique, including minimal										
discectomy to prepare interspace (other than for decompression);										
lumbar	Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY	1							
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Cervicalgia	NEUROSURGERY	1							
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord		NEUROCURCERY								
and/or nerve roots; cervical below C2	Enthesopathy, unspecified	NEUROSURGERY	1							
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Spinal stenosis, cervical region	NEUROSURGERY	1							
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	Canteeleia	NEUROCLIRCERY	1							
(List separately in addition to code for primary procedure)	Cervicalgia	NEUROSURGERY	1							\vdash
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)	Enthesopathy, unspecified	NEUROSURGERY	1							
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	Coincle stance is consisted region	NEUDOCUDCEDV	1							
(List separately in addition to code for primary procedure)	Spinal stenosis, cervical region	NEUROSURGERY	1							
Arthrodesis, posterior or posterolateral technique, single level; each										
additional vertebral segment (List separately in addition to code for		l								
primary procedure)	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							
Arthrodesis, posterior or posterolateral technique, single level; each										
additional vertebral segment (List separately in addition to code for										
primary procedure)	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Arthrodesis, posterior or posterolateral technique, single level; each										
additional vertebral segment (List separately in addition to code for										
primary procedure)	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
Arthrodesis, posterior or posterolateral technique, single level; each										
additional vertebral segment (List separately in addition to code for										
primary procedure)	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1							
Arthrodocic postorior or postorolatoral tochnique single levels										
Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							
idinoai (with lateral transverse technique, when performed)	other intervertebrar disc degeneration, lumbar region	NEOROSONGENT	1							
Arthrodesis, posterior or posterolateral technique, single level;										
lumbar (with lateral transverse technique, when performed)	Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY	1							
, and the state of										
Arthrodesis, posterior or posterolateral technique, single level;										
lumbar (with lateral transverse technique, when performed)	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							
	<u> </u>									
Arthrodesis, posterior or posterolateral technique, single level;										
lumbar (with lateral transverse technique, when performed)	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
Arthrodesis, posterior or posterolateral technique, single level;										
lumbar (with lateral transverse technique, when performed)	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1							
Arthrodesis, posterior or posterolateral technique, single level;										
thoracic (with lateral transverse technique, when performed)	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							
Arthrodocic postorior or postorolatoral tochnique single levels										
Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spinal anthosopathy, thoracic ragion	NEUROSURGERY	1							
thoracic (with lateral transverse technique, when performed)	Spinal enthesopathy, thoracic region	NEOROSONGENT	1							
Arthrodesis, posterior or posterolateral technique, single level;										
thoracic (with lateral transverse technique, when performed)	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
, , , , , , , , , , ,			1							
Arthrodesis, posterior or posterolateral technique, single level;										
thoracic (with lateral transverse technique, when performed)	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1							
ARTHROFLEX	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	SURGERY, VASCULAR	0	1	1	0	0			
Arthroplasty, acetabular and proximal femoral prosthetic										
replacement (total hip arthroplasty), with or without autograft or										
allograft	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	SURGERY, ORTHOPEDIC	1							
Arthroplasty, acetabular and proximal femoral prosthetic										
replacement (total hip arthroplasty), with or without autograft or										
allograft	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	SURGERY-ORTHOPEDIC	1							
Arthroplasty, acetabular and proximal femoral prosthetic	DECODIATIC ADTUDITIC MALITIL AND COTUED COROLEGE ADTUCTO									
replacement (total hip arthroplasty), with or without autograft or	PSORIATIC ARTHRITIS MUTILANS; OTHER SPECIFIED ARTHRITIS	CLIDCEDY ODTLIODESIC		_	4					
allograft Arthroplasty, acetabular and province femoral prosthetic	RIGHT HIP	SURGERY-ORTHOPEDIC	1	1	1					
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or										
allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	1							
Arthroplasty, acetabular and proximal femoral prosthetic	OTHER TELEVISION OF CONTINUES CELL THE	COI EDIC SONGENI	1							
replacement (total hip arthroplasty), with or without autograft or										
allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	1							
Arthroplasty, acetabular and proximal femoral prosthetic										
replacement (total hip arthroplasty), with or without autograft or										
allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	1							
Arthroplasty, acetabular and proximal femoral prosthetic										
	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP; OTHER									
allograft	SPECIFIED ARTHRITIS RIGHT HIP; PSORIATIC ARTHRITIS MUTILANS	SURGERY-ORTHOPEDIC	1	l	l					1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee	LINIII ATEDAL DRIMA DV OCTEO A DTUDITIC LEET VNIEE	ORTHOPEDIC SURGERY	1							
Arthroplasty knee condule and plateau; medial AND lateral	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	OKTHOPEDIC SURGERT	1							
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY, ORTHOPEDIC	1							
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee										
arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	4							
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee										
arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	2							
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee										
arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY, ORTHOPEDIC		1	1			1		
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee										
arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	1							
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE; UNILATERAL									
arthroplasty	PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY		1	1					
Arthroplasty, knee, condyle and plateau; medial AND lateral										
compartments with or without patella resurfacing (total knee										
arthroplasty)	Unilateral primary osteoarthritis, left knee	Hospital	1							
Arthroplasty, knee, condyle and plateau; medial OR lateral										
compartment	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	2	2	2			1		
ARTHROSCOP ROTATOR CUFF REPR	OTHER INSTABILITY, LEFT SHOULDER	HOSPITAL	1							
	CHONDROMALACIA LEFT KNEE; SPRAIN ANT CRUCIATE LIGAMENT									
Arthroscopically aided anterior cruciate ligament	LT KNEE INITIAL ENC; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE									
repair/augmentation or reconstruction	INITIAL; COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopically aided anterior cruciate ligament										
repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopically aided anterior cruciate ligament	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC; SPRAIN ANT									
repair/augmentation or reconstruction	CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopically aided anterior cruciate ligament		ORTHOPEDIC - NON								
repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGICAL	1							
Arthroscopically aided anterior cruciate ligament										
repair/augmentation or reconstruction	OTHER SPONTANEOUS DISRUPTION OF ACL RIGHT KNEE	PEDIATRIC ORTHOPEDIST	1							
Arthroscopically aided anterior cruciate ligament	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC; SPRAIN									
repair/augmentation or reconstruction	ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	1							
Arthroscopically aided anterior cruciate ligament	CODAIN ANT COLICIATE LICAMENT LT KNIEF INITIAL FAIC	OPTHODEDIC CURCERY								
repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopically aided anterior cruciate ligament										
repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	2							
Arthroscopically aided anterior cruciate ligament	CDDAINLANT COLICIATE LICAMENT LT WASS SUBSECTIONS	ODTHODEDIC SUBCESS		 	1					
repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	ORTHOPEDIC SURGERY	-	1	1					-
Arthroscopically aided anterior cruciate ligament	CODAIN ANT COLICIATE LICAMENT OF WAITS INITIAL SAIC	CLIDGEDY OPTUGBED:S	_							
repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	1		-					-
Arthroscopically aided anterior cruciate ligament	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC; COMPLEX	ODTHODEDIC CHDCCCV								
repair/augmentation or reconstruction	TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	1	0	0	0	0			-
ARTHROSCOPY OF JOINT	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT HUMERUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			-
ARTHROSCOPY OF JOINT	LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB	SURGERY, HAND	1	0	U	U	U			
ARTHROSCOPY OF JOINT	PAIN IN LEFT ELBOW	SURGERY, ORTHOPEDIC	11	U	ľ	v	U	<u> </u>		

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam	PAIN IN LEFT HIP; OTHER UNILATERAL SECONDARY OSTEOARTHRITIS									
lesion)	OF HIP; OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGICAL	1							
Arthroscopy, hip, surgical; with labral repair	PAIN IN LEFT HIP; OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP; OTHER SPECIFIED JOINT DISORDERS LEFT HIP	ORTHOPEDIC - NON SURGICAL	1							
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; abrasion arthroplasty (includes	UNS DISORDER SYNOVIUM & amp; TENDON LT LOWER LEG; CHONDROMALACIA LEFT KNEE; CHONDROMALACIA PATELLAE LEFT									
chondroplasty where necessary) or multipledrillingor microfracture	KNEE; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; debridement/shaving of articular	CHONDROMALACIA LEFT KNEE; SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE									
cartilage (chondroplasty)	INITIAL; COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE RIGHT KNEE; CHONDROMALACIA RIGHT KNEE; OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC; OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC; OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY		1	1					
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC; CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY		1	1				1	
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC; OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC; LOOSE BODY IN KNEE LEFT KNEE; CHONDROMALACIA LEFT KNEE	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE; CHONDROMALACIA RIGHT KNEE; OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC; OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC; OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY		1	1					
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC; OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC; OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY		1	1					
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC; OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; synovectomy, major, two or more	CHONDROMALACIA LEFT KNEE; SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE									
compartments (eg, medial or lateral)	INITIAL; COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC; OTH TEAR	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY		1	1					
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC; OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	ORTHOPEDIC SURGERY		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	LOOSE BODY IN KNEE RIGHT KNEE; CHONDROMALACIA RIGHT KNEE;									
	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC; OTH TEAR									
Arthroscopy, knee, surgical; with lateral release	LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC; OTH TEAR									
Arthroscopy, knee, surgical; with lateral release	MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY		1	1					
	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC; OTH TEAR									
Arthroscopy, knee, surgical; with lateral release	LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
	CHONDROMALACIA LEFT KNEE; SPRAIN ANT CRUCIATE LIGAMENT									
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	LT KNEE INITIAL ENC; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE									
including any meniscal shaving)	INITIAL; COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,										
including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC; COMPLEX									
including any meniscal shaving)	TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC; COMPLEX									
including any meniscal shaving)	TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	1							
	LOOSE BODY IN KNEE RIGHT KNEE; CHONDROMALACIA RIGHT KNEE;									
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC; OTH TEAR									
including any meniscal shaving)	LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC; OTH TEAR									
including any meniscal shaving)	MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY		1	1					
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,		ORTHOPEDIC - NON								
including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGICAL	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC; OTH TEAR									
including any meniscal shaving)	LAT MENISC CURRNT INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,										
including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,										
including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	1							
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC; COMPLEX									
including any meniscal shaving)	TEAR LAT MENISC CURR INJ RT KNEE INITIAL	ORTHOPEDIC SURGERY	1							
	CHONDROMALACIA LEFT KNEE; SPRAIN ANT CRUCIATE LIGAMENT									
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,	LT KNEE INITIAL ENC; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE									
including any meniscal shaving)	INITIAL; COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC; LOOSE									
including any meniscal shaving)	BODY IN KNEE LEFT KNEE; CHONDROMALACIA LEFT KNEE	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,										
including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC; SPRAIN ANT									
including any meniscal shaving)	CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC;									
including any meniscal shaving)	CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY		1	1				1	
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,		ORTHOPEDIC - NON								
including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGICAL	1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,										
including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY, ORTHOPEDIC	1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,		,	1							
including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,	PAIN IN RIGHT KNEE; EFFUSION RIGHT KNEE; COMPLEX TEAR MED									
including any meniscal shaving)	MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
		ZO. EDIO GONGENI	1-	l .	ı					

Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) SPRAIN ANT CRUCIATE LIGAME! UNS DISORDER SYNOVIUM &an	NT LT KNEE INITIAL ENC NT RT KNEE INITIAL ENC 1p; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT	Provider Specialty ORTHOPEDIC SURGERY SURGERY-ORTHOPEDIC SURGERY-ORTHOPEDIC	Total UM Approvals 1	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) UNS DISORDER SYNOVIUM &an Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, CHONDROMALACIA LEFT KNEE;	NT LT KNEE INITIAL ENC NT LT KNEE INITIAL ENC NT RT KNEE INITIAL ENC 1p; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT	ORTHOPEDIC SURGERY SURGERY-ORTHOPEDIC	1 1	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) SPRAIN ANT CRUCIATE LIGAME! SPRAIN ANT CRUCIATE LIGAME! UNS DISORDER SYNOVIUM &an Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, CHONDROMALACIA LEFT KNEE;	NT LT KNEE INITIAL ENC NT RT KNEE INITIAL ENC 1p; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT	SURGERY-ORTHOPEDIC	1 1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) SPRAIN ANT CRUCIATE LIGAME! SPRAIN ANT CRUCIATE LIGAME! UNS DISORDER SYNOVIUM &an Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, CHONDROMALACIA LEFT KNEE;	NT LT KNEE INITIAL ENC NT RT KNEE INITIAL ENC 1p; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT	SURGERY-ORTHOPEDIC	1							
including any meniscal shaving) Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) SPRAIN ANT CRUCIATE LIGAME! SPRAIN ANT CRUCIATE LIGAME! UNS DISORDER SYNOVIUM &an Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, CHONDROMALACIA LEFT KNEE;	NT RT KNEE INITIAL ENC np; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT		1							
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) SPRAIN ANT CRUCIATE LIGAME! UNS DISORDER SYNOVIUM &an Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, CHONDROMALACIA LEFT KNEE;	NT RT KNEE INITIAL ENC np; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT		1							
including any meniscal shaving) SPRAIN ANT CRUCIATE LIGAME UNS DISORDER SYNOVIUM &an Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,	np; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT	SURGERY-ORTHOPEDIC	1							
UNS DISORDER SYNOVIUM &an Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, CHONDROMALACIA LEFT KNEE;	np; TENDON LT LOWER LEG; CHONDROMALACIA PATELLAE LEFT									
, , , , , , , , , , , , , , , , , , ,		ORTHOPEDIC SURGERY	1							
1										
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) OTH TEAR LAT MENISC CURRNT	INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	1							
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) OTH TEAR LAT MENISC CURRNT CRUCIATE LIGAMENT RT KNEE I	INJ RT KNEE INIT ENC; SPRAIN ANT NITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) OTH TEAR MED MENISCUS CUR		SURGERY, ORTHOPEDIC	1							\vdash
	CURR LT KNEE INIT ENC; SPRAIN	CURCERY ORTHORERIC	4							
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) ANT CRUCIATE LIGAMENT LT KN	IEE INITIAL ENC	SURGERY-ORTHOPEDIC	1							
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) SPRAIN ANT CRUCIATE LIGAME	NT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	1							
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) SPRAIN ANT CRUCIATE LIGAMEI	NT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	1							1
BICIPITAL TENDINITIS RIGHT SHI		SONGENT ONTHOLEDIC	_							
Arthroscopy, shoulder, surgical; biceps tenodesis TEAR/RUPT RT SHLDR NOT TRA	*	SURGERY-ORTHOPEDIC	1							
UNS ROT CUFF TEAR/RUPT RT S	PRIMARY OSTEOARTHRITIS TAL TENDINITIS RIGHT SHOULDER HLDR NOT SPEC TRAUMAT;	ORTHOPEDIC SURGERY		1	1					
PRIMARY OSTEOARTHRITIS RIGI	*									
Arthroscopy, shoulder, surgical; biceps tenodesis SYNDROME OF RIGHT SHOULDE		ORTHOPEDIC SURGERY	1							
Arthroscopy, shoulder, surgical; capsulorrhaphy OTHER INSTABILITY RIGHT SHOU		SURGERY-ORTHOPEDIC OBSTETRICIAN AND	1							——
Arthroscopy, shoulder, surgical; capsulorrhaphy SUPERIOR GLENOID LABRUM LE		GYNECOLOGIST		1	1			1		
Arthroscopy, shoulder, surgical; capsulorrhaphy SUPERIOR GLENOID LABRUM LE BICIPITAL TENDINITIS RIGHT SH		GINECOLOGIST		1	1			1		
Arthroscopy, shoulder, surgical; debridement, extensive TEAR/RUPT RT SHLDR NOT TRA	· ·	SURGERY-ORTHOPEDIC	1							
BURSITIS OF RIGHT SHOULDER; SHOULDER NOT SPEC TRAUM; F	INCMPL RC TEAR/RUPT RT PRIMARY OSTEOARTHRITIS	ORTHOPEDIC SURGERY		1	1					
Arthroscopy, shoulder, surgical; debridement, extensive COMPLETE ROT CUFF TEAR/RUE	PT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	1							
		OBSTETRICIAN AND								
Arthroscopy, shoulder, surgical; debridement, extensive SUPERIOR GLENOID LABRUM LE		GYNECOLOGIST		1	1			1		
Arthroscopy, shoulder, surgical; debridement, limited COMPLETE ROT CUFF TEAR/RUI		ORTHOPEDIC SURGERY	1							
INCMPL ROT CUFF TEAR/RUPT I										
Arthroscopy, shoulder, surgical; debridement, limited PRIMARY OSTEOARTHRITIS LEFT		ORTHOPEDIC SURGERY	1							
Arthroscopy, shoulder, surgical; debridement, limited OTH MECH COMP OTH BONE D		ORTHOPEDIC SURGERY	1	1	1					\vdash
Arthroscopy, shoulder, surgical; debridement, limited OTHER ARTICULAR CARTILAGE I		ORTHOPEDIC SURGERY		1	1					
Arthroscopy, shoulder, surgical; debridement, limited OTHER ARTICULAR CARTILAGE I COMPLETE ROT CUFF TEAR/RUF POST-TRAUMATIC OSTEOARTHI	PT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	1							
IMPINGEMENT SYNDROME OF										
Arthroscopy, shoulder, surgical; debridement, limited GLENOID LABRUM LESION RT SI		SURGERY-ORTHOPEDIC	1							
1,1	SHOULDER; OTHER SHOULDER									
.,,	INGEMENT SYNDROME OF RIGHT									
release SHOULDER		ORTHOPEDIC SURGERY	1							1

IMPINGEMENT SYNDROME OF RIGHT SHOULDER; PRIMARY Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy including distal Arthroscopy, shoulder, surgical; distal claviculectomy											
**************************************	Procedure Code Description	Diagnosis Codo Description	Provider Specialty			Necessity	Investigational	Adequacy	Appeals	Appeals	
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articular surface (Mumford procedure) SYNDROME OF RIGHT SHOULDER ORTHOPEDIC SURGERY 1	Arthroscopy, shoulder, surgical; distal claviculectomy including distal	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER; IMPINGEMENT									
Arthroscopy, shoulder, surgical; repair of SLAP lesion COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT ORTHOPEDIC SURGERY 1	articular surface (Mumford procedure)		ORTHOPEDIC SURGERY	1							
· · · · · · · · · · · · · · · · · · ·	Arthroscopy, shoulder, surgical; repair of SLAP lesion	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·	BICIPITAL TENDINITIS RIGHT SHOULDER; COMPLETE ROT CUFF	, ,								
Arthroscopy, shoulder, surgical; with rotator cuff repair	TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	1							
Athreses and shoulder surgical with setator suff sansis	BURSITIS OF RIGHT SHOULDER; INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM; PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER; BICIPITAL TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY		1	1					
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF LEFT SHOULDER; SPONTANEOUS	OKTHOPEDIC SURGERT		1	1					+
Arthroscopy, shoulder, surgical; with rotator cuff repair	RUPTURE EXTENSOR TENDONS LT SHOULDER	ORTHOPEDIC SURGERY	1							
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER; BURSITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER; PRIMARY OSTEOARTHRITIS RIGHT SHOULDER; SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT;	ORTHOPEDIC SURGERY	1							
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER; IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
Arthrotomy, hip, with drainage (eg, infection)	Infection following a procedure, other surgical site, init	ORTHOPEDIC SURGERY	1							+
(6)	Chronic migraine without aura, not intractable, without status		ľ							+
ASA-BUTALB-CAFF-COD #3 CAPSULE	migrainosus	NEUROLOGY	1							
ASA-BUTALB-CAFFEINE-CODEINE 30-50-325 CAPSULE	N/A	FAMILY MEDICINE		1	1					
ASACOL HD DR 800 MG TABLET	Ulcerative colitis, unspecified, without complications	Other Provider		2	2					
AS-AORT GRF F/DS OTH/THN DSJ	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	1	0	0	0	0			
AS-AORT GRF F/DS OTH/THN DSJ	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	SURGERY, THORACIC	1	0	0	0	0			
ASCENDING AORTIC GRAFT	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	SURGERY, THORACIC	1	0	0	0	0			
ASCENDING AORTIC GRAFT	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	SURGERY, THORACIC	1	0	0	0	0			
ASCOMP WITH CODEINE CAPSULE	Unknown	SURGERY, ORTHOPEDIC	1							
ASMANEX 220MCG 120 AER POW BA	N/A	ALLERGY/IMMUNOLOGY		1	1					
ASMANEX 220MCG 120 AER POW BA	N/A	Other Provider		1	1					
ASMANIEV 220MCC(20) AER DOW DA	N/A	ALLERGY/IMMUNOLOGY	1							
ASMANEX 220MCG(30) AER POW BA ASMANEX 220MCG(30) AER POW BA	N/A	Other Provider	1	1	1					+
ASMANEX 220MCG(30) AER POW BA	N/A	RHEUMATOLOGY	1	1	1					+
ASMANEX 220MCG(60) AER POW BA	N/A	INTERNAL MEDICINE	1	1	1					+
ASMANEX 220MCG(60) AER POW BA	N/A	Other Provider		1	1					+
ASMANEX HFA 100 MCG HFA AER AD	N/A	INTERNAL MEDICINE		2	2					+
ASMANEX HFA 100 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Other Provider		1	1					+
	·		1	_						
ASMANEX HFA 100 MCG INHALER ASMANEX HFA 100 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION Unspecified asthma, uncomplicated	ALLERGY/IMMUNOLOGY Other Provider	1							+
	7. 4									
ASMANEX HFA 200 MCG HFA AER AD	N/A	ALLERGY/IMMUNOLOGY	2							
ASMANEX HFA 200 MCG INHALER	Mild persistent asthma, uncomplicated	Other Provider		1	1					
ASMANEX HFA 200 MCG INHALER	Unspecified asthma, uncomplicated	Other Provider		1	1	ļ				↓
ASMANEX TWISTHALER 220 MCG #30	Mild persistent asthma, uncomplicated	PEDIATRIC PULMONOLOGY	1							
ASMANEX TWISTHALER 220 MCG #30	Mild persistent asthma, uncomplicated	SLEEP MEDICINE		1	1					
ASMANEX TWISTHALER 220 MCG #30	Moderate persistent asthma, uncomplicated	Other Provider		1	1					
ASMANEX TWISTHALR 220 MCG #120	Moderate persistent asthma, uncomplicated	FAMILY MEDICINE	1	1	1					
ASPIRATE PLEURA W/O IMAGING	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
ASSAY OF CREATININE	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	FAMILY MEDICINE	1	0	0	0	0			
ASSAY OF IRON	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	1	0	0	0	0			

Procedure Case Execution Disputoris Code Description Disputoris Code Description Disputoris Code Description OCCUMENT FOR ASSISTED REPOSEDLY PERTURN PROCEDURE COLL						Medical	Experimental &	Network	Total	Total	
ASSISTED CASE PRIVATE COST REPRESENTED DECONDER CYCLE DECONDER COSCINUS DECOND						Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
INDICORNACION				Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ANZAMANK SILIFAT 200 MG CAPULE ALZAMANK SILIFAT 200 MG CAPULE	ASSIST OOCYTE FERTILIZATION	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE		0	2	0	0	2			
ARZADANNE SULFATE 200 MG CAP ALTERITOR SULFATE 200 MG CAP MULAN IMMUNOSEFICIENCY VIRUS (MV) DISEASE MUSES PRACTITIONER 1	ASSMT & CARE PLN PT COG IMP	N/A	NEUROLOGY	1							-
ARZADAMOR SULPATE 200 MC GAPULE N.A. Attention-deficit hyperactivity disorder, combined type 1		,		1							
ATOMORETINE FICE 40 MG CAPSULE ATOMORETINE FICE 40 MG CAPSULE N/A ATOMORETINE FICE				1							
ADMONOSTREE FLG. 40 MG CAPAILE N/A ADMONOSTREE FLG. 40 MG CAPAILE N/A ADMONOSTREE FLG. 40 MG CAPAILE N/A ADMONOSTREE FLG. 40 MG CAPAILE N/A ADMONOSTREE FLG. 40 MG CAPAILE N/A ADMITTATION SOCIAL TO THE ADMINISTRATION OF THE ADMINISTR				1							
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	(eg, ribs, spinous process, or laminar fragments) obtained from same										
incision (List separately in addition to code for primary procedure) Wedge compression fracture of T11-T12 vertebra, init NEUROSURGERY 1			NEUROSURGERY	1							
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AUTOMATIC BP MONITOR, DIAL DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0				1	0	n	0	0			
AUTOMATIC BP MONITOR, DIAL DILATED CARDIOMYOPATHY SOCIAL WORK 1 0 0 0 0	*			1	0	0	0	0			-
AUTOMATIC BP MONTOR, DIAL ESSENTIAL (PRIMARY) HYPERTENSION FAMILY WEB LIGHT 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·			2	0	n	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
AUTONOMIC NRV PARASYM INERVJ	N/A	NEUROLOGY	1							
AUTONOMIC NRV SYST FUNJ TEST AUTOTRANSPLANT PARATHYROID	N/A NONTOXIC MULTINODULAR GOITER	NEUROLOGY	1	0	0	0	0			
AUTOTRANSPLANT PARATHYROID	NONTOXIC MULTINODULAR GOTTER	SURGERY, GENERAL	1	0	0	0	0			
AUVI-Q 0.1 MG AUTO-INJECTOR	N/A	ALLERGY/IMMUNOLOGY	3	3	3					
AUVI-Q 0.1 MG AUTO-INJECTOR	N/A	Other Provider	2	1	1					
AUVI-Q 0.1 MG AUTO-INJECTOR	N/A	PEDIATRICS	1							
		Pediatrics -								
AUVI-Q 0.1 MG AUTO-INJECTOR	N/A	Routine/Primary Care	1							
AUVI-Q 0.15 MG AUTO-INJECTOR	N/A	ALLERGY/IMMUNOLOGY		1	1					
AUVI-Q 0.15 MG AUTO-INJECTOR	N/A	Other Provider	1	1	1					
AUVI-Q 0.15 MG AUTO-INJECTOR	N/A	PEDIATRICS		1	1					
AUVI-Q 0.15/0.15 AUTO INJCT	N/A	Other Provider		1	1					
·										
AUVI-Q 0.1MG/.1ML AUTO INJCT	N/A	ALLERGY/IMMUNOLOGY	4							
AUVI-Q 0.1MG/.1ML AUTO INJCT	N/A	Other Provider	1							
AUVI-Q 0.3 MG AUTO-INJECTOR	N/A	Other Provider	1	2	2					
AUVI-Q 0.3 MG AUTO-INJECTOR	N/A	PEDIATRICS		1	1					
AUVI-Q 0.3MG/0.3 AUTO INJCT	N/A	ALLERGY/IMMUNOLOGY	1							
AUVI-Q 0.3MG/0.3 AUTO INJCT	N/A	Other Provider		1	1					
AV FISTULA REVISION OPEN	END STAGE RENAL DISEASE	SURGERY, THORACIC	1	0	0	0	0			
AV FUSE UPPR ARM BASILIC	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	SURGERY, THORACIC	1	0	0	0	0			
AV FUSE UPPR ARM BASILIC	END STAGE RENAL DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
AV FUSE UPPR ARM BASILIC	END STAGE RENAL DISEASE	SURGERY, THORACIC	4	0	0	0	0			
AV FUSE UPPR ARM BASILIC	HYPOKALEMIA	FAMILY MEDICINE	1	0	0	0	0			
AV FUSE UPPR ARM BASILIC	HYPOKALEMIA	SURGERY, THORACIC	1	0	0	0	0			
AV FUSE UPPR ARM BASILIC	OTHER ASCITES	FAMILY MEDICINE	1	0	0	0	0			
AV FUSION DIRECT ANY SITE	COVID-19	SURGERY, THORACIC	1	0	0	0	0			
AV FUSION DIRECT ANY SITE	END STAGE RENAL DISEASE	SURGERY, THORACIC	2	0	0	0	0			
AV FUSION DIRECT ANY SITE	HYPOKALEMIA	SURGERY, THORACIC	1	0	0	0	0			
AV FUSION DIRECT ANY SITE	LIVER TRANSPLANT STATUS	SURGERY, VASCULAR	1	0	0	0	0			
AVF USE MAGNETIC/ART/VEN	END STAGE RENAL DISEASE	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
AVONEX 30 MCG KIT	N/A	NEUROLOGY	1							
AVONEX PEN 30 MCG/0.5 ML KIT	Multiple sclerosis	NEUROLOGY	1							
AXICABTAGENE CILOLEUCEL CAR+	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	ONCOLOGY	2	0	0	0	0			
AXIRON 30 MG/ACTUATION SOLN	Testicular hypofunction	INTERNAL MEDICINE		1	1					
AZACITIDINE INJECTION	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	HEMATOLOGY	1	0	0	0	0			
AZACITIDINE INJECTION	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
AZELEX 20 % CREAM(GM)	N/A	DERMATOLOGY	1	2	2					
AZELEX 20% CREAM	Acne vulgaris	Other Provider	1							
AZELEX 20% CREAM	Acne vulgaris	PHYSICIAN ASSISTANT		2	2					
AZELEX 20% CREAM	N/A	FAMILY MEDICINE		1	1					
AZILSARTAN	Essential (primary) hypertension	FAMILY MEDICINE							1	
AZITHROMYCIN 200 MG/5 ML SUSP	N/A	PEDIATRICS	1							
AZITHROMYCIN 250 MG TABLET	N/A	ALLERGY/IMMUNOLOGY	1							
AZITHROMYCIN 250 MG TABLET	N/A	DERMATOLOGY	1							
AZITHROMYCIN 250 MG TABLET	N/A	Other Provider	1	1	1					
		PEDIATRIC								
AZITHROMYCIN 250 MG TABLET	N/A	GASTROENTEROLOGY	1							
AZITHROMYCIN 250 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
AZITHROMYCIN 250 MG TABLET	N/A	PULMONARY DISEASE	8							igwdown
AZITHROMYCIN 500 MG TABLET	Mucopurulent chronic bronchitis(71250)	Other Provider	1							
AZITHROMYCIN 500 MG TABLET	N/A	DERMATOLOGY	1							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
AZITHROMYCIN 500 MG TABLET	N/A	INFECTIOUS DISEASE	1							
AZITHROMYCIN 500 MG TABLET	N/A	PULMONARY DISEASE	1							
A ZITUDONAVCINI FOO NAC TA DI ET	Helmanna	OBSTETRICS/GYNECOLOG								
AZITHROMYCIN 500 MG TABLET	Unknown	Other Descrides	1							
BANZEL 40 MG/ML SUSPENSION	N/A	Other Provider	1	1	1					<u> </u>
BANZEL 400 MG TABLET	N/A N/A	NEUROLOGY	1	1						<u> </u>
BASAGLAR 100 UNIT/ML KWIKPEN	N/A	FAMILY MEDICINE ENDOCRINOLOGY AND	1							
DACACLAR 100 HANT /AM KAMIKREAN	T 2 dishadan mallida a midda baranah manah	METABOLISM	l,							
BASAGLAR 100 UNIT/ML KWIKPEN BASAGLAR 100 UNIT/ML KWIKPEN	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
BASAGEAR 100 ONIT/IVIE RWIRFEIN	Type 2 diabetes mellitus with other specified complication	ENDOCRINOLOGY AND	1							
BASAGLAR 100 UNIT/ML KWIKPEN	Type 2 diabetes mellitus without complications	METABOLISM	1							
BASAGLAR KWIKPEN U-100 100/ML (3) INSULN PEN	N/A	FAMILY MEDICINE	2							
BASAGLAR KWIKPEN U-100 100/ML (3) INSULN PEN	N/A	Other Provider	1							
BASAGLAR KWIKPEN 0-100 100/IVIL (5) INSOLIN PEN	IN/A	Other Provider	1							
Pased on aviCara Cardias Imaging Guidelines Section: CD 12.2:										
Based on eviCore Cardiac Imaging Guidelines Section: CD 12.2: Cancer Therapeutics-Myocardial Strain Imaging (CPT®93356), we										
	DVCDNEA LINCDECIFIED, TACHYCARDIA LINCDECIFIED, DIZZINIECC AND	CARDIOVACCIII AR								
cannot approve this request. Your records show that you have or	DYSPNEA UNSPECIFIED; TACHYCARDIA UNSPECIFIED; DIZZINESS AND			1	1					
may have a fast heart rate. The reason this request cannot be appr	GIDDINESS	DISEASE	1	1	1					
BAXDELA 450 MG TABLET	N/A N/A	FAMILY MEDICINE	1	1	1					<u> </u>
BAXDELA 450 MG TABLET	,	INTERNAL MEDICINE	1	4	4					<u> </u>
BAXDELA 450 MG TABLET	N/A	Other Provider		1	1					<u> </u>
BCG LIVE INTRAVESICAL 1MG	BLADDER DISORDER, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
BCG LIVE INTRAVESICAL 1MG	BLADDER DISORDER, UNSPECIFIED	UROLOGY	2	0	0	0	0			
BCG LIVE INTRAVESICAL 1MG	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	UROLOGY	2	0	0	0	0			
BCR/ABL1 GENE MAJOR BP	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST, INIT	LABORATORY SERVICES	1							<u> </u>
BCR/ABL1 GENE MAJOR BP	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	LABORATORY SERVICES	1							
BCR/ABL1 GENE MAJOR BP	ESSENTIAL (PRIMARY) HYPERTENSION	LABORATORY SERVICES	1							<u> </u>
			1.							
BCR/ABL1 GENE MAJOR BP	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	LABORATORY SERVICES	1							<u> </u>
DCD/ADIA CENE MINIOD DD	ADVENCE SESSECT OF LINES DRIVE A MEDG (DIOL GURGE INIT	1 A D O D A T O D V C E D V C E C								
BCR/ABL1 GENE MINOR BP	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST, INIT	LABORATORY SERVICES	1							
DCD/ADIA CENE NAINOD DD	CURONICA AVELOID LEUK DCD/ADL DCCITIVE NOT A CUIEVE DENNIC	1 A D O D A T O D V C F D V C F C	L							
BCR/ABL1 GENE MINOR BP	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	LABORATORY SERVICES	1							
DCD/ADIA CENE MINIOD DD	ESSENTIAL (PRIMARRY) LIVERTENSION	1 A D O D A T O D V C E D V C E C								
BCR/ABL1 GENE MINOR BP	ESSENTIAL (PRIMARY) HYPERTENSION	LABORATORY SERVICES	1							
DCD/ADIA CENE MINIOD DD	IDOM DESIGNED AND AND AND ADVITOR DI CODI LOSS (CURONIS)	1 A D O D A T O D V C E D V C E C								
BCR/ABL1 GENE MINOR BP	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	LABORATORY SERVICES	1							<u> </u>
BECONASE AQ 42 MCG SPRAY	N/A	Other Provider		1	1					
		PHYSICAL MEDICINE AND								
BELBUCA 150 MCG FILM	Low back pain	REHABILITATION		2	2		•			
BELIMUMAB INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	RHEUMATOLOGY	3	0	0	0	Ü			
BELIMUMAB INJECTION	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS	RHEUMATOLOGY	1	0	0	0	0			
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	INTERNAL MEDICINE	2	0	0	0	0			
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	HEMATOLOGY	1	n	0	0	0			
BELIMUMAB INJECTION BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	INTERNAL MEDICINE	1	n	0	0	0			
BELIMUMAB INJECTION BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	RHEUMATOLOGY	13	0	0	0	0			
BELOW ELBOW MYOELECTRONIC CT	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	FAMILY MEDICINE	1	1	1	0	0			
BELOW ELBOW MYOELECTRONIC CT	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	INTERNAL MEDICINE	1	1	0	0	0			
			1	1	0	0	1			
BELOW KNEE ACRYLIC SOCKET	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	U	1	U	U	1			
BELOW KNEE TOTAL CONTACT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	Įν	1	U	v	1			1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	INTERNAL MEDICINE	1							
BELSOMRA 10 MG TABLET	N/A	FAMILY MEDICINE	1	2	2					
		FAMILY NURSE								
BELSOMRA 10 MG TABLET	N/A	PRACTITIONER		1	1					
BELSOMRA 10 MG TABLET	N/A	Other Provider	2	1	1					
BELSOMRA 10 MG TABLET	N/A	SLEEP MEDICINE	1							
BELSOMRA 10 MG TABLET	OTHER INSOMNIA	Other Provider		1	1					
BELSOMRA 10 MG TABLET	PRIMARY INSOMNIA	INTERNAL MEDICINE	1							
BELSOMRA 15 MG TABLET	INSOMNIA, UNSPECIFIED	INTERNAL MEDICINE		1	1					
BELSOMRA 15 MG TABLET	N/A	Other Provider		2	2					
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	FAMILY MEDICINE	1							
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Other Provider	3	1	1					
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	SPORTS MEDICINE	1							
BELSOMRA 20 MG TABLET	N/A	FAMILY MEDICINE	1							
BELSOMRA 20 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					
BELSOMRA 20 MG TABLET	N/A	Other Provider	2	1	1					
BELSOMRA 20 MG TABLET	OTHER INSOMNIA	FAMILY MEDICINE		1	1					
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	NEUROLOGY	1							
BELSOMRA 20 MG TABLET	SLEEP DISORDER, UNSPECIFIED	INTERNAL MEDICINE	1							1
BELVIQ XR 20 MG TAB ER 24H	N/A	FAMILY MEDICINE	1	1	1					
BENICAR 20 MG TABLET	Essential (primary) hypertension	Other Provider	 	1	1					†
BENICAR HCT 40-12.5 MG TABLET	Essential (primary) hypertension	PHYSICIAN ASSISTANT		1	1					†
BENICAR HCT 40-25 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE		1	1					
DETRICATION TO ESTATE TABLET	Essential (primary) hypercension	INTERNOTE INEDIGNE		-	_					
Benign Indications	Benign neoplasm of cerebral meninges	RADIATION ONCOLOGY	3							<u> </u>
Benign Indications	Benign neoplasm of cranial nerves	RADIATION ONCOLOGY	3							
Benign Indications	Benign neoplasm of pituitary gland	RADIATION ONCOLOGY	1							
Destruction to the state of		CENEDAL CUDCEDY								
Benign Indications	Generalized intra-abdominal and pelvic swelling, mass and lump	GENERAL SURGERY	1	4						
Benign Indications	Hypertrophic scar	Dermatology	1	1	1					↓
Benign Indications	Hypertrophic scar	GENERAL PRACTICE	1							↓
Benign Indications	Hypertrophic scar	Other Provider	1							
Benign Indications	Hypertrophic scar	RADIATION ONCOLOGY	3							
Benign Indications	Hypertrophy of breast	RADIATION ONCOLOGY	1							
Benign Indications Benign Indications	Other benign neoplasm of skin of other parts of face	GENERAL SURGERY	2			1				+
Benign Indications Benign Indications	Other benign neoplasm of skin of other parts of face	RADIATION	1			1				+
	Other benign neoplasm of skin of other parts of face	GENERAL SURGERY	1							
Benign Indications	Other benign neopiasm of skin of trunk	GENERAL SURGERY	1							
Benign Indications	Other calcification of muscle, unspecified site	RADIATION ONCOLOGY	1							
Benign Indications	Palmar fascial fibromatosis [Dupuytren]	RADIATION ONCOLOGY	2							
Benign Indications	Plantar fascial fibromatosis	RADIATION ONCOLOGY	2							
Benign Indications	Stenosis of coronary artery stent, initial encounter	RADIATION ONCOLOGY	1							_
Benign Indications	Trigeminal neuralgia	RADIATION ONCOLOGY	1							
BENLYSTA	N/A	Other Provider						1		
BENLYSTA	Systemic lupus erythematosus, unspecified	Other Provider						1		1
BENLYSTA 200 MG/ML AUTO INJCT	N/A	NURSE PRACTITIONER	1							1
BENLYSTA 200 MG/ML AUTO INJCT	N/A	Other Provider	1							1
BENLYSTA 200 MG/ML AUTO INJCT	N/A	RHEUMATOLOGY	7							1

					Medical	Experimental &	Network	Total	Total	
Bracadura Cada Dassriation	Diagnosis Codo Dossintion	Drovidor Specialty	Total UM	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved
Procedure Code Description BENLYSTA 200 MG/ML AUTOINJECT	Diagnosis Code Description N/A	Provider Specialty RHEUMATOLOGY	Approvals	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IRO
BENLTSTA 200 MIG/MIL AUTOINJECT	N/A	KHEUWATULUGT	1							
BENLYSTA 200 MG/ML AUTOINJECT	Other ergan or system involvement in systemic lunus engthematesus	Other Provider	1							
BENLYSTA 200 MG/ML AUTOINJECT	Other organ or system involvement in systemic lupus erythematosus SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	Other Provider	1	1	1					
BENLYSTA 200 MG/ML AUTOINJECT	Systemic lupus erythematosus, unspecified	Other Provider		1	1					
BENLYSTA 200 MG/ML AUTOINJECT	Systemic lupus erythematosus, unspecified	Rheumatology	1	1	1					
BENLYSTA 200 MG/ML SYRINGE	Discoid lupus erythematosus	RHEUMATOLOGY	1							-
BENLYSTA 200 MG/ML SYRINGE	N/A	RHEUMATOLOGY	1							1
BENLYSTA 200 MG/ML SYRINGE	Systemic lupus erythematosus, unspecified	RHEUMATOLOGY	1							
BENSAL HP 3% OINTMENT	Atopic dermatitis, unspecified	Other Provider	-	1	1					+
BENSALTH 3/0 ONTWENT	Atopic dermatitis, unspecined	FAMILY NURSE		1	1					
		PRACTITIONER PRIMARY								
BENZONATATE 150 MG CAPSULE	Cough	CARE		1	1					
BENZONATATE 150 MG CAPSULE	Cough	INTERNAL MEDICINE		1	1					
BENZONATATE 150 MG CAPSULE	N/A	FAMILY MEDICINE		1	1					
BENZONATATE 150 MG CAPSULE	N/A	INTERNAL MEDICINE		1	1					
BENZONATATE 150 MG CAPSULE	Pneumonia, unspecified organism	INTERNAL MEDICINE	1	1	1					\vdash
BEPREVE 1.5 % DROPS	N/A	OPHTHALMOLOGY		1	1					
BEPREVE 1.5 % DROPS	N/A	OPTOMETRY	1	_	1					
BETASERON 0.3 MG KIT	Multiple sclerosis	NEUROLOGY	1							
BETASERON 0.3 MG KIT	N/A	NEUROLOGY	1							
BEVACIZUMAB INJECTION	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	OPHTHALMOLOGY	1	0	n	0	<u>n</u>			-
BEVACIZUMAB INJECTION	ANOREXIA	OPHTHALMOLOGY	1	0	n	0	n			-
BEVACIZUMAB INJECTION	CELLULITIS OF LEFT TOE	OPHTHALMOLOGY	1	0	0	0	<u>0</u>			+
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	COUNSELING	1	0	0	0	<u>0</u>			+
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT ETE, WITH MACULAR EDEMA	OPHTHALMOLOGY	0	0	0	0	<u>0</u>			+
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, BI, WITH MACULAR EDEMA	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, BI, WITH MACGEAR EDEMA	COUNSELING	1	0	0	0	<u>0</u>			+
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, BILATERAL	OPHTHALMOLOGY	1	0	0	0	0			+
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	6	0	0	0	<u>0</u>			+
BEVACIZONIAB INSECTION	CENTRAL RETINAL VEIN OCCEOSION, EET TETE, WITH MACOLAN EDEMA	OFTITIALIVIOLOGI	ľ	U	U	0	U			
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, STABLE	COUNSELING	1	0	0	0	0			
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, STABLE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, W RTNL NEOVAS	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	CENTRAL SEROUS CHORIORETINOPATHY, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	CEREBRAL INFARCTION, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	CUTANEOUS ABSCESS OF UNSPECIFIED FOOT	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	CYSTOID MACULAR DEGENERATION, RIGHT EYE	COUNSELING	1	0	0	0	0			
BEVACIZUMAB INJECTION	CYSTOID MACULAR DEGENERATION, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	DEGENERATY MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, BI EYE	OPHTHALMOLOGY	2	0	0	0	0			
										ļl
BEVACIZUMAB INJECTION	DEGENERATV MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, R EYE	OPHTHALMOLOGY	2	0	0	0	0			
BEVACIZUMAB INJECTION	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			++
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	OPHTHALMOLOGY	1	0	0	0	0			++
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	END STAGE RENAL DISEASE	OPHTHALMOLOGY	2	0	0	0	0			++
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	2	0	0	0	0			\vdash
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	EXDIVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS EXDIVE AGE-REL MCLR DEGN, LEFT EYE, WITH INACT CHRDL NEOVAS	OPHTHALMOLOGY	2	0	0	0	0			\vdash
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	EXDIVE AGE-REL MCLR DEGN, LEFT EYE, WITH INACT CHRDL NEOVAS EXDIVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	2	0	0	0	0			+
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	EXUDATIVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	2	0	0	0	0			├ ──┤
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS EXUDATIVE AGE-REL MCLR DEGN, BILATERAL, STAGE UNSPECIFIED		2	0	0	0	0			
	· · ·	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	EXUDATIVE AGE-REL MCLR DEGN, RIGHT EYE, STAGE UNSPECIFIED	COUNSELING	1	0	0	0	0			
BEVACIZUMAB INJECTION	EXUDATIVE AGE-REL MCLR DEGN, RIGHT EYE, STAGE UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	EXUDATIVE AGE-RELATED MCLR DEGN, LEFT EYE, STAGE UNSPECIFIED	OPHTHALMOLOGY	1+	U	U	U	U			1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
BEVACIZUMAB INJECTION	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			─
BEVACIZUMAB INJECTION	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	НҮРОХЕМІА	HEMATOLOGY	2	0	0	0	0			
BEVACIZUMAB INJECTION	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	N/A	OPHTHALMOLOGY	7							
BEVACIZUMAB INJECTION	OTHER GENERAL SYMPTOMS AND SIGNS	OPHTHALMOLOGY	1	0	0	0	0			1
BEVACIZUMAB INJECTION	OTHER INTRARETINAL MICROVASCULAR ABNORMALITIES	OPHTHALMOLOGY	1	0	0	0	0	-		\vdash
BEVACIZUMAB INJECTION	PAIN, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			+
BEVACIZUMAB INJECTION	PRECORDIAL PAIN	OPHTHALMOLOGY	1	0	0	0	0			+
BEVACIZUMAB INJECTION	RETINAL EDEMA	OPHTHALMOLOGY	1	0	0	0	0	-		+
			1	0	0	0	0	-		+
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, BILATERAL	COUNSELING	12	0	0	0	0	-		+
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, BILATERAL	OPHTHALMOLOGY	3	U	U	0	0	-		+
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	OPHTHALMOLOGY	2	0	0	0	0			
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	OPHTHALMOLOGY	6	0	0	0	0			
BEVACIZUMAB INJECTION	SEC AND UNSP MALIG NEOPLASM OF INGUINAL AND LOWER LIMB NODES	HEMATOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	SEPSIS, UNSPECIFIED ORGANISM	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	SEROUS DETACHMENT OF RETINAL PIGMENT EPITHELIUM, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	SEVERE SEPSIS WITH SEPTIC SHOCK	HEMATOLOGY	1	0	0	0	0			1
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, W RTNL NEOVAS	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	6	0	0	0	0			
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, W RTNL NEOVAS	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	4	0	0	0	0			1
BEVACIZUMAB INJECTION	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, STABLE	OPHTHALMOLOGY	1	0	0	0	0			1
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH MILD NONP RTNOP WITHOUT MACULAR EDEMA, BI	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	1	0	0	0	0			+
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	1	0	0	0	0			
DEVACIZINAAD INIECTION	TYPE 1 DIAD WITH DROUG DIAD DINION WITHOUT MACHIAD EDGMA. BI	OBUTUALMOLOGY	2	0	0	0	0			<u> </u>
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	OPHTHALMOLOGY	3	U	U	U	U			
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB W PROLIF DIAB RTNOP W TRCTN DTCH MACULA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB W PROLIF DIAB RTNOP W TRCTN DTCH N-MCLA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	2	0	0	0	0			1
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	4	0	0	0	0			1
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	4	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	3	0	0	0	0			†
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	6	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH COMB DETACH, LEYE	OPHTHALMOLOGY	1	0	0	0	0			+
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	COUNSELING	1	0	0	0	0			\vdash
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	FAMILY MEDICINE	1	0	0	0	0			\vdash
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	34	0	0	0	n	 		+
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	SOCIAL WORK	1	0	0	0	0			+
BEVACIZUMAB INJECTION BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB KINOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	10	0	0	0	0	<u> </u>		
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	14	0	0	0	0			
					-	-	-			<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Troccure code Description	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R	1 Total opening	/ ipprovais	Demais	Demais	Demais	Demais	ripproteu	Demea	Sy mo
BEVACIZUMAB INJECTION	EYE	OPHTHALMOLOGY	1							
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	COUNSELING	3	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	FAMILY MEDICINE	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	INTERNAL MEDICINE	1	0	0	0	0			-
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	OPHTHALMOLOGY	16	0	0	0	0			
	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR									-
BEVACIZUMAB INJECTION	EDEMA, BI	OPHTHALMOLOGY	1							
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIABETIC RTNOP WITH COMB DETACH, BI	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	7	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	PHYSICIAN ASSISTANT	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	4	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	4	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	2							
BEVACIZUMAB INJECTION	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIABETES W PROLIF DIABETIC RTNOP W MACULAR EDEMA	OPHTHALMOLOGY	1	0	0	0	0			1
BEVACIZUMAB INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	FAMILY MEDICINE	3	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	OPHTHALMOLOGY	7	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIABETES WITH MILD NONP RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	2	0	0	0	0			
BEVACIZUMAB INJECTION	TYPE 2 DIABETES WITH STABLE PROLIF DIABETIC RTNOP, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	UNSPECIFIED INFECTIOUS DISEASE	HEMATOLOGY	2	0	0	0	0			
BEVACIZUMAB INJECTION	UNSPECIFIED PURULENT ENDOPHTHALMITIS, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			1
BEVACIZUMAB INJECTION	VITREOUS HEMORRHAGE, BILATERAL	OPHTHALMOLOGY	1							1
BEVACIZUMAB INJECTION	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
BEVACIZUMAB INJECTION	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	1							
BEVACIZUMAB INJECTION	VITREOUS HEMORRHAGE, RIGHT EYE	OPHTHALMOLOGY	2	0	0	0	0			
BEVESPI AEROSPHERE	Cough	ALLERGY/IMMUNOLOGY							1	L
BEVESPI AEROSPHERE 9-4.8 MCG HFA AER AD	N/A	FAMILY MEDICINE		1	1					
BEVESPI AEROSPHERE 9-4.8 MCG HFA AER AD	N/A	INTERNAL MEDICINE	1							
Bilateral salpingo-oophorectomy with total omentectomy, total		GYNECOLOGIC								
abdominal hysterectomy for malignancy	Malignant neoplasm of endometrium	ONCOLOGY	1							
Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Malignant neoplasm of endometrium	OBSTETRICS & GYNECOLOGY	1							
associated hysterectomy for manginaticy	mangiant neoplasm of endometham	GINECOLOGI	_					<u> </u>		+
Bileduct Cancer	Intrahepatic bile duct carcinoma	RADIATION ONCOLOGY	1							↓
BILEVEL INTERMITTENT ASSIST DEVICE,(BIPAP)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy		2	2					
BINOSTO 70 MG EFFERVESCENT TAB	Age-related osteoporosis without current pathological fracture	ENDOCRINOLOGY AND METABOLISM	1							
BIOPSY OF HEART LINING	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
BIOPSY OF HEART LINING	HEART TRANSPLANT STATUS	NEONATAL-PERINATAL MEDICINE	1	0	0	0	0			
BIOPSY OF HEART LINING	HEART TRANSPLANT STATUS	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
BIOPSY OF HEART LINING	ILLNESS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
BIOPSY OF PROSTATE	ATYPICAL SMALL ACINAR PROLIFERATION OF PROSTATE	UROLOGY	1	0	0	0	0			$\overline{}$
BIOPSY OF PROSTATE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	12	0	0	0	0	 		+
BIOPSY OF PROSTATE	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	3	0	0	0	0	 		+
BIOPSY OF PROSTATE	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	- -	0	0	0	0	 		+

					Medical	Experimental &	Network	Total	Total	
Develop Code Developing	Street Set Section	Don't don Constaller	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description BIOPSY OF PROSTATE	Diagnosis Code Description OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Provider Specialty FAMILY MEDICINE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
BIOPSY OF PROSTATE	OTHER VIRAL PNEUMONIA	UROLOGY	1	0	0	0	0			-
BIOPSY OF PROSTATE BIOPSY OF PROSTATE		UROLOGY	1	0	0	0	0			-
	RETENTION OF URINE, UNSPECIFIED		1	0	0	0	0			-
BIOPSY OF PROSTATE	WEAKNESS	UROLOGY	1	0	0	0	0			
BIOPSY OF TESTIS	ORGANIC AZOOSPERMIA	UROLOGY	1	0	0	0	0			
BIOPSY OF UPPER NOSE/THROAT	CONDUCTIVE HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
BIOPSY OOCYTE POLAR BODY	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	2	0	0	2			
Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	NEOPLASM UNCERTAIN BHV CONNCTIVE & DTH SOFT TISS	ORTHOPEDIC SURGERY	1							
BIOPSY/REMOVAL LYMPH NODES	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
BIOPSY/REMOVAL LYMPH NODES	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			
BIOPSY/REMOVAL LYMPH NODES	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
BIOPSY/REMOVAL LYMPH NODES	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	PEDIATRIC SURGERY	0	2	2	0	0			1
BIOPSY/REMOVAL LYMPH NODES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BIOPSY/REMOVAL LYMPH NODES	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	SURGERY, GENERAL	1	0	0	0	0			1
BIOPSY/REMOVAL LYMPH NODES	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			1
BIOPSY/REMOVAL LYMPH NODES	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
BIS XTRACELL FLUID ANALYSIS	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	ONCOLOGY	0	1	0	1	n			+
BIS XTRACELL FLUID ANALYSIS	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	FAMILY MEDICINE	0	1	0	1	0			
BIS XTRACELL FLUID ANALYSIS	POSTMASTECTOMY LYMPHEDEMA SYNDROME	SURGERY, GENERAL	0	1	0	1	0			
BK FLEX INNER SOCKET EXT FRA	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			
BK MOLD SOCKET SACH FT ENDO	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
			1	0	0	0	0			-
BK MOLD SOCKET SACH FT ENDO	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			-
BK MOLD SOCKET SACH FT ENDO BK MOLD SOCKET SACH FT ENDO	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR, INIT ENCNTR	ORTHOPAEDIC TRAUMA SURGERY, ORTHOPEDIC	1	0	0	0	0			
	END STAGE RENAL DISEASE		1	0	0	0	0			
BK MOLDED DISTAL CUSHION	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			-
BK/AK LOCKING MECHANISM	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			
BL DONOR SEARCH MANAGEMENT	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			
BL DONOR SEARCH MANAGEMENT	COVID-19	HEMATOLOGY	2	0	0	0	0			
BLEOMYCIN SULFATE INJECTION	OTHER VIRAL WARTS	DERMATOLOGY	1	0	0	0	0			
BLOOD GLUCOSE MONITOR HOME	CHRONIC IDIOPATHIC CONSTIPATION	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
BLOOD GLUCOSE MONITOR HOME	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	FAMILY MEDICINE	1	0	0	0	0			
BLOOD GLUCOSE MONITOR HOME	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY MEDICINE	1	0	0	0	0			
BLOOD GLUCOSE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
BLOOD GLUCOSE/REAGENT STRIPS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
BLOOD GLUCOSE/REAGENT STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY MEDICINE	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	4	0	0	0	0			
BLOOD TRANSFUSION SERVICE	ANEMIA, UNSPECIFIED	HEMATOLOGY	3	0	0	0	0			
BLOOD TRANSFUSION SERVICE	ANEMIA, UNSPECIFIED	ONCOLOGY	3	0	0	0	0			
BLOOD TRANSFUSION SERVICE	BONE MARROW TRANSPLANT STATUS	HEMATOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			
BLOOD TRANSFUSION SERVICE	FEVER, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			\vdash
BLOOD TRANSFUSION SERVICE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			\vdash
BLOOD TRANSFUSION SERVICE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	ONCOLOGY	2	0	0	0	0			
BLOOD TRANSFUSION SERVICE	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			\vdash
BLOOD TRANSFUSION SERVICE BLOOD TRANSFUSION SERVICE	HEADACHE, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			\vdash
BLOOD TRANSFUSION SERVICE	HYPERGLYCEMIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
BLOOD TRANSFUSION SERVICE BLOOD TRANSFUSION SERVICE	HYPEROSMOLALITY AND HYPERNATREMIA	HEMATOLOGY	3	0	n	0	n			
BLOOD TRANSFUSION SERVICE BLOOD TRANSFUSION SERVICE	HYPOKALEMIA	HEMATOLOGY	1	0	n	0	n			\vdash
DECOD TRAINSFUSION SERVICE	THEORALGIVIA	TILIVIATULUGI	14	ď	v	٧	v			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
BLOOD TRANSFUSION SERVICE	INTESTINAL MALABSORPTION, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	FAMILY MEDICINE	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	HEMATOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	8	0	0	0	0			
BLOOD TRANSFUSION SERVICE	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
BLOOD TRANSFUSION SERVICE	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	HEMATOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	3	0	0	0	0			
BLOOD TRANSFUSION SERVICE	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
BLOOD TRANSFUSION SERVICE	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	ONCOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	2	0	0	0	0			
BLOOD TRANSFUSION SERVICE	OTHER PARTIAL INTESTINAL OBSTRUCTION	GASTROENTEROLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	OTHER SHOCK	ONCOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE	SEVERE SEPSIS WITH SEPTIC SHOCK	HEMATOLOGY	2	0	0	0	0			
BLOOD TRANSFUSION SERVICE	SICKLE-CELL DISEASE WITHOUT CRISIS	HEMATOLOGY	1	0	0	0	0			
BLOOD TRANSFUSION SERVICE BLOOD TRANSFUSION SERVICE	SUBMUCOUS LEIOMYOMA OF UTERUS	HEMATOLOGY	1	0	0	0	0			
	UNSPECIFIED JAUNDICE		2	0	0	0	0			
BLOOD TRANSFUSION SERVICE		HEMATOLOGY	2	0	0	0	0			
BLS	INFECTION OF AMPUTATION STUMP, LEFT UPPER EXTREMITY	INTERNAL MEDICINE	2	0	0	0	0			
BODY JACKET MOLD TO PATIENT	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	FAMILY MEDICINE	1	0	0	0	0			
BONE BIOPSY TROCAR/NEEDLE	CHRONIC MYELOPROLIFERATIVE DISEASE	HEMATOLOGY	1	0	0	0	0			
BONE BIOPSY TROCAR/NEEDLE	PATHOLOGICAL FRACTURE, R HUMERUS, SUBS FOR FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
BONE BIOPSY TROCAR/NEEDLE	SEPSIS, UNSPECIFIED ORGANISM	HEMATOLOGY	1	0	0	0	0			
Bone graft, any donor area; major or large	Unsp fx shaft of right femur, subs for clos fx w nonunion	ORTHOPEDIC SURGERY	1							
BONE IMAGING 3 PHASE	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	FAMILY MEDICINE	1	0	0	0	0			
BONE IMAGING 3 PHASE	PAIN IN RIGHT FOOT	RHEUMATOLOGY	1	0	0	0	0			
BONE IMAGING WHOLE BODY	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	HEPATOLOGY	1	0	0	0	0			
BONE IMAGING WHOLE BODY	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	PEDIATRIC	1	0	0	0	0			
		HEMATOLOGY/ONCOLOGY								
BONE IMAGING WHOLE BODY	MALIGNANT NEOPLASM OF PROSTATE	HOSPITAL	1							
BONE IMAGING WHOLE BODY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
BONE IMAGING WHOLE BODY	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
BONE MARROW ASPIR BONE GRFG	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, NEUROLOGICAL	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
BONE MARROW ASPIR BONE GRFG	OSSEOUS AND SUBLUX STENOSIS OF INTVRT FORAMIN OF CERV REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			
BONE MARROW ASPIR BONE GRFG	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	OTHER SPONDYLOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	0	1	0			
BONE MARROW ASPIR BONE GRFG	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
BONE MARROW ASPIR BONE GREG	SCOLIOSIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
BONE MARROW ASPIR BONE GREG	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
BONE MARROW ASPIR BONE GRFG	SPINAL STENOSIS, CENVICAE REGION SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	0	2	2	0	0			
BONE MARROW ASPIR BONE GREG BONE MARROW ASPIR BONE GREG	SPONDYLOLISTHESIS, CERVICAL REGION SPONDYLOLISTHESIS, CERVICAL REGION		1	1	1	0	0			
		SURGERY, NEUROLOGICAL	1	1	1	0	0			
BONE MARROW ASPIR BONE GREG	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	Ţ	U	U	U .	U			
BONE MARROW ASPIR BONE GREG	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	U	1	1	U	U			
BONE MARROW ASPIR BONE GRFG	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	2	U	U	U	U			

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BONE MARROW ASPIR BONE GRFG	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	0	1	0			
BONE MARROW ASPIR BONE GRFG	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
BONE MARROW HARVEST ALLOGEN	COVID-19	HEMATOLOGY	2	0	0	0	0			
BONE MARROW HARVEST AUTOLOG	HALLUX RIGIDUS, RIGHT FOOT	PODIATRY	0	1	1	0	0			
Bone Metastases	Malignant neoplasm of pancreas, unspecified	Other Provider		1	1					
Bone Metastases	Malignant neoplasm of pancreas, unspecified	RADIATION	1							
Bone Metastases	Malignant neoplasm of pancreas, unspecified	RADIATION ONCOLOGY	1	1	1					
Bone Metastases	Malignant neoplasm of prostate	RADIATION ONCOLOGY	1							
Bone Metastases	Malignant neoplasm of rectum	RADIATION ONCOLOGY	1							
		GENERAL SURGERY	1							+
Bone Metastases Bone Metastases	Malignant neoplasm of upper lobe, right bronchus or lung Secondary malignant neoplasm of bone	GENERAL SURGERY GENERAL PRACTICE	1	1	1					++
Bone Metastases Bone Metastases	Secondary malignant neoplasm of bone	GENERAL SURGERY	2	1	1					++
Bone Metastases	Secondary malignant neoplasm of bone	INTERNAL MEDICINE	2							++
Bone Metastases Bone Metastases	Secondary malignant neoplasm of bone	ONCOLOGY	1							++
Bone Metastases	Secondary manghant neoplasm or bone	PED RADIOLOGY	14							+
Bone Metastases	Secondary malignant neoplasm of bone	ONCOLOGY	1	1	1					
Botte Metastases	Secondary mangrant reoptism or some	ONCOLOGI	-	-	-					+ + +
Bone Metastases	Secondary malignant neoplasm of bone	RADIATION ONCOLOGY	26	4	4					
Bone Metastases	Secondary malignant neoplasm of brain	RADIATION ONCOLOGY	1							
BOSULIF 100 MG TABLET	N/A	HEMATOLOGY	1							+
DOSCEN TOO ING TABLET	Chronic migraine without aura, intractable, without status	CLINICAL	-							+ + +
вотох	migrainosus	NEUROPHYSIOLOGY						2		
Belox	Chronic migraine without aura, intractable, without status	NEONO! III DIOEGO!						_		
вотох	migrainosus	NEUROLOGY						7	2	, ,
BOTON	Chronic migraine without aura, intractable, without status	NEONO EO O 1						,		1
вотох	migrainosus	Other Provider						1		
BOTON	Chronic migraine without aura, intractable, without status	other riovider						_		+ + + + + + + + + + + + + + + + + + + +
вотох	migrainosus	Physician						1		
	Chronic migraine without aura, not intractable, with status	,								
вотох	migrainosus	SURGERY, HAND						1		
	Chronic migraine without aura, not intractable, without status									
вотох	migrainosus	NEUROLOGY						3		
	Chronic migraine without aura, not intractable, without status									
BOTOX	migrainosus	Other Provider						1		
	Chronic migraine without aura, not intractable, without status									
BOTOX	migrainosus	PEDIATRIC NEUROLOGY						1		
	Chronic migraine without aura, not intractable, without status									
BOTOX	migrainosus	Physician						1		
BOTOX	Chronic post-traumatic headache, intractable	NEUROLOGY						1		
BOTOX	Neuromuscular dysfunction of bladder, unspecified	UROLOGY						1		
BOTOX	Other muscle spasm	PHYSICIAN ASSISTANT							1	Ĺ
вотох	Other somatoform disorders	NEUROLOGY				ļ			1	1
вотох	Primary focal hyperhidrosis, axilla	Other Provider							1	1
вотох	Spasmodic torticollis	NEUROLOGY	1						2	4
		PHYSICAL MEDICINE AND				1				
вотох	Spastic hemiplegia affecting unspecified side	REHABILITATION						1		
	Chronic migraine without aura, intractable, without status					1				
BOTOX 100 UNIT VIAL	migrainosus	NEUROLOGY		1	1					
BOTOX 100 UNIT VIAL	N/A	NEUROLOGY	1	1	1					
BOTOX 100 UNIT VIAL	N/A	OPHTHALMOLOGY		1	1	ļ				<u> </u>
BOTOX 100 UNIT VIAL	N/A	PAIN MANAGEMENT	1							

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		PHYSICAL MEDICINE AND								
BOTOX 100 UNIT VIAL	N/A	REHABILITATION	1							
	Chronic migraine without aura, intractable, without status								l	
BOTOX 200 UNIT VIAL	migrainosus	NEUROLOGY	1							
	Chronic migraine without aura, not intractable, without status								l	
BOTOX 200 UNIT VIAL	migrainosus	NEUROLOGY	1							
ROTOV 200 LINIT VIAL	Chronic migraine without aura, not intractable, without status	Other Provider	1						l	
BOTOX 200 UNIT VIAL BOTOX 200 UNIT VIAL	migrainosus N/A	FAMILY MEDICINE	1							+
BOTOX 200 UNIT VIAL	N/A	INTERNAL MEDICINE	1							+
BOTOX 200 UNIT VIAL	N/A	NEUROLOGY	2	3	3					+
BOTOX 200 UNIT VIAL	N/A	Other Provider	1	1	1					+
	.4	PHYSICAL MEDICINE AND								+
BOTOX 200 UNIT VIAL	N/A	REHABILITATION	1						l	
BOTOX 200 UNIT VIAL	Spasmodic torticollis	NEUROLOGY		1	1					
	Chronic migraine without aura, intractable, without status									
BOTULINUM TOXIN A/100 U	migrainosus	NEUROLOGY						1		
	Chronic migraine without aura, not intractable, without status									
BOTULINUM TOXIN A/100 U	migrainosus	NEUROLOGY						1		
									l	
BOTULINUM TOXIN A/100 U	Migraine without aura, intractable, without status migrainosus	NEUROLOGY							1	
BRACHYTX ISODOSE COMPLEX	N/A	HOSPITAL	2			_				
BRAF GENE	MALIGNANT NEOPLASM OF CECUM	FAMILY MEDICINE	0	1	1	0	0			
BRAF GENE	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	0	1	1	0	0			
BRAF GENE	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	INTERNAL MEDICINE	1	0	0	0	0			
BRAF GENE	NONTOXIC MULTINODULAR GOITER	SURGERY, GENERAL	1	0	0	0	0			
BRAF GENE	NONTOXIC SINGLE THYROID NODULE	ENDOCRINOLOGY AND METABOLISM	0	1	1	0	0		l	
BRAF GENE	NONTOXIC SINGLE THYROID NODULE	PATHOLOGY, ANATOMIC	1	0	0	0	0			
		AND CLINICAL								
BRAF GENE	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	INTERNAL MEDICINE	0	1	1	0	0		l	
BRAFTOVI 75 MG CAPSULE	N/A	Other Provider	1							+
Brain Metastases	Encounter for other specified prophylactic measures	RADIATION ONCOLOGY	1						l	
Brain Metastases	Malignant neoplasm of lower lobe, right bronchus or lung	RADIATION ONCOLOGY	1							
									l	
Brain Metastases	Malignant neoplasm of unspecified site of left female breast	RADIATION	1							
									l	
Brain Metastases	Secondary carcinoid tumors of other sites	RADIATION ONCOLOGY	2							
		PED RADIOLOGY							l	
Brain Metastases	Secondary malignant neoplasm of brain	ONCOLOGY	1							
Brain Metastases	Secondary malignant neoplasm of brain	RADIATION	4							
Brain Metastases	Secondary malignant neoplasm of brain	RADIATION ONCOLOGY	18						l	
DI GIII IVICEGASCASCS	Secondary mangnant neoplasm or brain	THERAPEUTIC	10							+
Brain Metastases	Secondary malignant neoplasm of brain	RADIOLOGY	1						l	
	The state of the s		_							
Brain Metastases	Secondary malignant neoplasm of cerebral meninges	RADIATION ONCOLOGY	1						l	
BRCA1 GENE FULL DUP/DEL ALYS	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
										↓
BRCA1 GENE FULL DUP/DEL ALYS	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			—
BRCA1 GENE FULL SEQ ALYS	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0		l	
BROAT GENET GEE SEQ ALTS										
BRCA1 GENE FULL SEQ ALYS	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	n	0	0	n			+

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BRCA1 GENE KNOWN FAMIL VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	1	0	0	0	0			
BRCA1 GENE KNOWN FAMIL VRNT	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
BRCA1&2 185&5385&6174 VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
BRCA1&2 185&5385&6174 VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
BRCA1&2 185&5385&6174 VRNT	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY	0	1	1	0	0			\vdash
BRCA1&2 GEN FUL DUP/DEL ALYS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	HEMATOLOGY	3	0	0	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	BENIGN NEOPLASM OF RIGHT OVARY	GERIATRIC MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	BENIGN NEOPLASM OF UNSPECIFIED BREAST	SURGERY, GENERAL	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	COVID-19	GENETICS	1	0	0	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	DEHYDRATION	HEMATOLOGY	1	0	0	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCOUNTER FOR NONPROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	HEMATOLOGY	3	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	ONCOLOGY	1	0	0	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	COUNSELING	1	0	0	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	12	5	5	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GENETICS	6	0	0	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GERIATRIC MEDICINE	2	0	0	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	11	1	1	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	5	1	1	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	3	9	9	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	8	2	2	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	PATHOLOGY	1	1	1	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	2	3	3	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	HEMATOLOGY	3	0	0	0	0			†
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	ONCOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	PATHOLOGY	1	0	0	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	UROLOGY	0	1	1	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	FAMILY MEDICINE	1	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	COUNSELING	1	0	0	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	FAMILY MEDICINE	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	GENETICS	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	4	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	INTERNAL MEDICINE	1	0	0	0	0			+
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	OBSTETRICS/GYNECOLOGY	2	3	3	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	ONCOLOGY	2	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED HEADACHE	HEMATOLOGY HEMATOLOGY	1	0	0	0	0			.
	HYPERSOMNIA, UNSPECIFIED		1	0	0	0	0			<u> </u>
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	HYPERTROPHY OF BREAST	HEMATOLOGY HEMATOLOGY	1	0	0	0	0			-
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	INTESTINAL MALABSORPTION, UNSPECIFIED	ONCOLOGY	1	1	1	0	0			-
BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	FAMILY MEDICINE	1	0	0	0	0			-
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	HEMATOLOGY	1	0	0	0	0			-
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	INTERNAL MEDICINE	1	0	0	0	0			├ ───
BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	2	1	1	0	0			-
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST		3	0	1	0	0			-
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	ONCOLOGY CURCERY CENERAL	1	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL GERIATRIC MEDICINE	1	0	1	0	0			-
	·		1	U	U	U	U			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	3	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	PHYSICIAN ASSISTANT	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	1	0	0	0	0			<u> </u>
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF FUNDUS UTERI	PATHOLOGY	1	0	0	0	0			<u> </u>
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	GERIATRIC MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	2	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	GERIATRIC MEDICINE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	ONCOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGIC ONCOLOGY	0	2	2	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	2	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	ONCOLOGY	4	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	4	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	FAMILY MEDICINE	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	4	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	3	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	OTHER CHRONIC PAIN	FAMILY MEDICINE	1	0	0	0	0			1
BRCA1&2 GEN FULL SEQ DUP/DEL	PAIN IN RIGHT HIP	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	4	0	0	0	0			1
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	2	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	HEMATOLOGY	1	0	0	0	0			1
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	PNEUMONIA, UNSPECIFIED ORGANISM	PHYSICIAN ASSISTANT	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	POLYP OF COLON	ONCOLOGY	1	0	0	0	0			1
BRCA1&2 GEN FULL SEQ DUP/DEL	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	SURGERY, GENERAL	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	HEMATOLOGY	1	0	0	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	SNORING	HEMATOLOGY	1	0	0	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	SOLITARY PULMONARY NODULE	HEMATOLOGY	0	1	1	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	SOMNOLENCE	HEMATOLOGY	1	0	0	0	0			1
BRCA1&2 GEN FULL SEQ DUP/DEL	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, INIT	HEMATOLOGY	2	0	0	0	0			+
BRCA1&2 GEN FULL SEQ DUP/DEL	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			\vdash
BRCA1&2 GEN FULL SEQ DUP/DEL	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	HEMATOLOGY	0	1	1	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	HEMATOLOGY	1	0	0	0	0			
BRCA1&2 GEN FULL SEQ DUP/DEL	WEAKNESS	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GENE FULL SEQ ALYS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	1	0	0	0	0			
BRCA1&2 GENE FULL SEQ ALYS	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0			
BRCA2 GENE FULL DUP/DEL ALYS	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			

Bracedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals	Approved
Procedure Code Description BRCA2 GENE FULL DUP/DEL ALYS	Diagnosis Code Description MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Approvals	0 Deniais	O	0 Denials	O	Approved		by IRO
BRCA2 GENE FULL SEQ ALYS	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
BRCA2 GENE FULL SEQ ALYS	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
BRCA2 GENE FULL SEQ ALYS	OTHER NEUTROPENIA	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
BRCA2 GENE KNOWN FAMIL VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	1	0	0	0	0			
BRCA2 GENE KNOWN FAMIL VRNT	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
BREAST "STACKED" DIEP/GAP	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
BREAST "STACKED" DIEP/GAP	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			
BREAST "STACKED" DIEP/GAP	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST AUGMENTATION W/IMPLT	ENCOUNTER FOR COSMETIC SURGERY	SURGERY, PLASTIC	0	1	1	0	0			
BREAST AUGMENTATION W/IMPLT	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST AUGMENTATION W/IMPLT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
Breast Cancer	Intraductal carcinoma in situ of left breast	RADIATION ONCOLOGY	4							
Breast Cancer	Intraductal carcinoma in situ of right breast	RADIATION ONCOLOGY	7							
Breast Cancer	Malignant neoplasm of axillary tail of right female breast	RADIATION ONCOLOGY	2							
Breast Cancer	Malignant neoplasm of central portion of left female breast	RADIATION ONCOLOGY	5							
Breast Cancer	Malignant neoplasm of central portion of right female breast	Other Provider	2							ļ
Breast Cancer	Malignant neoplasm of central portion of right female breast	RADIATION ONCOLOGY	2							<u> </u>
Breast Cancer	Malignant neoplasm of lower-inner quadrant of left female breast	ONCOLOGY	1							<u> </u>
Breast Cancer	Malignant neoplasm of lower-inner quadrant of left female breast	PED RADIOLOGY ONCOLOGY	1							<u> </u>
Breast Cancer	Malignant neoplasm of lower-inner quadrant of left female breast	RADIATION ONCOLOGY	3							ļ
Breast Cancer	Malignant neoplasm of lower-inner quadrant of right female breast	RADIATION ONCOLOGY	2							ļ
Breast Cancer	Malignant neoplasm of lower-outer quadrant of left female breast	HOSPITALIST - INTERNAL MEDICIN	1							
Breast Cancer	Malignant neoplasm of lower-outer quadrant of left female breast	ONCOLOGY	1							
Breast Cancer	Malignant neoplasm of lower-outer quadrant of left female breast	RADIATION ONCOLOGY	2							
Breast Cancer	Malignant neoplasm of lower-outer quadrant of right female breast	RADIATION ONCOLOGY	2							
Breast Cancer	Malignant neoplasm of nipple and areola, left female breast	RADIATION ONCOLOGY	2							
Breast Cancer	Malignant neoplasm of nipple and areola, right female breast	ONCOLOGY	1							
Breast Cancer	Malignant neoplasm of overlapping sites of left female breast	RADIATION ONCOLOGY	6							
Breast Cancer	Malignant neoplasm of overlapping sites of right female breast	RADIATION ONCOLOGY	9	1	1					
Breast Cancer	Malignant neoplasm of unspecified site of left female breast	RADIATION	1							
Breast Cancer	Malignant neoplasm of unspecified site of right female breast	RADIATION ONCOLOGY	3							

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Breast Cancer	Malignant neoplasm of upper-inner quadrant of left female breast	RADIATION	1							
Breast Cancer	Malignant neoplasm of upper-inner quadrant of left female breast	RADIATION ONCOLOGY	4	1	1					
Breast Cancer	Malignant neoplasm of upper-inner quadrant of right female breast	GENERAL PRACTICE	1							
Breast Cancer	Malignant neoplasm of upper-inner quadrant of right female breast	GENERAL SURGERY	1							
Breast Cancer	Malignant neoplasm of upper-inner quadrant of right female breast	RADIATION ONCOLOGY	2							
Breast Cancer	Malignant neoplasm of upper-inner quadrant of right female breast	RADIUM THERAPY	1							
Breast Cancer	Malignant neoplasm of upper-outer quadrant of left female breast	Other Provider	2							
Breast Cancer	Malignant neoplasm of upper-outer quadrant of left female breast	RADIATION ONCOLOGY	15	1	1					
Breast Cancer	Malignant neoplasm of upper-outer quadrant of right female breast	RADIATION ONCOLOGY	14	2	2					
BREAST DIEP OR SIEA FLAP	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			+
BREAST DIEP OR SIEA FLAP	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	4	0	0	0	0			+
BREAST DIEP OR SIEA FLAP	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	2	0	0	0	0			
BREAST DIEP OR SIEA FLAP	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	2	0	0	0	0			
BREAST DIEP OR SIEA FLAP	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	2	0	0	0	0			
BREAST DIEP OR SIEA FLAP	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	2	0	0	0	0			
BREAST DIEP OR SIEA FLAP	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	4	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	SURGERY, PLASTIC	3	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	4	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	SURGERY, PLASTIC	2	0	0	0	0			
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	6	0	0	0	0			
BREAST DIEP OR SIEA FLAP	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	8	1	0	0	1			+
BREAST GAP FLAP RECONST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
BREAST GAP FLAP RECONST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			
BREAST GAP FLAP RECONST	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST GAP FLAP RECONST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST PROSTHES W/O ADHESIVE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	1	0	0	0	0			
BREAST PROSTHES W/O ADHESIVE	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	FAMILY MEDICINE	1	0	0	0	0			
BREAST PROSTHES W/O ADHESIVE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	SURGERY, PLASTIC	1	0	0	0	0			
BREAST PROSTHES W/O ADHESIVE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	1	0	0	0	0			
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	4	0	0	0	0			
BREAST RECONSTRUCTION	BREAST ENGORGEMENT OF NEWBORN	SURGERY, PLASTIC	0	1	1	0	0			
BREAST RECONSTRUCTION	DISPROPORTION OF RECONSTRUCTED BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	5	0	0	0	0			
BREAST RECONSTRUCTION	HYPERTROPHY OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	2	0	0	0	0			
BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			

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BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	4	0	0	0	0			
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	5	0	0	0	0			
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	SURGERY, PLASTIC	2	0	0	0	0			
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	3	1	0	1	0			
BREAST RECONSTRUCTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST RECONSTRUCTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	PSYCHIATRY	1	0	0	0	0			
BREAST RECONSTRUCTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	SURGERY, GENERAL	1	0	0	0	0			
BREAST RECONSTRUCTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST RECONSTRUCTION	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	SURGERY, GENERAL	2	0	0	0	0			
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	12	0	0	0	0			
BREAST RECONSTRUCTION	Transsexualism	Other Provider	12	<u> </u>			<u> </u>		1	
BREAST RECONSTRUCTION	TRANSSEXUALISM	SURGERY, GENERAL	4	0	0	0	0		-	1
BREAST RECONSTRUCTION	TRANSSEXUALISM	SURGERY, PLASTIC	2	0	0	0	0			
BREAST RECONSTRUCTION	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	SURGERY, PLASTIC	1	0	0	0	0			
	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	SURGERT, PLASTIC	1	U	U	U	U			
Breast reconstruction with latissimus dorsi flap, without prosthetic implant	Acquired absence of unspecified breast and nipple	GENERAL SURGERY	1							
Breast reconstruction with latissimus dorsi flap, without prosthetic implant	Acquired absence of unspecified breast and nipple	PLASTIC SURGERY	1							
Breast reconstruction with latissimus dorsi flap, without prosthetic										
implant	Malignant neoplasm of unsp site of unspecified female breast	GENERAL SURGERY	1							
Breast reconstruction with latissimus dorsi flap, without prosthetic implant	Malignant neoplasm of unsp site of unspecified female breast	PLASTIC SURGERY	1							
BREAST REDUCTION	BREAST ENGORGEMENT OF NEWBORN	SURGERY, PLASTIC	0	1	1	0	0			
BREAST REDUCTION	COVID-19	SURGERY, PLASTIC	1	0	0	0	0			
BREAST REDUCTION	DEFORMITY OF RECONSTRUCTED BREAST	SURGERY, PLASTIC	0	1	1	0	0			
BREAST REDUCTION BREAST REDUCTION	DISPROPORTION OF RECONSTRUCTED BREAST	SURGERY, PLASTIC	1	1	1	0	0			
BREAST REDUCTION BREAST REDUCTION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON		1	0	0	0	0			
		SURGERY, PLASTIC	1	0	0	0	0			
BREAST REDUCTION BREAST REDUCTION	ERYTHEMA INTERTRIGO HYPERTROPHY OF BREAST	SURGERY, PLASTIC FAMILY MEDICINE	1	0	0	0	0			
BREAST REDUCTION	HYPERTROPHY OF BREAST	FAMILY NURSE PRACTITIONER PRIMARY	2	0	0	0	0			
		CARE	ļ		_					
BREAST REDUCTION	HYPERTROPHY OF BREAST	NEUROLOGY	0	2	2	0	0			
BREAST REDUCTION	HYPERTROPHY OF BREAST	PSYCHIATRY	1	0	0	0	0			
BREAST REDUCTION	HYPERTROPHY OF BREAST	PSYCHOLOGY	1	0	0	0	0			
BREAST REDUCTION	HYPERTROPHY OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
BREAST REDUCTION	HYPERTROPHY OF BREAST	SURGERY, HAND	1	0	0	0	0			
BREAST REDUCTION	HYPERTROPHY OF BREAST	SURGERY, PLASTIC	38	17	17	0	0			
BREAST REDUCTION	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST REDUCTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	1	1	0	0			
BREAST REDUCTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BREAST REDUCTION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	0	1	1	0	0			
BREAST REDUCTION	MIXED INCONTINENCE	SURGERY, PLASTIC	1	0	0	0	0			
BREAST REDUCTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	SURGERY, PLASTIC	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
BREAST REDUCTION	OTHER HYPERTROPHIC DISORDERS OF THE SKIN	SURGERY, PLASTIC	1	0	0	0	0			
BREAST REDUCTION	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, PLASTIC	0	2	2	0	0			
BREAST REDUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	2	0	0	0	0			
BREAST REDUCTION	UNSPECIFIED DISLOCATION OF LEFT KNEE, SUBSEQUENT ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			
BREAST SURGERY PROCEDURE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	0	1	0	1	0			
BREAST SURGERY PROCEDURE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	SURGERY, GENERAL	0	1	1	0	0			
BREAST SURGERY PROCEDURE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	2	2	0	0			
BREAST SURGERY PROCEDURE	Neoplasm of uncertain behavior of right breast	SURGERY, GENERAL							1	ı.
BREATH HYDROGEN/METHANE TEST	UPPER ABDOMINAL PAIN, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
BREATHING CAPACITY TEST	ACUTE PULMONARY EDEMA	PULMONARY DISEASE	1	0	0	0	0			
BREATHING CAPACITY TEST	ANGINA PECTORIS, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
BREATHING CAPACITY TEST	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
BREATHING CAPACITY TEST	CYSTIC FIBROSIS, UNSPECIFIED	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
BREATHING CAPACITY TEST	DISEASE OF PERICARDIUM, UNSPECIFIED	PEDIATRIC RHEUMATOLOGY	2	0	0	0	0			
BREATHING CAPACITY TEST	LUNG TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			+
BREATHING CAPACITY TEST	LUNG TRANSPLANT STATUS	PULMONARY DISEASE	1	0	0	0	0			+
BRENTUXIMAB VEDOTIN INJ	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	INTERNAL MEDICINE	1	0	0	0	0			+
BRENTUXIMAB VEDOTIN INJ	PRPH T-CELL LYMPH, NOT CLASS, NODES OF ING RGN AND LOW LIMB	ONCOLOGY	1	0	0	0	0			+
BREZTRI AEROSPHERE 160-9-4.8 HFA AER AD	N/A	FAMILY MEDICINE	1							+
BREZINI AEROSI HERE 100-5-4.8 HI A AER AB	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS	TAIVILLI WEDICINE	-							+
BRIVIACT 100 MG TABLET	EPILEPTICUS	NEUROLOGY	1							1
BRIVIACT 100 MG TABLET	N/A	NEUROLOGY	1							+
BRIVIACT 50 MG TABLET	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Other Provider	1							
BRIVIACT 50 MG TABLET	N/A	NEUROLOGY	1							+
BRIVIACT 50 MG TABLET	N/A	Other Provider	2							+
BRONCH EBUS IVNTJ PERPH LES	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASE	1	0	0	0	0			+
BRONCH EBUS IVNTJ PERPH LES	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	INTERNAL MEDICINE	1	0	0	0	0			+
BRONCH EBUS IVNTJ PERPH LES	OTHER CHEST PAIN	PULMONARY DISEASE	1	0	0	0	0			+
BRONCH EBUS IVNTJ PERPH LES	SOLITARY PULMONARY NODULE	PULMONARY DISEASE	1	0	0	0	0			+
BRONCH EBUS SAMPLNG 3/> NODE	NAUSEA WITH VOMITING, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			+
BRONCH THERMOPLSTY 1 LOBE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	CRITICAL CARE MEDICINE	0	1	1	0	0			+
BRONCHIAL ALLERGY TESTS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			+
BRONCHOSCOPY W/BIOPSY(S)	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASE	1	0	0	0	0			+
BRONCHOSCOPY W/BIOPSY(S)	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	PULMONARY DISEASE	1	0	0	0	0			+
BRST RCNSTJ FREE FLAP	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			+
BRST RCNSTJ FREE FLAP	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			+
BRST RCNSTJ FREE FLAP	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	ONCOLOGY	1	0	0	0	0			+
BRST RCNSTJ FREE FLAP	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
BRST RCNSTJ FREE FLAP	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	NOSE, AND THROAT) SURGERY, PLASTIC	1	0	0	0	0			
BRST RCNSTJ LATSMS DRSI FLAP	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
BRST RCNSTJ LATSMS DRSI FLAP	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	n	0			+
BRYHALI 0.01 % LOTION	N/A	Other Provider	1		-					+
BRYHALI 0.01 % LOTION BRYHALI 0.01 % LOTION	N/A		1		-	1		1	-	+
	'	PHYSICIAN ASSISTANT	1							
BRYHALI 0.01% LOTION	Dermatitis, unspecified	Other Provider	1	1	1	 	1	-		+
BRYHALI 0.01% LOTION	N/A	DERMATOLOGY	 	1	1	 	1	-		+
BRYHALI 0.01% LOTION	N/A	PHYSICIAN ASSISTANT	<u> </u>	1	1	0				+
BSO OMENTECTOMY W/TAH	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	1	U	U	U	U			

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BSO OMENTECTOMY W/TAH	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
BSO OMENTECTOMY W/TAH	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
BUDESONIDE	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY						1		
BUDESONIDE ER	Other ulcerative colitis with other complication	Other Provider						1		
BUDESONIDE ER 9 MG TABDR - ER	N/A	GASTROENTEROLOGY	6	15	15					
BUDESONIDE ER 9 MG TABDR - ER	N/A	INTERNAL MEDICINE		2	2					
		OBSTETRICS/GYNECOLOG								
BUDESONIDE ER 9 MG TABDR - ER	N/A	Y	_	1	1					
BUDESONIDE ER 9 MG TABDR - ER	N/A	Other Provider	2	3	2	1				
DUDESCANDE ED CAMO TARRED. ED	21/2	PEDIATRIC	2		4					
BUDESONIDE ER 9 MG TABDR - ER	N/A	GASTROENTEROLOGY	2	1	1					+
BLIDECONIDE ED O MC TARLET	Crohn's disease of both small and large intestine with unspecified	NU IDCE DDACTITIONED		1	1					
BUDESONIDE ER 9 MG TABLET BUDESONIDE ER 9 MG TABLET	complications N/A	NURSE PRACTITIONER GASTROENTEROLOGY	1	1	1					
BUDESONIDE ER 9 MG TABLET	N/A	Other Provider	2	2	2					
BUDESONIDE ER 9 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							+
SOSTOCIAL EN SING INDEE!	1977	PEDIATRIC	_							\vdash
BUDESONIDE ER 9 MG TABLET	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	1							
BUDESONIDE ER 9 MG TABLET	Other general symptoms and signs	GASTROENTEROLOGY	_	1	1					
BUDESONIDE ER 9 MG TABLET	Other spondylosis with radiculopathy, cervical region	INTERNAL MEDICINE		1	1					
BUDESONIDE ER 9 MG TABLET	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY		1	1					
BUDESONIDE ER 9 MG TABLET	Ulcerative colitis, unspecified, without complications	Other Provider	1							
BUDESONIDE-FORMOTEROL 160-4.5	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	FAMILY MEDICINE		2	2					
BUDESONIDE-FORMOTEROL 160-4.5	Mild persistent asthma, uncomplicated	FAMILY MEDICINE	1	1	1					1
										1
BUDESONIDE-FORMOTEROL 160-4.5	Moderate persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY		1	1					
BUDESONIDE-FORMOTEROL 160-4.5	Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE		1	1					
BUDESONIDE-FORMOTEROL 160-4.5	Moderate persistent asthma, uncomplicated	PULMONARY DISEASE		1	1					
		PEDIATRIC								
BUDESONIDE-FORMOTEROL 160-4.5	Severe persistent asthma, uncomplicated	PULMONOLOGY		1	1					
BUDESONIDE-FORMOTEROL 160-4.5	Unspecified asthma, uncomplicated	INTERNAL MEDICINE		2	2					
BUDESONIDE-FORMOTEROL 160-4.5	Unspecified asthma, uncomplicated	Other Provider		1	1					
BUDESONIDE-FORMOTEROL 80-4.5	Chronic sinusitis	INTERNAL MEDICINE	1							
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	ALLERGY/IMMUNOLOGY		5	5					
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	FAMILY MEDICINE		4	4					
										1
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	INTERNAL MEDICINE		4	4					<u> </u>
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	NURSE PRACTITIONER		1	1					<u> </u>
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	Other Provider	1	2	2					
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	PHYSICIAN ASSISTANT		1	1					
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	PULMONARY DISEASE	1	2	2					
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5MCG HFA AER AD	N/A	SLEEP MEDICINE		1	1					
				1	1					
BUDESONIDE-FORMOTEROL FUMARATE 80-4.5 MCG HFA AER AD BUMETANIDE 0.5 MG	N/A	FAMILY MEDICINE	1	1	1	0	0			┼──
BUMETANIDE 0.5 MG BUMETANIDE 0.5 MG	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE FLUID OVERLOAD, UNSPECIFIED	HEMATOLOGY HEMATOLOGY	1	0	0	0	0			+
BOINE I ANNUE 0.3 INIO	FLOID OVERLOAD, UNSPECIFIED	FAMILY NURSE	1	U	U	U	U			+
BUPRENORPHINE 10 MCG/HR PATCH TDWK	N/A	PRACTITIONER	1							

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BUPRENORPHINE 10 MCG/HR PATCH TDWK	N/A	Other Provider	1	Demais	Delliais	Delliais	Delliais	Approveu	Denieu	by IKO
BUPRENORP-NALOX 8-2 MG SL FILM	Opioid dependence, uncomplicated	FAMILY MEDICINE	1							
BUPRENORP-NALOX 8-2 MG SL FILM	Opioid dependence, uncomplicated	Other Provider	1							
BUPROPION HCL SR 150 MG TAB SR 12H	N/A	FAMILY MEDICINE	2							
DOT NOT TOLE ON 150 INC 1715 SIX 1211	147.	FAMILY NURSE	_							
		PRACTITIONER PRIMARY								
BUPROPION HCL SR 150 MG TAB SR 12H	N/A	CARE	1							
	Major depressive disorder, recurrent severe without psychotic									
BUPROPION HCL SR 150 MG TABLET	features	Other Provider	1							
BUPROPION HCL SR 150 MG TABLET	Major depressive disorder, single episode, unspecified	Other Provider	1							
BUPROPION HCL XL 300 MG TABLET	N/A	GENERAL PRACTICE	1							
BUPROPION XL 300 MG TAB ER 24H	N/A	Other Provider		1	1					
BUSPIRONE HCL 5 MG TABLET	N/A	FAMILY MEDICINE	1							
BUTALB-ACETAMIN-CAF-COD 50-300	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE	1							
BUTALB-ACETAMINOPH-CAFF-CODEIN	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	1							
BUTALB-ACETAMINOPH-CAFF-CODEIN 50-300-30 CAPSULE	N/A	FAMILY MEDICINE	2							
BUTALB-CAFF-ACETAMINOPH-CODEIN	Headache	INTERNAL MEDICINE	1							
BUTALB-CAFF-ACETAMINOPH-CODEIN 50-325-30 CAPSULE	N/A	FAMILY MEDICINE	2							
BUTALB-CAFF-ACETAMINOPH-CODEIN 50-325-30 CAPSULE	N/A	GENERAL PRACTICE	1							
BUTALBITAL/APAP/CAFFEINE 50-325-40 TABLET	N/A	NEUROLOGY	2							
BUTORPHANOL TARTRATE 10 MG/ML SPRAY	N/A	GENERAL PRACTICE		1	1					
BUTORPHANOL TARTRATE 10 MG/ML SPRAY	N/A	SLEEP MEDICINE	1							
BUTORPHANOL TARTRATE 10 MG/ML SPRAY	N/A	SURGERY, GENERAL	1							
BX BREAST 1ST LESION STRTCTC	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	FAMILY MEDICINE	1	0	0	0	0			
BX BREAST 1ST LESION STRTCTC	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	SURGERY, GENERAL	2	0	0	0	0			
BX OF CERVIX W/SCOPE LEEP	CERVICAL HIGH RISK HPV DNA TEST POSITIVE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
BX OF CERVIX W/SCOPE LEEP	MODERATE CERVICAL DYSPLASIA	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
BX/CURETT OF CERVIX W/SCOPE	ATYP SQUAM CELL OF UNDET SIGNFC CYTO SMR CRVX (ASC-US)	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
BX/CURETT OF CERVIX W/SCOPE	HIGH GRADE INTREPITH LESION CYTO SMR VAGN (HGSIL)	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
BYDUREON 2 MG PEN INJECT	Other general symptoms and signs	Other Provider	1							
BYDUREON 2 MG PEN INJECT	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
BYDUREON 2 MG PEN INJECT	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
BYDUREON BCISE 2 MG AUTOINJECT	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	2							
BYDUREON BCISE 2 MG AUTOINJECT	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
	<u> </u>	FAMILY NURSE								
BYDUREON BCISE 2 MG AUTOINJECT	Type 2 diabetes mellitus with hyperglycemia	PRACTITIONER	1							
BYDUREON BCISE 2 MG AUTOINJECT	Type 2 diabetes mellitus with hyperglycemia	Other Provider	2							
BYDUREON BCISE 2 MG AUTOINJECT	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		1	1					
		ENDOCRINOLOGY AND								
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	N/A	METABOLISM	2	2	2					
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	N/A	FAMILY MEDICINE	3							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	N/A	CARE	1			1				
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	N/A	INTERNAL MEDICINE	2			1				
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	N/A	NURSE PRACTITIONER	1			1				
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	N/A	Other Provider	4	1	1	1				
	,	ENDOCRINOLOGY AND				1				
BYDUREON PEN 2MG/0.65ML PEN INJCTR	N/A	METABOLISM	1			1				
BYDUREON PEN 2MG/0.65ML PEN INJCTR	N/A	FAMILY MEDICINE	1							
BYDUREON PEN 2MG/0.65ML PEN INJCTR	N/A	Other Provider	2							
5.55.E5.T. E.I ZIVIO/ 0.05IVIET EIV INDOM	1.4	o a ar i rovider	<u></u>	1	1	ı	l	l		

Production Code Description											
PRITATE INCREÇO 2						Necessity	Investigational	Adequacy	Appeals	Appeals	
Mile March Mile				Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Digital Sept. No.		•		1							
Propose graft, with view, femoral apposition				1							
Physics part with white femoral opinities Physics part white with remaind SURCERY 1	BYETTA SIVICG/0.02 PEN INJCTR	N/A		1							
Pages gail, with verin femoral-popilized											
				1							
Dipass graft, with verin fermon-despititional Use pathod native arteries of externities, strileg SURCEDY 1	Bypass graft, with vein; femoral-popliteal	Peripheral vascular disease, unspecified		1							
Digeos graft, with vein; femosal oppined Unique afford native arteries of extremiles, right leg SIGNEGEN T											
Spansage Anniest				1							
Signass graft, with vein; fermoral-popilited Unog adhol nature steries of externibles, right leg SUBGERY 1	Bypass graft, with vein; femoral-popliteal	Unsp athscl native arteries of extremities, left leg		1							
Dipass grid, with vein; femoral-popilited											
DESTONC Search Expert		Unsp athscl native arteries of extremities, right leg		1							
PSYCOLIC Secretal primary hypertension DEASE 1 1 1 1 1 1 1 1 1	Bypass graft, with vein; femoral-popliteal	Unsp athscl native arteries of extremities, right leg	GENERAL SURGERY	1							
PRYSTOLIC Casertial (primary) hypertension Other Provider			CARDIOVASCULAR								
DISTOLIC SISSENTIAL HYPERTENSION DIME Provider	BYSTOLIC	Essential (primary) hypertension	DISEASE						1	1	
### PRODUCE HYPERTENSON AMBROYSCHORL HEART FAILURE	BYSTOLIC	Essential (primary) hypertension	Other Provider							1	
### PATOLIC HYPERTENSON ### AMERICANCE ### AMERICAN	BYSTOLIC	ESSENTIAL HYPERTENSION	Other Provider						1		
### Abherosclerotic heart disease of native coronary artery without anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging apectory and anging appectory and an	BYSTOLIC	HYPERTENSION							1		
### STOLIC 10 MS TABLET BEVATED BLOOD PRESSURE READING, W/O DIAGNOSIS OF HIN NITERNAL MEDICINE 1		Atherosclerotic heart disease of native coronary artery without									
### STOLIC 10 MG TABLET ### STOLIC 10 MG TABL	BYSTOLIC 10 MG TABLET		NURSE PRACTITIONER		1	1					
### STOLIC ID MG TABLET Essential (primary) hypertension NTERWENTIONAL 1 1 1 1 1 1 1 1 1	BISTOCIO IO INGLET	ungina peccens	TO TO TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TO		-	-					
### STOLIC ID MG TABLET Essential (primary) hypertension NTERWENTIONAL 1 1 1 1 1 1 1 1 1	PYSTOLIC 10 MG TARLET	ELEVATED BLOOD BRESSLIRE READING W/O DIAGNOSIS OF HTN	INTERNAL MEDICINE		1	1					
SESTOLIC 10 MG TABLET Essential (primary) hypertension INTERVENTIONAL 1 3 3 3 5 5 5 5 5 5 5	BISTOLIC 10 ING TABLET	ELEVATED BLOOD-FRESSORE READING, W/O DIAGNOSIS OF TITM		1	1	1					
Separatic Especial (primary) hypertension DEFASE 1 3 3	DVCTOLIC 10 MC TABLET	Facestial (animona) burnantanaian									
SESTIOUL 10 MG TABLET Essential (primary) hypertension DEEASE 1 3 3 3	BYSTOLIC TO MIG TABLET	Essential (primary) hypertension			1	1					
### STOUC 10 MG TABLET Essential (primary) hypertension FAMILY MEDICINE 2 5 5	BV6701101010107107										
FAMILY NURSE				1	3	3					
### STOLIC 10 MG TABLET	BYSTOLIC 10 MG TABLET	Essential (primary) hypertension		2	5	5					
ENSTDUC 10 MG TABLET											
### SYSTOLIC 10 MG TABLET					1	1					
### STOLIC 10 MG TABLET ### SESENTIAL (primary) hypertension ### STOLIC 10 MG TABLET ### SUPPAVENTRICULAR TACHYCARDIA ### STOLIC 10 MG TABLET ### SUPPAVENTRICULAR TACHYCARDIA ### STOLIC 10 MG TABLET ### SUPPAVENTRICULAR TACHYCARDIA ### STOLIC 10 MG TABLET ### SUPPAVENTRICULAR TACHYCARDIA ### STOLIC 10 MG TABLET ### SUPPAVENTRICULAR TACHYCARDIA ### STOLIC 10 MG TABLET ### SUPPAVENTRICULAR TACHYCARDIA ### STOLIC 10 MG TABLET ### SUPPAVENTRICULAR TACHYCARDIA ### SUPPAVE					3	3					
CARDIOVASCULAR		Essential (primary) hypertension	Other Provider	2	5	5					
### HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE DISEASE 1 1 1	BYSTOLIC 10 MG TABLET	Essential (primary) hypertension	PHYSICIAN ASSISTANT		2	2					
BYSTOLIC 10 MG TABLET			CARDIOVASCULAR								
BYSTOLIC 10 MG TABLET	BYSTOLIC 10 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	DISEASE		1	1					
CARDIOVASCULAR DISEASE 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			CARDIOLOGY,								
BYSTOLIC 10 MG TABLET	BYSTOLIC 10 MG TABLET	N/A	INTERVENTIONAL	1							
BYSTOLIC 10 MG TABLET			CARDIOVASCULAR								
Systolic 10 MG TABLET	BYSTOLIC 10 MG TABLET	N/A	DISEASE	8	8	8					
BYSTOLIC 10 MG TABLET N/A INTERNAL MEDICINE 7 8 8 8	BYSTOLIC 10 MG TABLET	N/A	FAMILY MEDICINE	11	11	11					
BYSTOLIC 10 MG TABLET N/A INTERNAL MEDICINE 7 8 8 8											
BYSTOLIC 10 MG TABLET	BYSTOLIC 10 MG TABLET	N/A		1							
BYSTOLIC 10 MG TABLET N/A N/A Other Provider 10 9 9 9 N/A N/A Other Provider 10 9 9 9 N/A N/A N/A Other Provider 10 9 9 9 N/A N/A Other Provider 10 9 9 9 N/A OTHER Provider 10 9 9 9 N/A OTHER PROVIDER BYSTOLIC 10 MG TABLET N/A BYSTOLIC 10 MG TABLET SUPRAVENTRICULAR TACHYCARDIA DISEASE 1 CARDIOVASCULAR BYSTOLIC 10 MG TABLET TACHYCARDIA UNSPECIFIED DISEASE 1 CARDIOVASCULAR BYSTOLIC 2.5 MG TABLET DIZZINESS AND GIDDINESS DISEASE DISEASE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7	8	8					t
BYSTOLIC 10 MG TABLET N/A N/A PHYSICIAN ASSISTANT CARDIOVASCULAR BYSTOLIC 10 MG TABLET SUPRAVENTRICULAR TACHYCARDIA BYSTOLIC 10 MG TABLET TACHYCARDIA UNSPECIFIED DISEASE CARDIOVASCULAR DIZZINESS AND GIDDINESS DISEASE DIZZINESS AND GIDDINESS BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				2	-	<u> </u>					
BYSTOLIC 10 MG TABLET N/A CARDIOVASCULAR CARDIOVASCULAR BYSTOLIC 10 MG TABLET SUPRAVENTRICULAR TACHYCARDIA DISEASE CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR BYSTOLIC 2.5 MG TABLET DIZINESS AND GIDDINESS BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension DISEASE CARDIOVASCULAR DISEASE 1 1 1 1 1 1 1 1 1 1 1 1 1				10	q	q					
BYSTOLIC 10 MG TABLET SUPRAVENTRICULAR TACHYCARDIA DISEASE CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR DISEASE BYSTOLIC 2.5 MG TABLET DIZZINESS AND GIDDINESS DISEASE CARDIOVASCULAR DISEASE 1 1 DIZZINESS AND GIDDINESS DISEASE CARDIOVASCULAR DISEASE CARDIOVASCULAR DISEASE 1 DISEASE 1 DISEASE 1 DISEASE 1 DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR DISEASE CARDIOVASCULAR DISEASE CARDIOVASCULAR DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR DISEASE DI				10	1	1					
BYSTOLIC 10 MG TABLET SUPRAVENTRICULAR TACHYCARDIA CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR DISEASE 1 CARDIOVASCULAR DISEASE DISEASE DISEASE DISEASE DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR DISEASE DISEASE CARDIOVASCULAR CARDIOVASCULAR DISEASE DI	DISTOLIC TO MIG TABLET	11/0		+	1	1					
BYSTOLIC 10 MG TABLET TACHYCARDIA UNSPECIFIED DISEASE CARDIOVASCULAR DISEASE DISEASE DISEASE 1 1 1 1 DIZZINESS AND GIDDINESS DISEASE BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension DISEASE DISEASE CARDIOVASCULAR CARDIOVASCULAR DISEASE D	DVCTOLIC 40 MC TABLET	CURPANIENTE CHI AR TA CUNCARDIA									
BYSTOLIC 10 MG TABLET TACHYCARDIA UNSPECIFIED DISEASE CARDIOVASCULAR DISZINESS AND GIDDINESS DISEASE CARDIOVASCULAR DISEASE CARDIOVASCULAR BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension BYSTOLIC 2.5 MG TABLET BYSTOLIC 2.5 MG TABLET ESSENTIAL (primary) hypertension BYSTOLIC 2.5 MG TABLET BYSTOLIC	DISTULIC 10 MIG TABLET	SUPRAVENTRICULAR TACHTCARDIA		1	-	-					1
BYSTOLIC 2.5 MG TABLET DIZZINESS AND GIDDINESS DISEASE CARDIOVASCULAR CARDIOVASCULAR CARDIOVASCULAR DISEASE 1 1 1 BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension DISEASE 2 1 1 BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension DISEASE 1 1 1 DISEASE D	DVCTOLIC 10 MC TARLET	TACUIVCA DDIA LINCDECIFIED									
BYSTOLIC 2.5 MG TABLET DIZZINESS AND GIDDINESS CARDIOVASCULAR BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension DISEASE CARDIOVASCULAR DISEASE 2 1 1 BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension FAMILY MEDICINE BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension INTERNAL MEDICINE 1 1 1 1	B1210FIC 10 MIG TABLET	TACHYCAKDIA UNSPECIFIED		1							
BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension DISEASE 2 1 1 1											
BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension DISEASE 2 1 1 1 STANDARDIC 2.5 MG TABLET Essential (primary) hypertension FAMILY MEDICINE 1 1 1 STANDARDIC 2.5 MG TABLET Essential (primary) hypertension INTERNAL MEDICINE 1 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 1 1 STANDARDIC 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 2.5 MG TABLET ESSENTIAL (primary) hypertension INTERNAL MEDICINE 2.5 MG TABL	BYSTOLIC 2.5 MG TABLET	DIZZINESS AND GIDDINESS			1	1					
BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension FAMILY MEDICINE 1 1 1 BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension INTERNAL MEDICINE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
BYSTOLIC 2.5 MG TABLET Essential (primary) hypertension INTERNAL MEDICINE 1 1	BYSTOLIC 2.5 MG TABLET	Essential (primary) hypertension	DISEASE	2	1	1					
	BYSTOLIC 2.5 MG TABLET	Essential (primary) hypertension	FAMILY MEDICINE		1	1					
	BYSTOLIC 2.5 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE		1	1					
	BYSTOLIC 2.5 MG TABLET	Essential (primary) hypertension	Other Provider		2	2					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		CARDIOVASCULAR								
BYSTOLIC 2.5 MG TABLET	N/A	DISEASE	3	4	4					
		ENDOCRINOLOGY AND								
BYSTOLIC 2.5 MG TABLET	N/A	METABOLISM		1	1					
BYSTOLIC 2.5 MG TABLET	N/A	FAMILY MEDICINE		1	1					<u> </u>
BYSTOLIC 2.5 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					
BYSTOLIC 2.5 MG TABLET	N/A	Other Provider CARDIOVASCULAR		1	1					
BYSTOLIC 2.5 MG TABLET	Palpitations	DISEASE	1							<u> </u>
		CARDIOVASCULAR								
BYSTOLIC 20 MG TABLET	Essential (primary) hypertension	DISEASE	1							
BYSTOLIC 20 MG TABLET	Essential (primary) hypertension	FAMILY MEDICINE	4							
BYSTOLIC 20 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE	2	1	1					
BYSTOLIC 20 MG TABLET	Essential (primary) hypertension	Other Provider	1	2	2					
DVCTOLIC 20 MC TABLET	LIVERTENCIAL LIFART DICEACE MUTHOUT HEART FAILURE	CARDIOVASCULAR	_	1	4					
BYSTOLIC 20 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	DISEASE CARDIOLOGY,	1	1	1					+
BYSTOLIC 20 MG TABLET	N/A	INTERVENTIONAL	2		4					
BTSTOLIC 20 IVIG TABLET	IN/A	CARDIOVASCULAR	3	1	1					+
BYSTOLIC 20 MG TABLET	N/A	DISEASE	4	2	2					
B1310LIC 20 IVIG TABLET	IN/A	ENDOCRINOLOGY AND	4	3	3					+
BYSTOLIC 20 MG TABLET	N/A	METABOLISM	1							
BYSTOLIC 20 MG TABLET	N/A	FAMILY MEDICINE	6	10	10					+
DISTOLIC 20 ING TABLET	INA	FAMILY NURSE	U	10	10					+
BYSTOLIC 20 MG TABLET	N/A	PRACTITIONER	1							'
BYSTOLIC 20 MG TABLET	N/A	GASTROENTEROLOGY	1	1	1					+
BYSTOLIC 20 MG TABLET	N/A	INTERNAL MEDICINE	2	2	2	-				+
BYSTOLIC 20 MG TABLET	N/A	NEPHROLOGY		1	1					+
BYSTOLIC 20 MG TABLET	N/A	Other Provider	2	2	2	-				+
BYSTOLIC 20 MG TABLET	N/A	PEDIATRICS	1		-					
BYSTOLIC 20 MG TABLET	N/A	SPORTS MEDICINE	1							
DISTOLIC LO ING MISEL	Atherosclerotic heart disease of native coronary artery without	OF OTTO INICIDIONIC	1							+
BYSTOLIC 5 MG TABLET	angina pectoris	Other Provider	1							'
		CARDIOLOGY,	Ī	1						
BYSTOLIC 5 MG TABLET	Essential (primary) hypertension	INTERVENTIONAL	1							'
	The state of the s	CARDIOVASCULAR								
BYSTOLIC 5 MG TABLET	Essential (primary) hypertension	DISEASE	2	1	1					'
BYSTOLIC 5 MG TABLET	Essential (primary) hypertension	FAMILY MEDICINE	4	8	8					
	, , , , , , , , , , , , , , , , , , ,	FAMILY NURSE								
		PRACTITIONER PRIMARY								'
BYSTOLIC 5 MG TABLET	Essential (primary) hypertension	CARE	1							'
BYSTOLIC 5 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE	1	1	1					
BYSTOLIC 5 MG TABLET	Essential (primary) hypertension	Other Provider	4	2	2					
		CARDIOVASCULAR								
BYSTOLIC 5 MG TABLET	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	DISEASE	1							'
		CARDIAC								
BYSTOLIC 5 MG TABLET	N/A	ELECTROPHYSIOLOGY		1	1					'
		CARDIOLOGY,								
BYSTOLIC 5 MG TABLET	N/A	INTERVENTIONAL		3	3					
		CARDIOVASCULAR								
BYSTOLIC 5 MG TABLET	N/A	DISEASE	17	8	8					
BYSTOLIC 5 MG TABLET	N/A	FAMILY MEDICINE	11	6	6					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								1
BYSTOLIC 5 MG TABLET	N/A	CARE	1	1	1					<u> </u>
BYSTOLIC 5 MG TABLET	N/A	GASTROENTEROLOGY	1	1	1		1	i	1	1 7

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
BYSTOLIC 5 MG TABLET	N/A	GENERAL PRACTICE	1							
BYSTOLIC 5 MG TABLET	N/A	INTERNAL MEDICINE	5	6	6					
BYSTOLIC 5 MG TABLET	N/A	NEPHROLOGY		1	1					
BYSTOLIC 5 MG TABLET	N/A	Other Provider	4	3	3					
BYSTOLIC 5 MG TABLET	N/A	PHYSICIAN ASSISTANT		1	1					
C MOTOR EVOKED UPR&LWR LIMBS	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
C MOTOR EVOKED UPR&LWR LIMBS	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
C MOTOR EVOKED UPR&LWR LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
C MOTOR EVOKED UPR&LWR LIMBS	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
C MOTOR EVOKED UPR&LWR LIMBS	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
C MOTOR EVOKED UPR&LWR LIMBS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	5	0	0	0	0			
C MOTOR EVOKED UPR&LWR LIMBS	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
CABG ARTERIAL SINGLE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	SURGERY, VASCULAR	1	0	0	0	0			
CABG ARTERIAL SINGLE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	SOCIAL WORK	1	0	0	0	0			
CABG ARTERIAL SINGLE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	SURGERY, THORACIC	2	0	0	0	0			
CABG ARTERIAL SINGLE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	12	0	0	0	0			
CABG ARTERIAL SINGLE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
CABG ARTERY-VEIN FIVE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	1	0	0	0	0			
CABG ARTERY-VEIN SINGLE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	SURGERY, THORACIC	1	0	0	0	0			
CABG ARTERY-VEIN SINGLE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	1	0	0	0	0			
CABG ARTERY-VEIN THREE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
CABG ARTERY-VEIN THREE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	3	0	0	0	0			
CABG ARTERY-VEIN TWO	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	SURGERY, THORACIC	1	0	0	0	0			
CABG ARTERY-VEIN TWO	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	1	0	0	0	0			
CABG ARTERY-VEIN TWO	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
CABOMETYX 40 MG TABLET	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	1							
CABOMETYX 40 MG TABLET	N/A	ONCOLOGY	1							
CABOMETYX 60 MG TABLET	N/A	Other Provider	1							
CALCIPOTRIENE 0.005 % CREAM (G)	N/A	DERMATOLOGY	7							
CALCIPOTRIENE 0.005 % CREAM (G)	N/A	FAMILY MEDICINE	1							
CALCIPOTRIENE 0.005 % CREAM (G)	N/A	INTERNAL MEDICINE	1							
CALCIPOTRIENE 0.005 % CREAM (G)	N/A	Other Provider	1							
CALCIPOTRIENE 0.005 % CREAM (G)	N/A	RHEUMATOLOGY	1							
CALCIPOTRIENE-BETAMETH DP SUSP	Psoriasis vulgaris	DERMATOLOGY		1	1					
CALCIPOTRIENE-BETAMETHASONE 0.005064 SUSPENSION	N/A	RHEUMATOLOGY		1	1					
CALCIPOTRIENE-BETAMETHASONE DP 0.005064 OINT.(GM)	N/A	DERMATOLOGY	1							
CALCIUM GLUCONATE INJECTION	UNSPECIFIED JAUNDICE	HEMATOLOGY	1	0	0	0	0			
CALQUENCE 100 MG CAPSULE	Chronic lymphocytic leukemia of B-cell type not having achieved remission(71260)	ONCOLOGY	1							
CALQUENCE 100 MG CAPSULE	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	1			1				†
CALQUENCE 100 MG CAPSULE	N/A	HEMATOLOGY	1			1				†
CALQUENCE 100 MG CAPSULE	N/A	ONCOLOGY	1			1				†
CALR GENE COM VARIANTS	CHRONIC MYELOPROLIFERATIVE DISEASE	HEMATOLOGY	2	0	0	0	0			
CALR GENE COM VARIANTS	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	GERIATRIC MEDICINE	0	1	1	0	0			
CALR GENE COM VARIANTS	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	HEMATOLOGY	1	1	1	0	0			†
CALR GENE COM VARIANTS	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	ONCOLOGY	2	1	1	0	0			†
CALR GENE COM VARIANTS	HEMORRHAGIC CONDITION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
CALR GENE COM VARIANTS	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0	1		+
			1-	-	, ~	ı~	ľ			1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CALR GENE COM VARIANTS	OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD-FORMING ORGANS	HEMATOLOGY	0	1	1	0	0	Арргочец	Demea	by inc
CALR GENE COM VARIANTS	POLYCYTHEMIA VERA	HEMATOLOGY	0	1	1	0	0			
CALR GENE COM VARIANTS	POLYCYTHEMIA VERA	ONCOLOGY	1	0	0	0	0			
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	HEMATOLOGY	0	2	2	0	0			
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	INTERNAL MEDICINE	0	1	1	0	0			
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	ONCOLOGY	0	2	2	0	0			
CALR GENE COM VARIANTS	UNSPECIFIED CIRRHOSIS OF LIVER	ONCOLOGY	0	1	1	0	0			
	Chronic migraine without aura, intractable, without status	CLINICAL								
CAMBIA	migrainosus	NEUROPHYSIOLOGY							1	
	Chronic migraine without aura, not intractable, without status									
CAMBIA	migrainosus	PEDIATRIC NEUROLOGY							1	
		CLINICAL								
CAMBIA 50 MG POWD PACK	N/A	NEUROPHYSIOLOGY		3	3					
CAMBIA 50 MG POWD PACK	N/A	INTERNAL MEDICINE		1	1					
CAMBIA 50 MG POWD PACK	N/A	NEUROLOGY	4	1	1					
	,									
CAMBIA 50 MG POWD PACK	N/A	PEDIATRIC NEUROLOGY		1	1					
	,	PEDIATRIC NURSE								
CAMBIA 50 MG POWD PACK	N/A	PRACTITIONER	1	1	1					
CAMBIA 50 MG POWD PACK	N/A	PHYSICIAN ASSISTANT		1	1					
	Chronic migraine without aura, intractable, without status									
CAMBIA 50 MG POWDER PACKET	migrainosus	NEUROLOGY	1	1	1					
	Chronic migraine without aura, not intractable, without status			_						
CAMBIA 50 MG POWDER PACKET	migrainosus	NEUROLOGY		1	1					
CAMBIA 50 MG POWDER PACKET	Migraine with aura, intractable, without status migrainosus	Other Provider	1	_						
	g									
CAMBIA 50 MG POWDER PACKET	Migraine without aura, intractable, without status migrainosus	NEUROLOGY		1	1					
	g	CLINICAL								
CAMBIA 50 MG POWDER PACKET	Migraine, unspecified, not intractable, without status migrainosus	NEUROPHYSIOLOGY		1	1					
	, , , , , , , , , , , , , , , , , , , ,									
CAMBIA 50 MG POWDER PACKET	Migraine, unspecified, not intractable, without status migrainosus	Other Provider		1	1					
CANAKINUMAB INJECTION	ANEMIA, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
CANE ADJUST/FIXED QUAD/3 PRO	DISP FX OF LATERAL CONDYLE OF R TIBIA, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CANE ADJUST/FIXED QUAD/3 PRO	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
CANE ADJUST/FIXED WITH TIP	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CANE ADJUST/FIXED WITH TIP	UNSPECIFIED DISLOCATION OF LEFT KNEE, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CAPECITABINE 500 MG TABLET	Malignant neoplasm of colon, unspecified	ONCOLOGY	1							
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF GALLBLADDER	HEMATOLOGY	1							
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	Other Provider	1							
CAPECITABINE 500 MG TABLET	Malignant neoplasm of rectum	ONCOLOGY	1							
CAPECITABINE 500 MG TABLET	Malignant neoplasm of transverse colon	ONCOLOGY	1							
	N/A	HEMATOLOGY	1							
CAPECITABINE 500 MG TABLET	N/A	ONCOLOGY	10							
	N/A	Other Provider	4							
CAPEX SHAMPOO 0.01 % SHAMPOO	N/A	FAMILY MEDICINE	1							
Caplyta	Major depressive disorder, recurrent, moderate	Physician	ľ.						1	
CAPLYTA 42 MG CAPSULE	N/A	Other Provider	2	2	2					1
CAR ION CHNNLPATH INC 10 GNS	CARDIOMYOPATHY, UNSPECIFIED	CARDIOVASCULAR DISEASE	0	1	1	0	0			
CAR ION CHNNLPATH INC 10 GNS	LONG QT SYNDROME	PEDIATRIC CARDIOLOGY	1	0	0	0	0			†
CAR ION CHINICE ATT INC 10 GNS	VENTRICULAR TACHYCARDIA	CARDIAC	0	1	1	0	0			+
S. M. S. S. MALE ATT INC 10 GRS	TETT TO THE THE TETT TO THE TE	ELECTROPHYSIOLOGY	ľ		1	ľ	Ĭ			
CAR ION CHNNLPATH INC 2 GNS	CARDIOMYOPATHY, UNSPECIFIED	CARDIOVASCULAR DISEASE	0	1	1	0	0			
CAR ION CHNNLPATH INC 2 GNS	VENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	0	1	1	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CARBIDOPA LEVODOPA ENT 100ML	PARKINSON'S DISEASE	NEUROLOGY	1	1	0	U	U			
CARBIDOPA-LEVODOPA 25-100 TAB CARBINOXAMINE MALEATE 6 MG TAB	Parkinson's disease N/A	NEUROLOGY FAMILY MEDICINE		1	1					
CARBOPLATIN INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	2	0	1	0	0			-
CARBOPLATIN INJECTION CARBOPLATIN INJECTION	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	ONCOLOGY	1	0	0	0	0			-
CARBOPLATIN INJECTION CARBOPLATIN INJECTION	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	HEMATOLOGY	1	0	0	0	0			-
CARBOPLATIN INJECTION CARBOPLATIN INJECTION	COVID-19	ONCOLOGY	2	0	0	0	0			
CARBOPLATIN INJECTION	HYPOXEMIA	HEMATOLOGY	1	0	n	0	0			
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	4	0	0	0	0			
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY	1	0	0	0	n			
CARBOPLATIN INJECTION CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVART	HEMATOLOGY	1	0	0	0	0			
CARBOPLATIN INJECTION CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
CARBOPLATIN INJECTION CARBOPLATIN INJECTION	MELENA	HEMATOLOGY	1	0	0	0	0			
CARBOPLATIN INJECTION	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
CARBOPEATIN INJECTION	NAOSEA WITH VOINITING, UNSPECIFIED	HEIWIATOLOGY	1	U	U	0	U			
Cardiac magnetic resonance imaging for velocity flow mapping (List										
separately in addition to code for primary procedure)	CHEST PAIN UNSPECIFIED	PEDIATRIC CARDIOLOGY	1							
Cardiac MRI for morphology and function without contrast, followed	CHEST FAIN ONSFECIFIED	CARDIOVASCULAR	1							
by contrast and further sequences;	ABNORMAL ELECTROCARDIOGRAM	DISEASE	1							
Cardiac MRI for morphology and function without contrast, followed	ABNORIVIAL ELECTROCARDIOGRAIVI	DISLASE	1							
by contrast and further sequences;	CHEST PAIN UNSPECIFIED	PEDIATRIC CARDIOLOGY	1							
Cardiac MRI for morphology and function without contrast, followed	CONGENITAL STENOSIS OF AORTIC VALVE; CONGENITAL	CARDIOVASCULAR	1							
by contrast and further sequences;	INSUFFICIENCY OF AORTIC VALVE	DISEASE	1							
Cardiac MRI for morphology and function without contrast, followed	INSUFFICIENCE OF AURTIC VALVE	DISLASE	1							
by contrast and further sequences;	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	NURSE PRACTITIONER	1							
Cardiac MRI for morphology and function without contrast, followed	DOCHENNE ON BECKEN MOSCOEAN DISTROTTI	CARDIOVASCULAR	1							
by contrast and further sequences;	HEART DISEASE UNSPECIFIED	DISEASE	1							
Cardiac MRI for morphology and function without contrast, followed	OTHER FORMS OF DYSPNEA; ORTHOPNEA; ACUTE SYSTOLIC	CARDIOVASCULAR	-							
by contrast and further sequences;	CONGESTIVE HEART FAILURE	DISEASE	1							
Cardiac MRI for morphology and function without contrast, followed	CONTROL TO THE THE TANK TO THE CONTROL TO THE CONTR	CARDIOVASCULAR	-							
by contrast and further sequences;	UNSPECIFIED COMBINED SYSTOLIC & DIASTOLIC CHF	DISEASE	1							
Cardiac MRI for morphology and function without contrast, followed	ONST ECHTED COMBINED STOTOGIC GUILD, DINSTOCIC CHI	CARDIOVASCULAR	_							
by contrast and further sequences;	VENTRICULAR PREMATURE DEPOLARIZATION	DISEASE	1							
CARDIAC REHAB	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	3	0	0	0	0			
										1
CARDIAC REHAB	CELLULITIS OF RIGHT LOWER LIMB	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB	COLLES' FX LEFT RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB	NONRHEUMATIC AORTIC (VALVE) STENOSIS WITH INSUFFICIENCY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB	PAIN IN RIGHT KNEE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB	PRESENCE OF AORTOCORONARY BYPASS GRAFT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB/MONITOR	CORONARY ANGIOPLASTY STATUS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIAC REHAB/MONITOR	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
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		Secretar Secretar	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description CARDIAC REHAB/MONITOR	Diagnosis Code Description NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Provider Specialty FAMILY MEDICINE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CARDIOASSIST EXTERNAL	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	CARDIOVASCULAR DISEASE	2	1	1	0	0			
CARDIDASSIST EXTERNAL	ATHSCE HEART DISEASE OF NATIVE COR ART WOTH ANG PCTRS	CARDIOVASCULAR DISEASE	2	1	1	l ^o	U			
CARDIOASSIST EXTERNAL	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	SOCIAL WORK	2	0	0	0	0			
CARDIOASSIST EXTERNAL	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
CARDIOASSIST EXTERNAL	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SOCIAL WORK	0	1	1	0	0			
CARDIOASSIST EXTERNAL	OTHER FORMS OF ANGINA PECTORIS	INTERNAL MEDICINE	0	1	1	0	0			1
CARDIOLOGY HRT TRNSPL MRNA	DIZZINESS AND GIDDINESS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOLOGY HRT TRNSPL MRNA	ENCOUNTER FOR AFTERCARE FOLLOWING HEART TRANSPLANT	FAMILY MEDICINE	0	1	1	0	0			
CARDIOLOGY HRT TRNSPL MRNA	ENCOUNTER FOR AFTERCARE FOLLOWING HEART TRANSPLANT	PULMONARY DISEASE	2	0	0	0	0			
CARDIOLOGY HRT TRNSPL MRNA	HEART TRANSPLANT STATUS	ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY	2	0	0	0	0			
CARDIOLOGY HRT TRNSPL MRNA	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOLOGY HRT TRNSPL MRNA	Heart transplant status	Other Provider						1		
CARDIOPULM EXERCISE TESTING	SHORTNESS OF BREATH	PULMONARY DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR DISEASE	2	0	0	0	0			
										ļ
CARDIOVASCULAR STRESS TEST	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	FAMILY MEDICINE	3	0	0	0	0			ļ
CARDIOVASCULAR STRESS TEST	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	HOSPITAL	2							ļ
CARDIOVASCULAR STRESS TEST	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	HOSPITAL	1							
CARDIOVASCULAR STRESS TEST	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ANGINA PECTORIS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	FAMILY MEDICINE	2	0	n	0	0			
CARDIOVASCULAR STRESS TEST	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	4	0	n	0	0			
CANDIOVASCODAR STRESS TEST	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG	CARDIO VASCOLAR DISEASE	7		•	0				
CARDIOVASCULAR STRESS TEST	PCTRS	HOSPITAL	1							
CARDIOVASCULAR STRESS TEST	BRONCHIECTASIS, UNCOMPLICATED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	CARDIAC MURMUR, UNSPECIFIED	HOSPITAL	1							
CARDIOVASCULAR STRESS TEST	CARDIOMYOPATHY, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	9	0	0	0	0			
CARDIOVASCULAR STRESS TEST	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	3	0	0	0	0			
CARDIOVASCULAR STRESS TEST	CHEST PAIN, UNSPECIFIED	HOSPITAL	1							
CARDIOVASCULAR STRESS TEST	CHEST PAIN, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	CHEST PAIN, UNSPECIFIED	UROLOGY	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	FAMILY MEDICINE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	DIZZINESS AND GIDDINESS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	DYSPNEA, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	DYSPNEA, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
CARDIOVASCULAR STRESS TEST	DYSPNEA, UNSPECIFIED	HOSPITAL	1							
CARDIOVASCULAR STRESS TEST	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	INTERNAL MEDICINE	1	0	0	0	0			†
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CARDIOVASCULAR STRESS TEST	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	HOSPITAL	2							
CARDIOVASCULAR STRESS TEST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ESSENTIAL (PRIMARY) HYPERTENSION	FAMILY MEDICINE	2	0	0	0	0			1
CARDIOVASCULAR STRESS TEST	ESSENTIAL (PRIMARY) HYPERTENSION	HOSPITAL	1							
CARDIOVASCULAR STRESS TEST	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	HEMORRHAGE OF ANUS AND RECTUM	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	HYPERLIPIDEMIA, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	HYPERSOMNIA, UNSPECIFIED	CARDIOVASCULAR DISEASE	2	0	0	0	0			
CARDIOVASCULAR STRESS TEST	ILLNESS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	2	0	0	0	0			-
CARDIOVASCULAR STRESS TEST	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
CARDIOVASCULAR STRESS TEST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
		CARDIOVASCULAR								1
CARDIOVASCULAR STRESS TEST CARDIOVASCULAR STRESS TEST	N/A OTHER BENIGN NEUROENDOCRINE TUMORS	SURGERY FAMILY MEDICINE	1	0	0	0	0			├
			1	0	0	0	0			
CARDIOVASCULAR STRESS TEST CARDIOVASCULAR STRESS TEST	OTHER CHEST PAIN OTHER FORMS OF ANGINA PECTORIS	INTERNAL MEDICINE CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	2	0	0	0	0			
CARDIOVASCULAR STRESS TEST	OTHER SPECIFIED POSTPROCEDURAL STATES	CARDIOVASCULAR DISEASE	1	0	0	0	0			
			1	U	U	U	U			
CARDIOVASCULAR STRESS TEST	PAIN IN LEFT FOOT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	PALPITATIONS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	PALPITATIONS	HOSPITAL	1							
CARDIOVASCULAR STRESS TEST	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	PAROXYSMAL ATRIAL FIBRILLATION	FAMILY MEDICINE	1	0	0	0	0	 		
CARDIOVASCULAR STRESS TEST	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	SHORTNESS OF BREATH	FAMILY MEDICINE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	SUPRAVENTRICULAR TACHYCARDIA	FAMILY MEDICINE	1	0	0	0	0			+
CARDIOVASCULAR STRESS TEST	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVASCULAR STRESS TEST	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			<u> </u>
CARDIOVERSION ELECTRIC EXT	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CARDIOVERSION ELECTRIC EXT	N/A	HOSPITAL	1	 			 	 		
CARE OF MISCARRIAGE	ABNORMAL WEIGHT LOSS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
		,								<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CARE OF MISCARRIAGE	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CARE OF MISCARRIAGE	CHRONIC CHOLECYSTITIS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CARE OF MISCARRIAGE	COMPLETE OR UNSP SPONTANEOUS ABORTION WITHOUT COMPLICATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			†
CARE OF MISCARRIAGE	FAILED ATTEMPTED TERMINATION OF PREGNANCY W/O COMPLICATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
CARE OF MISCARRIAGE	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	FAMILY MEDICINE	1	0	0	0	0			†
CARE OF MISCARRIAGE	MATERNAL CARE FOR OTH ABNLT OF CERVIX, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CARE OF MISCARRIAGE	MISSED ABORTION	FAMILY MEDICINE	1	0	0	0	0			1
CARE OF MISCARRIAGE	MISSED ABORTION	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
CARE OF MISCARRIAGE	MISSED ABORTION	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
CARPAL TUNNEL SURGERY	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	SURGERY, PLASTIC	1	0	0	0	0			1
CARPAL TUNNEL SURGERY	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
CARPAL TUNNEL SURGERY	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SURGERY, PLASTIC	1	0	0	0	0			1
CARPAL TUNNEL SURGERY	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SURGERY, PLASTIC	1	0	0	0	0			1
CARPAL TUNNEL SURGERY	EPIGASTRIC PAIN	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CARPAL TUNNEL SURGERY	PRIMARY OSTEOARTHRITIS, UNSPECIFIED HAND	SURGERY, PLASTIC	1	0	0	0	0			
CAST SUPPLIES (PLASTER)	UNSPECIFIED INJURY OF NOSE, INITIAL ENCOUNTER	FAMILY MEDICINE	0	2	0	0	2			1
CASTING/STRAPPING PROCEDURE	OTHER SPECIFIED ARTHRITIS, RIGHT ANKLE AND FOOT	PODIATRY	1	0	0	0	0			
CAVERJECT 20 MCG KIT	N/A	UROLOGY	1							
CAVERJECT 20 MCG VIAL	N/A	UROLOGY	1							
CAVERJECT 40 MCG VIAL	N/A	UROLOGY	1							1
CAYSTON 75 MG INHAL SOLUTION	N/A	PULMONARY DISEASE	2							
CAYSTON 75 MG/ML VIAL-NEB	N/A	Other Provider	1							
CAYSTON 75 MG/ML VIAL-NEB	N/A	PULMONARY DISEASE	5							1
CEFEPIME HCL FOR INJECTION	CUTANEOUS ABSCESS OF GROIN	INFECTIOUS DISEASE	1	0	0	0	0			
CELEBREX 200 MG CAPSULE	Low back pain	PAIN MANAGEMENT	1							1
CELEBREX 200 MG CAPSULE	N/A	FAMILY MEDICINE	1							
CELEBREX 200 MG CAPSULE	N/A	INTERNAL MEDICINE	1							
CELEBREX 200 MG CAPSULE	N/A	Other Provider	1	1	1					
CELEBREX 200 MG CAPSULE	N/A	RHEUMATOLOGY	1							1
CELEBREX 200 MG CAPSULE	Unspecified osteoarthritis, unspecified site	INTERNAL MEDICINE	1							
CELECOXIB 100 MG CAPSULE	N/A	RHEUMATOLOGY		1	1					1
CELECOXIB 200 MG CAPSULE	N/A	FAMILY MEDICINE	1							
CER POST COL OCC/MAN SUP ADJ	OTH DISP FX OF THIRD CERVICAL VERTEBRA, INIT FOR CLOS FX	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
CER POST COL OCC/MAN SUP ADJ	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
CERTOLIZUMAB PEGOL INJ 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	COUNSELING	0	1	1	0	0			1
CERTOLIZUMAB PEGOL INJ 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	RHEUMATOLOGY	3	1	1	0	0			1
CERTOLIZUMAB PEGOL INJ 1MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	COUNSELING	0	1	1	0	0			1
CERTOLIZUMAB PEGOL INJ 1MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	RHEUMATOLOGY	3	3	3	0	0			1
CERTOLIZUMAB PEGOL INJ 1MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	10	1	1	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	RHEUMATOLOGY	1	0	0	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	RHEUMATOLOGY	0	1	1	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	OTHER PSORIATIC ARTHROPATHY	RHEUMATOLOGY	1	0	0	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	RHEUMATOLOGY	0	2	2	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	PSORIASIS VULGARIS	RHEUMATOLOGY	1	0	0	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	PSORIATIC ARTHRITIS MUTILANS	RHEUMATOLOGY	2	0	0	0	0			1
CERTOLIZUMAB PEGOL INJ 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	6	2	2	0	0			1
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	RHEUMATOLOGY	3	2	2	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, UNSP ANK/FT	RHEUMATOLOGY	1	0	0	0	0			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	RHEUMATOLOGY	0	1	1	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	RHEUMATOLOGY	1	0	0	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	6	1	1	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	SPONDYLOSIS, UNSPECIFIED	RHEUMATOLOGY	0	1	1	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	SPONDYLOSIS, UNSPECIFIED	SOCIAL WORK	0	1	1	0	0			
CERTOLIZUMAB PEGOL INJ 1MG	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	RHEUMATOLOGY	0	1	1	0	0			
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	1	1	0	0			
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	SURGERY, NEUROLOGICAL	2	0	0	0	0			
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	CERVICAL DISC DISORDER, UNSP, UNSPECIFIED CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	CERVICALGIA	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	2	0	0	0	0			
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
CERV ARTIFIC DISKECTOMY	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
CERV ARTIFIC DISKECTOMY	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	4	0	0	0	0			
CERV ARTIFIC DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	3	2	2	0	0			
CERV ARTIFIC DISRECTORT	STINAL STENOSIS, CERVICAE REGION	SURGERY,	3	-	-	0	0			
CERV ARTIFIC DISKECTOMY	Spinal stangers convical region	NEUROLOGICAL							1	
CERV ARTIFIC DISKECTOMY	Spinal stenosis, cervical region SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0		1	
CERV ARTIFIC DISKECTOMY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
CERV ARTIFIC DISKECTOMY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	0	1	0			
CERV FLEX N/ADJ FOAM PRE OTS	DORSALGIA, UNSPECIFIED	FAMILY MEDICINE	1	n	n	0	0			
Cervical Cancer	Malignant neoplasm of cervix uteri, unspecified	ONCOLOGY	1							
ectividal carried	inanginant neoplasiii of cervix ateri) anspeanea	HOSPITALIST - INTERNAL	-	1						
Cervical Cancer	Malignant neoplasm of exocervix	MEDICIN	1							
Cervical Cancer	Malignant neoplasm of exocervix	RADIATION ONCOLOGY	1							
Cervical Cancer	Malignant neoplasm of overlapping sites of cervix uteri	RADIATION ONCOLOGY	2							.
CERVICAL LAMINOPLSTY 2/> SEG	DORSALGIA, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
CETROTIDE 0.25 MG KIT	N/A	GYNECOLOGY (NO OB)	1							
		OBSTETRICS/GYNECOLOG								
CETROTIDE 0.25 MG KIT	N/A	Y	1	<u> </u>	<u> </u>					
CETROTIDE 0.25 MG KIT	N/A	Other Provider	3							
		REPRODUCTIVE	1							
CETROTIDE 0.25 MG KIT	N/A	ENDOCRINOLOGY/INFERT ILITY	1							
CETUXIMAB INJECTION	SOLITARY PULMONARY NODULE	ONCOLOGY	1	0	0	0	0			
CFTR GENE COM VARIANTS	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CFTR GENE COM VARIANTS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CFTR GENE COM VARIANTS	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CFTR GENE COM VARIANTS	ENCOUNTER FOR ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CFTR GENE COM VARIANTS	ENCOUNTER FOR ANTENATAL SCREENING FOR OTHER GENETIC DEFECTS	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			

Procedure Code Description CFTR GENE COM VARIANTS CFTR GENE COM VARIANTS		Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Experimental & Investigational Denials	Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CETP GENE COM VADIANTS	Diagnosis Code Description PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0	Прриссе		.,
SI IN GENE CON VARIANTS	PUERPERAL SEPSIS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CFTR GENE COM VARIANTS	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
CFTR GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
CFTR GENE FULL SEQUENCE	TESTICULAR HYPOFUNCTION	UROLOGY	0	1	1	0	0			
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	Other Provider		2	2					1
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY MEDICINE	1	_						1
		FAMILY NURSE								
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PRACTITIONER	1							
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY NURSE PRACTITIONER PRIMARY CARE	1	1	1					
			1	1	1					+
CHANTIX 1 MG CONT MONTH BOX CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Other Provider	1	1	1					+
CHANTIX 1 MG CONT MONTH BOX CHANTIX 1 MG CONT MONTH BOX	Tobacco use Tobacco use	FAMILY MEDICINE INTERNAL MEDICINE	1	1	1					+
CHANTIX 1 MG CONT MONTH BOX CHANTIX 1 MG TABLET		FAMILY MEDICINE	1	1	1					+
CHANTIX 1 MG TABLET CHANTIX 1 MG TABLET	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	1	1	1					+
				1	1					+
CHANTIX STARTING MONTH BOX CHANTIX STARTING MONTH BOX	Anxiety disorder, unspecified	Other Provider INTERNAL MEDICINE	1	1	1					+
	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED		2							+
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	Other Provider	2	1	1					+
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY MEDICINE	1	1	1					
CHANTIN STARTING MONITH DOV	AUGOTINE DEDENICE LINCOPCIFIED LINCOPADUCATED	FAMILY NURSE								
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PRACTITIONER	1							+
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	CARE	1							
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	1							
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Other Provider	4	2	2					
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PHYSICIAN ASSISTANT	1							
CHANTIX STARTING MONTH BOX	Other general symptoms and signs	INTERNAL MEDICINE	1							+
CHANTIN STARTING MONITH DOV	T. I	CARDIOVASCULAR								
CHANTIX STARTING MONTH BOX	Tobacco use	DISEASE	1							
CHANTIX STARTING MONTH BOX	Tobacco use	FAMILY MEDICINE	1	4	4					
CHANTIX STARTING MONTH BOX	Tobacco use	INTERNAL MEDICINE		1	1					
CHANTIX STARTING MONTH BOX CHEMO IA PUSH TECNIQUE	Tobacco use ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Other Provider INTERNAL MEDICINE	1	0	0	0	0			+
CHEMIO IA POSH TECNIQUE	ACOTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REIVIISSION	INTERNAL MEDICINE	1	U	U	U	U			
CHEMO IV INFUS EACH ADDL SEQ	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CHEMO IV INFUS EACH ADDL SEQ	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CHEMO IV INFUS EACH ADDL SEQ	N/A	HEMATOLOGY/ONCOLOG Y	2							
CHEMO IV INFUSION 1 HR	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CHEMO IV INFUSION 1 HR	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	3	0	0	0	0			
CUENCO IVANELISIONALID	CROUNIC DISEASE OF LARGE INTESTINE WITHOUT COLARISE TIONS	Other	1							
CHEMO IV INFUSION 1 HR CHEMO IV INFUSION 1 HR	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Other	1	0	0	0	0			\vdash
CHEMO IV INFUSION 1 HR CHEMO IV INFUSION 1 HR	HODGKIN LYMPHOMA, UNSPECIFIED SITE	ONCOLOGY ONCOLOGY	1	0	0	0	0			+

		Davids Control	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description CHEMO IV INFUSION 1 HR	Diagnosis Code Description	Provider Specialty PEDIATRIC	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CREWO IV INFUSION 1 RK	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	HEMATOLOGY/ONCOLOGY	3	0	0		0			
CHEMO IV INFUSION 1 HR	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			1
CHEMO IV INFUSION 1 HR	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			1
CHEMO IV INFUSION 1 HR	N/A	HEMATOLOGY/ONCOLOG	2							
CHEMO IV INFUSION 1 HR	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	RHEUMATOLOGY	1	1	1	0	0			+
CHEMO IV INFUSION 1 HR	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	FACILITY	2	n	0	0	0			+
CHEMO IV IIII OSIGN 1 IIII	S. H.V.E. INCOCCE HAVE HOLDER CONT. CO. C.	TAGETT.	_							+
CHEMO IV INFUSION ADDL HR	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Other	1							
CHEMO IV INFUSION ADDL HR	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CHEMO IV INFUSION ADDL HR	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			†
CHEMO PROLONG INFUSE W/PUMP	MALIG NEOPLM OF CONN AND SOFT TISSUE OF HEAD, FACE AND NECK	PEDIATRICS	1	0	0	0	0			1
,	<u> </u>									<u> </u>
CHEMO PROLONG INFUSE W/PUMP	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			<u> </u>
CHEMO PROLONG INFUSE W/PUMP	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	1	0	0	0	0			<u> </u>
CHEMODENERV 1 EXTREMITY 1-4	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			ļ
CHEMODENERV 1 EXTREMITY 1-4	VESICOURETERAL-REFLUX, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			ļ
CHEMODENERV MUSC MIGRAINE	BLEPHAROSPASM	NEUROLOGY	0	1	1	0	0			<u> </u>
CHEMODENERV MUSC MIGRAINE	CELLULITIS OF LEFT LOWER LIMB	NEUROLOGY	1	0	0	0	0			<u> </u>
CHEMODENERV MUSC MIGRAINE	CERVICALGIA	ANESTHESIOLOGY	1	0	0	0	0			<u> </u>
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	NEUROLOGY	7	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	NEUROMUSCULOSKELETAL MEDICINE	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	PHYSICAL MEDICINE	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	FAMILY MEDICINE	4	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	INTERNAL MEDICINE	3	1	1	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	NEUROLOGY	72	9	9	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PAIN MANAGEMENT	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PEDIATRIC NEUROLOGY	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PHYSICAL MEDICINE	7	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PSYCHIATRY	4	1	1	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	NEUROLOGY	3	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	ANESTHESIOLOGY	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	FAMILY MEDICINE	1	2	1	1	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	INTERNAL MEDICINE	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	NEUROLOGY	30	8	8	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	PEDIATRIC NEUROLOGY	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	PHYSICAL MEDICINE	0	1	1	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	PSYCHIATRY	1	1	1	0	0			1
CHEMODENERV MUSC MIGRAINE	CHRONIC SINUSITIS, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	DISORIENTATION, UNSPECIFIED	NEUROLOGY	1	1	1	0	0			1
CHEMODENERV MUSC MIGRAINE	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PSYCHIATRY	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	5	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PSYCHIATRY	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	DERMATOLOGY	0	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	NEUROLOGY	12	1	1	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	PHYSICAL MEDICINE	1	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	3	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	2	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PHYSICAL MEDICINE	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	NEUROLOGY	3	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	3	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	MYALGIA, OTHER SITE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	NEW DAILY PERSISTENT HEADACHE (NDPH)	PEDIATRIC NEUROLOGY	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	OCCIPITAL NEURALGIA	PAIN MANAGEMENT	1	0	0	0	0			+
CHEMODENERV MUSC MIGRAINE	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	FAMILY MEDICINE	1	1	1	0	0			+
CHEMODENERY MUSC MIGRAINE	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	NEUROLOGY	1	0	0	0	0			†
CHEMODENERV MUSC MIGRAINE	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	NEUROLOGY	1	0	0	0	0			
CHEMODENERV MUSC MIGRAINE	SPASMODIC TORTICOLLIS	NEUROLOGY	1	1	1	0	0			
CHEMODENERV MUSC MIGRAINE	SPASMODIC TORTICOLLIS	SURGERY, HAND	4	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	SPASTIC HEMIPLEGIC CEREBRAL PALSY	PEDIATRIC NEUROLOGY	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	PAIN MANAGEMENT	1	0	0	0	0			1
CHEMODENERV MUSC MIGRAINE	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	PAIN MANAGEMENT	0	1	1	0	0			1
CHEMODENERV MUSC MIGRAINE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	NEUROLOGY	1	0	0	0	0			1
CHEMODENERV MUSC NECK DYSTON	CLONIC HEMIFACIAL SPASM, RIGHT	NEUROLOGY	1	0	0	0	0			
CHEMODENERV MUSC NECK DYSTON	OTHER TICS OF ORGANIC ORIGIN	NEUROLOGY	1	0	0	0	0			
CHEMODENERV MUSC NECK DYSTON	SPASMODIC TORTICOLLIS	NEUROLOGY	1	1	1	0	0			
CHEMODENERV SALIV GLANDS	SPASMODIC TORTICOLLIS	PHYSICAL MEDICINE	2	0	0	0	0			
CHEMODENERV TRUNK MUSC 1-5	OTHER MUSCLE SPASM	SURGERY, PLASTIC	1	0	0	0	0			
CHEMOTHERAPY	Acute leukemia of unspecified cell type not having achieved remission	ONCOLOGY	1							
CHEMOTHERAPY		HEMATOLOGY ONCOLOGY	2							
	Acute lymphoblastic leukemia not having achieved remission									
CHEMOTHERAPY	Acute lymphoblastic leukemia not having achieved remission	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Acute lymphoblastic leukemia not having achieved remission	Other Provider PED HEMATOLOGY	1							
CHEMOTHERAPY	Acute lymphoblastic leukemia not having achieved remission	ONCOLOGY	6							
CHEMOTHERAPY	Acute lymphoblastic leukemia not having achieved remission	PEDIATRIC ONCOLOGY	1							
CHEMOTHERAPY	Acute lymphoblastic leukemia, in relapse	HEMATOLOGY	1							
	· · ·	HEMATOLOGY								
CHEMOTHERAPY	Acute lymphoblastic leukemia, in relapse	ONCOLOGY	3							
CHEMOTHERAPY	Acute lymphoblastic leukemia, in remission	HEMATOLOGY	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CHEMOTHERAPY	Acute lymphoblastic leukemia, in remission	HEMATOLOGY ONCOLOGY	1							
CHEMOTHERAPY	Acute lymphoblastic leukenila, in remission	ONCOLOGY	3							
CHEMOTHERAPY	Acute lymphoblastic leukemia, in remission	Other Provider	2							
CHEMOTHERA	Acute tymphobiastic reakenia, in remission	PED HEMATOLOGY								
CHEMOTHERAPY	Acute lymphoblastic leukemia, in remission	ONCOLOGY	1							
CHEMOTHERAPY	Acute promyelocytic leukemia, not having achieved remission	ONCOLOGY	1							
CHEMOTHERAPY	Basal cell carcinoma of skin of unspecified parts of face	ONCOLOGY	1							
	Chronic lymphocytic leukemia of B-cell type not having achieved									
CHEMOTHERAPY	remission	HEMATOLOGY	2							
CHEMOTHERAPY	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	INTERNAL MEDICINE	1							
CHEMOTHER I	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved	INTERNAL MEDICINE	1							
CHEMOTHERAPY	remission	MEDICAL ONCOLOGY	1							
	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved									
CHEMOTHERAPY	remission	ONCOLOGY	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, extranodal and solid organ sites	HEMATOLOGY	1							
		HEMATOLOGY								
CHEMOTHERAPY	Diffuse large B-cell lymphoma, extranodal and solid organ sites	ONCOLOGY	2							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, extranodal and solid organ sites	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	ONCOLOGY	2							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	ONCOLOGY	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Other Provider	1							
CHEMOTHERALI	birtuse large b-cell lymphonia, lymph nodes of axilla and upper limb	Other Frovider	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	ONCOLOGY	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	HEMATOLOGY	1							
CHEMOTHERAFT	Diffuse large B-cell lymphoma, lymph hodes of multiple sites	TILIVIATOLOGY	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Other Provider	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, unspecified site	HEMATOLOGY	2							
CHEMOTHER I	sinuse range is constitutionally an specimed size	HEMATOLOGY								
CHEMOTHERAPY	Diffuse large B-cell lymphoma, unspecified site	ONCOLOGY	1							
CHEMOTHERAPY	Diffuse large B-cell lymphoma, unspecified site	ONCOLOGY	1							
CHEMOTHERAPY	Disseminated malignant neoplasm, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Encounter for antineoplastic chemotherapy	HEMATOLOGY		1	1					
CHEMOTHERAPY	Extramedullary plasmacytoma not having achieved remission	ONCOLOGY	2							
	Extranodal marginal zone B-cell lymphoma of mucosa-associated									
CHEMOTHERAPY	lymphoid tissue [MALT-lymphoma]	ONCOLOGY	1							
		HEMATOLOGY								
CHEMOTHERAPY	Follicular lymphoma grade I, intra-abdominal lymph nodes	ONCOLOGY	1		ļ					
		HEMATOLOGY								
CHEMOTHERAPY	Follicular lymphoma grade I, lymph nodes of head, face, and neck	ONCOLOGY	1		ļ					
CHEMOTHERAPY	Follicular lymphoma grade I, lymph nodes of multiple sites	ONCOLOGY	1		ļ					ļ
CHEMOTHERAPY	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	ONCOLOGY	1							
CHEMOTHERADY	Followlar humphoma grade IIIIb. https://doi.org/10.1001/	ONCOLOCY	2							
CHEMOTHERAPY CHEMOTHERAPY	Follicular lymphoma grade IIIb, lymph nodes of multiple sites Gastrointestinal stromal tumor of large intestine	ONCOLOGY ONCOLOGY	1		 					
CHEMOTHERAPY	Hairy cell leukemia not having achieved remission	INTERNAL MEDICINE	1		 					
CHEWIOTHERAFT	riany cen leukenna not naving atmeved remission	III I LINIVAL IVIEDICINE	1+	I	1	I .		i .		<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CHEMOTHERAPY	Hairy cell leukemia not having achieved remission	ONCOLOGY	1							
CLIENACTLIEDADV	Underlied week and week field bounds and as of acultical sites.	ONCOLOCY								
CHEMOTHERAPY	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ONCOLOGY	1			-				+
CHEMOTHERAPY	Hodgkin lymphoma, unspecified, unspecified site Hodgkin lymphoma, unspecified, unspecified site	HEMATOLOGY ONCOLOGY	1							+
CHEMOTHERAPY	Intrahepatic bile duct carcinoma	HEMATOLOGY	1							+
CHEMOTHERAPT	intranepatic bile duct carcinoma	HEMATOLOGY	3							+
CHEMOTHERAPY	Intrahepatic bile duct carcinoma	ONCOLOGY	1							
CHEMOTHERAPY	Intrahepatic bile duct carcinoma	INTERNAL MEDICINE	3							
CHEMOTHERAPY	Intrahepatic bile duct carcinoma	ONCOLOGY	1							
CHEMOTHERAPY	Leukemia, unspecified not having achieved remission	Other Provider	1							
CHEMOTHERAPY	Liver cell carcinoma	ONCOLOGY	1							
CHEMOTHERAPY	Malignant (primary) neoplasm, unspecified	GENERAL PRACTICE	1							
CHEMOTHERAPY	Malignant (primary) neoplasm, unspecified	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant (primary) neoplasm, unspecified	ONCOLOGY	2							
		HOSPITALIST - INTERNAL								
CHEMOTHERAPY	Malignant carcinoid tumor of the cecum	MEDICIN	1							
CHEMOTHERAPY	Malignant carcinoid tumor of the ileum	ONCOLOGY	1							
CHEMOTHERAPY	Malignant carcinoid tumor of the rectum	Other Provider	1							
	Malignant carcinoid tumor of the small intestine, unspecified									
CHEMOTHERAPY	portion	ONCOLOGY	1							
		HEMATOLOGY								
CHEMOTHERAPY	Malignant carcinoid tumor of the stomach	ONCOLOGY	1							
CHEMOTHERAPY	Malignant carcinoid tumor of unspecified site	HEMATOLOGY	3							
CHEMOTHERAPY	Malignant carcinoid tumor of unspecified site	ONCOLOGY	1							
CHEMOTHERAPY	Malignant carcinoid tumors of other sites	Other Provider	1							
		HOSPITALIST - INTERNAL								
CHEMOTHERAPY	Malignant melanoma of left lower limb, including hip	MEDICIN	1							
CHEMOTHERAPY	Malignant melanoma of scalp and neck	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant melanoma of skin, unspecified	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant melanoma of unspecified part of face	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of anal canal	HEMATOLOGY	2			1				
CHEMOTHERAPY	Malignant neoplasm of ascending colon	HEMATOLOGY	3							+
CHEMOTHERAPY CHEMOTHERAPY	Malignant neoplasm of ascending colon	INTERNAL MEDICINE	1	4		-				+
CHEMOTHERAPY	Malignant neoplasm of ascending colon Malignant neoplasm of ascending colon	MEDICAL ONCOLOGY ONCOLOGY	c	1	1	-				+
CHEMOTHERAPY	Malignant neoplasm of ascending colon Malignant neoplasm of ascending colon	RADIATION	1	1	1					+
CHEMOTHERAPY	Malignant neoplasm of axillary tail of left female breast	ONCOLOGY	2							+
CHEMOTHERAPY	Malignant neoplasm of axillary tail of right female breast	HEMATOLOGY	1							+
CHEMOTHERALI	Wanghart reoplasm of axillary tall of right remaie breast	HEMATOLOGY	-							+
CHEMOTHERAPY	Malignant neoplasm of axillary tail of right female breast	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of axillary tail of right female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of axillary tail of right female breast	ONCOLOGY	1							
	The second of th	HEMATOLOGY	-							
CHEMOTHERAPY	Malignant neoplasm of base of tongue	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of base of tongue	ONCOLOGY	3							\dagger
CHEMOTHERAPY	Malignant neoplasm of bladder neck	ONCOLOGY	1							\dagger
CHEMOTHERAPY	Malignant neoplasm of bladder, unspecified	ONCOLOGY	1							\vdash
CHEMOTHERAPY	Malignant neoplasm of bladder, unspecified	UROLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of body of pancreas	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of body of stomach	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of brain, unspecified	GENERAL PRACTICE		1	1					
CHEMOTHERAPY	Malignant neoplasm of brain, unspecified	HEMATOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of brain, unspecified	NEUROLOGY	7							
CHEMOTHERAPY	Malignant neoplasm of brain, unspecified	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of cardia	ONCOLOGY	2							

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CHEMOTHERAPY	Malignant neoplasm of cecum	HEMATOLOGY	1							
		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of cecum	ONCOLOGY	3							
		HOSPITALIST - INTERNAL								
CHEMOTHERAPY	Malignant neoplasm of cecum	MEDICIN	3							
CHEMOTHERAPY	Malignant neoplasm of cecum	ONCOLOGY	3	1	1					
CHEMOTHERAPY	Malignant neoplasm of central portion of left female breast	HEMATOLOGY	1							
I		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of central portion of left female breast	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of central portion of left female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of central portion of left female breast	ONCOLOGY	6	1	1					
I										
CHEMOTHERAPY	Malignant neoplasm of central portion of right female breast	HEMATOLOGY	2							
		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of central portion of right female breast	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of central portion of right female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of cerebellum	NEUROLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of cervix uteri, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of colon, unspecified	HEMATOLOGY	9							
Ì		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of colon, unspecified	ONCOLOGY		1	1					
CHEMOTHERAPY	Malignant neoplasm of colon, unspecified	ONCOLOGY	8							
CHEMOTHERAPY	Malignant neoplasm of colon, unspecified	RADIATION	1							
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue of abdomen	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue of head, face and neck	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	ONCOLOGY	5							
	Malignant neoplasm of connective and soft tissue of right lower									
CHEMOTHERAPY	limb, including hip	ONCOLOGY	2							
	Malignant neoplasm of connective and soft tissue of right upper									
CHEMOTHERAPY	limb, including shoulder	ONCOLOGY	1							
	Malignant neoplasm of connective and soft tissue of trunk,									
CHEMOTHERAPY	unspecified	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue, unspecified	HEMATOLOGY	1							
										1
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue, unspecified	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue, unspecified	MEDICAL ONCOLOGY	1							
										1
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue, unspecified	ONCOLOGY	4							
		PEDIATRIC								
		HEMATOLOGY/ONCOLOG								
CHEMOTHERAPY	Malignant neoplasm of connective and soft tissue, unspecified	Υ	1							
		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of descended left testis	ONCOLOGY	1							
		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of descended right testis	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of descending colon	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of descending colon	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of descending colon	Other Provider	2							
CHEWOTHERA! I				i	1					+

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		GYNECOLOGIC								
CHEMOTHERAPY	Malignant neoplasm of endometrium	ONCOLOGY	1							
		GYNECOLOGICAL								
CHEMOTHERAPY	Malignant neoplasm of endometrium	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of endometrium	GYNECOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of endometrium	OB GYNECOLOGY	1							ļ
CHEMOTHERAPY	Malignant neoplasm of endometrium	OBSTETRICS	1							
CHEMOTHERAPY	Malignant neoplasm of endometrium	ONCOLOGY	3	2	2					ļ
CHEMOTHERAPY	Malignant neoplasm of esophagus, unspecified	HEMATOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of esophagus, unspecified	ONCOLOGY	2	1	1					ļ
CHEMOTHERAPY	Malignant neoplasm of esophagus, unspecified	Other Provider	1							<u> </u>
CHEMOTHERAPY	Malignant neoplasm of ethmoidal sinus	INTERNAL MEDICINE	1							ļ
CHEMOTHERAPY	Malignant neoplasm of exocervix	GYNECOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of extrahepatic bile duct	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of frontal lobe	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of frontal lobe	ONCOLOGY		1	1					
		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of gallbladder	ONCOLOGY	1							ļ
CHEMOTHERAPY	Malignant neoplasm of gallbladder	ONCOLOGY	2							ļ
CHEMOTHERAPY	Malignant neoplasm of glans penis	Other Provider	1							
CHEMOTHERAPY	Malignant neoplasm of head of pancreas	HEMATOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of head of pancreas	MEDICAL ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of head of pancreas	ONCOLOGY	10							
		PATHOLOGY								
CHEMOTHERAPY	Malignant neoplasm of head of pancreas	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of head, face and neck	HEMATOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of head, face and neck	ONCOLOGY		1	1					
CHEMOTHERAPY	Malignant neoplasm of hepatic flexure	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of hypopharynx, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of isthmus uteri	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of lateral wall of bladder	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of lateral wall of bladder	Other Provider	1							
CHEMOTHERAPY	Malignant neoplasm of lateral wall of oropharynx	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of left kidney, except renal pelvis	HEMATOLOGY	5	1	1					
CHEMOTHERAPY	Malignant neoplasm of left kidney, except renal pelvis	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of left kidney, except renal pelvis	ONCOLOGY	1							
	, , , , , ,	GYNECOLOGICAL								
CHEMOTHERAPY	Malignant neoplasm of left ovary	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of left ovary	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of left renal pelvis	ONCOLOGY	1							
	Malignant neoplasm of left testis, unspecified whether descended or									1
CHEMOTHERAPY	undescended	ONCOLOGY	1	1	1					
										†
CHEMOTHERAPY	Malignant neoplasm of lesser curvature of stomach, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of liver, not specified as primary or secondary	ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of long bones of right lower limb	ONCOLOGY	2							1
CHEMOTHERAPY	Malignant neoplasm of lower lobe, left bronchus or lung	MEDICAL ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of lower lobe, left bronchus or lung	ONCOLOGY	1							\vdash
CHEMOTHERAPY	Malignant neoplasm of lower lobe, right bronchus or lung	ONCOLOGY	5							\vdash
CHEMOTHERAPY	Malignant neoplasm of lower third of esophagus	HEMATOLOGY	3	1	 					+
CHEMOTHERAPY	Malignant neoplasm of lower third of esophagus Malignant neoplasm of lower third of esophagus	ONCOLOGY	5	2	2					\vdash
CHEMIOTHERAFT	imangrant neopiasin of lower third of esophiagus	ONCOLOGI	٦	_	_					+
CHEMOTHERAPY	Malignant neoplasm of lower-inner quadrant of left female breast	HEMATOLOGY	2							
		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of lower-inner quadrant of left female breast	ONCOLOGY	1			1				

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CHEMOTHERAPY	Malignant neoplasm of lower-inner quadrant of left female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of lower-inner quadrant of left female breast	ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of lower-inner quadrant of left female breast	Other Provider	1							
CHEMOTHERAPY	Malignant neoplasm of lower-inner quadrant of right female breast	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of left female breast	HEMATOLOGY HEMATOLOGY	3	1	1					
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of left female breast	ONCOLOGY	8							
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of left female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of left female breast	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of right female breast	HEMATOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of right female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of lower-outer quadrant of right female breast	ONCOLOGY	10							
CHEMOTHERAPY	Malignant neoplasm of nipple and areola, left female breast	ONCOLOGY	1	1	1					
CHEMOTHERAPY	Malignant neoplasm of nipple and areola, right female breast	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of oropharynx, unspecified	HEMATOLOGY	2							ļ
CHEMOTHERAPY	Malignant neoplasm of oropharynx, unspecified	ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of bladder	UROLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of colon	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of corpus uteri	GYNECOLOGICAL ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of left female breast	HEMATOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of left female breast	HOSPITALIST - INTERNAL MEDICIN	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of left female breast	INTERNAL MEDICINE	5							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of left female breast	MEDICAL ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of left female breast	NURSE PRACTITIONER	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of left female breast	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of right female breast	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of right female breast	HEMATOLOGY ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of right female breast	HOSPITALIST - INTERNAL MEDICIN	2							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of right female breast	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of right female breast	OBSTETRICIAN AND GYNECOLOGIST	1							
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of right female breast	ONCOLOGY	7	1	1					

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CHEMOTHERAPY	Malignant neoplasm of overlapping sites of right female breast Malignant neoplasm of overlapping sites of unspecified bronchus	Other Provider	1							
CHEMOTHERAPY	and lung	HEMATOLOGY	1							
CHEMOTHERAFT	Malignant neoplasm of overlapping sites of unspecified female	TILIVIATOLOGI	1							+
CHEMOTHERAPY	breast	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of pancreas, unspecified	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of pancreas, unspecified	ONCOLOGY	5							
CHEMOTHERAPY	Malignant neoplasm of pancreatic duct	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of parietal lobe	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of pelvis	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of penis, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of penis, unspecified	Other Provider		1	1					
		GYNECOLOGICAL								
CHEMOTHERAPY	Malignant neoplasm of peritoneum, unspecified	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of peritoneum, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of posterior wall of hypopharynx	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of posterior wall of oropharynx	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of prostate	HEMATOLOGY	6							
		HEMATOLOGY								
CHEMOTHERAPY	Malignant neoplasm of prostate	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of prostate	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of prostate	ONCOLOGY	9							
CHEMOTHERAPY	Malignant neoplasm of prostate	UROLOGY	1	2	2					
CHEMOTHERAPY	Malignant neoplasm of pyriform sinus	HEMATOLOGY	2							
		HOSPITALIST - INTERNAL								
CHEMOTHERAPY	Malignant neoplasm of rectosigmoid junction	MEDICIN	2							
CHEMOTHERAPY	Malignant neoplasm of rectosigmoid junction	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of rectum	GENERAL PRACTICE	1							
CHEMOTHERAPY	Malignant neoplasm of rectum	HEMATOLOGY	5							
CUENACTUEDADY	MARIN CONTRACTOR OF CONTRACTOR	HEMATOLOGY ONCOLOGY	_							
CHEMOTHERAPY	Malignant neoplasm of rectum	HOSPITALIST - INTERNAL	2							
CHEMOTHERADY	Maliana da analana afaratana	MEDICIN								
CHEMOTHERAPY CHEMOTHERAPY	Malignant neoplasm of rectum Malignant neoplasm of rectum	INTERNAL MEDICINE	1							+
CHEMOTHERAPY	Malignant neoplasm of rectum	MEDICAL ONCOLOGY	2							++
CHEMOTHERAPY	Malignant neoplasm of rectum	ONCOLOGY	10							++
CHEMOTHERAPY	Malignant neoplasm of rectum	PEDIATRICS	10	1	1					++
CHEMOTHERAPY	Malignant neoplasm of right fallopian tube	TRAUMA SURGERY		1	1					-
CHEMOTHERAPY	Malignant neoplasm of right kidney, except renal pelvis	HEMATOLOGY	1	_	-					+
CHEMOTHERAPY	Malignant neoplasm of right kidney, except renal pelvis	ONCOLOGY	2							+
CHEMOTHERA	Manghant heopiasin of right Maney, except renai pervis	GYNECOLOGICAL								
CHEMOTHERAPY	Malignant neoplasm of right ovary	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of right ovary	ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	HEMATOLOGY	6							
		HEMATOLOGY	1	t						
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	Other Provider		1	1					
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	OTOLARYNGOLOGIST (ENT)	1							
		SLEEP DIAGNOSTIC								
CHEMOTHERAPY	Malignant neoplasm of sigmoid colon	CENTER	1							
CHEMOTHERAPY	Malignant neoplasm of spinal cord	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of stomach, unspecified	HEMATOLOGY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved
CHEMOTHERAPY	Malignant neoplasm of stomach, unspecified	Other Provider	Approvals	Deniais	Deniais	Denials	Deniais	Approved	Denied	by IRO
CHEMOTHERAPY	Malignant neoplasm of tail of pancreas	HEMATOLOGY	1							
one mention in	mangrant reoption of tail of partices	ENDOCRINOLOGY AND	-							
CHEMOTHERAPY	Malignant neoplasm of thyroid gland	METABOLISM	1							
CHEMOTHERAPY	Malignant neoplasm of tongue, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of tonsil, unspecified	HEMATOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of tonsil, unspecified	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of tonsillar fossa	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of transverse colon	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified kidney, except renal pelvis	HEMATOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of unspecified kidney, except renal pelvis	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified kidney, except renal pelvis	ONCOLOGY	3							
CHEMOTHERY I	manginant recognism of dispectified kidney, except renai pelvis	GYNECOLOGIC								\vdash
CHEMOTHERAPY	Malignant neoplasm of unspecified ovary	ONCOLOGY	1							
		GYNECOLOGICAL								
CHEMOTHERAPY	Malignant neoplasm of unspecified ovary	ONCOLOGY	6							
CHEMOTHERAPY	Malignant neoplasm of unspecified ovary	ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of unspecified part of left bronchus or lung	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified part of left bronchus or lung	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified part of left bronchus or lung	OUTPATIENT REHAB FACILITY	2							
CHEMOTHERAPY	Malignant neoplasm of unspecified part of right bronchus or lung	HEMATOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified part of right bronchus or lung Malignant neoplasm of unspecified part of unspecified bronchus or	ONCOLOGY	2							
CHEMOTHERAPY	lung Malignant neoplasm of unspecified part of unspecified bronchus or	HEMATOLOGY HEMATOLOGY	1							
CHEMOTHERAPY	lung	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of unspecified part of unspecified bronchus or	ONCOLOGY	4							
	Malignant neoplasm of unspecified part of unspecified bronchus or									
CHEMOTHERAPY	lung	Other Provider	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified renal pelvis	ONCOLOGY	2	1	1					
CHEMOTHERAPY	Malignant neoplasm of unspecified site of left female breast	HEMATOLOGY	8							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of left female breast	HEMATOLOGY ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of left female breast	HOSPITALIST - INTERNAL MEDICIN	2							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of left female breast	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of left female breast	ONCOLOGY	6							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of right female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of right female breast	MEDICAL ONCOLOGY	2							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CHEMOTHERAPY	Malignant neoplasm of unspecified site of right female breast	NURSE PRACTITIONER	1							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of right female breast	ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of right female breast	Other Provider	2							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast	HEMATOLOGY HEMATOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast		2							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast		2							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast	INTERNAL MEDICINE	9							
CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast	ONCOLOGY	11							
CHEMOTHERAPY CHEMOTHERAPY	Malignant neoplasm of unspecified site of unspecified female breast Malignant neoplasm of upper gum	Other Provider ONCOLOGY	1							
CHEMOTHERAPY		HEMATOLOGY	2							+
	Malignant neoplasm of upper lobe, left bronchus or lung		2							+
CHEMOTHERAPY	Malignant neoplasm of upper lobe, left bronchus or lung	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of upper lobe, left bronchus or lung	ONCOLOGY	3							
CHEMOTHERAPY	Malignant neoplasm of upper lobe, left bronchus or lung	Other Provider	1							
CHEMOTHERAPY	Malignant neoplasm of upper lobe, right bronchus or lung	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Malignant neoplasm of upper lobe, right bronchus or lung	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of upper-inner quadrant of left female breast	GENERAL PRACTICE	1							
CHEMOTHERAPY	Malignant neoplasm of upper-inner quadrant of left female breast	HEMATOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of upper-inner quadrant of left female breast	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of upper-inner quadrant of right female breast	HEMATOLOGY HEMATOLOGY	4	1	1					
CHEMOTHERAPY	Malignant neoplasm of upper-inner quadrant of right female breast	ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of upper-inner quadrant of right female breast	INTERNAL MEDICINE		1	1					
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY HEMATOLOGY	8							
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of left female breast	ONCOLOGY	4							
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of left female breast	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of left female breast	MEDICAL ONCOLOGY	1							
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of left female breast	ONCOLOGY	18							
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of left female breast	Other Provider	1							
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY	5							
CHEMOTHERADY	halford and the second ancaracy	l.,	1				1			
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of right female breast		11							
CHEMOTHERAPY	Malignant neoplasm of urinary organ, unspecified	HEMATOLOGY	3	1	1					
CHEMOTHERAPY	Malignant neoplasm of urinary organ, unspecified	ONCOLOGY	2							
CHEMOTHERAPY	Malignant neoplasm of uterus, part unspecified	INTERNAL MEDICINE	1		İ			l		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		OBSTETRICS/GYNECOLOG								
CHEMOTHERAPY	Malignant neoplasm of uterus, part unspecified	Υ	1							
CHEMOTHERAPY CHEMOTHERAPY	Malignant neoplasm of uterus, part unspecified	RADIATION ONCOLOGY OB GYNECOLOGY	1							+
CHEMOTHERAPY	Malignant neoplasm of vagina		1							+
CHEMOTHERAPY	Malignant poorly differentiated neuroendocrine tumors Mantle cell lymphoma, extranodal and solid organ sites	INTERNAL MEDICINE INTERNAL MEDICINE	1							+
CHEWOTHERAPT	iviantie cen iyinphonia, extranodarand sond organ sites	HEMATOLOGY	1							+
CHEMOTHERAPY	Mantle cell lymphoma, lymph nodes of multiple sites	ONCOLOGY	2	1	1					
CHEMOTHERAPY	Mantie cell lymphoma, spleen	HEMATOLOGY	1	1	1					+
CHEMOTHERAPY	Mesothelioma of peritoneum	HEMATOLOGY	1							+
CHEMOTHERAPY	Mesothelioma of pleura	ONCOLOGY	1							+
CHEMOTHERAPY	Mesothelioma, unspecified	GERONTOLOGY	1							+
CHEMOTHERAPY	Mesothelioma, unspecified	ONCOLOGY	2							+
CHEMOTHERALI	iviesotrienoma, unspecineu	ONCOLOGI								-
CHEMOTHERAPY	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	HEMATOLOGY	1							
CHEMOTHERALI	white centrality flought from a, fyright floues of multiple sites	HEMATOLOGY	1							-
CHEMOTHERAPY	Multiple myeloma in relapse	ONCOLOGY	2							
CHEMOTHERAPY	Multiple myeloma in relapse	INTERNAL MEDICINE	1							1
CHEMOTHERAPY	Multiple myeloma in relapse	ONCOLOGY	2							1
CHEMOTHERAPY	Multiple myeloma not having achieved remission	HEMATOLOGY	8							1
CHEMOTHERALI	Wildlight mycloma not having demoved remission	HEMATOLOGY								1
CHEMOTHERAPY	Multiple myeloma not having achieved remission	ONCOLOGY	5							
CHEMO HIELD II	materia myelema nee naving admerea remission	HOSPITALIST - INTERNAL	,							1
CHEMOTHERAPY	Multiple myeloma not having achieved remission	MEDICIN	1							
CHEMOTHERAPY	Multiple myeloma not having achieved remission	INTERNAL MEDICINE	5							1
CHEMOTHERAPY	Multiple myeloma not having achieved remission	NURSE PRACTITIONER	1							1
CHEMOTHERAPY	Multiple myeloma not having achieved remission	ONCOLOGY	9							1
CHEMOTHERAPY	Multiple myeloma not having achieved remission	RADIATION	1							+
	8									
CHEMOTHERAPY	Multiple myeloma not having achieved remission	RADIATION ONCOLOGY	1							
CHEMOTHERAPY	Myeloid leukemia, unspecified, not having achieved remission	ONCOLOGY	2							
CHEMOTHERAPY	Neoplasm of uncertain behavior of bladder	UROLOGICAL SURGERY	1							1
CHEMOTHERAPY	Neoplasm of uncertain behavior of cranial nerves	ONCOLOGY	4							1
CHEMOTHERAPY	Neoplasm of uncertain behavior of cranial nerves	Other Provider	3							1
	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes	HEMATOLOGY								
CHEMOTHERAPY	of head, face, and neck	ONCOLOGY	2							
	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph									
CHEMOTHERAPY	nodes	HEMATOLOGY	2							
	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head,									
CHEMOTHERAPY	face, and neck	ONCOLOGY	1							
	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of	HEMATOLOGY								
CHEMOTHERAPY	multiple sites	ONCOLOGY	2							
CHEMOTHERAPY	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes		1	1						
CHEMOTHERAPY	Other general symptoms and signs	HEMATOLOGY	1							
CHEMOTHERAPY	Other general symptoms and signs	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Other Hodgkin lymphoma, lymph nodes of multiple sites	ONCOLOGY	1							
CHEMOTHERAPY	Other Hodgkin lymphoma, lymph nodes of multiple sites	RADIATION	1							
CHEMOTHERAPY	Other malignant neuroendocrine tumors	HEMATOLOGY	1							
CHEMOTHERAPY	Other malignant neuroendocrine tumors	ONCOLOGY	1							
CHEMOTHERAPY	Other myeloid leukemia not having achieved remission	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Other non-follicular lymphoma, lymph nodes of multiple sites	ONCOLOGY	1							
CHEMOTHERAPY	Other non-follicular lymphoma, unspecified site	ONCOLOGY	1							

December Code December	Discussis Code Description	Dunnidas Canaialas	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description CHEMOTHERAPY	Diagnosis Code Description Other specified diseases of pancreas	Provider Specialty ONCOLOGY	Approvals	Deniais	Deniais	Denials	Denials	Approved	Denied	by IRO
CHEMOTHERAPY	Other specified diseases of particless Other specified types of non-Hodgkin lymphoma, intrathoracic	UNCULUGY	1							+
CHEMOTHERAPY	lymph nodes	ONCOLOGY	1							
CHEMOTHERATI	Other types of follicular lymphoma, lymph nodes of axilla and upper	ONCOLOGI	1							+
CHEMOTHERAPY	limb	HEMATOLOGY	1							
CHEMOTHERAFT	IIIIID	TILIVIATOLOGI	1							+
CHEMOTHERAPY	Other types of follicular lymphoma, lymph nodes of multiple sites	ONCOLOGY	1							
		HEMATOLOGY								
CHEMOTHERAPY	Personal history of malignant neoplasm of breast	ONCOLOGY	1							
	Personal history of malignant neoplasm of other sites of lip, oral									
CHEMOTHERAPY	cavity, and pharynx	ONCOLOGY	1							
CHEMOTHERAPY	Polycythemia vera	ONCOLOGY	1							
	Secondary and unspecified malignant neoplasm of axilla and upper									
CHEMOTHERAPY	limb lymph nodes	ONCOLOGY	1							
	Secondary and unspecified malignant neoplasm of lymph nodes of									1
CHEMOTHERAPY	head, face and neck	INTERNAL MEDICINE	1							
CHEMOTHERAPY	Secondary malignant neoplasm of liver and intrahepatic bile duct	ONCOLOGY	2							
	Secondary malignant neoplasm of unspecified kidney and renal									
CHEMOTHERAPY	pelvis	HEMATOLOGY	1							
CHEMOTHERAPY	Secondary malignant neoplasm of unspecified site	INTERNAL MEDICINE	2							
CHEMOTHERAPY	Secondary malignant neoplasm of unspecified site	ONCOLOGY	4							
		OUTPATIENT REHAB								
CHEMOTHERAPY	Secondary malignant neoplasm of unspecified site	FACILITY	2							
CHEMOTHERAPY	Small cell B-cell lymphoma, extranodal and solid organ sites	ONCOLOGY	2							
CHEMOTHERAPY	Unspecified B-cell lymphoma, unspecified site	HEMATOLOGY	1							
		HEMATOLOGY								1
CHEMOTHERAPY	Unspecified B-cell lymphoma, unspecified site	ONCOLOGY	1							
		PED HEMATOLOGY								1
CHEMOTHERAPY	Unspecified B-cell lymphoma, unspecified site	ONCOLOGY	1							
		HEMATOLOGY								†
CHEMOTHERAPY	Waldenstrom macroglobulinemia	ONCOLOGY	1							
CHEMOTHERAPY	Waldenstrom macroglobulinemia	ONCOLOGY	1							+
CHEMOTHERAPY DRUG	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			1
CHEMOTHERAPY DRUG	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	PSYCHIATRY	1	0	0	0	0			1
CHEMOTHERAPY DRUG	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	3	0	0	0	0			+
CHEMOTHERAPY DRUG	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	PEDIATRIC	1	0	0	0	0			+
CHEMOTIENAL I BROG	ONST ECHTED B CEEL ENVITTOWN, ONST ECHTED SITE	HEMATOLOGY/ONCOLOGY				Ü				
CHEMOTHERAPY INTO CNS	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	PEDIATRIC	1	0	0	0	0			+
CHEMOTHERAPY INTO CNS	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	HEMATOLOGY/ONCOLOGY	1	U	U	U	U			
		·								
CHEMOTHERAPY INTO CNS	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	FAMILY MEDICINE	1	0	0	0	0			
CHEST COMPRESS GENER SYS	Pneumonia, unspecified organism	Other Provider						2		
CHIROPRACTIC MANIPULATIO	Cervicalgia	Other Provider						1		
CHIROPRACTIC MANIPULATIO	Segmental and somatic dysfunction of thoracic region	Other Provider	1					1		
CHLORZOXAZONE 250 MG TABLET	N/A	NEUROLOGY		1	1					
		SURGERY,								
CHLORZOXAZONE 250 MG TABLET	N/A	NEUROLOGICAL	<u> </u>	1	1					
CHLORZOXAZONE 250 MG TABLET	Other muscle spasm	FAMILY MEDICINE		1	1					
CHLORZOXAZONE 375 MG TABLET	N/A	PODIATRY		2	2					
CHLORZOXAZONE 750 MG TABLET	N/A	Other Provider	1							
CHLORZOXAZONE 750 MG TABLET	N/A	PAIN MANAGEMENT		1	1					
		OBSTETRICS/GYNECOLOG	1							
CHORIONIC GONAD 10,000 UNIT VL	N/A	L,	1	ا	١,					

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			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
CHORIONIC GONAD 10,000 UNIT VL	N/A	ILITY	1							
CHORIONIC COMA DOTRODINI 10000 LINIT VIAI	21/2	OBSTETRICS/GYNECOLOG								
CHORIONIC GONADOTROPIN 10000 UNIT VIAL CHORIONIC GONADOTROPIN/1000U	N/A FEMALE INFERTILITY, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
CHOKIONIC GONADOTKOFIN/10000	FEMALE INFERTILITY, UNSFECIFIED	OBSTETNICS/GTNECOLOGT	2	U	U	o o	U			
CHORIONIC GONADOTROPIN/1000U	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE	4	0	0	0	0			
		ENDOCRINOLOGY/INFERTILI								
CIALIC 20 MC TABLET	N/A	TY NAFRICINE			4	-				+
CIALIS 20 MG TABLET	N/A	FAMILY MEDICINE		1	1	-				+
CIALIS 5 MG TABLET CIALIS 5 MG TABLET	Enlarged prostate with lower urinary tract symptoms	UROLOGY	1	1	1			-		+
CIALIS 5 MG TABLET	N/A N/A	GENERAL PRACTICE INTERNAL MEDICINE	1	1	1	-				+
CIALIS 5 MIG TABLET	N/A	Other Provider	1	1	1			-		+
CIALIS 5 MG TABLET	N/A	UROLOGY	1	1	1					+
CIMZIA		DERMATOLOGY		1	1				1	
CIMZIA	Psoriasis vulgaris Rheumatoid arthritis, unspecified	Other Provider							1	
CIMZIA 200 MG VIAL KIT	N/A	RHEUMATOLOGY	1						1	+
CIMZIA 2X200 MG/ML SYRINGE KIT	N/A	Other Provider	1							+
CINZIA ZAZOO MIG/ML STRINGE KIT	Rheumatoid arthritis with rheumatoid factor of multiple sites	Other Provider	1							-
CIMZIA 3V300 MC/MI SVRINCE KIT	·	RHEUMATOLOGY	1							
CIMZIA 2X200 MG/ML SYRINGE KIT	without organ or systems involvement	KHEUWATULUGY	1							+
CIMZIA 2X200 MG/ML SYRINGE KIT	Pharmataid arthritis without thoumataid factor, multiple sites	Other Provider	l,							
CIMZIA 2X200 MG/ML SYRINGE KIT CIMZIA 2X200 MG/ML SYRINGE KIT	Rheumatoid arthritis without rheumatoid factor, multiple sites		1	1	1	-				+
CIMZIA 2X200 MG/ML SYRINGE KTI CIMZIA 2X200 MG/ML(X3)START KT	Rheumatoid arthritis, unspecified Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY Other Provider	3	1	1					+
CIMZIA 2X200 MG/ML(X3)START KT	Arthropathic psoriasis, unspecified	Other Provider Other Provider	1							+
CIMZIA 400 MG KIT	N/A	RHEUMATOLOGY	2							-
CIMZIA 400 MG KIT CIMZIA 400MG/2ML SYRINGEKIT	N/A	DERMATOLOGY	1							-
CIMZIA 400MG/2ML SYRINGEKIT	N/A	GASTROENTEROLOGY	4	1	1					+
CIMZIA 400MG/2ML SYRINGEKIT	N/A	NURSE PRACTITIONER	7	1	1					+
CIMZIA 400MG/2ML SYRINGEKIT	N/A	Other Provider	2	1	1					+
CIMZIA 400MG/2ML SYRINGEKIT	N/A	RHEUMATOLOGY	14	5	5					+
CINACALCET, ESRD ON DIALYSIS	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	NEPHROLOGY	2	0	0	0	0			+
	,				-					
CINRYZE 500 UNIT VIAL	N/A	ALLERGY/IMMUNOLOGY	1	_	_					
CIRCUM 28 DAYS OR OLDER	ACQUIRED TORSION OF PENIS	PEDIATRICS	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	ADHESIONS OF PREPUCE AND GLANS PENIS	PEDIATRIC UROLOGY	2	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	BALANITIS	PEDIATRIC UROLOGY	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	BALANITIS	UROLOGY	3	0	0	0	0			—
CIRCUM 28 DAYS OR OLDER	BALANOPOSTHITIS	UROLOGY	1	1	1	0	0			
CIRCUM 28 DAYS OR OLDER	CHEST PAIN, UNSPECIFIED	UROLOGY	1	0	0	0	0			—
CIRCUM 28 DAYS OR OLDER	CONGENITAL CHORDEE	UROLOGY	2	0	0	0	0			—
CIRCUM 28 DAYS OR OLDER	CONGENITAL LARYNGOMALACIA	UROLOGY	1	0	Ū	0	0			—
CIRCUM 28 DAYS OR OLDER	COVID-19	UROLOGY	1	0	0	0	0			—
CIRCUM 28 DAYS OR OLDER	DEFICIENT FORESKIN	PEDIATRIC UROLOGY	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	ENCOUNTER FOR ROUTINE AND RITUAL MALE CIRCUMCISION	UROLOGY	1	0	0	0	0	-		+
CIRCUM 28 DAYS OR OLDER	HEART TRANSPLANT STATUS	INTERNAL MEDICINE	1	0	0	0	0			\vdash
CIRCUM 28 DAYS OR OLDER	HIDDEN PENIS	PEDIATRICS	1	0	0	0	0			┼──
CIRCUM 28 DAYS OR OLDER	HIDDEN PENIS	UROLOGY	1	0	0	0	0			\vdash
CIRCUM 28 DAYS OR OLDER	HYPERSOMNIA, UNSPECIFIED	UROLOGY	1	U	0	U	0			├
CIRCUM 28 DAYS OR OLDER	HYPOSPADIAS, UNSPECIFIED	PEDIATRIC UROLOGY	4	U	0	U	U	-		
CIRCUM 28 DAYS OR OLDER	HYPOSPADIAS, UNSPECIFIED	UROLOGY	1	U	U	U	0			+
CIRCUM 28 DAYS OR OLDER	INDURATION PENIS PLASTICA	UROLOGY	1	1	1	U	U			—
CIRCUM 28 DAYS OR OLDER	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS	UROLOGY	1	U	U	U	0			₩
CIRCUM 28 DAYS OR OLDER	OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED	UROLOGY	1	U	U	U	U			<u> </u>

Procedure Code Description	Diamagic Cada Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CIRCUM 28 DAYS OR OLDER	Diagnosis Code Description OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	UROLOGY	4pprovais	O	O	O	O Delliais	Approved	Dellieu	by INO
CIRCUM 28 DAYS OR OLDER	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, RIGHT EAR	UROLOGY	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	OTHER CONGENITAL MALFORMATION OF PENIS	PEDIATRIC UROLOGY	2	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	FAMILY MEDICINE	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	SOCIAL WORK	1	0	0	0	n			
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	UROLOGY	3	3	3	0	n			
CIRCUM 28 DAYS OR OLDER	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	UROLOGY	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED DISORDERS OF PENIS	PEDIATRIC UROLOGY	4	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED DISORDERS OF PENIS	PEDIATRICS	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED HEALTH STATUS	PEDIATRIC SURGERY	0	1	1	0	0			
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	COUNSELING	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	FAMILY MEDICINE	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	PEDIATRIC SURGERY	3	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	PEDIATRIC UROLOGY	6	0	0	0	n			
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	PSYCHIATRY	2	0	0	0	n			
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	SURGERY, GENERAL	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	UROLOGY	29	1	1	0	0			
CIRCUM 28 DAYS OR OLDER	PLAGIOCEPHALY	PEDIATRIC UROLOGY	1	0	0	0	0			
CIRCUM 28 DAYS OR OLDER	UNDESCENDED TESTICLE, UNSPECIFIED	PEDIATRIC UROLOGY	0	1	1	0	0			
			1	0	1	0	0			
CIRCUM 28 DAYS OR OLDER	UNSPECIFIED CONVULSIONS	PEDIATRIC UROLOGY	1	0	0	0	0			
CIRCUMCISION W/REGIONL BLOCK	PHIMOSIS	FAMILY MEDICINE	1	0	0	0	0			
CIRCUMCISION W/REGIONL BLOCK	PLAGIOCEPHALY	PEDIATRICS	1	0	0	0	0			
CISPLATIN 10 MG INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	3	0	0	0	0			
CISPLATIN 10 MG INJECTION	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	ONCOLOGY	2	0	0	0	0			
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	PEDIATRIC EMERGENCY MEDICINE	1	0	0	0	0			
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	PEDIATRIC HEMATOLOGY/ONCOLOGY	2	0	0	0	0			
CISPLATIN 10 MG INJECTION	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
CISPLATIN 10 MG INJECTION	N/A	HOSPITAL	1							
	14.	OBSTETRICS &	1							
CISPLATIN 10 MG INJECTION	N/A	GYNECOLOGY	1							
CISPLATIN 10 MG INJECTION	UNSPECIFIED JAUNDICE	HEMATOLOGY	3	0	0	0	0			
CITALOPRAM HBR 40 MG TABLET	Major depressive disorder, recurrent, moderate	FAMILY MEDICINE	1							
CITALOPRAM HBR 40 MG TABLET	N/A	Other Provider	2	2	2					
CLARAVIS	Acne vulgaris	Other Provider		-	_			1		
CLARAVIS 20 MG CAPSULE	N/A	DERMATOLOGY	2		-					
CLARAVIS 20 MG CAPSULE	N/A	Other Provider	-	1	1					
CLARAVIS 30 MG CAPSULE	Acne vulgaris	DERMATOLOGY	1	1	1					
CLARAVIS 30 MG CAPSULE	N/A	DERMATOLOGY	7	2	2		1			
CENTIVIS 30 MG CAI 30EE	IN/A	FAMILY NURSE	 	2						
CLARAVIS 30 MG CAPSULE	N/A	PRACTITIONER	1	1	1					
CLARAVIS 30 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	2	-	-					
CLARAVIS 40 MG CAPSULE	N/A	DERMATOLOGY	0	4	4					
CLARAVIS 40 IVIG CAPSOLE	IV/A		9	4	4					
CLARAVIS 40 MG CAPSULE	N/A	FAMILY NURSE PRACTITIONER								
CLARAVIS 40 MG CAPSULE CLARAVIS 40 MG CAPSULE	N/A		2	1	1		-			
	N/A N/A	Other Provider	3	1	1					
CLARAVIS 40 MG CAPSULE	,	PHYSICIAN ASSISTANT	1		-					
Claviculectomy; partial	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	1		-					
	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT;	ODTI I ODEDI O CUE CEST								
Claviculectomy; partial	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	1							
Claviculectomy; partial	OTH MECH COMP OTH BONE DEVC IMPL GRAFT SBSQT ENC	ORTHOPEDIC SURGERY	1							
CLEAR EYELID GLAND W/HEAT	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	OPHTHALMOLOGY	U	1	1	U	V			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved by IRO
CLEAR OUTER EAR CANAL	FOREIGN BODY IN LEFT EAR, INITIAL ENCOUNTER	FAMILY MEDICINE	1	O Delliais	O	O Demais	O Delilais	Approved	Deilleu	by INO
CLEAR OUTER EAR CANAL	FOREIGN BODY IN RIGHT EAR, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			+
CLEAR OUTER EAR CANAL	FOREIGN BODY IN RIGHT EAR, INITIAL ENCOUNTER	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
		NOSE, AND THROAT)			_					
CLINDAMYCIN PEDIATR 75 MG/5 ML	N/A	PEDIATRICS	1							
CLINICAL CHEMISTRY TEST	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
CLINICAL CHEMISTRY TEST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	0	1	1	0	0			
CLINICAL CHEMISTRY TEST	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	ONCOLOGY	1	0	0	0	0			
CLINICAL CHEMISTRY TEST	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HEMATOLOGY	1	0	0	0	0			
	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS									
CLOBAZAM 2.5 MG/ML SUSPENSION	EPILEPTICUS	PEDIATRIC NEUROLOGY	1							
CLODERM 0.1 % CREAM(GM)	N/A	DERMATOLOGY	1							
CLODERM 0.1% CREAM	Atopic dermatitis, unspecified	DERMATOLOGY		1	1					
CLODERM 0.1% CREAM	Dermatitis, unspecified	Other Provider		1	1					
CLODERM 0.1% CREAM	N/A	Other Provider	1							
CLOFARABINE INJECTION	OTHER HISTIOCYTOSIS SYNDROMES	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)		_	_		_			
CLOFARABINE INJECTION	OTHER HISTIOCYTOSIS SYNDROMES	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CLOMIPHENE CITRATE 50 MG TABLET	N/A	UROLOGY		1		1				+
CLOSED TX NOSE FX W/ STABLI	FRACTURE OF NASAL BONES, INIT ENCNTR FOR CLOSED FRACTURE	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
CLOSURE OF SPLIT WOUND	INFECT/INFLM REACTION DUE TO OTH INTERNAL JOINT PROSTH, SUBS	NOSE, AND THROAT) SURGERY, ORTHOPEDIC	1	0	0	0	0			
CLOT FACTOR VIII AHG 1 STAGE	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
CMBN ANT PST COLPRHY	COMPLETE UTEROVAGINAL PROLAPSE	UROLOGY	1	0	0	0	0			
CMBN ANT PST COLPRHY	ENDOMETRIOSIS OF UTERUS	FEMALE PELVIC MEDICINE	1	0	0	0	0			
		AND RECONSTRUCTIVE SURGERY								
CMPLX RPR S/A/L 1.1-2.5 CM	SNORING	SURGERY, PLASTIC	2	0	0	0	0			
CMPLX RPR S/A/L 2.6-7.5 CM	SKIN TRANSPLANT STATUS	SURGERY, PLASTIC	1	0	0	0	0			
CMPLX RPR TRUNK 2.6-7.5 CM	HYPERTROPHIC SCAR	SURGERY, PLASTIC	4	0	0	0	0			
CMPLX RPR TRUNK 2.6-7.5 CM	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
CMPLX RPR TRUNK 2.6-7.5 CM	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, PLASTIC	1	0	0	0	0			
CMPRSBURNGARMENT GLOVE-ELBOW	ABNORMAL ELECTROENCEPHALOGRAM [EEG]	SURGERY, GENERAL	1	0	0	0	0			
COCH IMP EXT PROC/CONTR RPLC	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	0	0	0	0			
COCH IMP EXT PROC/CONTR RPLC	SENSORINEURAL HEARING LOSS, BILATERAL	PEDIATRIC OTOLARYNGOLOGY	0	1	0	0	1			
COCH IMPLANT TRAN CABLE REPL	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
COCHLEAR DEVICE	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	2	2	0	0			
COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	PEDIATRIC OTOLARYNGOLOGY	1	0	0	0	0			
COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	SURGERY, HEAD AND NECK	1	0	0	0	0			
CODEINE SULFATE 15 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
COLECTOMY W/ILEOANAL ANAST	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
COLECTOMY W/NEO-RECTUM POUCH	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
COLESEVELAM 625 MG TABLET	Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE		1	1					
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, STABLE, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSPECIFIED, BILATERAL	OPHTHALMOLOGY	6	0	0	0	0			
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSPECIFIED, LEFT EYE	OPHTHALMOLOGY	3	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSPECIFIED, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, BILATERAL	OPHTHALMOLOGY	5	1	1	0	0			
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, LEFT EYE	OPHTHALMOLOGY	2	0	0	0	0			
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, RIGHT EYE	OPHTHALMOLOGY	2	0	0	0	0			
		FAMILY NURSE								
COLISTIMETHATE 150 MG VIAL	N/A	PRACTITIONER		1	1					
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	COUNSELING	1	0	0	0	0			
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	FAMILY MEDICINE	1	0	0	0	0			
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	UROLOGY	9	0	0	0	0			
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	SURGERY, HAND	1	0	0	0	0			
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	SURGERY, ORTHOPEDIC	3	0	0	0	0			\vdash
COLLECT SWEAT FOR TEST	CHRONIC SINUSITIS, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
COLON MOTILITY 6 HR STUDY	FECAL IMPACTION	PEDIATRIC	1	0	0	0	0			
COLON MOTIETT OTHER STODY	TECKE IVII ACTION	GASTROENTEROLOGY	-	Ü	Ü	ľ	ŭ			
COLONOSCOPY AND BIOPSY	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	PEDIATRIC	1	0	0	0	0			
		GASTROENTEROLOGY								
COLONOSCOPY AND BIOPSY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	1	0	0	0	0			
COLONOSCOPY AND BIOPSY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	1	0	0	0	0			
COLONOSCOPY AND BIOPSY	POLYP OF COLON	GASTROENTEROLOGY	1	0	0	0	0			
COLONOSCOPY AND BIOPSY	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
COLONOSCOPY AND BIOPSY	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	0	1	0	0	1			
Colpopexy, abdominal approach	Female genital prolapse, unspecified	UROLOGY	1							
Colpopexy, abdominal approach	Postmenopausal atrophic vaginitis	UROLOGY	1							
Colpopexy, vaginal; extra-peritoneal approach (sacrospinous,										
iliococcygeus)	Female genital prolapse, unspecified	UROLOGY	1							
Colpopexy, vaginal; extra-peritoneal approach (sacrospinous,	- the general property and particular									
iliococcygeus)	Postmenopausal atrophic vaginitis	UROLOGY	1							
COMBINATION ORAL/NASAL MASK	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	1	0	0	0	0			
COMBINATION ORAL/NASAL MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	2	0	0	0	0			
COMBINATION ORAL/NASAL MASK	PAIN IN LEFT KNEE	PULMONARY DISEASE	1	0	0	0	0			
COMBINATION SIT TO STAND SYS	ARNOLD-CHIARI SYNDROME WITH SPINA BIFIDA AND HYDROCEPHALUS	PEDIATRICS	1	0	0	0	0			
COMBINATION STITLE STAND STS	ANNOLD CHIAN STRUKONE WITH STINA BIT DA AND THE NOCEL HALOS	EDIATRICS	-		Ü		ŭ			
COMBINATION SIT TO STAND SYS	OTHER CEREBRAL PALSY	FAMILY NURSE	0	1	1	0	0			
		PRACTITIONER								
COMBINATION SIT TO STAND SYS	OTHER CEREBRAL PALSY	PHYSICAL MEDICINE	0	1	1	0	0			
COMBINATION SIT TO STAND SYS	PHRENIC NERVE PARALYSIS DUE TO BIRTH INJURY	PHYSICAL MEDICINE	1	0	0	0	0			
COMBINATION SIT TO STAND SYS	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	PHYSICAL MEDICINE	0	1	1	0	0			
COMBINATION SIT TO STAND SYS	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PREVENTIVE	0	1	1	0	0			
		MEDICINE/PUBLIC HEALTH								
COMMODE CHAIR WITH FIXED ARM	CHEST PAIN, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			<u> </u>
COMMODE CHAIR WITH FIXED ARM	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PHYSICIAN ASSISTANT	1	0	0	0	0			
COMMODE CHAIR WITH FIXED ARM	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	FAMILY MEDICINE	1	0	0	0	0			
COMMODE CHAIR WITH FIXED ARM	INFECT/INFLM REACTION DUE TO OTH INTERNAL JOINT PROSTH, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
		·	1	0	0	0	0			
COMMODE CHAIR WITH FIXED ARM	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	PHYSICIAN ASSISTANT	1	0	0	0	0			
COMMODE CHAIR WITH FIXED ARM	RADICULOPATHY, LUMBAR REGION	FAMILY MEDICINE	1	U	U	U	U			
COMMODE CHAIR WITH FIXED ARM	UNILATERAL OSTEOARTH RESULTING FROM HIP DYSPLASIA, RIGHT HIP	PHYSICIAN ASSISTANT	1	U	U	U	U			
COMMODE CHAIR WITH FIXED ARM	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	SOCIAL WORK	1	0	0	0	0			\vdash
COMMODE CHAIR WITH FIXED ARM	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			\vdash
COMMODE CHAIR WITH FIXED ARM COMMODE CHAIR WITH FIXED ARM	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			
			1	0	0	0	0			
COMMODE CHAIR WITH FIXED ARM	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	PHYSICIAN ASSISTANT	1	0	0	0	0			
COMMODE CHAIR WITH FIXED ARM	· ·	SURGERY, ORTHOPEDIC	1	0	0	0	0			
COMMODE CHAIR WITH FIXED ARM	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	2	U	U	U	U			
COMMODE CHAIR WITH FIXED ARM	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICIAN ASSISTANT	1	U	U	0	0			<u> </u>
COMMODE CHAIR WITH FIXED ARM	UNSPECIFIED INFECTIOUS DISEASE	ORTHOPAEDIC SPORTS	1	0	0	0	0			
COMPATIBILITY TEST ANTIGLOR	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	MEDICINE EAMILY MEDICINE	1	0	0	0	0			
COMPATIBILITY TEST ANTIGLOB	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	FAMILY MEDICINE	11	U	U	v	U			1

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COMPATIBILITY TEST SPIN	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0	Арргочси	Demeu	by into
COMPLERA 200-25-300 TABLET	N/A	INTERNAL MEDICINE	1		-	-	-			
COMPLERA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Other Provider	2							
COMPLETE CBC W/AUTO DIFF WBC	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
COMPLETE CBC W/AUTO DIFF WBC	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
COMPLETE CBC W/AUTO DIFF WBC	BONE MARROW DONOR	FAMILY MEDICINE	1	0	0	0	0			
COMPLETE CBC W/AUTO DIFF WBC	GENERALIZED ENLARGED LYMPH NODES	PEDIATRICS	1	0	0	0	0			
COMPLETE CBC W/AUTO DIFF WBC	SICKLE-CELL DISEASE WITHOUT CRISIS	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
COMPLEX CYSTOMETROGRAM	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
COMPLEX CYSTOMETROGRAM	UNSPECIFIED URINARY INCONTINENCE	UROLOGY	1	0	0	0	0			1
COMPLEX DRAINAGE WOUND	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
COMPOSITE SKIN GRAFT	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
COMPOSITE SKIN GRAFT	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
COMPREHENSIVE HEARING TEST	CONDUCTIVE HEARING LOSS, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
COMPREHENSIVE HEARING TEST	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
COMPRES BURN GARMENT JACKET	ABNORMAL ELECTROENCEPHALOGRAM [EEG]	SURGERY, GENERAL	1	0	0	0	0			
COMPRESSION STOCKING BK18-30	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	PEDIATRICS	1	0	0	0	0			
COMPRESSOR AIR POWER SOURCE	ACQUIRED ABSENCE OF LARYNX	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
COMPRESSOR AIR POWER SOURCE	UNSPECIFIED ABDOMINAL PAIN	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
Computed tomographic (CT) colonography, screening, including image postprocessing	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY		1	1					
Computed tomography; abdomen and pelvis; with contrast	ABDOMINAL DISTENSION GASEOUS; CONSTIPATION UNSPECIFIED;			-	_					
material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	1							!
Computed tomography; abdomen and pelvis; with contrast										
material(s)	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	PHYSICIAN	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	CALCULUS OF KIDNEY	NURSE PRACTITIONER		1	1					
Computed tomography; abdomen and pelvis; with contrast										1
material(s)	CHANGE IN BOWEL HABIT; ABDOMINAL DISTENSION GASEOUS	GASTROENTEROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast material(s)	CHEST PAIN UNSPECIFIED; ABNORMAL WEIGHT LOSS; EPIGASTRIC PAIN; UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY		1	1					
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC CHOLECYSTITIS	GENERAL SURGERY	1							
Computed tomography; abdomen and pelvis; with contrast		-			1			1		
material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1							 '
Computed tomography; abdomen and pelvis; with contrast material(s)	DIZZINESS AND GIDDINESS; CARDIAC MURMUR UNSPECIFIED	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; with contrast	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA; LOCALIZED									1
material(s)	ENLARGED LYMPH NODES	ONCOLOGY		1	1					1
Computed tomography; abdomen and pelvis; with contrast	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA; MALIGNANT									
material(s)	NEOPLASM OF DUODENUM	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED; MALIG									
material(s)	NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	1							

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Computed tomography; abdomen and pelvis; with contrast		, , , , , , , , , , , , , , , , , , , ,								.,
material(s)	ENCOUNTER AFTERCARE FOLLOWING LIVER TRANSPLANT	GASTROENTEROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	1							
	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS; ESSENTIAL									
	PRIMARY HYPERTENSION; INTRA-ABD & amp; PELVIC SWELLING									
Computed tomography; abdomen and pelvis; with contrast	MASS & amp; LUMP UNS SITE; EARLY SATIETY; PERSONAL HISTORY									
material(s)	OF COLONIC POLYPS	GASTROENTEROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & amp; NCK	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	FOLLICULAR LYMPHOMA GRADE II INTRA-ABDOM NODES	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS;									
material(s)	HEMORRHAGE OF ANUS AND RECTUM; DIARRHEA UNSPECIFIED	INTERNAL MEDICINE		1	1					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	GEN INTRA-ABD & DELVIC SWELLING MASS & DIT LUMP	GYNECOLOGY (NO OB)	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	GENERALIZED ABDOMINAL PAIN; URINARY TRACT INFECTION SITE									
material(s)	NOT SPECIFIED	FAMILY PRACTICE		1	1					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	GENERALIZED ABDOMINAL TENDERNESS	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; with contrast	GENERALIZED ABDOMINAL TENDERNESS; RIGHT LOWER QUADRANT									
material(s)	PAIN; LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1							
Computed tomography; abdomen and pelvis; with contrast	INTERA ARROS CONTRACTOR CONTRACTO	LIENANTOLOGY								
material(s)	INTRA-ABD & DESIGNATION OF THE STATE OF THE	HEMATOLOGY	1							
	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC;									
Computed tomography; abdomen and pelvis; with contrast	MALIGNANT NEOPLASM OF RECTUM; SECONDARY MALIGNANT	ONICOLOGY		4	4					
material(s)	NEOPLASM OF UNSPECIFIED LUNG	ONCOLOGY	-	1	1					
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	2							
	LEFT LOWER QUADRANT PAIN	PAIVILT PRACTICE	3							
Computed tomography; abdomen and pelvis; with contrast	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	1							
material(s)	LEFT LOWER QUADRANT FAIN	GASTROLIVIEROLOGI	+							
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GENERAL SURGERY		1	1			1		
Computed tomography; abdomen and pelvis; with contrast	LETT LOWER QUADRANT FAIR	GENERAL SONGERI	+	1	1			1		
material(s)	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY		1	1					
Computed tomography; abdomen and pelvis; with contrast	EET OTTEN GOADNANT PAIN	G/ISTROLIVIEROZOG1		_	_					
material(s)	LLQ ABDOMINAL SWELLING MASS & DUMP	FAMILY PRACTICE		1	1					
Computed tomography; abdomen and pelvis; with contrast				_						
material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast	LOCALIZED ENLARGED LYMPH NODES; ELEVATED		f							
material(s)	CARCINOEMBRYONIC ANTIGEN CEA	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast			1							
material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	1	1	1					
Computed tomography; abdomen and pelvis; with contrast			Ť							
material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	1							
					1	l l				

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Computed tomography; abdomen and pelvis; with contrast	LOWER ABDOMINAL PAIN UNSPECIFIED; TESTICULAR									
material(s)	HYPOFUNCTION;	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIG NEOPLASM OF SMALL INTESTINE UNSPECIFIED	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	SURGERY	1	1	1					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast		HEMATOLOGY AND								
material(s)	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY	2	1	1					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF CECUM	SURGERY-GENERAL		1	1					
Computed tomography; abdomen and pelvis; with contrast				-						
material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	MALIGNANT NEOPLASM OF COLON UNSPECIFIED; ELEVATED	HEMATOLOGY AND	1							
material(s)	CARCINOEMBRYONIC ANTIGEN CEA	ONCOLOGY	1							
	CARCINOLIMBRIONIC ANTIGEN CEA	ONCOLOGI	1							
Computed tomography; abdomen and pelvis; with contrast	MANUCALANT NEODI ACAA OF DUIODENLINA	ONCOLOCY	1							
material(s)	MALIGNANT NEOPLASM OF DUODENUM MALIGNANT NEOPLASM OF HEPATIC FLEXURE; MALIGNANT	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast		ONCOLOCY								
material(s)	NEOPLASM OF ASCENDING COLON	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	MALIGNANT NEOPLASM OF LEFT OVARY; MALIGNANT NEOPLASM	GYNECOLOGIC								
material(s)	OF RIGHT OVARY	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	3	2	2					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	2							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	Physician	1							
Computed tomography; abdomen and pelvis; with contrast		GYNECOLOGIC								
material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	2	1	1				1	
Computed tomography; abdomen and pelvis; with contrast		HEMATOLOGY AND								
material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	MALIGNANT NEOPLASM OF SIGMOID COLON; SECONDARY MALIG									
material(s)	NEOPLASM LIVER & D NEOPLASM LIVE	ONCOLOGY		1	1				1	
Computed tomography; abdomen and pelvis; with contrast		HEMATOLOGY AND								
material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast			-							
material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	PHYSICIAN ASSISITANT	1	1	1					
	THE COUNTY HEAT ENDING OF CHAIR ECTIVED OVAIL	SIGIAN ASSISTANT	1	_						
Computed tomography; abdomen and pelvis; with contrast	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY		1	1					
material(s)	INIMELIGINAINT INEUPLASIVI UNS KIDINET EXCEPT KEINL PELVIS	UNULUGI	<u> </u>	1	1					
Computed tomography; abdomen and pelvis; with contrast	MANUCALANT NEODLACAA LING CITE LEET SENAALE DOSACT	ONICOLOGY		.	_					
material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	1	1	1					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY		2	2					

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·	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG;		1							
Computed tomography; abdomen and pelvis; with contrast	SECONDARY MALIGNANT NEOPLASM OF BRAIN; SECONDARY									
material(s)	MALIGNANT NEOPLASM OTH PARTS NERV SYS	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NURSE PRACTITIONER	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	NAUSEA WITH VOMITING UNSPECIFIED; ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	NAUSEA WITH VOMITING UNSPECIFIED; EPIGASTRIC PAIN; CHANGE									
material(s)	IN BOWEL HABIT; POSTCHOLECYSTECTOMY SYNDROME	GASTROENTEROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	NAUSEA; RIGHT LOWER QUADRANT PAIN; DORSALGIA UNSPECIFIED;									
material(s)	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast	NATICE AT THE PROPERTY OF A PR	DUVCICIANI ACCICITANT								
material(s)	NAUSEA; Unknown; RIGHT UPPER QUADRANT PAIN	PHYSICIAN ASSISITANT	1							
Computed tomography; abdomen and pelvis; with contrast	OTH CLASSICAL HODGKIN LYMPHOMA NODES MX SITES	PHYSICIAN ASSISITANT	1							
material(s) Computed tomography; abdomen and pelvis; with contrast	OTTI CLASSICAL HODGKIN ETWIFTIOWA NODES WAS SITES	FITTSICIAN ASSISTANT	1							
material(s)	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	1							
Computed tomography; abdomen and pelvis; with contrast	OTH CENSIONE HODGRIN ETHIL HOWN ONSI ECHIED SITE	NORSETTIACITIONER	+							
material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; with contrast	OTHER DEMONTREGREE OF GRANTE TOMORIS	INTERNOTE INEBIGINE	1							
material(s)	OTHER RETROPERITONEAL ABSCESS	SURGERY	1	1	1					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY		1	1					
Computed tomography; abdomen and pelvis; with contrast										
material(s)	PELVIC AND PERINEAL PAIN	GYNECOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast		MATERNAL FETAL								
material(s)	PELVIC AND PERINEAL PAIN; UNSPECIFIED ABDOMINAL PAIN	MEDICINE	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	PERITONEAL ABSCESS	INFECTIOUS DISEASES	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	PHYSICIAN ASSISITANT	1							
	PORTAL VEIN THROMBOSIS; HYPOTHYROIDISM UNSPECIFIED;									
Computed tomography; abdomen and pelvis; with contrast	MALIGNANT NEOPLASM OF RECTUM; GASTRO-ESOPH REFLUX									
material(s)	DISEASE WITHOUT ESOPHAGITIS	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	DICHT LOWER CHARRANT ARRONAINAL TENDERNESS	FAMILY PRACTICE	1							
material(s) Computed tomography; abdomen and pelvis; with contrast	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	FAIVILLE FRACTICE	1							
material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast	RIGHT LOWER QUADRANT PAIN; ELEVATED WHITE BLOOD CELL	TAINIETTIMETEE	1							
material(s)	COUNT UNSPECIFIED	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	1							
Computed tomography; abdomen and pelvis; with contrast										
material(s)	RIGHT UPPER QUADRANT PAIN	GENERAL SURGERY		1	1					
Computed tomography; abdomen and pelvis; with contrast	SECONDARY MALIG NEOPLASM LIVER & amp; INTRAHEPATIC BD;									
material(s)	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY		1	1					
Computed tomography; abdomen and pelvis; with contrast	SECONDARY MALIG NEOPLASM LIVER & DITRAHEPATIC BD;									
material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1							
Computed tomography; abdomen and pelvis; with contrast	SECONDARY MALIGNANT NEOPLASM OF BRAIN; MALIGNANT									
material(s)	NEOPLASM OF VAGINA	RADIATION ONCOLOGY	1		ļ					
Computed tomography; abdomen and pelvis; with contrast		CARDIOVASCULAR								
material(s)	TACHYCARDIA UNSPECIFIED; ADRENOMEDULLARY HYPERFUNCTION	DISEASE	1		<u> </u>					
Computed tomography; abdomen and pelvis; with contrast	ULCER OF INTESTINE; OTHER SPECIFIED DISEASES OF INTESTINE;	CACTROENTEROLOGY	1							
material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	lτ	l	1	1				

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Development Development	Standard Davids	Donald on Constitution	Total UM	Total UM	Necessity	Experimental & Investigational	Network Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	1							
Computed tomography; abdomen and pelvis; with contrast	DIVIBILICAL FILENNIA WITHOUT OBSTRUCTION ON GANGRENE	GLIVERAL SURGERT	1							
material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	1							
Computed tomography; abdomen and pelvis; with contrast	UNSFECIFIED ABDOMINAL FAIN	PAIVILL WILDICINE	1							
material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	1	1	1					
Computed tomography; abdomen and pelvis; with contrast	CIVISI ECITIED ADDOMINAL I AIN	TAIVILLET TRACTICE	+	_	-					
material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY		1	1					
Computed tomography; abdomen and pelvis; with contrast	ONSI ECHIED ADDONMARETAIN	GASTROLIVIEROLOGI		_	_					
material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	3	1	1					
Computed tomography; abdomen and pelvis; with contrast	CHSI ECHIED ADDONINALI ANA	INTERNAL MEDICINE	3	_	-					
material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	1							
Computed tomography; abdomen and pelvis; with contrast	CIVSI ECITIED ADDOMINAL I AIN	JONGENT-GENERAL	1							
material(s)	UNSPECIFIED ABDOMINAL PAIN; MELENA	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; with contrast	URGE INCONTINENCE; OTHER NEUROMUSCULAR DYSFUNCTION OF	INTERNAL MILDICINE	1							
material(s)	BLADDER	INTERNAL MEDICINE		1	1					
Computed tomography; abdomen and pelvis; with contrast	DEADDER	INTERNAL WEDICINE	-	_	-					
material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	1							
Computed tomography; abdomen and pelvis; without contrast	VENTILAE HERRIJA WITHOOT OBSTROCTION OR GANGRENE	JONGENT-GENERAL	1							
material	ACUTE ABDOMEN; HEMATURIA UNSPECIFIED; CALCULUS OF KIDNEY	EVWILA WEDICINE	1							
	ACOTE ABDOMEN, HEMATORIA ONSPECIFIED, CALCOLOS OF RIDINET	PAIVILET WILDICINE	1							
Computed tomography; abdomen and pelvis; without contrast material	ANESTHESIA OF SKIN	SURGERY- UROLOGICAL		1	1					
Computed tomography; abdomen and pelvis; without contrast	ANESTITESIA OF SKIN	JONGENT UNDLOGICAL		1	-					
	CALCULUS OF KIDNEY	FAMILY PRACTICE	2							
material Computed tomography abdomon and polyicy without contract	CALCULUS OF KIDNEY	PAIVILT PRACTICE	2							
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	INTERNAL MEDICINE	2							
	CALCOLOS OF RIDINET	INTERNAL MEDICINE	2							
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	NURSE PRACTITIONER	2							
Computed tomography; abdomen and pelvis; without contrast	CALCULUS OF RIBINET	NORSE FRACTITIONER	2							
material	CALCULUS OF KIDNEY	SURGERY- UROLOGICAL	1							
	CALCULUS OF RIBINET	JONGLN 1- UNOLUGICAL	1							
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	SURGERY-GENERAL	1							
Computed tomography; abdomen and pelvis; without contrast	CALCOLOS OF RIDINET	JONGENT-GENERAL	1							
material	CALCULUS OF KIDNEY	UROLOGY								
Computed tomography; abdomen and pelvis; without contrast	CALCOLOS OF RIDINET	UNULUGI	0							
material	CALCULUS OF KIDNEY; ACUTE ABDOMEN	PHYSICIAN ASSISITANT		1	1					
Computed tomography; abdomen and pelvis; without contrast	CALCULUS OF RIDINET, ACUTE ABDOINTEN	FITTSICIAN ASSISTANT		1	1					
material	CALCULUS OF KIDNEY; ACUTE ABDOMEN; HEMATURIA UNSPECIFIED	FAMILY MEDICINE	1							
Computed tomography; abdomen and pelvis; without contrast	CALCULUS OF KIDNEY; BENIGN LIPOMATOUS NEOPLASM	TAIVILET WIEDICHTE	+							
material	UNSPECIFIED	UROLOGY		1	1			1		
Computed tomography; abdomen and pelvis; without contrast	ONSI ECHIED	01102001		_	_			_		
material	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE		1	1				1	
Computed tomography; abdomen and pelvis; without contrast	CIST OF MISHELT FIEQUINES	77441121 7 10 10 1102		-	-					
material	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; without contrast			Ī							t d
material	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; without contrast	DIVERTICULATION DU INVESTI NO FERRIPRISSO NO SELES	THE THE WILL WILL BOOK LE	1							
material	DORSALGIA UNSPECIFIED	SURGERY-GENERAL	1							
Computed tomography; abdomen and pelvis; without contrast			Ė							
material	GROSS HEMATURIA	UROLOGY	1							
Computed tomography; abdomen and pelvis; without contrast			1							
material	GROSS HEMATURIA; UNSPECIFIED ABDOMINAL PAIN; DYSURIA	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; without contrast	The state of the s	E.I.I I E.I.I EDICITE	f -	†	t					
material	GROSS HEMATURIA; UNSPECIFIED RENAL COLIC	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; without contrast	Choos hells thorny onsi Edited Refine Code		1							
material	HEMATURIA UNSPECIFIED; PELVIC AND PERINEAL PAIN	FAMILY PRACTICE		1	1					
	PRESENT ONLY ONSI EGITED, I EEVIC AND I ENINEAL I AIN		1	1-	1-	1				

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Computed tomography; abdomen and pelvis; without contrast	Diagnosis code Description	1 Tovider Specialty	Approvuis	Demais	Demais	Demais	Demais	Арргочси	Demeu	by inc
material	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY		1	1			1		
Computed tomography; abdomen and pelvis; without contrast	MINICIONAL NEOLEGISTA OF REGISTA	0.1002001		-	-			_		
material	PELVIC AND PERINEAL PAIN	PHYSICIAN ASSISITANT	1							
Computed tomography; abdomen and pelvis; without contrast	T LEVIC AND TERMINEAL FAM	THISICIAN ASSISTANT	+							
material	PELVIC AND PERINEAL PAIN	UROLOGY		1	1					
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY MALIGNANT NEOPLASM RENAL PELVIS	UROLOGY	1							
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	UROLOGY	1							
Computed tomography; abdomen and pelvis; without contrast										
material	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	3							
Computed tomography; abdomen and pelvis; without contrast										
material	RIGHT LOWER QUADRANT PAIN; LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE		1	1					
Computed tomography; abdomen and pelvis; without contrast	SECONDARY MALIGNANT NEOPLASM OF BRAIN; MALIGNANT									1
material	NEOPLASM OF VAGINA	RADIATION ONCOLOGY	1							
Computed tomography; abdomen and pelvis; without contrast	The state of the s	TO ADDITION ON COLCOLOGY	-							
material	Unknown	INTERNAL MEDICINE		1	1					
Computed tomography; abdomen and pelvis; without contrast	CHRIOWII	INTERNAL WEDICINE		-	-					-
material	Unknown	UROLOGY	1							
	Olikilowii	OKOLOGI	1							
Computed tomography; abdomen and pelvis; without contrast	LINICPECIFIED APPONINAL DAIN	EANALLY DDACTICE	2	4	1					
material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	3	1	1					<u> </u>
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	1							
Computed tomography; abdomen and pelvis; without contrast										1
material	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER		1	1				1	. '
Computed tomography; abdomen and pelvis; without contrast										
material	UNSPECIFIED ABDOMINAL PAIN; HEMATURIA UNSPECIFIED	FAMILY PRACTICE	1							1
Computed tomography; abdomen and pelvis; without contrast	UNSPECIFIED ABDOMINAL PAIN; LOWER ABDOMINAL PAIN									
material	UNSPECIFIED; CHANGE IN BOWEL HABIT	FAMILY PRACTICE		1	1					
Computed tomography; abdomen and pelvis; without contrast	, , , , , , , , , , , , , , , , , , , ,									
material	UNSPECIFIED ABDOMINAL PAIN; Unknown	FAMILY PRACTICE	1							1
Computed tomography; abdomen and pelvis; without contrast	Crost Zen IZB / IBB Crimit / IZ / / III / Crimite III	17444121 114401102	-							
material	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	1							1
Computed tomography; abdomen and pelvis; without contrast	UNSFECIFIED HTDRONEFHROSIS	OKOLOGI	1							
	UNSPECIFIED RENAL COLIC	EANALLY DRACTICE	1							
material	UNSPECIFIED RENAL COLIC	FAMILY PRACTICE	1		-					
Computed tomography; abdomen and pelvis; without contrast	LIDINIA DV TD A CT INICECTIONI CITE NOT CDECICIED	Dhusisian		2	2					
material Communication in the second	URINARY TRACT INFECTION SITE NOT SPECIFIED	Physician	1	2	2					<u> </u>
Computed tomography; abdomen and pelvis; without contrast	LIDINIA DIVITO A CT. INICCCTIONI CITE NIOT CDECICIED	CURCERY CENERAL								
material	URINARY TRACT INFECTION SITE NOT SPECIFIED	SURGERY-GENERAL		1	1					
Computed tomography; abdomen and pelvis; without contrast	LIDINIA DIVITRA CT. INFECTIONI CITE NOT CRECIFIED	LIDGENIT CADE								
material	URINARY TRACT INFECTION SITE NOT SPECIFIED	URGENT CARE		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material	URINARY TRACT INFECTION SITE NOT SPECIFIED; LOW BACK PAIN	FAMILY PRACTICE	1							<u> </u>
										1
Computed tomography; abdomen and pelvis; without contrast										1
material in one or both body regions, followed by contrast										1
material(s) and further sections in one or both body regions	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	1							ļ
										1
Computed tomography; abdomen and pelvis; without contrast										1
material in one or both body regions, followed by contrast	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM;									1
material(s) and further sections in one or both body regions	CALCULUS OF KIDNEY	UROLOGY		1	1				1	.[
Computed tomography; abdomen and pelvis; without contrast										1
material in one or both body regions, followed by contrast										1
material(s) and further sections in one or both body regions	CALCULUS OF URETER	UROLOGY	1							1
	15.25555 6. GNE.EN	12.10200.	1-	1	1	1			l	

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	COMPRESSION OF VEIN; GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	DISEASE OF ESOPHAGUS UNSPECIFIED	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	SPORTS MEDICINE		1	1					
material(s) and rarrier sections in one or both body regions	DIVERTICULATIONS W/O TEMP/ABSC W/O BEEED	SI GITTS WIEDICHTE		-	-					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast		OBSTETRICIAN AND								
material(s) and further sections in one or both body regions	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	GYNECOLOGIST	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND;									
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1							
material(s) and rather sections in one or soci soay regions	ENGGENTEN GONZELINING INFLEDION IN TREGUE BIOM OF COLON	INTERNATION CONTE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	EPIGASTRIC ABDOMINAL TENDERNESS; RIGHT UPPER QUADRANT									
material(s) and further sections in one or both body regions	ABDOMINAL TENDERNESS	INTERNAL MEDICINE		1	1			1		
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	ERUCTATION; GASTRO-ESOPH REFLUX DISEASE WITHOUT	EARAULY DRACTICE			_					
material(s) and further sections in one or both body regions	ESOPHAGITIS; FLATULENCE	FAMILY PRACTICE		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	GEN INTRA-ABD & DELVIC SWELLING MASS & DELVIC	GYNECOLOGY (NO OB)	1							
, ,										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	GENERALIZED ABDOMINAL PAIN	UROLOGY	1							
Committed to a committee of the committe										
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	GROSS HEMATURIA	FAMILY PRACTICE	2							
material(s) and rather sections in one or some soay regions		TANNET TRACTICE								
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	GROSS HEMATURIA	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	CROSS HEMATLIBIA	CLIDCEDY CENEDAL	1							
material(s) and further sections in one or both body regions	GROSS HEMATURIA	SURGERY-GENERAL	1					 		
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	GROSS HEMATURIA	UROLOGY	2							
. ,	1		1	1	1	1	1			

			Total UM	Tabalina	Medical	Experimental &	Network	Total	Total	A
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Computed tomography; abdomen and pelvis; without contrast	CROSS HEMATURIA, DELVIC AND DERINEAL DAIN, LINSDESIFIED									
material in one or both body regions, followed by contrast	GROSS HEMATURIA; PELVIC AND PERINEAL PAIN; UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	1							
material(s) and further sections in one or both body regions	ABDOMINAL PAIN	PAIVILT PRACTICE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	GROSS HEMATURIA; Unknown	GENERAL PRACTICE	1							
inaterial(3) and further sections in one or both body regions	GROSS TIEWATORIA, OTRIOWIT	GENERALTRACTICE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	INTERNAL MEDICINE	2							
, ,										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast		OBSTETRICIAN AND								
material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	GYNECOLOGIST	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	HEMATURIA UNSPECIFIED	UROLOGY	4							
Computed tomography; abdomen and pelvis; without contrast	INTRA-ABD & DELVIC SWELLING MASS & DITE;									
material in one or both body regions, followed by contrast	ENDOCRINE DISORDER UNSPECIFIED; UNSPECIFIED ABDOMINAL									
material(s) and further sections in one or both body regions	PAIN; OTH SPEC SX & DIGNS INVLV THE CIRC & DIGNE SYS	NURSE PRACTITIONER	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	LEFT LOWER QUADRANT PAIN; CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	LOCALIZED ENLARGED LYMPH NODES; Unknown	UROLOGY		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	1							
Community of the second by a high control of the second se										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	LOWER ARROWANAL BAIN UNSPECIFIED	INITEDNIAL MEDICINE		 	_					
material(s) and further sections in one or both body regions	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	+	1	1					
Computed tomography: abdomen and pelvic: without contrast										
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast										
material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY		2	2					
material(s) and runtile sections in one of both body regions	INDERGRANT INCOLEASING OF BEADDER UNSECUTED	ONOLOGI	+							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	NAUSEA; RIGHT LOWER QUADRANT PAIN; DORSALGIA UNSPECIFIED;									
material(s) and further sections in one or both body regions	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	1							
material of and rather sections in one of both body regions	STATE OF STATE		†							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material in one of both body regions, followed by contrast material(s) and further sections in one or both body regions	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	GENERAL SURGERY	1							
materially, and rather sections in one of both body regions	THE OF BROWN OF SHOP BETWEEN PROPERTY.	SELECTE SOUGENT	1-	1	l	1				l

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; OTH		Т							2,
Computed tomography; abdomen and pelvis; without contrast	INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION; SCIATICA									
material in one or both body regions, followed by contrast	RIGHT SIDE; LOW BACK PAIN; SPONDYLOLISTHESIS LUMBOSACRAL									
material(s) and further sections in one or both body regions	REGION	ORTHOPEDIC SURGERY		1	1					<u> </u>
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	OTHER BENIGN NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	OTHER BENIGN NEUROENDOCRINE TUMORS	PHYSICIAN ASSISITANT	1							<u> </u>
Computed tomography: abdomen and pelvis: without contrast										
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast	OTHER CHRONIC CYSTITIS WITH HEMATURIA; GENERALIZED									
material(s) and further sections in one or both body regions	ABDOMINAL PAIN	UROLOGY	1							
inaterial(s) and further sections in one of both body regions	OTHER FATIGUE; TESTICULAR HYPOFUNCTION; OTHER LONG TERM	ONOLOGI	1							
Computed tomography; abdomen and pelvis; without contrast	CURRENT DRUG THERAPY; OTHER MALAISE; ENCOUNTER									
material in one or both body regions, followed by contrast	SCREENING MALIGNANT NEOPLASM PROSTATE; GROSS									
material(s) and further sections in one or both body regions	HEMATURIA; DECREASED LIBIDO	PHYSICIAN ASSISITANT	1							
, ., .,	, , , , , , , , , , , , , , , , , , , ,									
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	1							<u> </u>
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	DELLAC AND DEDINEAL DAIN	CVALECOLOGY								
material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN	GYNECOLOGY	1			+				
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN; RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	1	1	1					
, ,										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast		MATERNAL FETAL								
material(s) and further sections in one or both body regions	PELVIC AND PERINEAL PAIN; UNSPECIFIED ABDOMINAL PAIN	MEDICINE	1							ļ
Computed tomography, abdomon and polyic, without contract										
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast										
material in one of both body regions, followed by contrast material(s) and further sections in one or both body regions	PERSONAL HISTORY MALIGNANT NEOPLASM RENAL PELVIS	UROLOGY	1	1	1					
material(3) and farther sections in one or both body regions	TERSONAL HISTORY WINEIGHWAY NEOF ENGINEENAL FEEVIS	ONOLOGI		<u> </u>	_					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	PERSONAL HISTORY OF URINARY CALCULI	UROLOGY		1	1	1				<u> </u>
Camanda de la ca										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	DEDCONAL HISTORY OTH INFECTIOUS & ampur DADASITIC DZ	CASTROENTEROLOGY	1							
material(s) and further sections in one or both body regions	PERSONAL HISTORY OTH INFECTIOUS & DZ	GASTROENTEROLOGY	1	 		1		 		
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	RIGHT LOWER QUADRANT PAIN	GENERAL SURGERY		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	RIGHT LOWER QUADRANT PAIN; ELEVATED WHITE BLOOD CELL									
material(s) and further sections in one or both body regions	COUNT UNSPECIFIED	FAMILY PRACTICE	1							Ь

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	Unknown	FAMILY PRACTICE	1							
, ,										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	Unknown	SURGERY-GENERAL	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	Unknown	UROLOGY	6	1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	Unknown; PERSONAL HISTORY OF URINARY CALCULI	UROLOGY	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	Unknown; Unknown	PHYSICIAN ASSISITANT	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY		1	1					
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	Other Provider	1							
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN		1	1				1	
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast										
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	1							
Constitution of the second of the second										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast		MATERNAL FETAL								
material(s) and further sections in one or both body regions	UNSPECIFIED ABDOMINAL PAIN; PELVIC AND PERINEAL PAIN	MEDICINE	1	1	1					
Computed tomography abdomos and anti-cuith autority										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast			1.							
material(s) and further sections in one or both body regions	UNSPECIFIED ABNORMAL FINDINGS IN URINE	FAMILY PRACTICE	1							
Committed to a committee of the committe										
Computed tomography; abdomen and pelvis; without contrast										
material in one or both body regions, followed by contrast	LINCOPCIFIED LIVED ON FOUND CITY	LIBOLOGY								
material(s) and further sections in one or both body regions	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	2			ı				

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	SURGERY-GENERAL	1							
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	URINARY TRACT INFECTION SITE NOT SPECIFIED	UROLOGY	1							
Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PHYSICIAN ASSISITANT	1	1	1					
	Attention-deficit hyperactivity disorder, predominantly hyperactive type	Physician						1		
CONCERTA 18 MG TAB ER 24	N/A	FAMILY MEDICINE		2	2					
CONCERTA 18 MG TAB ER 24	N/A	Other Provider		1	1					
CONCERTA 27 MG TAB ER 24	N/A	PEDIATRICS		1	1					
	N/A	FAMILY MEDICINE	1							
	N/A	Other Provider		3	3					
	N/A	PEDIATRICS	1	1	1					
	N/A	Other Provider	1	2	2					
	Attention-deficit hyperactivity disorder, predominantly inattentive	Other Frontier	-	_	_					
CONCERTA ER 18 MG TABLET	type	Other Provider		1	1					
		FAMILY MEDICINE		1	1					
	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	-	1	1					-
	Attention-deficit hyperactivity disorder, predominantly inattentive									
CONCERTA ER 27 MG TABLET	type	Other Provider	1	1	1					
CONCERTA ER 27 MG TABLET	Attention-deficit hyperactivity disorder, predominantly inattentive type	PEDIATRICS		1	1					
CONCERTA ER 27 MG TABLET	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRIC NEUROLOGY	1							
	Attention-deficit hyperactivity disorder, combined type	Other Provider	1	1	1					
	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
CONCERNATION OF THE PROPERTY O	recention denote hyperactivity and rately and pecimea type	PEDIATRICS,								
	Attention-deficit hyperactivity disorder, predominantly hyperactive	DEVELOPMENTAL-								
CONCERTA ER 54 MG TABLET	type	BEHAVIORAL	1							
CONCERTA ER 54 MG TABLET	Attention-deficit hyperactivity disorder, predominantly inattentive type	Other Provider		1	1					
	MANDIBULAR HYPOPLASIA	SURGERY, ORAL AND	1	0	0	0	n			
BOTH JAWS; WITH OR WITHOUT CRANIUM	WANDIBOLAN TITF OF LASIA	MAXILLOFACIAL	ľ	o	o	o	U			
CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF	MAXILLARY ASYMMETRY	SURGERY, ORAL AND	2	0	0	0	0			
BOTH JAWS; WITH OR WITHOUT CRANIUM	***************************************	MAXILLOFACIAL					_			
	MAXILLARY HYPOPLASIA	SURGERY, ORAL AND	4	0	0	0	0			
BOTH JAWS; WITH OR WITHOUT CRANIUM CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	MAXILLOFACIAL SURGERY, ORAL AND	1	0	0	0	n			
BOTH JAWS; WITH OR WITHOUT CRANIUM	of ENVIRON GOODS AE NEED WORDS III	MAXILLOFACIAL	Ī	Ü	ŭ .		•			
	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CONIZATION OF CERVIX	CARCINOMA IN SITU OF ENDOCERVIX	FAMILY MEDICINE	1	0	0	0	0			
	CERVICAL HIGH RISK HPV DNA TEST POSITIVE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
		·								
CONIZATION OF CERVIX	ENCOUNTER FOR PREGNANCY TEST, RESULT UNKNOWN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CONIZATION OF CERVIX	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CONIZATION OF CERVIX	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	GYNECOLOGY (NO OB)	1	0	0	0	0			
	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
CONIZATION OF CERVIX	LOW GRADE INTREPITH LESION CYTO SMR CRVX (LGSIL)	OBSTETRICS/GYNECOLOGY	 				^			1

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CONIZATION OF CERVIX	MILD CERVICAL DYSPLASIA	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
CONIZATION OF CERVIX	MODERATE CERVICAL DYSPLASIA	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
CONIZATION OF CERVIX	PAIN IN LEFT FOOT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	DISP FX OF LATERAL END OF RIGHT CLAVICLE, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	OTH TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	PAIN IN RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	PAIN MANAGEMENT	2	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	SPONDYLOSIS, UNSPECIFIED	PAIN MANAGEMENT	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CONN TISS, HUMAN(INC FASCIA)	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CONSTRUCT BLADDER OPENING	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	UROLOGY	1	0	0	0	0			
CONSTRUCT BOWEL BLADDER	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	PEDIATRIC UROLOGY	1	0	0	0	0			
CONSTRUCT VAGINA WITH GRAFT	TRANSSEXUALISM	FACILITY	1	0	0	0	0			
CONSTRUCT VAGINA WITH GRAFT	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	1	0	0			
CONT AIRWAY PRESSR DEVC	Obstructive sleep apnea (adult) (pediatric)	SLEEP MEDICINE						1		
CONT AIRWAY PRESSURE DEVICE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ACHILLES TENDINITIS, LEFT LEG	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ACHILLES TENDINITIS, LEFT LEG	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ACUTE BRONCHOSPASM	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	CRITICAL CARE MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ALTERED MENTAL STATUS, UNSPECIFIED	CRITICAL CARE MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ATRIAL SEPTAL DEFECT	PULMONARY DISEASE	2	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	CANDIDAL STOMATITIS	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	FAMILY MEDICINE PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	CELLULITIS, UNSPECIFIED	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	CEREBRAL INFARCTION, UNSPECIFIED CHEST PAIN, UNSPECIFIED	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	CHRONIC PANSINUSITIS	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	CONDUCTIVE HEARING LOSS, BILATERAL	FAMILY MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	DIARRHEA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	DILATED CARDIOMYOPATHY	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, SUBS	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	DYSPHAGIA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	SOCIAL WORK	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PULMONARY DISEASE	4	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	EPIGASTRIC PAIN	PULMONARY DISEASE	2	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	EPIGASTRIC PAIN	SOCIAL WORK	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	SOCIAL WORK	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	FLUID OVERLOAD, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CONT AIRWAY PRESSURE DEVICE	FRACTURE OF CORPUS CAVERNOSUM PENIS, INITIAL ENCOUNTER	CRITICAL CARE MEDICINE	1	O Delliais	O Delliais	O Demais	O Delliais	Approved	Deffieu	by INC
CONT AIRWAY PRESSURE DEVICE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	PULMONARY DISEASE	2	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	GESTATIONAL HTN W/O SIGNIFICANT PROTEINURIA, THIRD TRIMESTER	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAT PRESSURE DEVICE	GESTATIONAL TITN W/O SIGNIFICANT PROTEINORIA, TITRO TRINIESTER	FOLIVIONANT DISLASE	ľ	o .	U	o o	o .			
CONT AIRWAY PRESSURE DEVICE	HEMORRHAGE OF ANUS AND RECTUM	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	HYPERSOMNIA, UNSPECIFIED	PULMONARY DISEASE	3	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ILLNESS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	ILLNESS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	IRON DEFICIENCY	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MALIGNANT NEOPLASM OF PROSTATE	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MALIGNANT NEOPLASM OF PROSTATE	SOCIAL WORK	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAT FRESSORE DEVICE	INIGIAINE W/O AGNA, NOT INTRACTABLE, W/O STATOS WIGNAINOSOS	INTERNAL MEDICINE	ľ	o .	U	o o	o .			
CONT AIRWAY PRESSURE DEVICE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	2	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	NAUSEA	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	NAUSEA	SOCIAL WORK	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	11	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	EMERGENCY MEDICINE	0	1	0	0	1			
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	44	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	19	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	266	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	36	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OTHER FORMS OF DYSPNEA	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OTHER PORMS OF DISPIEA OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	SOCIAL WORK	1	0	0	0	0			
			1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	OTHER SLEEP DISORDERS OTHER SPECIFIED INTERSTITIAL DILLMONARY DISEASES	PULMONARY DISEASE	1	0	0	0	0			\vdash
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	PULMONARY DISEASE	1	0	0	0	0			\vdash
	PAIN IN LEFT WRIST	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	PAIN, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			\vdash
CONT AIRWAY PRESSURE DEVICE	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	0	0	0	0			\vdash
CONT AIRWAY PRESSURE DEVICE	PERSONAL HISTORY OF COLONIC POLYPS	FAMILY MEDICINE	1	0	0	0	0			\vdash
CONT AIRWAY PRESSURE DEVICE CONT AIRWAY PRESSURE DEVICE	PERSONAL HISTORY OF COLONIC POLYPS PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	POLYP OF STOMACH AND DUODENUM	INTERNAL MEDICINE	1	0	0	0	0			
		INTERNAL MEDICINE	1	0	0	0	0			\vdash
CONT AIRWAY PRESSURE DEVICE	PYOGENIC ARTHRITIS, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	RADICULOPATHY, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0			—
CONT AIRWAY PRESSURE DEVICE	RADICULOPATHY, LUMBOSACRAL REGION	PULMONARY DISEASE	1	U	U	U	0			—
CONT AIRWAY PRESSURE DEVICE	RADICULOPATHY, LUMBOSACRAL REGION	SOCIAL WORK	1	U	U	U	U			\vdash
CONT AIRWAY PRESSURE DEVICE	SECONDARY MALIGNANT NEOPLASM OF BRAIN	PULMONARY DISEASE	1	U	U	U	U			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CONT AIRWAY PRESSURE DEVICE	SEPSIS, UNSPECIFIED ORGANISM	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SEPSIS, UNSPECIFIED ORGANISM	SOCIAL WORK	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SHORTNESS OF BREATH	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SICKLE-CELL DISEASE WITHOUT CRISIS	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SLEEP APNEA, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SNORING	PULMONARY DISEASE	13	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SNORING	SOCIAL WORK	2	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	STRAIN OF MSL/FASC/TND POST GRP AT THI LEV, LEFT THIGH, INIT	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	STRAIN OF MSL/FASC/TND POST GRP AT THI LEV, LEFT THIGH, INIT	SOCIAL WORK	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	STRESS INCONTINENCE (FEMALE) (MALE)	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SUPRAVENTRICULAR TACHYCARDIA	FAMILY MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	UNSPECIFIED ABDOMINAL PAIN	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	UNSPECIFIED ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			↓
CONT AIRWAY PRESSURE DEVICE	UNSPECIFIED URETHRAL STRICTURE, MALE, MEATAL	PULMONARY DISEASE	1	0	0	0	0			
CONT AIRWAY PRESSURE DEVICE	UPPER ABDOMINAL PAIN, UNSPECIFIED	PULMONARY DISEASE	2	0	0	0	0			
CONT INTRAOP NEURO MONITOR	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			
CONT INTRAOP NEURO MONITOR	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (CPAP)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy		16	16					
CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (CPAP)	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy		1	1					
CONTOUR CRANIAL BONE LESION	OTHER SPECIFIED DISORDERS OF BONE, UNSPECIFIED SITE	SURGERY, PLASTIC	1	0	0	0	0			
		ENDOCRINOLOGY AND								
CONTOUR NEXT TEST STRIP	N/A	METABOLISM	1							
CONTOUR NEXT TEST STRIP	Type 1 diabetes mellitus with diabetic cataract	Other Provider	1							
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology	1							
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	INTERNAL MEDICINE	1							1
										1
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Other Provider	2							
CONTOUR NEXT TEST STRIP	Type 1 diabetes mellitus with ketoacidosis without coma	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
CONTOUR NEXT TEST STRIP	Type 1 diabetes mellitus without complications	METABOLISM	2							
CONTOUR NEXT TEST STRIP	Type 1 diabetes mellitus without complications	FAMILY MEDICINE	1	1	1					
CONTOUR NEXT TEST STRIP	Type 1 diabetes mellitus without complications	NURSE PRACTITIONER	1		_					
CONTOUR NEXT TEST STRIP	Type 1 diabetes mellitus without complications	Other Provider	2							+
CONTOUR NEXT TEST STRIP STRIP	N/A	DIABETIC MEDICINE	2							+
CONTOCKNEXT TEST STAIL STAIL	IN/A	ENDOCRINOLOGY AND	-							+
CONTOUR NEXT TEST STRIP STRIP	N/A	METABOLISM	15	2	2	1				
CONTOUR NEXT TEST STRIP STRIP	N/A	Family Medicine	1	3	3				 	
CONTOON NEXT TEST STAIL STAIL	IN/A	FAMILY NURSE	1	3	3					+
CONTOUR NEXT TEST STRIP STRIP	N/A	PRACTITIONER		1	1					
CONTOUR NEXT TEST STRIP STRIP	N/A	INTERNAL MEDICINE	2	-	1	 				+
CONTOUR NEXT TEST STRIP STRIP	N/A	NURSE PRACTITIONER		1	1	 				+
CONTOUR NEXT TEST STRIP STRIP CONTOUR NEXT TEST STRIP STRIP	N/A N/A	Other Provider	1	1	1	1			-	+
CONTOUR NEAT TEST STRIP STRIP	IV/M		1			 				+
CONTOUR NEXT TEST STRIP, STRIP	N/A	PEDIATRIC			1	1			1	
CONTOUR NEXT TEST STRIP STRIP	N/A	ENDOCRINOLOGY	2	4		 				+
CONTOUR NEXT TEST STRIP STRIP	N/A	PHYSICIAN ASSISTANT	1	1	1	 				+
CONTOUR TEST STRIP STRIP	N/A	FAMILY MEDICINE	1	1	1	 				+
CONTOUR TEST STRIP STRIP	N/A	NURSE PRACTITIONER		1	1					
CONTOUR TEST STRIP STRIP	N/A	RHEUMATOLOGY		1	1					
CONTRAVE 8 MG-90 MG TABLET ER	N/A	FAMILY MEDICINE	2	1	1					↓
CONTRAVE 8 MG-90 MG TABLET ER	N/A	Other Provider	1			ļ				
CONTROL OF NOSEBLEED	EPISTAXIS	FAMILY MEDICINE	1	0	0	0	0			
CONTROL OF NOSEBLEED	EPISTAXIS	OTOLARYNGOLOGY (EAR,	2	0	0	0	0		1	
		NOSE, AND THROAT)	1	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	l	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CONZ OF CERVIX W/SCOPE LEEP	HIGH GRADE INTREPITH LESION CYTO SMR CRVX (HGSIL)	GYNECOLOGY (NO OB)	1	0	0	0	0			
COPAXONE	Multiple sclerosis	Physician						1		
COPAXONE 20 MG/ML SYRINGE	N/A	NEUROLOGY		1	1					
COPAXONE 40 MG/ML SYRINGE	Multiple sclerosis	NEUROLOGY	1	1	1					
COPAXONE 40 MG/ML SYRINGE	Multiple sclerosis	PEDIATRIC NEUROLOGY	1							
COPAXONE 40 MG/ML SYRINGE	N/A	NEUROLOGY	4	4	4					
COR FFR ALYS GNRJ FFR MDL	CHEST PAIN, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
COR FFR DATA PREP & TRANSMIS	CHEST PAIN, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
COR FFR DATA REVIEW I&R	CHEST PAIN, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
CORDRAN 0.05% OINTMENT	Atopic dermatitis, unspecified	Other Provider	1							
CORDRAN 4 MCG/SQ CM TAPE LARGE	N/A	DERMATOLOGY	1							
CORDRAN 4 MCG/SQ CM TAPE LARGE	N/A	PHYSICIAN ASSISTANT	1							†
CORDRAN 4MCG/SQ CM MED. TAPE	N/A	DERMATOLOGY	1	1	1					†
CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	0	1	0	0	1			
COREG CR 80 MG CAPSULE	N/A	FAMILY MEDICINE	1							
COREG CR 80 MG CAPSULE	N/A	INTERNAL MEDICINE	1	1	1					†
	•	CARDIOVASCULAR	1							1
CORGARD 20 MG TABLET	N/A	DISEASE	1							
	<i>'</i>	CARDIOLOGY,								
CORLANOR	Heart failure, unspecified	INTERVENTIONAL						1		
CORLANOR		CARDIOVASCULAR DISEASE						1		
CORLANOR	Supraventricular tachycardia	CARDIAC	-					1		+
CORLANOR 5 MG TABLET	N/A	ELECTROPHYSIOLOGY	1							
CORLANOR 5 MG TABLET	N/A	CARDIOLOGY, INTERVENTIONAL	1	1	1					
CORLANOR 5 MG TABLET	N/A	CARDIOVASCULAR DISEASE	10	1	1					
CORLANOR 5 MG TABLET	N/A	INTERNAL MEDICINE	10	1	1					+
CORLANOR 5 MIG TABLET CORLANOR 5 MIG TABLET	N/A	Other Provider	1							+
CORLANOR S INIG TABLET	N/A	CARDIOVASCULAR	1							
CORLANOR 5 MG TABLET	SUPRAVENTRICULAR TACHYCARDIA	DISEASE	1							
		CARDIOVASCULAR								
CORLANOR 5 MG TABLET	TACHYCARDIA UNSPECIFIED	DISEASE	2							
CORLANOR 5 MG TABLET	TACHYCARDIA UNSPECIFIED	Other Provider	1							
CORLANOR 7.5 MG TABLET	N/A	CARDIOVASCULAR DISEASE	2							
		CARDIOVASCULAR								
CORLANOR 7.5 MG TABLET	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	DISEASE	1		ļ	<u> </u>				
CORNEAL TRANSPLANT	CORNEAL TRANSPLANT FAILURE	OPHTHALMOLOGY	1	0	0	0	0			
CORNEAL TRANSPLANT	HURLER'S SYNDROME	OPHTHALMOLOGY	0	1	1	0	0			↓
CORNEAL TRANSPLANT	N/A	Other Provider						1		├
CORNEAL TRANSPLANT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OPHTHALMOLOGY	1	U	U	U	U			+
CORONARY ART/GRFT ANGIO S&I	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	1	U	U	U	U			<u> </u>
CORONARY ARTERY ANGIO S&I	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	CARDIOVASCULAR DISEASE	3	0	0	0	0			
CORONARY ARTERY ANGIO S&I	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	FAMILY MEDICINE	2	0	0	0	0			
CORONARY ARTERY ANGIO S&I	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	CARDIOVASCULAR DISEASE	5	0	0	0	0			
CORONARY ARTERY ANGIO S&I	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR DISEASE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CORONARY ARTERY ANGIO S&I	ANOREXIA	CARDIOVASCULAR DISEASE	1	0	0	0	0	Арргосси	Demeu	Буто
CORONARY ARTERY ANGIO S&I	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	7	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	BENIGN CARCINOID TUMOR OF THE SIGMOID COLON	CARDIOVASCULAR DISEASE	1	0	0	0	0			
			-	-			-			↓
CORONARY ARTERY ANGIO S&I	CARDIOMYOPATHY, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	U	0	0	0			
CORONARY ARTERY ANGIO S&I	CARDIOMYOPATHY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	CELLULITIS OF RIGHT LOWER LIMB	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
CORONARY ARTERY ANGIO S&I	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	7	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0	-		+
CORONARY ARTERY ANGIO S&I	DYSPNEA, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0	-		+
			1	Ů	U	U	Ů			
CORONARY ARTERY ANGIO S&I	ENCNTR FOR SURGICAL AFTCR FOLLOWING SURGERY ON THE CIRC SYS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
CORONARY ARTERY ANGIO S&I	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	1	0	0	0	0			-
CORONARY ARTERY ANGIO S&I	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIOVASCULAR DISEASE	2	0	0	0	0			
CORONARY ARTERY ANGIO S&I	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
			1	U	U	U	U			<u> </u>
CORONARY ARTERY ANGIO S&I	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	3	0	0	0	0			
CORONARY ARTERY ANGIO S&I	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	PAIN IN LEFT FOOT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
CORONARY ARTERY ANGIO S&I	SHORTNESS OF BREATH	FAMILY MEDICINE	2	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	CARDIOVASCULAR DISEASE	1	0	0	0	0			\vdash
CORONARY ARTERY ANGIO S&I	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	FAMILY MEDICINE	1	0	0	0	0	 		+-
CORONARY ARTERY ANGIO S&I	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
CORONARY ARTERY ANGIO S&I	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
			1		-	0		ļ		
CORRECT RECTAL PROLAPSE	OTHER HEMORRHOIDS	SURGERY, COLON AND RECTAL	1	U	U	U	U			1
CORRECT SKN COLOR 6.1-20.0CM	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			<u> </u>
CORRECTION HALLUX VALGUS	BUNION OF RIGHT FOOT	PODIATRY	5	0	0	0	0			
CORRECTION HALLUX VALGUS	DIZZINESS AND GIDDINESS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), LEFT FOOT	COUNSELING	3	0	0	0	0	L		
CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), LEFT FOOT	SURGERY, ORTHOPEDIC	5	0	0	0	0			T

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	COUNSELING	2	0	0	0	0			
CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	FAMILY MEDICINE	2	0	0	0	0			
CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	PODIATRY	2	0	0	0	0			
CORRECTION HALLUX VALGUS	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	SURGERY, ORTHOPEDIC	6	0	0	0	0			
		AMBULATORY SURGERY								
CORRECTION HALLUX VALGUS	N/A	CENTER	1	1	1					
CORRECTION HALLUX VALGUS	OTHER INSTABILITY, LEFT FOOT	COUNSELING	1	0	0	0	0			
CORRECTION HALLUX VALGUS	OTHER INSTABILITY, LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CORRECTION HALLUX VALGUS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	COUNSELING	1	0	0	0	0			
CORRECTION HALLUX VALGUS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0			
CORRECTION HALLUX VALGUS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CORRECTION HALLUX VALGUS	PAIN IN RIGHT WRIST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CORRECTION OF BUNION	Bunion of left foot	Other Provider						1		
CORRI HALUX RIGDUS W/IMPLT	OTHER DEFORMITIES OF TOE(S) (ACQUIRED), LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CORTICOTROPIN INJECTION	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	INTERNAL MEDICINE	0	1	1	0	0			
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE	N/A	DERMATOLOGY	3							
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE	N/A	Other Provider	1							
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE	N/A	PHYSICIAN ASSISTANT	1							
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE	N/A	RHEUMATOLOGY	3							
COSENTYX 150 MG/ML PEN INJECT	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	5							
COSENTYX 150 MG/ML PEN INJECT	N/A	Other Provider		1	1					
COSENTYX 150 MG/ML PEN INJECT	N/A	RHEUMATOLOGY	2							
COSENTYX 150 MG/ML PEN INJECT	Rheumatoid arthritis without rheumatoid factor, multiple sites	Other Provider	1							
COSENTYX 300 MG DOSE-2 PENS	Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY	1							
COSENTYX 300 MG DOSE-2 PENS	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	2							
COSENTYX 300 MG DOSE-2 PENS	N/A	RHEUMATOLOGY	1							
COSENTYX 300 MG DOSE-2 PENS	Psoriasis vulgaris	DERMATOLOGY	7	1	1					
COSENTYX 300 MG DOSE-2 PENS	Psoriasis vulgaris	Other Provider	6	<u> </u>	-					
COSENTYX 300 MG DOSE-2 SYRINGE	Psoriasis vulgaris	DERMATOLOGY	2							
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJCTR	N/A	DERMATOLOGY	16	1	1					
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJCTR	N/A	INTERNAL MEDICINE	1	1	-					
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJCTR	N/A	Other Provider	10	4	4					
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJCTR	N/A	PHYSICIAN ASSISTANT	4	7	-					
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJCTR	N/A	RHEUMATOLOGY	12	1	1					
COSENTYX PEN 150 MG/ML PEN INJCTR	N/A	Other Provider	1	1	-					
COSENTYX PEN 150 MG/ML PEN INJCTR	N/A	PHYSICIAN ASSISTANT	2	1						
COSENTYX PEN 150 MG/ML PEN INJCTR	N/A	RHEUMATOLOGY	12	1	1					
COSENTYX SYRINGE 150 MG/ML SYRINGE	N/A	NEUROLOGY	2	1	-					
COSENTYX SYRINGE 150 MG/ML SYRINGE	N/A	Other Provider	2	1						
COSENTIA STRINGE 150 WIG/WESTRINGE		FAMILY NURSE	2							
		PRACTITIONER PRIMARY								
COTEMPLA XR-ODT 17.3 MG TAB RAP BP	N/A	CARE		l ₁	1					
COTEMPLA XR-ODT 17.3 MG TAB RAP BP	N/A	Other Provider	4	<u> </u>	-					
COTEMPLA XR-ODT 17.3 MG TABLET	Attention-deficit hyperactivity disorder, combined type	Other Provider Other Provider	1	1	1					
COTEMPER AR-ODT 17.3 MIG TABLET	Attention-deficit hyperactivity disorder, predominantly inattentive	Other Frovider	1	1	1					
COTEMPLA XR-ODT 17.3 MG TABLET	type	Other Provider		1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
COTEMPLA XR-ODT 17.3 MG TABLET	type	PEDIATRICS	1							
COTEMPLA XR-ODT 25.9 MG TAB RAP BP	N/A	Other Provider	2							
COTEMPLA XR-ODT 8.6 MG TAB RAP BP	N/A	Other Provider	ļ	1	1					
COTEMPLA XR-ODT 8.6 MG TAB RAP BP	N/A	PEDIATRICS	1	1	1					
COZAAR 25 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE	1							
CPAP FULL FACE MASK	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	ALLERGIC RHINITIS DUE TO POLLEN	INTERNAL MEDICINE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved
CPAP FULL FACE MASK	ALTERED MENTAL STATUS, UNSPECIFIED	CRITICAL CARE MEDICINE	Approvais	Deniais	Oeniais	Denials	Oeniais	Approved	Denied	by IRO
CPAP FULL FACE MASK	ANEMIA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	APHASIA	PULMONARY DISEASE	1	0	0	0	0			-
CPAP FULL FACE MASK	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	PULMONARY DISEASE	1	0	0	0	0			-
CPAP FULL FACE MASK	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			-
CPAP FULL FACE MASK	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	SOCIAL WORK	1	0	0	0	0			-
CPAP FULL FACE MASK	BENIGN CARCINOID TUMOR OF THE SIGMOID COLON	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	BENIGN CARCINOIS TOMOR OF THE SIGNOIS COLON BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT ARM	CRITICAL CARE MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	BICIPITAL TENDINITIS, LEFT SHOULDER	PULMONARY DISEASE	1	0	0	0	0			-
CPAP FULL FACE MASK	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	CELLULITIS OF RIGHT LOWER LIMB	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	CHEST PAIN, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	COUGH	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	CUTANEOUS ABSCESS OF ABDOMINAL WALL	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	CYST OF KIDNEY, ACQUIRED	FAMILY MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	DEVIATED NASAL SEPTUM	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	DISP FX OF FIRST METATARSAL BONE, LEFT FOOT, INIT	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR, INIT ENCNTR	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	FAMILY MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	3	0	0	0	0			
CPAP FULL FACE MASK	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PULMONARY DISEASE	12	0	0	0	0			
CPAP FULL FACE MASK	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SOCIAL WORK	3	0	0	0	0			
CPAP FULL FACE MASK	EPIGASTRIC PAIN	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	ESSENTIAL (PRIMARY) HYPERTENSION	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	EXTRNOD MRGNL ZN B-CELL LYMPH OF MUCOSA-ASSOC LYMPHOID TISS	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	HALLUX RIGIDUS, RIGHT FOOT	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	HEMORRHAGE OF ANUS AND RECTUM	PULMONARY DISEASE	1	0	0	0	0			1
CPAP FULL FACE MASK	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	HYPERSOMNIA, UNSPECIFIED	PULMONARY DISEASE	19	0	0	0	0			
CPAP FULL FACE MASK	HYPERSOMNIA, UNSPECIFIED	SOCIAL WORK	4	0	0	0	0			1
CPAP FULL FACE MASK	ILLNESS, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	IRON DEFICIENCY ANEMIA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			1
CPAP FULL FACE MASK	LEFT UPPER QUADRANT PAIN	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	MALIGNANT NEOPLASM OF SIGMOID COLON	CRITICAL CARE MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	MASTODYNIA	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	MELENA	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	MELENA	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	PULMONARY DISEASE	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
Dunnaduun Cada Danninkian	Diagnosis Codo Description	Dunnidas Canadalas	Total UM	Total UM	Necessity	Investigational Denials	Adequacy	Appeals	Appeals	Approved
Procedure Code Description CPAP FULL FACE MASK	Diagnosis Code Description MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	PULMONARY DISEASE	Approvals	Denials	Denials	Deniais	Denials	Approved	Denied	by IRO
CPAP FULL FACE MASK	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	NONTOXIC MULTINODULAR GOITER	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	17	0	0	0	0			
CPAP FULL FACE MASK CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		0	0	0	0	0			
		EMERGENCY MEDICINE		1	0	0	1			
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	45	0	0	0	0			
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	57	0	0	0	0			
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OBSTETRICS/GYNECOLOGY	1	0	U	0	U			
CPAP FULL FACE MASK	Obstructive sleep apnea (adult) (pediatric)	Other Provider						1		
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	361	0	0	0	0			
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	61	0	0	0	0			
CPAP FULL FACE MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CPAP FULL FACE MASK	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	SOCIAL WORK	1	0	0	0	0			1
CPAP FULL FACE MASK	OTH FRACTURE OF L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	INTERNAL MEDICINE	1	0	0	0	0			1
CPAP FULL FACE MASK	OTHER ABNORMALITIES OF BREATHING	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER FECAL ABNORMALITIES	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER FORMS OF DYSPNEA	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	OTHER HYPERSOMNIA	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER HYPERSOMNIA	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER INTERVENTEDINAL DISC DEGENERATION, EDWIDAR REGION OTHER SPECIFIED DISEASES OF APPENDIX	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER SPECIFIED DISCROERS OF NOSE AND NASAL SINUSES	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER SPECIFIED DISORDERS OF NOSE AND WASAL SINGSES OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK CPAP FULL FACE MASK	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	PAIN IN LEFT ANALE AND JOINTS OF LEFT FOOT PAIN IN LEFT FINGER(S)	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
		PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	PALPITATIONS		1	0	0	0	0			
CPAP FULL FACE MASK	PALPITATIONS	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	PAROXYSMAL ATRIAL FIBRILLATION	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	PERSONAL HISTORY OF COLONIC POLYPS	CRITICAL CARE MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	PERSONAL HISTORY OF COLONIC POLYPS	INTERNAL MEDICINE	2	0	0	0	0			
CPAP FULL FACE MASK	PERSONAL HISTORY OF COLONIC POLYPS	PULMONARY DISEASE	5	0	0	0	0			<u> </u>
CPAP FULL FACE MASK	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	PNEUMONIA, UNSPECIFIED ORGANISM	PULMONARY DISEASE	1	0	0	0	0			1
CPAP FULL FACE MASK	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	PRIMARY CENTRAL SLEEP APNEA	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	RADICULOPATHY, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	RIGHT LOWER QUADRANT PAIN	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	PULMONARY DISEASE	1	n	0	0	0			
CPAP FULL FACE MASK	SHORTNESS OF BREATH	PULMONARY DISEASE	2	0	0	0	0			
CPAP FULL FACE MASK	SNORING	PULMONARY DISEASE	15	0	0	0	0			
CPAP FULL FACE MASK	SNORING	SOCIAL WORK	8	0	0	0	n			
CPAP FULL FACE MASK	SPASMODIC TORTICOLLIS	PULMONARY DISEASE	1	0	n	0	n			
CPAP FULL FACE MASK	SPERMATOCELE OF EPIDIDYMIS, UNSPECIFIED	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK CPAP FULL FACE MASK	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
	•		1	0	0	0	0			
CPAP FULL FACE MASK	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	INTERNAL MEDICINE	1	U	U	U	U			
CPAP FULL FACE MASK	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	1	U	U	U	U -			
CPAP FULL FACE MASK	SYNCOPE AND COLLAPSE	PULMONARY DISEASE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CPAP FULL FACE MASK	SYNCOPE AND COLLAPSE	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	TESTICULAR HYPOFUNCTION	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	PULMONARY DISEASE	1	0	0	0	0			†
CPAP FULL FACE MASK	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	1	0	0	0	0			\vdash
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	PULMONARY DISEASE	1	0	0	0	0			†
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	SOCIAL WORK	1	0	0	0	0			†
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PULMONARY DISEASE	1	0	0	0	0			†
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SOCIAL WORK	1	0	0	0	0			
CPAP FULL FACE MASK	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
CPAP FULL FACE MASK	UNSPECIFIED ABDOMINAL PAIN	PULMONARY DISEASE	1	0	0	0	0			+
CPAP FULL FACE MASK	UNSPECIFIED ACUTE APPENDICITIS	PULMONARY DISEASE	1	0	0	0	0			
CPAP FULL FACE MASK	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	PULMONARY DISEASE	1	0	0	0	0			1
CPAP FULL FACE MASK	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	PULMONARY DISEASE	1	0	0	0	0			+
CPAP FULL FACE MASK	VAPING-RELATED DISORDER	INTERNAL MEDICINE	1	0	0	0	0			+
CPTR OPHTH DX IMG POST SEGMT	N/A	OPHTHALMOLOGY	1							+
CRANIAL PROSTHESIS	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	RADIATION ONCOLOGY	1	n	0	0	0			+
CRANIAL REMOLD ORTHOSIS	Plagiocephaly	Other Provider	+	0		o .	-		1	+
CRANIAL REMOLDING ORTHOSIS	CONGENITAL POSTERIOR URETHRAL VALVES	PEDIATRICS	1	0	0	0	0		1	+
CRANIAL REMOLDING ORTHOSIS	CRANIOSYNOSTOSIS	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
CRANIAL REMOLDING ORTHOSIS	OTHER CONGENITAL DEFORMITIES OF SKULL, FACE AND JAW	PEDIATRICS	1	0	0	0	0			+
CRANIAL REMOLDING ORTHOSIS	PLAGIOCEPHALY	FAMILY MEDICINE	11	0	0	0	0			+
CRANIAL REMOLDING ORTHOSIS	PLAGIOCEPHALY	PEDIATRIC NEUROLOGY	2	0	0	0	0			+
CRANIAL REMOLDING ORTHOSIS		PEDIATRICS	57	4	4	0	0			++
CRANIAL REMOLDING ORTHOSIS	PLAGIOCEPHALY PLAGIOCEPHALY	PSYCHIATRY	1	0	0	0	0			++
CRANIAL REMOLDING ORTHOSIS CRANIAL REMOLDING ORTHOSIS	PLAGIOCEPHALY	SURGERY, NEUROLOGICAL	5	0	0	0	0			+
CRANIAL REMOLDING ORTHOSIS CRANIAL REMOLDING ORTHOSIS	PRETERM NEWBORN, GESTATIONAL AGE 35 COMPLETED WEEKS	PEDIATRICS	1	0	0	0	0			+
CRANIAL REMOLDING ORTHOSIS	RENAL DYSPLASIA	SURGERY, PLASTIC	1	0	0	0	0			+
CRANIAL REMOLDING ORTHOSIS CRANIAL REMOLDING ORTHOSIS	RESPIRATORY DISTRESS OF NEWBORN, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			+
CRANIO/MAXILLOFACIAL SURGERY	HEADACHE	FAMILY MEDICINE	0	1	1	0	0			+
CREATE EARDRUM OPENING	ACUTE SUPPR OTITIS MEDIA W SPON RUPT EAR DRUM, RECURRENT, BI	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
		NOSE, AND THROAT)	1	0	0	0	0			
CREATE EARDRUM OPENING	ACUTE SUPPR OTITIS MEDIA W/O SPON RUPT EAR DRUM, RECUR, BI	OTOLARYNGOLOGY (EAR,	8	l ^o	0	0	0			1
CREATE EARDRUM OPENING	CHRONIC SEROUS OTITIS MEDIA, BILATERAL	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	n	0	0	0			+
CREATE EARDROW OF ENING	CINOMIC SERVOUS OTTHS MEDIA, BEATERIAE	NOSE, AND THROAT)	-	ľ	Ü	Ŭ				
CREATE EARDRUM OPENING	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, BILATERAL	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
CREATE EARDRUM OPENING	CONDUCTIVE HEARING LOSS, BILATERAL	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	2	0	0	0	0			+
		NOSE, AND THROAT)								
CREATE EARDRUM OPENING	CONGENITAL DISLOCATION OF RIGHT HIP, UNILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
CREATE EARDRUM OPENING	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA RECURRENT, UNSP EAR	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
CREATE EARDRUM OPENING	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, BILATERAL	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
CREATE EARDRUM OPENING	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, LEFT EAR	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)	1.	<u> </u>						+
CREATE EARDRUM OPENING	OTHER CONGENITAL MALFORMATIONS OF LIVER	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
CREATE EARDRUM OPENING	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	FAMILY MEDICINE	1	0	0	0	0			
CREATE EARDRUM OPENING	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	5	0	0	0	0			
CREATE EARDRUM OPENING	OTITIS MEDIA, UNSPECIFIED, BILATERAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
CREATE EARDRUM OPENING	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	NOSE, AND THROAT) FAMILY MEDICINE	1	n	0	0	0			+
CREATE EARDRUM OPENING	OTITIS MEDIA, ONSPECIFIED, UNSPECIFIED EAR OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	OTOLARYNGOLOGY (EAR,	2	n	0	0	0			+
CHEST CARDION OF ENING	S. TIS MEDIA, ONSI EGITED, ONSI EGITED LAIN	NOSE, AND THROAT)		ľ	Ĭ	Š	Ĭ			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CREATE EARDRUM OPENING	PATELLAR TENDINITIS, RIGHT KNEE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
CREATE FARROUMA ORFAUNC	UNICOPOLIFIED CHOLECTEATOMA DICUT FAD	NOSE, AND THROAT)		0	0		0			
CREATE EARDRUM OPENING	UNSPECIFIED CHOLESTEATOMA, RIGHT EAR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	U	U	U	U			
CREATE TEAR SAC DRAIN	ACQUIRED STENOSIS OF UNSPECIFIED NASOLACRIMAL DUCT	OPHTHALMOLOGY	1	0	0	0	0			
		CARDIOVASCULAR								
CREON 36K-114K CAPSULE DR	N/A	DISEASE	1							
		PEDIATRIC								
CREON DR 36,000 UNITS CAPSULE	N/A	PULMONOLOGY	1							
CREON DR 36,000 UNITS CAPSULE	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	1							
CREON DR 36,000 UNITS CAPSULE	OTHER CHRONIC PANCREATITIS	INTERNAL MEDICINE	1							
CREON DR 36,000 UNITS CAPSULE	OTHER CHRONIC PANCREATITIS	Other Provider	1							
CREON DR 36,000 UNITS CAPSULE	Unknown	GASTROENTEROLOGY	2							
		CARDIOVASCULAR	1	1						
CRESEMBA 186 MG CAPSULE	N/A	DISEASE	2							
CRESEMBA 186 MG CAPSULE	N/A	ONCOLOGY	1	1						
CRESEMBA 186 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	1							
CRESTOR 10 MG TABLET	Mixed hyperlipidemia	FAMILY MEDICINE	1	1						
CRESTOR 10 MG TABLET	Pure hypercholesterolemia, unspecified	FAMILY MEDICINE	1	1	1					
CRESTOR 20 MG TABLET	Mixed hyperlipidemia	INTERNAL MEDICINE	1	1	_					
CRESTOR 40 MG TABLET	Mixed hyperlipidemia	PHYSICIAN ASSISTANT	1	3	3					
		CARDIOVASCULAR								
CRESTOR 40 MG TABLET	N/A	DISEASE		1	1					
CRESTOR 40 MG TABLET	N/A	FAMILY MEDICINE	1	-	-		-			\vdash
CRESTOR 5 MG TABLET	N/A	Other Provider	1		-		-			\vdash
CRINONE 8% GEL	N/A	Other Provider	_	1	1					
CROSS-OVER VEIN GRAFT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
CROWN - PORCELAIN/CERAMIC	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	0	1	0	0	1			
CRUTCH SUBSTITUTE	ACCIDENTAL DISCHARGE FROM UNSP FIREARMS OR GUN, INIT ENCNTR	INTERNAL MEDICINE	1	0	0	0	0			
CRUTCH SUBSTITUTE	CORNS AND CALLOSITIES	SURGERY, PLASTIC	1	0	0	0	0			
CRUTCH SUBSTITUTE	DISPLACED PILON FX LEFT TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CRUTCH SUBSTITUTE	NONDISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	FAMILY MEDICINE	1	0	0	0	0			
CRUTCH SUBSTITUTE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
CRUTCH SUBSTITUTE	PLANTAR FASCIAL FIBROMATOSIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CRUTCH SUBSTITUTE	UNSP FRACTURE OF RIGHT TALUS, INIT FOR CLOS FX	PEDIATRICS	1	0	0	0	0			
CRYOPRESERVATION EMBRYO(S)	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	0	1	0	0	1			
		ENDOCRINOLOGY/INFERTILI								
COTTO COLUE SULL COLUE COLUENCE	UNIONESSES COMMUNICIONS	TY								
CSTB GENE FULL GENE SEQUENCE	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	0	1	1	0	0			
CSTB GENE FULL GENE SEQUENCE	UNSPECIFIED CONVULSIONS	NEUROLOGY	0	1	1	0	0			ļ!
CT ABD & PELV 1/> REGNS	CALCULUS OF KIDNEY	UROLOGY	1	0	0	0	0			
CT ABD & PELV 1/> REGNS	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
CT ABD & PELV 1/> REGNS	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	ONCOLOGY	1	0	0	0	0			
CT ABD & PELV 1/> REGNS	MALIGNANT NEOPLASM OF PROSTATE	HOSPITAL	1							-
CT ADD &TEEV 1/2 NEONS	WALIGUARY NEOFERSWOTT NOSTATE	HOSITIAL	_							
CT ABD & PELV 1/> REGNS	N/A	RADIATION ONCOLOGY	1							
CT ABD & PELV 1/> REGNS	RIGHT LOWER QUADRANT PAIN	SOCIAL WORK	1	0	0	0	0			†
CT ABD & PELV 1/> REGNS	RIGHT LOWER QUADRANT PAIN	SURGERY, GENERAL	1	0	0	0	0			
CT ABD & PELV 1+ REGNS	Calculus of ureter	Other Provider	f -	f	-	-	f	1		1
CT ABD & PELV 1+ REGNS	Malignant neoplasm of sigmoid colon	Other Provider	 	1	-		-	1		
CT ABD & PELV 1+ REGINS CT ABD & PELV W/CONTRAST	BENIGN NEOPLASM OF PITUITARY GLAND	GASTROENTEROLOGY	1	0	0	0	0	1		
CT ABD & PELV W/CONTRAST	ENLARGED LYMPH NODES, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
CT ABD & PELV W/CONTRAST	Epigastric pain	GASTROENTEROLOGY	1	-					1	
CT ABD & PELV W/CONTRAST CT ABD & PELV W/CONTRAST		Other Provider	1	1	-		-		1	—
CT ABD & PELV W/CONTRAST CT ABD & PELV W/CONTRAST	Generalized abdominal pain LEFT UPPER QUADRANT PAIN	PSYCHIATRY PSYCHIATRY	1	0	0	0	0		1	++
CI ADD & PELV W/CUNTRAST	LEFT OFFER QUADRANT PAIN	PSICHIAIKI	1	U	U	U	v			i

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CT ABD & PELV W/CONTRAST	LEFT UPPER QUADRANT PAIN	SURGERY, COLON AND	1	0	0	0	0			
CT ADD G DELVIN/CONTRACT	AAAUCAAAIT MEODI ACAA OF ADDEADIY	RECTAL			0	2	0			
CT ABD & PELV W/CONTRAST CT ABD & PELV W/CONTRAST	MALIGNANT NEOPLASM OF APPENDIX MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED	FAMILY MEDICINE ONCOLOGY	0	1	1	0	0			+
CT ABD & PELV W/CONTRAST	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			+
CLABD & FELV W/CONTRAST	MOLTIFLE MITELOWA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY/ONCOLOG	1	U	U	U	U			+
CT ABD & PELV W/CONTRAST	N/A	v	2							
CT ABD & PELV W/CONTRAST	N/A	HOSPITAL	2							+
CT ABD & PELV W/CONTRAST	OTHER ABNORMALITIES OF BREATHING	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
CT ABD & PELV W/CONTRAST	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	UROLOGY	1	0	0	0	0			
CT ABD & PELV W/CONTRAST	PNEUMONIA, UNSPECIFIED ORGANISM	HEMATOLOGY	1	0	0	0	0			+
		DIAGNOSTIC TESTING								1
CT ABD & PELV W/CONTRAST	RIGHT LOWER QUADRANT PAIN	FACILITY	1							
CT ABD & PELV W/CONTRAST	UNSPECIFIED ABDOMINAL PAIN	ONCOLOGY	1	0	0	0	0			
CT ABD & PELV W/CONTRAST	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CT ABD & PELVIS	Malignant neoplasm of pituitary gland	Other Provider							1	
CT ABD & PELVIS W/O CONTRAST	ADVERSE EFFECT OF IMINOSTILBENES, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			1
CT ABD & PELVIS W/O CONTRAST	END STAGE RENAL DISEASE	NEPHROLOGY	2	0	0	0	0			1
CT ABD & PELVIS W/O CONTRAST	END STAGE RENAL DISEASE	SURGERY, THORACIC	1	0	0	0	0			1
CT ABD & PELVIS W/O CONTRAST	END STAGE RENAL DISEASE	UROLOGY	1	0	0	0	0			1
CT ABD & PELVIS W/O CONTRAST	MALIG NEOPLASM OF OVRLP SITES OF RECTUM, ANUS AND ANAL CANAL	HEMATOLOGY	1	0	0	0	0			
CT ABD & PELVIS W/O CONTRAST	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	NURSE PRACTITIONER	1	0	0	0	0			1
CT ABD & PELVIS W/O CONTRAST	N/A	HOSPITAL	2							1
CT ABD & PELVIS W/O CONTRAST	N/A	RADIOLOGY	1							
CT ABD & PELVIS W/O CONTRAST	OTHER MICROSCOPIC HEMATURIA	RADIOLOGY	1							
CT ABD & PELVIS W/O CONTRAST	OTHER SPECIFIED DISORDERS OF PENIS	UROLOGY	1	0	0	0	0			
CT ABDOMEN W/DYE	MALIGNANT NEOPLASM OF BODY OF PANCREAS	HOSPITAL	1							
CT ABDOMEN W/DYE	OTHER SPECIFIED DISEASES OF GALLBLADDER	FAMILY MEDICINE	1	0	0	0	0			
CT ABDOMEN W/DYE	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	HOSPITAL	1							
CT ABDOMEN W/DYE	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	1	0	0	0	0			†
CT ABDOMEN W/O & W/DYE	OTHER CIRRHOSIS OF LIVER	PEDIATRIC SURGERY	1	0	0	0	0			1
CT ABDOMEN W/O & W/DYE	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	1	0	0	0	0			1
CT ABDOMEN; with contrast material(s)	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	Physician		1	1					1
CT ABDOMEN; with contrast material(s)	CHRONIC CHOLECYSTITIS	GENERAL SURGERY	1							1
	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE;									1
CT ABDOMEN; with contrast material(s)	CONGENITAL MALFORMATIONS OF SPLEEN	SURGERY-GENERAL	1							
CT ABDOMEN; with contrast material(s)	DISEASE OF ESOPHAGUS UNSPECIFIED	INTERNAL MEDICINE	1							
CT ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY		1	1				1	L
CT ABDOMEN; with contrast material(s)	ENCOUNTER AFTERCARE FOLLOWING LIVER TRANSPLANT	GASTROENTEROLOGY	1							
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	GENERAL SURGERY		1	1					
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	INTERNAL MEDICINE		1	1					
CT ABDOMEN; with contrast material(s)	EPIGASTRIC SWELLING MASS OR LUMP	FAMILY PRACTICE	1							
CT ABDOMEN; with contrast material(s)	LLQ ABDOMINAL SWELLING MASS & amp; LUMP	FAMILY PRACTICE	1							
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	FAMILY PRACTICE	1							oxdot
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	Physician		1	1					
	MALIGNANT NEOPLASM OF TONSILLAR FOSSA; SEC & DNS									
CT ABDOMEN; with contrast material(s)	MALIG NEO LYMPH NODES HEAD FACE & amp; NECK	ONCOLOGY	1			1				—
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	1			1				
	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG;									
	SECONDARY MALIGNANT NEOPLASM OF BRAIN; SECONDARY									
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OTH PARTS NERV SYS	ONCOLOGY	1							
CT ABDOMEN; with contrast material(s)	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	1			1				<u> </u>
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	1							

Decedure Code Description	Discussis Code Description	Drouidor Caocialtu	Total UM	Total UM Denials	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description CT ABDOMEN; with contrast material(s)	Diagnosis Code Description RIGHT LOWER QUADRANT PAIN	Provider Specialty GENERAL SURGERY	Approvals	Delliais	Denials	Denials	Denials	Approved	Denied	by IRO
CT ABDOMEN, with contrast material(s) CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	1							
CT ABDOMEN; with contrast material(s) CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	1	1	1				- 1	
CT ABDOMEN, WITH CONTrast Material(s)		INTERNAL WEDICINE	-	1	1				1	
CT ADDONATAL with posturet restarial(s)	UNSPECIFIED ABDOMINAL PAIN; ABNORMAL WEIGHT LOSS; NAUSEA	EANALLY DRACTICE			.				4	
CT ABDOMEN; with contrast material(s)	WITH VOMITING UNSPECIFIED	FAMILY PRACTICE	-	1	1				1	
CT ADDOMENT (1/2)	UNSPECIFIED ABDOMINAL PAIN; ACQUIRED ABSENCE OTH SPEC	EARAUN DRACTICE								
CT ABDOMEN; with contrast material(s)	PARTS DIGESTIVE TRACT	FAMILY PRACTICE		1	1					
CT ABDOMEN; without contrast material	CALCULUS GB & D W/O CHOLECYST W/O OBSTRUCTION	INTERNAL MEDICINE	1	1	1					
CT ABDOMEN; without contrast material	CALCULUS OF KIDNEY	UROLOGY	1							
	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE;									
	UNSPECIFIED ABDOMINAL PAIN; GASTRO-ESOPHAGEAL REFLUX									
CT ABDOMEN; without contrast material	DISEASE W/ ESOPHAGITIS	SURGERY-GENERAL	1							
CT ABDOMEN; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE		1	1					
CT ABDOMEN; without contrast material	EPIGASTRIC SWELLING MASS OR LUMP	FAMILY PRACTICE		1	1					
	ESSENTIAL PRIMARY HYPERTENSION; OTHER PRIMARY									
CT ABDOMEN; without contrast material	HYPERALDOSTERONISM	NEPHROLOGY	1							
CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT PAIN	Physician	1							
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE		1	1					
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	CALCULUS OF KIDNEY	SURGERY- UROLOGICAL		1	1					
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	CYST OF KIDNEY ACQUIRED	UROLOGY	1							
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	CYST OF PANCREAS	ONCOLOGY	2	1	1					
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	EPIGASTRIC ABDOMINAL TENDERNESS	INTERNAL MEDICINE		1	1					
CT ABDOMEN; without contrast material, followed by contrast	ESSENTIAL PRIMARY HYPERTENSION; OTHER PRIMARY									
material(s) and further sections	HYPERALDOSTERONISM	NEPHROLOGY	1							
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY		1	1					
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	LUQ ABDOMINAL SWELLING MASS & DP; LUMP	FAMILY PRACTICE		1	1					
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	GENERAL SURGERY	1							
CT ABDOMEN; without contrast material, followed by contrast	OBSTRUCTION OF BILE DUCT; Unknown; RIGHT UPPER QUADRANT									
material(s) and further sections	PAIN	GASTROENTEROLOGY	1							
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY		1	1			1		
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	GYNECOLOGY (NO OB)	1							
CT ABDOMEN; without contrast material, followed by contrast		,	Ī							
material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER; CYST OF PANCREAS	FAMILY PRACTICE		1	1					
CT ABDOMEN; without contrast material, followed by contrast	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS; PELVIC AND			=	_					
material(s) and further sections	PERINEAL PAIN	FAMILY PRACTICE		1	1					
CT ABDOMEN; without contrast material, followed by contrast										
material(s) and further sections	Unknown	GENERAL SURGERY		1	1					
CT ABDOMEN; without contrast material, followed by contrast		HEMATOLOGY AND		_	_					
material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	ONCOLOGY		1	1					
CT ABDOMEN; without contrast material, followed by contrast		5501001		-	-					
material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN; Unknown	FAMILY PRACTICE	1							
CT ANGIO ABD&PELV W/O&W/DYE	UNSPECIFIED ABDOMINAL PAIN UNSPECIFIED ABDOMINAL PAIN	RADIOLOGY	1	n	n	0	0			
C. ALIGIO ADDRI ELE WYORWYD I'E	CHOI CONTED ADDOMINATE I ANY	CARDIOVASCULAR	<u> </u>			~				
CT ANGIOGRAPHY CHEST	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	SURGERY	1							
CLANGIOGRAFITI CILOT	MONOMINAL ELECTROCARDIOGRAPH [LCG] [LRG]	JONGENI	1*	l	l	l .		l		

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CT ANCIOCDADIN CHEST	CHRONIC CYCTOLIC (CONCECTIVE) HEADT FAILURE	CARDIOVASCULAR								
CT ANGIOGRAPHY CHEST	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	SURGERY	1							
CT ANGIOGRAPHY CHEST	N/A	HOSPITAL	1							
CT ANGIOGRAPHY CHEST	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	U			
CT ANGIOGRAPHY HEAD	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	NEUROLOGY	1	0	0	0	0			†
CT ANGIOGRAPHY HEAD	N/A	DIAGNOSTIC RADIOLOGY	1							
CT ANGIOGRAPHY HEAD	N/A	HOSPITAL	1							†
CT ANGIOGRAPHY NECK	N/A	HOSPITAL	1							
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg,	.4		1							†
hips, pelvis, spine)	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	ENDOCRINOLOGY		1	1					
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg,	AGE REERIED GSTEGT GROSIS W/G GGRRRT FATTIA	ENDOCHMOLOGY		_	1					+
hips, pelvis, spine)	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	NURSE PRACTITIONER		1	1					
CT Cervical Spine; with contrast material	DORSALGIA UNSPECIFIED; SPONDYLOPATHY UNSPECIFIED	SURGERY-NEUROLOGY	1	-	-					
CT Cervical Spine; with contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	1							\vdash
CT Cervical Spine; with contrast material	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	ORTHOPEDIC SURGERY	1							\vdash
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	1							+
er cervical spine, without contrast material	SPINAL STENOSIS CERVICAL REGION; UNSPECIFIED CORD	ANESTTIESIOEOGT	-							
CT Cervical Spine; without contrast material	COMPRESSION	SURGERY-NEUROLOGY	1							
er cervical spine, without contrast material	CONTRESSION	SONGENT NEONOLOGI	<u> </u>							+
CT Cervical Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY		1	1				1	
CT Cervical Spine; without contrast material	Unknown; Unknown	ORTHOPEDIC SURGERY	1	1	1				1	+
CT Cervical Spine; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	1							+
CT Cervical Spine; without contrast material, followed by contrast	ONSI ECITED INJUNIT OF HEAD INFINE ENCOUNTER	TAIVILLETTIACTICE	1							+
material(s) and further sections	PARESTHESIA OF SKIN; MUSCLE WEAKNESS GENERALIZED	INTERNAL MEDICINE		1	1					
material(s) and further sections	FARESTILESIA OF SKIN, WOSCLE WEAKNESS GENERALIZED	INTERNAL WILDICINE		1	1					+
CT CHEST (thorax); with contrast material(s)	ABDOMINAL DISTENSION GASEOUS; CHANGE IN BOWEL HABIT	GASTROENTEROLOGY	1							
CT CTEST (CHOTAX), WICH CONCLASE MALERIAI(S)	ABDOMINAL DISTENSION GASEOUS, CHANGE IN BOWLE HABIT ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER	GASTROLIVIEROLOGI	-							+
CT CHEST (thorax); with contrast material(s)	SPECIFIED BODY STRUCTURES	FAMILY PRACTICE	1							
CT CTEST (CHOTAX), WICH CONCLASE MALETIAI(S)	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER	FAIVILT FRACTICE	1							+
CT CHEST (thorax); with contrast material(s)	SPECIFIED BODY STRUCTURES	GYNECOLOGY ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED; PLEURISY	FAMILY PRACTICE	1	1	1					
CT CHEST (thorax), with contrast material(s)	Chest Pain disspecified, Pleurist	FAIVILT PRACTICE		1	1					
	COUGH; OTHER SPECIFIED SOFT TISSUE DISORDERS; ENCOUNTER									
CT CHEST (thorax); with contrast material(s)	FOR ROUTINE POSTPARTUM FOLLOW-UP; SHORTNESS OF BREATH	INTERNAL MEDICINE	1							
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1							+
CT CTLST (CHOTAX), WITH CONTRAST MATERIAL(S)	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA; LOCALIZED	FITTSICIAN ASSISTANT	-							+
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES	ONCOLOGY		1	1					
er eriest (tilotax), with contrast material(s)	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA; MALIGNANT	ONCOLOGI		1	1					+
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF DUODENUM	ONCOLOGY	1							
Cr Cricor (tilorax), with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED; MALIG	O.ACOLOG1	-			1				+
CT CHEST (thorax); with contrast material(s)	NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	ENCOUNTER AFTERCARE FOLLOWING LIVER TRANSPLANT	GASTROENTEROLOGY	1			1				+
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	INTERNAL MEDICINE	1	1	1	 				+
CT CHEST (thorax); with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	1	-	1	 				+
or or contrary, with contrast material(s)	DATE WAS DIE WARDING ZONE D'CLLE LIWI HOWA OF WALL	5.1602001	1	-		 				+
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & DCK	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II INTRA-ABDOM NODES	ONCOLOGY	1	-		 				+
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	FAMILY PRACTICE	1	 		 			 	
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1	 		 			 	
or or contrary, with contrast material(s)	THE STATE OF THE PROPERTY OF THE STATE OF TH	ISICIAN ASSISTANT	1	-		 				+
	INTRA-ABD & DELVIC SWELLING MASS & DITE;									
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	1							
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	1			 				\vdash
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	NURSE PRACTITIONER	1							+
CT CITEST (GIOTAX), WITH CONTRACT HIGHERIAN(S)	LOGALIZED LIVENIGED LIIVII II IVODES	HONGETRACITIONER	1*	1	<u> </u>	1	<u> </u>	<u> </u>	l	1

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	LOCALIZED ENLARGED LYMPH NODES; ELEVATED									
CT CHEST (thorax); with contrast material(s)	CARCINOEMBRYONIC ANTIGEN CEA	ONCOLOGY	1							
		HEMATOLOGY AND								
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT UP LIMB W/SHLDR	ONCOLOGY	2							
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM OF SMALL INTESTINE UNSPECIFIED	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	SURGERY	1	1	1					
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY		1	1					
		HEMATOLOGY AND								
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	SURGERY-GENERAL		1	1					
	MALIGNANT NEOPLASM OF COLON UNSPECIFIED; ELEVATED	HEMATOLOGY AND								
CT CHEST (thorax); with contrast material(s)	CARCINOEMBRYONIC ANTIGEN CEA	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DUODENUM	ONCOLOGY	1							
	MALIGNANT NEOPLASM OF HEPATIC FLEXURE; MALIGNANT									
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF ASCENDING COLON	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	1	2	2					
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	SURGERY-GENERAL	2							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	Physician	1	1	1					
		HEMATOLOGY AND								
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1							
	MALIGNANT NEOPLASM OF SIGMOID COLON; SECONDARY MALIG									
CT CHEST (thorax); with contrast material(s)	NEOPLASM LIVER & DTRAHEPATIC BD	ONCOLOGY		1	1				1	
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	ONCOLOGY	1							
, , , , , , , , , , , , , , , , , , , ,	MALIGNANT NEOPLASM OF TONSILLAR FOSSA; SEC & DNS									
CT CHEST (thorax); with contrast material(s)	MALIG NEO LYMPH NODES HEAD FACE & amp; NECK	ONCOLOGY	1							
	· ·	HEMATOLOGY AND								
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	PHYSICIAN ASSISITANT	1	1	1					†
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY		1	1					†
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY		1	1					+
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY		2	2					+
	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG;				_					1
	SECONDARY MALIGNANT NEOPLASM OF BRAIN; SECONDARY									
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OTH PARTS NERV SYS	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MENINGITIS UNSPECIFIED; SARCOIDOSIS UNSPECIFIED	NEUROLOGY	1							
CT CHEST (thorax); with contrast material(s)	MULTIPLE FX RIBS UNS SIDE INIT ENC CLOS FRACTURE	GENERAL SURGERY	1							\vdash
2. 22. (crostory) with contract materially	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED; SOLITARY		†	1		 				+
CT CHEST (thorax); with contrast material(s)	PULMONARY NODULE	PULMONARY DISEASES	1	1	1					
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES HEAD FACE NECK	ONCOLOGY	1	-	_					\vdash
CT CHEST (thorax); with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODES MX SITES	PHYSICIAN ASSISITANT	1							+
CT CHEST (thorax); with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODES MIX SITES OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	2							+
CT CHEST (thorax); with contrast material(s)	OTHER BENIGN NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	1			1				+
or ories, (moran), with contrast material(s)	OTHER CHEST PAIN; OTHER SPECIFIED DISORDERS OF BONE OTHER	ENIVAE WIEDICHVE	1	 		+				+
CT CHEST (thorax); with contrast material(s)	SITE	INTERNAL MEDICINE	1							
		OTOLARYNGOLOGY (EAR,								
CT CHEST (thorax); with contrast material(s)	OTHER DISEASES OF TONGUE; COUGH	NOSE, AND THROAT)		1	1					↓
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	1							
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	1	1	1					
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	1							
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	UROLOGY	1							
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISEASES UPPER RESPIRATORY TRACT; LOCALIZED SWELLING MASS AND LUMP NECK	GENERAL SURGERY		1	1					

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	OTHER SPECIFIED DISORDERS OF BONE OTHER SITE; OTHER CHEST									
CT CHEST (thorax); with contrast material(s)	PAIN	INTERNAL MEDICINE	1							
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	PHYSICIAN ASSISITANT	1							1
CT CHEST (thorax); with contrast material(s)	PRIMARY HYPERPARATHYROIDISM	PHYSICIAN ASSISTANT		1	1					1
CT CHEST (thorax); with contrast material(s)	PULMONARY MYCOBACTERIAL INFECTION	GENERAL PRACTICE	1							1
CT CHEST (thorax); with contrast material(s)	PULMONARY MYCOBACTERIAL INFECTION	INFECTIOUS DISEASES	1							
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LIVER & D; MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION SECONDARY MALIG NEOPLASM LIVER & D;	ONCOLOGY		1	1					
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1							+
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG;	RADIATION ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY		1	1					
CT CHEST (thorax); with contrast material(s)	SEPTIC PULMONARY EMBO W/O ACUTE COR PULMONALE	ONCOLOGY	1							
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	INTERNAL MEDICINE	1							
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH; PERSONAL HISTORY OTH INFECTIOUS & Amp; PARASITIC DZ	INTERNAL MEDICINE		1	1					
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	4							
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	1							
CT CHEST (thorax); with contrast material(s)	SYSTEMIC INVOLVEMENT CONNECTIVE TISSUE UNS	INTERNAL MEDICINE	1							1
CT CHEST (thorax); with contrast material(s)	TACHYCARDIA UNSPECIFIED; ADRENOMEDULLARY HYPERFUNCTION	CARDIOVASCULAR DISEASE	1							
CT CHEST (thorax); with contrast material(s)	Unknown	INFECTIOUS DISEASES	1							
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED CHRONIC BRONCHITIS	FAMILY PRACTICE		1	1					
CT CHEST (thorax); without contrast material	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM; ATELECTASIS	FAMILY PRACTICE	1							
CT CHEST (thorax); without contrast material	ACUTE PULMONARY HISTOPLASMOSIS CAPSULATI	PULMONARY DISEASES	1							+
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	PULMONARY DISEASES	1	1	1					+
CT CHEST (thorax); without contrast material	COUGH	FAMILY PRACTICE	1	1	1					+
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	1							+
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	1							+
CT CHEST (thorax); without contrast material	ENCEPHALOPATHY UNSPECIFIED	GASTROENTEROLOGY	+	1	1					+
CT CHEST (thorax); without contrast material	HEMOPTYSIS	PULMONARY DISEASES	1	_	_					+
CT CHEST (thorax); without contrast material	IDIOPATHIC INTERSTITIAL PNEUMONIA NOS	PULMONARY DISEASES	1	1	1					+
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	+	1	1					+
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY		1	1			1		+
CT CHEST (thorax); without contrast material	MALIGNANT NEOFLASM OF SIGMOID COLON	PHYSICIAN ASSISITANT	1	_	_					+
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	1	1	1					+
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	NURSE PRACTITIONER	1	_	_					+
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED; DIZZINESS AND GIDDINESS; OTH SPEC SX & DIZZINESS INVLV THE CIRC & DIZZINESS RESP SYS	INTERNAL MEDICINE		1	1					
	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC; CHRONIC	DI II MONIA DV DICEACEC	1							
CT CHEST (thorax); without contrast material	OBSTRUCTIVE PULMONARY DISEASE UNS OTHER DISORDERS OF LUNG	PULMONARY DISEASES PULMONARY DISEASES	1			 		 		+
CT CHEST (thorax); without contrast material			1	1	1	 		 		+
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE INTERNAL MEDICINE	 	1	1	1		-		+
CT CHEST (thorax); without contrast material			1	1	1	 		 		+
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	NURSE PRACTITIONER	1	-	-	1		-		+
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ONCOLOGY CARDIOVASCULAR	1							
CT CHEST (thorax); without contrast material	OTHER SPECIFIED DISORDERS ARTERIES & DATERIOLES	DISEASE	1			1				<u> </u>
CT CHEST (thorax); without contrast material	PECTUS EXCAVATUM	SURGERY-PEDIATRIC	1							
CT CHEST (thorax); without contrast material	PLEURODYNIA	ONCOLOGY		1	1					
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	INFECTIOUS DISEASES	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	1	Demais	Demais	Demais	Demais	Аррготси	Demeu	by into
CT CHEST (thorax); without contrast material	PRIMARY HYPERPARATHYROIDISM	PHYSICIAN ASSISTANT	_	2	2					
CT CHEST (thorax); without contrast material	PULMONARY MYCOBACTERIAL INFECTION	INFECTIOUS DISEASES	1	1	1					\vdash
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	1	-	_					
er errest (thorax), without contrast material	SARCOIDOSIS ONSI ECHILED	I OLIVIOIVIKI DISENSES	-							\vdash
CT CHEST (thorax); without contrast material	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	1							
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	FAMILY PRACTICE	_	1	1					
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	PULMONARY DISEASES	1	-	-					
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	2							
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	-	1	1					\vdash
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	1	1	1					
CT CTEST (thorax), without contrast material	SOLITARY PULMONARY NODULE; OTHER PNEUMONIA UNSPECIFIED	FOLIVIONANT DISLASES	1							
CT CHEST (thorax); without contrast material	ORGANISM; SHORTNESS OF BREATH	INTERNAL MEDICINE	1							
CT CHEST (thorax); without contrast material, followed by contrast	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER	INTERNAL WILDICINE	1							
	SPECIFIED BODY STRUCTURES	FAMILY PRACTICE	1							
material(s) and further sections		PAIVILT PRACTICE	1							
CT CHEST (thorax); without contrast material, followed by contrast	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER	CANECOTOCA ONICOTOCA	1							
material(s) and further sections	SPECIFIED BODY STRUCTURES	GYNECOLOGY ONCOLOGY	1							
CT CHEST (thorax); without contrast material, followed by contrast										
material(s) and further sections	ACUTE BRONCHITIS UNSPECIFIED	INTERNAL MEDICINE		1	1					<u> </u>
CT CHEST (thorax); without contrast material, followed by contrast										!
material(s) and further sections	CHEST PAIN UNSPECIFIED	ANESTHESIOLOGY		1	1				1	
CT CHEST (thorax); without contrast material, followed by contrast	OTHER CHEST PAIN; OTHER SPECIFIED DISORDERS OF BONE OTHER									!
material(s) and further sections	SITE	INTERNAL MEDICINE		1	1					
CT CHEST (thorax); without contrast material, followed by contrast										!
material(s) and further sections	SOLITARY PULMONARY NODULE	FAMILY PRACTICE		1	1					
CT CHEST (thorax); without contrast material, followed by contrast										!
material(s) and further sections	SYSTEMIC INVOLVEMENT CONNECTIVE TISSUE UNS	INTERNAL MEDICINE		1	1					
		OTOLARYNGOLOGIST								!
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	(ENT)		1	1					
CT HEAD or Brain; without contrast material	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	1	1	1					
CT HEAD or Brain; without contrast material	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE		1	1					
CT HEAD or Brain; without contrast material	CEREBROVASCULAR DISEASE UNSPECIFIED	NEUROLOGY	1							
CT HEAD or Brain; without contrast material	COMPRESSION OF BRAIN	NEUROLOGY		1	1					
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE		1	1					
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE		1	1					1
CT HEAD or Brain; without contrast material	EPISODIC TENSION-TYPE HEADACHE NOT INTRACTABLE	INTERNAL MEDICINE		1	1					1
										1
CT HEAD or Brain; without contrast material	ESSENTIAL PRIMARY HYPERTENSION; DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	1							!
CT HEAD or Brain; without contrast material	HEADACHE	FAMILY PRACTICE	3							
CT HEAD or Brain; without contrast material	HEADACHE, UNSPECIFIED	FAMILY PRACTICE	2	1	1					
CT HEAD or Brain: without contrast material	HYDROCEPHALUS UNSPECIFIED	FAMILY PRACTICE	1							
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	1							
,	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN; OTHER					1				
CT HEAD or Brain; without contrast material	AMNESIA; HEADACHE	NEUROLOGY	1							
	. ,									
CT HEAD or Brain; without contrast material	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	PHYSICIAN ASSISTANT	1							
CT HEAD or Brain; without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	1							
		PHYSICAL MEDICINE &	1		†					
CT HEAD or Brain; without contrast material	TRAUM SUBARACH HEMORR W/LOC UNS DUR SUBSQT ENC	REHABILITATION	1							1
or nerve or brain, without contrast material	THAT SOUTH TENIOR W/ LOC ONS DON SOUSQ! ENC	OTOLARYNGOLOGIST	-							
CT HEAD or Brain; without contrast material	Unknown	(ENT)		1	1				1	1
CT TIEAD OF BIAIN, WILLIOUS CONTRAST MIDDENIA		OTOLARYNGOLOGIST	1	1	-				1	
CT HEAD or Brain, without contract	UNS DISORDER VESTIBULAR FUNCTION BILATERAL; OTHER	(ENT)	1							
CT HEAD or Brain; without contrast material	ABNORMAL AUDITORY PERCEPTIONS BILATERAL	, , ,	1							 '
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	1	1	1	 				
CT HEAD or Brain; without contrast material, followed by contrast	ANISCTUSCIA OF CIVIN	FARAUV DDACTICE		_	l.					1
material(s) and further sections	ANESTHESIA OF SKIN	FAMILY PRACTICE	1	1	1					

CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections CT HEAD or Brain; without contrast material, followed by contrast Unknow. CT HEAD Brain W/O & W/DY Malignar CT HEAD/BRAIN W/O & W/DY CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT HEAD/BRAIN W/O DYE CT LOWER EXTREMITY W/O DYE CT LOWER EXTREMITY W/O DYE CT LOWER Extremity; without contrast material CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE	& AURA NOT INTRACT W/O STAT MIGRAIN & Amp; SIGNS INVLV COGNITIVE FUNC & Amp; AWARENESS NAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN WN; Unknown; UNSPECIFIED PTOSIS OF BILATERAL EYELIDS ant neoplasm of unspecified ovary PLE MYELOMA NOT HAVING ACHIEVED REMISSION 9 DNUS pecified disorders of bone, other site CIFIED FALL, INITIAL ENCOUNTER sclerotic heart disease of native coronary artery without pectoris **SENSORY NERV LOW LEG LEVL LT LEG INITIAL; OTH TEAR LAT	FAMILY PRACTICE FAMILY PRACTICE NEUROLOGY NEUROLOGY OPHTHALMOLOGY Physician Other PEDIATRIC NEUROLOGY NEUROLOGY HOSPITAL OTHER PROVIDER RADIOLOGY CARDIOVASCULAR DISEASE	1 1 1 1 1 1	2 1 1 1 0 0 0	2 1 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Denials	Denials	Approved	Denied 1	by IRO
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CT Lower Extremity; without contrast material DISPL FX CT Lower Extremity; without contrast material DISPLACI CT Lower Extremity; without contrast material PAIN IN I CT Lower Extremity; without contrast material PAIN IN I CT Lower Extremity; without contrast material PAIN UN CT Lower Extremity; without contrast material SPRAIN CT CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNIS FRA	RAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEDIC SURGERY	1	1	1					
CT Lower Extremity; without contrast material DISPLACI CT Lower Extremity; without contrast material PAIN IN I CT Lower Extremity; without contrast material PAIN IN I CT Lower Extremity; without contrast material PAIN UNI CT Lower Extremity; without contrast material SPRAIN C CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNISPRAIN IN INC.	X LAT MALLEOLUS RT FIB SUBS CLOS FX DLAY	ORTHOPEDIC SURGERY	1	-	-					
CT Lower Extremity; without contrast material PAIN IN I CT Lower Extremity; without contrast material PAIN IN I CT Lower Extremity; without contrast material PAIN UN CT Lower Extremity; without contrast material SPRAIN C CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNISTRA	CED PILON FX RT TIBIA INIT OPEN TYPE I/II	ORTHOPEDIC SURGERY	1							
CT Lower Extremity; without contrast material PAIN IN I CT Lower Extremity; without contrast material PAIN UN CT Lower Extremity; without contrast material SPRAIN C TLower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNISTRA	RIGHT ANKLE	ORTHOPEDIC SURGERY	1							
CT Lower Extremity; without contrast material PAIN UN CT Lower Extremity; without contrast material SPRAIN CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNIS FRA	I UNSPECIFIED FOOT	PODIATRY	-	1	1					
CT Lower Extremity; without contrast material SPRAIN CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNS FRA		PODIATRY		1	1					
CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNS FRA	OTHER LIGAMENT RT ANKLE SUBSEQUENT ENCNTR	ORTHOPEDIC SURGERY	1	-	-					
CT Lower Extremity; without contrast material UNILATE CT Lower Extremity; without contrast material UNS FRA	ERAL PRIMARY OSTEOARTHRITIS LEFT HIP	PHYSICIAN ASSISITANT	1							
CT Lower Extremity; without contrast material UNS FRA	ERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	2							
	ACTURE LOWER RT TIBIA INITIAL ENC CLOS FX	PHYSICIAN ASSISITANT	1							
er zower zwerenner) wienour contract material	ACTURE RT FOOT INITIAL ENC CLOS FRACTURE	SPORTS MEDICINE	1							
CT LUMBAR SPINE W/DYE Spinal sto	tenosis, lumbosacral region	Physician	-						1	
CT LUMBAR SPINE W/O DYE N/A	nerrosis, ramisosaciai region	HOSPITAL	1							
	STENOSIS, LUMBAR REGION WITH NEUROGENIC	1100111112	-							
CT LUMBAR SPINE W/O DYE CLAUDIC		HOSPITAL	1							
,	LGIA UNSPECIFIED; SPONDYLOPATHY UNSPECIFIED	SURGERY-NEUROLOGY	1							
	TERVERTEBRAL DISC DEGEN LUMBAR REGION; OTH	SONGENT NEONOLOGI	_							
	ERTEBRAL DISC DEGEN LUMBOSACRAL REGION; SCIATICA									1
	SIDE; LOW BACK PAIN; SPONDYLOLISTHESIS LUMBOSACRAL									1
CT Lumbar Spine; with contrast material REGION		ORTHOPEDIC SURGERY		1	1					
	MINECTOMY SYNDROME NEC	FAMILY PRACTICE	1	1	1					
	MINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC	1	-	-					
	ERTEBRAL DISC D/O W/MYELOPATHY TL REGION;	SONGERI ORTHOLEDIC	1	1						
	JLOPATHY LUMBAR REGION; SPONDYLOLISTHESIS LUMBAR									
CT Lumbar Spine; without contrast material REGION		NEUROSURGERY	1							
		NEUROSURGERY	1							
	7CK BVIN	ORTHOPEDIC SURGERY	1							
	ACK PAIN ACK PAIN	UROLOGY	1							
EOW BAC	ACK PAIN	001001	1-							<u> </u>
CT Lumbar Spine; without contrast material LOW BAG		1		1						İ '
CT Lumbar Spine; without contrast material PAIN IN I	ACK PAIN	PAIN MANAGEMENT	<u> </u>	1 +	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY		2	2					
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	1							Ī
	POSTLAMINECTOMY SYNDROME NEC; SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; OTH INTERVERTEBRAL									
CT Lumbar Spine; without contrast material	DISC DEGEN LUMBAR REGION	NEUROSURGERY	1							
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	1							1
CT Lumbar Spine; without contrast material, followed by contrast										1
material(s) and further sections	POSTLAMINECTOMY SYNDROME NEC	SURGERY-ORTHOPEDIC		1	1					
CT MAXILLOFACIAL W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Other	1							1
CT MAXILLOFACIAL W/O & W/DYE	N/A	DIAGNOSTIC RADIOLOGY	1							
CT MAXILLOFACIAL W/O QVE	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
·		NOSE, AND THROAT)	1	0	U	0	0			<u> </u>
CT MAXILLOFACIAL W/O DYE	N/A	HOSPITAL	1							_
CT MAXILLOFACIAL W/O DYE	N/A	OTOLARYNGOLOGY	1							<u> </u>
						1				1
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA; PALPITATIONS; HYPOTHYROIDISM UNSPECIFIED	FAMILY PRACTICE		1	1					ļ
CT NECK Soft Tissue; with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1							
		OTOLARYNGOLOGIST								1
CT NECK Soft Tissue; with contrast material(s)	DISTURBANCES OF SALIVARY SECRETION	(ENT)	1							
	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA; LOCALIZED									1
CT NECK Soft Tissue; with contrast material(s)	ENLARGED LYMPH NODES	ONCOLOGY		1	1					1
	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED; MALIG									1
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	1							1
(-)	***									
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES HEAD FCE & amp; NCK	ONCOLOGY	1							1
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	FAMILY PRACTICE	1							
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1							
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	1							
CT NECK SOIL 1133de, With Contrast material(3)	LOCALIZED ENLARGED LYMPH NODES; ELEVATED	TAIVIETTIACTICE	1							
CT NECK Coff Tieses with an absent marks with	· ·	ONCOLOGY	4							
CT NECK Soft Tissue; with contrast material(s)	CARCINOEMBRYONIC ANTIGEN CEA	ONCOLOGY	1							
		OTOLARYNGOLOGIST								!
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	(ENT)	3							ļ
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	FAMILY PRACTICE		1	1					<u> </u>
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	PHYSICIAN ASSISITANT	1	1	1					
	MALIGNANT NEOPLASM OF BASE OF TONGUE; SEC & DNS									1
CT NECK Soft Tissue; with contrast material(s)	MALIG NEO LYMPH NODES HEAD FACE & DECK	RADIATION ONCOLOGY	1							
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY		1	1					
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	NURSE PRACTITIONER	1							
		OTOLARYNGOLOGIST								1
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	(ENT)	1	1	1					
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	PEDIATRICS		1	1					
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	ONCOLOGY	1							
	MALIGNANT NEOPLASM OF TONSILLAR FOSSA; SEC & DNS							İ		
CT NECK Soft Tissue; with contrast material(s)	MALIG NEO LYMPH NODES HEAD FACE & DECK	ONCOLOGY	1							
								İ		
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES; Unknown	PHYSICIAN ASSISTANT		1	1	1				1
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	GENERAL SURGERY	1							
CT NECK Soft Tissue; with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODES MX SITES	PHYSICIAN ASSISITANT	1			1				
CT NECK Soft Tissue; with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	1	1		†		t		
o. The original of the contrast material(s)	5 SE ISSIGNE HOUSING ETHN HOWN ONSI ECHIED SHE		-			+				
		OTOLARYNGOLOGY (EAR,				1				1
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF TONGUE; COUGH			1	1	1				1
CT NECK Soft Tissue; with contrast material(s)	, , , , , , , , , , , , , , , , , , ,	NOSE, AND THROAT)		1	1			-		 '
CT NECK Soft Tissue; with contrast material(s)	OTHER SPECIFIED DISEASES UPPER RESPIRATORY TRACT; LOCALIZED SWELLING MASS AND LUMP NECK	GENERAL SURGERY		1	1					

Procedure Code Description	Diagnosis Code Description	Dravidas Spacialtu	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved by IRO
Procedure Code Description	Diagnosis Code Description	Provider Specialty OTOLARYNGOLOGIST	Approvais	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IKO
CT NECK Soft Tissue; with contrast material(s)	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	(ENT)	1							
CT NECK 3011 1133de, With Contrast material(3)	PERSONAL HISTORY OF IRRADIATION; MALIGNANT NEOPLASM OF	(LIVI)	1							
CT NECK Soft Tissue; with contrast material(s)	TONGUE UNSPECIFIED	PHYSICIAN ASSISITANT	1							
er Neek soft rissue, with contrast material(s)	TONGOE ONSI EGITED	OTORHINOLARYNGOLOGI	_							
CT NECK Soft Tissue; with contrast material(s)	SIALOADENITIS UNSPECIFIED	ST (EENT)	1							
(-)			_							
CT NECK Soft Tissue; with contrast material(s)	Unknown; NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	PHYSICIAN ASSISTANT	1							
,	UNS PERFORATION OF TYMPANIC MEMBRANE RIGHT EAR; FOREIGN									
CT NECK Soft Tissue; with contrast material(s)	BODY IN LEFT EAR INITIAL ENCOUNTER	NEUROLOGY	1							
CT NECK Soft Tissue; without contrast followed by contrast		OTOLARYNGOLOGIST								
material(s) and further sections	; PAIN IN THROAT; HYPERTROPHY OF SALIVARY GLAND	(ENT)	1							
CT NECK Soft Tissue; without contrast followed by contrast										
material(s) and further sections	COUGH	FAMILY PRACTICE	1							
CT NECK Soft Tissue; without contrast followed by contrast										
material(s) and further sections	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	1							
		OTOLARYNGOLOGIST								
CT NECK Soft Tissue; without contrast material	NEOPLASM OF UNS BEHAVIOR RESPIRATORY SYSTEM	(ENT)	1							
	OTHER DISEASES OF SALIVARY GLANDS; LOCALIZED SWELLING MASS									
CT NECK Soft Tissue; without contrast material	AND LUMP NECK	FAMILY PRACTICE	1							
CT NECK SPINE W/O DYE	END STAGE RENAL DISEASE	SURGERY, NEUROLOGICAL	1	0	0	0	0			
CT NECK SPINE W/O DYE	N/A	HOSPITAL	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;	ACQUIRED ABSENCE OF OTHER ORGANS; PERSONAL HISTORY OTH	OTOLARYNGOLOGIST								
without contrast material	DISEASES NS & DISEASE ORGANS; OTORRHEA RIGHT EAR	(ENT)	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;		OTOLARYNGOLOGIST								
without contrast material	CHRONIC TUBOTYMPANIC SUPPURATIVE OM RIGHT EAR	(ENT)	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;		OTOLARYNGOLOGIST								
without contrast material	CONDUCTIVE HEARING LOSS BILATERAL	(ENT)	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;	OTALGIA RIGHT EAR; SENSORINURL HL UNI LT EAR UNRESTRCT	OTOLARYNGOLOGIST								
without contrast material	CNTRLAT SIDE	(ENT)	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;		OTOLARYNGOLOGIST								
without contrast material	OTALGIA UNSPECIFIED EAR	(ENT)	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;	UNS PERFORATION OF TYMPANIC MEMBRANE RIGHT EAR; FOREIGN									
without contrast material	BODY IN LEFT EAR INITIAL ENCOUNTER	NEUROLOGY	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;	LINCOPCCIPIED LIFADING LOCG LINCOPCCIPIED FAD	OTOLARYNGOLOGIST								
without contrast material	UNSPECIFIED HEARING LOSS UNSPECIFIED EAR	(ENT)	1							
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear;	COLLAMOLIC DIEDILADITIC DICUT LOWED EVELID. LINCRECIFIED									
without contrast material, followed by contrast material(s) and	SQUAMOUS BLEPHARITIS RIGHT LOWER EYELID; UNSPECIFIED	OBUTUALNACIOCY	1							
further sections CT PELVIS W/O & W/DYE	PTOSIS OF BILATERAL EYELIDS; Unknown	OPHTHALMOLOGY Other Provider	1							1
CT PELVIS W/O & W/DYE	Obstructive and reflux uropathy, unspecified PELVIC AND PERINEAL PAIN	Other Provider INTERNAL MEDICINE	1	0	0	0	0	1		1
CT PELVIS; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GENERAL SURGERY	1	1	1	U	U	1		
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	Physician Physician		1	1					1
CT PELVIS; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	GENERAL SURGERY	1	1	1					
CTT LEVIS, WITH CONTRAST MATERIAL(S)	ACUTE HEMATOGENOUS OSTEOMYELITIS UNS SITE; OTH SPEC	GLIVENAL SUNGENT		1	1					
CT PELVIS; without contrast material	LOCAL INFECTIONS THE SKIN & CONTENTS ON STATE OF THE SKIN & CO	FAMILY PRACTICE	1							
o	MX FX PELV UNSTBL DISRUPT PELV RING INIT CLO FX; UNS		1	1	 					
CT PELVIS; without contrast material	FRACTURE SACRUM INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	1							
CT PELVIS; without contrast material	MX FX PELVIS STBL DISRUPT PELV RING SUB ENC DLAY	SURGERY-ORTHOPEDIC	1		†					1
CT SCAN FOR LOCALIZATION	ALLERGIC RHINITIS DUE TO POLLEN	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
		NOSE, AND THROAT)								
CT SCAN FOR LOCALIZATION	ALLERGIC RHINITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
CT SCAN FOR LOCALIZATION	CURONIC ETHAKODAL CINUCITIC	NOSE, AND THROAT)	4		0		0			
	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR,	11	0	U	U	U			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CT SCAN FOR LOCALIZATION	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGY (EAR,	4	0	0	0	0	7.pp.occu	Demea	zy me
CT SCAN FOR LOCALIZATION	CHRONIC MAXILLARY SINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	10	0	0	0	0			+
CT SCAN FOR LOCALIZATION	CHRONIC PANSINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	2	0	0	0	0			+
CT SCAN FOR LOCALIZATION	CHRONIC SINUSITIS, UNSPECIFIED	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	34	0	0	0	0			
CT SCAN FOR LOCALIZATION	соидн	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
CT SCAN FOR LOCALIZATION	CYST OF EPIDIDYMIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
CT SCAN FOR LOCALIZATION	NASAL CONGESTION	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
CT SCAN FOR LOCALIZATION	OTHER ACUTE SINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			<u> </u>
		NOSE, AND THROAT)	1	0	0	0	0			↓
CT SCAN FOR LOCALIZATION	OTHER ALLERGIC RHINITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			$oxed{oxed}$
CT SCAN FOR LOCALIZATION	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	14	0	0	0	0			
CT SCAN FOR LOCALIZATION	OTHER CHRONIC SINUSITIS	SURGERY, HEAD AND NECK	4	0	0	0	0			
CT SCAN FOR LOCALIZATION	PAIN IN RIGHT HIP	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
CT SCAN FOR LOCALIZATION	VESTIBULAR NEURONITIS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	1	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	HEMATOLOGY	1	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	UROLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	IMMUNE THROMBOCYTOPENIC PURPURA	FAMILY MEDICINE	1	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF ENDOMETRIUM	HEMATOLOGY	2	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	0	1	0	0	1			
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF GALLBLADDER	ONCOLOGY	1	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
CT SCAN FOR NEEDLE BIOPSY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	3	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	OTH TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY MEDICINE	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY MEDICINE	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	PERSONAL HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	HEMATOLOGY	2	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	SEPSIS, UNSPECIFIED ORGANISM	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	SOLITARY PULMONARY NODULE	ONCOLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	SOLITARY PULMONARY NODULE	PULMONARY DISEASE	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR NEEDLE BIOPSY	UNSPECIFIED INFECTIOUS DISEASE	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	EXTRNOD MRGNL ZN B-CELL LYMPH OF MUCOSA-ASSOC LYMPHOID TISS	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	1	0	0	0	0			1
CT SCAN FOR THERAPY GUIDE	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	UROLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Codo Description	Drovidor Specialty	Total UM	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals	Approved
Procedure Code Description CT SCAN FOR THERAPY GUIDE	Diagnosis Code Description MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Provider Specialty SURGERY, GENERAL	Approvals	O	O Delliais	O	O Delliais	Approved	Denied	by IRO
CT SCAN FOR THERAFT GOIDE	IMALIG NEOFEW OF OFFER-OUTER QUADRANT OF RIGHT FEMALE BREAST	JONGENT, GENERAL	1	o .	U	o o	O			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF ENDOMETRIUM	RADIATION ONCOLOGY	2	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	2	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	4	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	OTH TYPES OF NON-HODG LYMPH, EXTRNOD AND SOLID ORGAN SITES	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	OTH TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	SEPSIS, UNSPECIFIED ORGANISM	HEMATOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	SEPSIS, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
CT SCAN FOR THERAPY GUIDE	UNSPECIFIED JAUNDICE	FAMILY MEDICINE	1	0	0	0	0			
CT SFT TSUE NCK W/O & W/DYE	N/A	HOSPITAL	1							
	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT		<u> </u>							
CT SFT TSUE NCK W/O & W/DYE	NERVOUS SYS	RADIOLOGY	1							
CT SFT TSUE NCK W/O & W/DYE	NONTOXIC SINGLE THYROID NODULE	RADIOLOGY	1							
CT SINUS, Maxillofacial Area; with contrast material(s)	CELLULITIS AND ABSCESS OF MOUTH	INTERNAL MEDICINE		1	1					
		PEDIATRIC HEMATOLOGY	-							
CT SINUS, Maxillofacial Area; with contrast material(s)	GIANT CELL GRANULOMA CENTRAL	ONCOLOGY	4							
		ALLERGY &								
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	IMMUNOLOGY	1							
	ATYPICAL FACIAL PAIN; NASAL CONGESTION; ANOSMIA; POSTNASAL	OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	DRIP	(ENT)	1							
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	ALLERGY & ASTHMA	1							
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	(ENT)	3							
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS; ACUTE RECURRENT PANSINUSITIS	(ENT)	1							
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	(ENT)	1							
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	OTOLOGY	1							
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	(ENT)		1	1			1		
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY	1							
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	1	1	1					
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	1	1	1					
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	23	1	1					
, ,		OTORHINOLARYNGOLOGI	1	ľ						1
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ST (EENT)	1							
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED; HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGIST (ENT)	1							

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	CHRONIC SINUSITIS UNSPECIFIED; HYPERTROPHY OF NASAL	OTOLARYNGOLOGIST								!
CT SINUS, Maxillofacial Area; without contrast material	TURBINATES; CHRONIC RHINITIS	(ENT)	1							<u> </u>
CT SINUS, Maxillofacial Area; without contrast material	Fracture of orbit, unspecified, initial encounter for closed fracture	PLASTIC SURGERY	1							
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	FAMILY PRACTICE		1	1					
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	ALLERGY	1	•	-					
,		ALLERGY &								
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	IMMUNOLOGY	2	1	1					
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	FAMILY PRACTICE	_	1	1					
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	(ENT)	1							
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	OTHER ACUTE RECURRENT SINUSITIS	(ENT)	1							
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	(ENT)	4	1	1					
		OTOLARYNGOLOGIST								
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS; HYPERTROPHY OF NASAL TURBINATES	(ENT)	1							
		ALLERGY &								
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES; ANOSMIA	IMMUNOLOGY		1	1					
		PHYSICAL MEDICINE &								
CT SINUS, Maxillofacial Area; without contrast material	TRAUM SUBARACH HEMORR W/LOC UNS DUR SUBSQT ENC	REHABILITATION	1							
	Unknown; OTALGIA BILATERAL; ENCOUNTER FOR ADMINISTRATIVE	OTOLARYNGOLOGIST								1
CT SINUS, Maxillofacial Area; without contrast material	EXAMINATIONS UNS	(ENT)	1							
CT SOFT TISSUE NECK W/DYE	HEMOPTYSIS	PULMONARY DISEASE	1	0	0	0	0			
	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT									1
CT SOFT TISSUE NECK W/DYE	NERVOUS SYS	RADIOLOGY	1							
CT SOFT TISSUE NECK W/DYE	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	HEMATOLOGY	2	0	0	0	0			
CT SOFT TISSUE NECK W/DYE	NONTOXIC SINGLE THYROID NODULE	RADIOLOGY	1							
CT SOFT TISSUE NECK W/O DYE	NONTOXIC GOITER, UNSPECIFIED	HOSPITAL	1							
CT THORAX DX C-	COUGH	HEMATOLOGY	1	0	0	0	0			
CT THORAX DX C-	GENERALIZED EDEMA	PULMONARY DISEASE	1	0	0	0	0			
CT THORAX DX C-	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	3	0	0	0	0			
CT THORAX DX C-	MALIG NEOPLASM OF OVRLP SITES OF RECTUM, ANUS AND ANAL CANAL	HEMATOLOGY	1	0	0	0	0			
CT THORAX DX C-	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	NURSE PRACTITIONER	1	0	0	0	0			
CT THORAX DX C-	OTH TYPES OF NON-HODG LYMPH, EXTRNOD AND SOLID ORGAN SITES	PAIN MANAGEMENT	1	0	0	0	0			
OT THE BANK BY C										<u> </u>
CT THORAX DX C-	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
CT THORAX DX C-/C+	COUGH	PULMONARY DISEASE	1	0	0	0	0			<u> </u>
CT THORAX DX C+	COVID-19	INFECTIOUS DISEASE	1	0	0	0	0			
CT THORAX DX C+	ENLARGED LYMPH NODES, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
CT THORAX DX C+ CT THORAX DX C+	HEMOPTYSIS	PULMONARY DISEASE ONCOLOGY	1	0	0	0	0	 		
CT THORAX DX C+	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	UNCULUGY	1	U	U	U	U			!
CT THORAX DX C+	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
CT THORAX DX C+	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
CT THORAX DX C+	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
CT THORAX DX C+	PNEUMONIA, UNSPECIFIED ORGANISM	HEMATOLOGY	1	0	0	0	0			
CT THORAX DX C+	PYOTHORAX WITHOUT FISTULA	ONCOLOGY	1	0	0	0	0			
CT THORAX W/DYE	BRONCHIECTASIS, UNCOMPLICATED	HOSPITAL	1							
CT THORAX W/DYE	COUGH	HOSPITAL	1							
CT THORAX W/DYE	Generalized enlarged lymph nodes	ONCOLOGY						1		
	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE	HEMATOLOGY/ONCOLOG	1							
CT THORAX W/DYE	BREAST	Oth on Duo, delici	Ţ	-		1		 		
CT THORAX W/DYE	Malignant carcinoid tumor of the ileum	Other Provider						1		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·		HEMATOLOGY/ONCOLOG								,
CT THORAX W/DYE	N/A	Υ	3							
CT THORAX W/DYE	N/A	HOSPITAL	3							
CT THORAX W/DYE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HOSPITAL	1							
CT THORAX W/DYE	Portal vein thrombosis	HEMATOLOGY						1		
CT THORAX W/O & W/DYE	Malignant neoplasm of overlapping sites of left female breast	HEMATOLOGY							1	
CT THORAX W/O & W/DYE	N/A	DIAGNOSTIC RADIOLOGY	1							
CT THORAX W/O & W/DYE	N/A	HOSPITAL	1							
CT THORAX W/O & W/DTE	IV/A	HOSHIAL	1							
CT THORAX W/O & W/DYE	N/A	RADIATION ONCOLOGY	1							
CT THORAX W/O & W/DYE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HOSPITAL	1							
CT THORAX W/O DYE	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	RADIOLOGY	1							
CT THORAX W/O DYE	N/A	HOSPITAL	1							
CT THORAX W/O DYE	N/A	RADIOLOGY	2							
CT Upper Extremity; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	1							
CT Upper Extremity; without contrast material	DSPL FX LT RADIAL STYLOID PRC INIT ENC CLO FX	ORTHOPEDIC SURGERY	1		-					
CT Upper Extremity; without contrast material	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	SURGERY-ORTHOPEDIC	1	1	1					
CT Upper Extremity; without contrast material	LATERAL DISLOCATION LT ULNOHUMERAL JOINT INITIAL	ORTHOPEDIC SURGERY	1	_	-					
er opper Extremity, without contrast material	OSTEOCHONDROSIS JUV CARPAL LUNATE LEFT HAND; IDIOPATHIC	OKTHOLEDIC SOKGEKT	1							
CT Upper Extremity; without contrast material	ASEPTIC NECROSIS OF UNSPECIFIED BONE	SURGERY-ORTHOPEDIC		1	1					
CT Opper Extremity, without contrast material	OSTEOCHONDROSIS JUV CARPAL LUNATE RIGHT HAND; IDIOPATHIC	JONGENT-ONTHOLEDIC		1	-					
CT Upper Extremity: without contract material	ASEPTIC NECROSIS OF UNSPECIFIED BONE	SURGERY-ORTHOPEDIC	1							
CT Upper Extremity; without contrast material	OTHER INSTABILITY RIGHT SHOULDER; RECURRENT DISLOCATION	OBSTETRICIAN AND	1							
CT Upper Extremity; without contrast material	RIGHT SHOULDER	GYNECOLOGIST	1							
CT Opper Extremity, without contrast material	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER; OTHER	GTNECOLOGIST	1							
CT Upper Extremity; without contrast material	SPRAIN LT SHOULDER JOINT INITIAL ENCOUNTER, OTHER	FAMILY PRACTICE		1	1					
CT Upper Extremity; without contrast material	PAIN IN RIGHT ELBOW	ORTHOPEDIC SURGERY		1	1					
CT Upper Extremity, without contrast material	PAIN IN RIGHT LLBOW PAIN IN RIGHT HAND	GENERAL SURGERY	1	1	1					
CT Opper Extremity, without contrast material	RECURRENT DISLOCATION RIGHT SHOULDER; OTHER INSTABILITY	OBSTETRICIAN AND	1							
CT Upper Extremity; without contrast material	RIGHT SHOULDER	GYNECOLOGIST		1	1					
Ci Opper Extremity, without contrast material	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR; UNS INJURY	GTNECOLOGIST		1	1					
CT Upper Extremity; without contrast material	RT SHOULDER UPPER ARM INITIAL ENCHTR	ONCOLOGY		1	1					
CT Opper Extremity, without contrast material	RT SHOULDER OPPER ARIVI INITIAL ENCINTR	ONCOLOGY		1	1					
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function,		CARDIOVASCULAR								
and evaluation of venous structures, if performed)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	DISEASE	1	1	1					
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	GENERAL PRACTICE	1							
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CHEST PAIN UNSPECIFIED	PEDIATRIC CARDIOLOGY	1							
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MALFORMATION OF CORONARY VESSELS	NURSE PRACTITIONER	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CT USART										
CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of										
cardiac structure and morphology, assessment of cardiac function,										
and evaluation of venous structures, if performed)	OTHER CHEST PAIN	FAMILY PRACTICE	1							
and evaluation of verious structures; in performed	OTHER CHEST TYME	TANNET TRACTICE	-							
CT, HEART, coronary arteries and bypass grafts (when present), with										
contrast, including 3D image post processing (including evaluation of										
cardiac structure and morphology, assessment of cardiac function,		CARDIOVASCULAR								
and evaluation of venous structures, if performed)	PRECORDIAL PAIN	DISEASE	1							
CT, HEART, with contrast material, for evaluation of cardiac structure										
and morphology (including 3D image post processing, assessment of		CARDIOVASCULAR								
cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	DISEASE	1							
CT LIFART with contrast material for a short of configuration										
CT, HEART, with contrast material, for evaluation of cardiac structure		CARDIOVASCUUAR								
and morphology (including 3D image post processing, assessment of	TURONA ATRIUNA ALIR ARREND COMPLETAN CURR COMPLETAN ANAL	CARDIOVASCULAR	1							
cardiac function, and evaluation of venous structures, if performed) CTA ABDOMEN and PELVIS, with contrast, including non-contrast	THROM ATRIUM AUR APPEND & DENT CURR COMP FLW AMI	DISEASE	1							
images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	1	1	1					
CTA ABDOMEN and PELVIS, with contrast, including non-contrast	ABNORMAL ELECTROCARDIOGRAM; ESSENTIAL PRIMARY	CARDIOVASCULAR	1	1	1					
images, if performed	HYPERTENSION; OTHER RIGHT BUNDLE-BRANCH BLOCK	DISEASE	1							
CTA ABDOMEN and PELVIS, with contrast, including non-contrast	The Entertain of the Entertain State of	5.527.52	-							
images, if performed	ACUTE EMBO THROMB UNS DEEP VNS LT PROX LOW EXT	SURGERY-GENERAL		1	1					
300, 100										
CTA ABDOMEN and PELVIS, with contrast, including non-contrast	ACUTE EMBOLISM & amp; THROMBOSIS INFERIOR VENA CAVA;									
images, if performed	ACUTE EMBO THROMB UNS DEEP VNS LT PROX LOW EXT	SURGERY-GENERAL	1							
CTA ABDOMEN and PELVIS, with contrast, including non-contrast	ESSENTIAL PRIMARY HYPERTENSION; ATROPHY OF KIDNEY									
images, if performed	TERMINAL	NEPHROLOGY		1	1					
CTA ABDOMEN and PELVIS, with contrast, including non-contrast										
images, if performed	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	PLASTIC SURGERY	1							
CTA ABDOMEN and PELVIS, with contrast, including non-contrast										
images, if performed	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	PLASTIC SURGERY	1							
CTA ABDOMEN and PELVIS, with contrast, including non-contrast		CARDIOVASCULAR								
images, if performed	MIXED HYPERLIPIDEMIA; ESSENTIAL PRIMARY HYPERTENSION	DISEASE		1	1					
CTA ABDOMEN, without contrast material(s), followed by contrast	ABNORMAL ELECTROCARDIOGRAM; ESSENTIAL PRIMARY	CARDIOVASCULAR								
material(s) and further sections, including image post-processing	HYPERTENSION; OTHER RIGHT BUNDLE-BRANCH BLOCK	DISEASE	1							
material(s) and raterier sections, including image post processing	THE EXTENSION, OTHER MIGHT BONDEE BIOMET BEOCK	DISEASE	1							
CTA ABDOMEN, without contrast material(s), followed by contrast										
material(s) and further sections, including image post-processing	ATROPHY OF KIDNEY TERMINAL	FAMILY PRACTICE	1							
, , , , , , , , , , , , , , , , , , , ,										
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity										
runoff, without contrast material(s), followed by contrast material(s)		CARDIOVASCULAR								
and further sections, including image post-processing	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	DISEASE	1							
CTA CHEST; without contrast material(s), followed by contrast		CARDIOVASCULAR								
material(s) and further sections, including image post-processing	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	DISEASE	1							
CTA CHEST; without contrast material(s), followed by contrast		CARDIOVASCULAR		l <u>.</u>]_					
material(s) and further sections, including image post-processing	MIXED HYPERLIPIDEMIA; ESSENTIAL PRIMARY HYPERTENSION	DISEASE	1	1	1					
CTA CHEST, without contrast material/a) fallowed by contrast										
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	FAMILY PRACTICE	1							
material(3) and further sections, including image post-processing	OTH FOLINIONANT LIVIBOLISIVI W/O ACOTE CON FOLINIONALE	I AWILL FRACTICE	11	<u> </u>	l			ll		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CTA CHEST; without contrast material(s), followed by contrast										
material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY	1							
CTA CHEST; without contrast material(s), followed by contrast										
material(s) and further sections, including image post-processing	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	PULMONARY DISEASES		1	1					
CTA CHEST; without contrast material(s), followed by contrast	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY; SHORTNESS									
material(s) and further sections, including image post-processing	OF BREATH	INTERNAL MEDICINE	1							
CTA CHEST; without contrast material(s), followed by contrast										
material(s) and further sections, including image post-processing	PLEURODYNIA	INTERNAL MEDICINE	1							
CTA CHEST; without contrast material(s), followed by contrast										
material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	INTERNAL MEDICINE	1							
CTA CHEST; without contrast material(s), followed by contrast		PHYSICAL MEDICINE &								
material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	REHABILITATION		1	1					
CTA CHEST; without contrast material(s), followed by contrast										
material(s) and further sections, including image post-processing	SHORTNESS OF BREATH; OTHER CHEST PAIN	FAMILY MEDICINE	1							
CTA CHEST; without contrast material(s), followed by contrast										
material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	1							
CTA HEAD, without contrast, followed by contrast and further										
sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY		1	1					
CTA HEAD, without contrast, followed by contrast and further										
sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	1							
CTA HEAD, without contrast, followed by contrast and further										
sections, including image post-processing	HEADACHE; Unknown	NEUROLOGY	1							
CTA NECK, without contrast, followed by contrast and further	CEREBRAL INFARCTION LINCRECIFIED	NEUROLOGY								
sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	1							
CTANECK Who to start falls with a start of the	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM;									
CTA NECK, without contrast, followed by contrast and further	PERIPHERAL VASCULAR DISEASE UNSPECIFIED; OTHER NONTHROMBOCYTOPENIC PURPURA	RHEUMATOLOGY		1	1					
sections, including image post-processing	NONTHROWBOCTTOPENIC PURPURA			1	1			1		
CTA NECK, without contrast, followed by contrast and further	TIMMITHIC DICLIT FAD	OTOLARYNGOLOGIST								
sections, including image post-processing CTA NECK, without contrast, followed by contrast and further	TINNITUS RIGHT EAR	(ENT)	1							
sections, including image post-processing	UNSPEC INJURY RT CAROTID ARTERY INITIAL ENCNTER	SURGERY-NEUROLOGY		1	1					
CTA Upper Extremity, without contrast material(s), followed by	UNSPECTINJUNT KT CAROTID ARTERT INITIAL ENCITER	SUNGENT-NEUROLUGT		1	1					
contrast material(s) and further sections, including image post-										
processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	RHEUMATOLOGY	1							
CULTR OOCYTE/EMBRYO <4 DAYS	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	0	1	0	n	1			
COETT COCTTE CHIBITTO 14 DATS	ENCOUNTER FOR ASSISTED REPRODUCT VERHEITT ROCEDORE CICLE	ENDOCRINOLOGY/INFERTILI		1		Ŭ	-			
		TY								
CULTURED CHONDROCYTES IMPLNT	CHONDROMALACIA PATELLAE, LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
CUPRIMINE 250 MG CAPSULE	N/A	Other Provider		1	1					
CUSTOM BREAST PROSTHESIS	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	HEMATOLOGY	2	0	0	0	0			
CUSTOM BREAST PROSTHESIS	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	1	0	0	0	0			
CUSTOM BREAST PROSTHESIS	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	SURGERY, PLASTIC	1	0	0	0	0			
CUSTOM BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	1	0	0	0	0			
CUSTOM BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	0	1	0	0	1			
	Antibody deficiency with near-normal immunoglobulins or with					1				
CUVITRU	hyperimmunoglobulinemia	ALLERGY/IMMUNOLOGY	ļ			ļ		1		
CYCLOPHOSPHAMIDE 100 MG INJ	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CYCLOPHOSPHAMIDE 100 MG INJ	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	INTERNAL MEDICINE	1	0	0	0	0			
CYCLOPHOSPHAMIDE 100 MG INJ	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	HEMATOLOGY	1	0	0	0	0			
CYCLOPHOSPHAMIDE 100 MG INJ	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CYCLOPHOSPHAMIDE 100 MG INJ	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
CYCLOPHOSPHAMIDE 100 MG INJ	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
CYCLOPHOSPHAMIDE 100 MG INJ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
CYCLOPHOSPHAMIDE 100 MG INJ	N/A	HEMATOLOGY/ONCOLOG Y	2							
CYCLOPHOSPHAMIDE 100 MG INJ	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	ONCOLOGY	1	0	0	0	0			
CYMBALTA 30 MG CAPSULE	Adjustment disorder with mixed anxiety and depressed mood	Other Provider		1	1					
CYMBALTA 30 MG CAPSULE	N/A	Other Provider	1							
	Major depressive disorder, recurrent severe without psychotic									
CYMBALTA 60 MG CAPSULE	features	Other Provider	1							
CYMBALTA 60 MG CAPSULE DR	N/A	Other Provider		1	1					
CYP2D6 GENE COM VARIANTS	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	PSYCHIATRY	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	PSYCHIATRY	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	0	14	14	0	0			
CYP2D6 GENE COM VARIANTS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	PSYCHIATRY	0	3	3	0	0			
CYP2D6 GENE COM VARIANTS	HYPERGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	HYPERTROPHY OF BREAST	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	LEIOMYOMA OF UTERUS, UNSPECIFIED	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	PSYCHIATRY	0	2	2	0	0			
CYP2D6 GENE COM VARIANTS	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	PSYCHIATRY	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	COUNSELING	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	FAMILY NURSE PRACTITIONER	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	PAIN MANAGEMENT	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	PSYCHIATRY	0	1	1	0	0			
CYP2D6 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	SOCIAL WORK	0	1	1	0	0			
CYSTO IMPL 4 OR MORE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	2	3	3	0	0			
CYSTO IMPL 4 OR MORE	Benign prostatic hyperplasia with lower urinary tract symptoms	Other Provider						1		
CYSTO IMPL 4 OR MORE	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	UROLOGY	1	0	0	0	0			
CYSTO IMPL 4 OR MORE	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	0	1	1	0	0			
CYSTO IMPL 4 OR MORE	N/A	AMBULATORY SURGERY CENTER	1							
CYSTO/URETERO W/LITHOTRIPSY	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	UROLOGY	1	0	0	0	0			1
CYSTO/URETERO W/LITHOTRIPSY	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	UROLOGY	1	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	BACTEREMIA	UROLOGY	2	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	CALCULUS OF KIDNEY	UROLOGY	9	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	CALCULUS OF URETER	FAMILY MEDICINE	3	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	CALCULUS OF URETER	UROLOGY	17	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	COVID-19	FAMILY MEDICINE	1	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	UROLOGY	2	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	PRESENCE OF UROGENITAL IMPLANTS	UROLOGY	1	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	UROLOGY	2	0	0	0	0			
CYSTO/URETERO W/LITHOTRIPSY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	UROLOGY	1	0	0	0	0			

		Described Constaller	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description CYSTO/URETERO W/LITHOTRIPSY	Diagnosis Code Description UNSPECIFIED ABDOMINAL PAIN	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CYSTO/URETERO W/UP STRICTURE	UNSPECIFIED HYDRONEPHROSIS	UROLOGY UROLOGY	1	0	0	0	0			+
CYSTOMETROGRAM W/VP	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM		1	0	0	0	0			+
		FAMILY MEDICINE	1	0	0	0	0			+
CYSTOMETROGRAM W/VP	RETENTION OF URINE, UNSPECIFIED	UROLOGY	1	0	0	0	0			
CYSTOMETROGRAM W/VP	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	FAMILY MEDICINE	1	0	0	0	0			
CYSTOSCOPY	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	FAMILY MEDICINE	1	0	0	0	0			
CYSTOSCOPY	CYSTOCELE, MIDLINE	UROLOGY	1	0	0	0	0			
CYSTOSCOPY	CYSTOCELE, UNSPECIFIED	HOSPITAL	1							
CYSTOSCOPY	EXPOSURE OF IMPLANTED VAGINAL MESH INTO VAGINA, INIT	UROLOGY	1	0	0	0	0			
CYSTOSCOPY	MIXED INCONTINENCE	UROLOGY	1	0	0	0	0			
CYSTOSCOPY	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	PEDIATRIC UROLOGY	1	0	0	0	0			1
CYSTOSCOPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	UROLOGY	1	0	0	0	0			† 1
CYSTOSCOPY	OVERACTIVE BLADDER	UROLOGY	0	1	1	0	0			
CYSTOSCOPY	STRESS INCONTINENCE (FEMALE) (MALE)	UROLOGY	2	0	0	0	0			_
CYSTOSCOPY	TRANSSEXUALISM	UROLOGY	2	0	0	0	0			+
CYSTOSCOPY	UNSPECIFIED INJURY OF URETHRA, INITIAL ENCOUNTER	UROLOGY	1	0	0	0	0			+
CYSTOSCOPY	UNSPECIFIED URETHRAL STRICTURE, MALE, MEATAL	UROLOGY	2	0	0	0	0			+
CYSTOSCOPY & REVISE URETHRA		UROLOGY	2	0	0	0	0			+
	UNSPECIFIED BULBOUS URETHRAL STRICTURE, MALE		1	0	0	0	0			+
CYSTOSCOPY & URETER CATHETER	FISTULA OF INTESTINE	UROLOGY	1	0	0	0	0			
CYSTOSCOPY & URETER CATHETER	VESICOINTESTINAL FISTULA	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	CALCULUS OF URETER	UROLOGY	3	0	0	0	0			
CYSTOSCOPY AND TREATMENT	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	FAMILY MEDICINE	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	END STAGE RENAL DISEASE	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	HYPERSOMNIA, UNSPECIFIED	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	UROLOGY	1	0	0	0	0			†
CYSTOSCOPY AND TREATMENT	PRESENCE OF UROGENITAL IMPLANTS	UROLOGY	1	0	0	0	0			
CYSTOSCOPY AND TREATMENT	RETAINED FOREIGN BODY FRAGMENTS, UNSPECIFIED MATERIAL	FAMILY MEDICINE	2	0	0	0	0			+
CYSTOSCOPY AND TREATMENT	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	0	1	1	0	0			+
CYSTOSCOPY PROSTATIC IMP 1-3	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	1	0	0	0	0			
CYSTOSCOPY PROSTATIC IMP 1-3	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	UROLOGY	1	0	0	0	0			
CYSTOSCOPY PROSTATIC IMP 1-3	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	0	1	1	0	0			
CYSTOSCOPY W/BIOPSY(S)	BLADDER DISORDER, UNSPECIFIED	UROLOGY	4	0	0	0	0			+
CYSTOSCOPY W/BIOPSY(S)	DYSURIA	FAMILY MEDICINE	1	0	0	0	0			+
			1	0	0	0	0			+
CYSTOSCOPY W/BIOPSY(S)	PERSONAL HISTORY OF COLONIC POLYPS	UROLOGY	1	0	0	0	0			+
CYSTOSCOPY W/BIOPSY(S)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	FAMILY MEDICINE	1	0	0	0	0			
CYSTOURETERO & OR PYELOSCOPE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	UROLOGY	1	0	0	0	0			
CYSTOURETERO W/BIOPSY	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	UROLOGY	1	0	0	0	0			
CYSTOURETERO W/BIOPSY	OTHER MICROSCOPIC HEMATURIA	UROLOGY	2	0	0	0	0			
CYSTOURETERO W/BIOPSY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
CYSTOURETERO W/BIOPSY	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	1	0	0	0	0			
CYSTOURETERO W/LITHOTRIPSY	CALCULUS OF KIDNEY	UROLOGY	4	0	0	0	0			
CYSTOURETERO W/LITHOTRIPSY	CALCULUS OF URETER	FAMILY MEDICINE	1	0	0	0	0			
CYSTOURETERO W/LITHOTRIPSY	CALCULUS OF URETER	UROLOGY	3	0	0	0	0			
CYSTOURETERO W/LITHOTRIPSY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	UROLOGY	1	0	0	0	0			
CYSTOURETERO W/LITHOTRIPSY	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	UROLOGY	1	0	0	0	0			
CYSTOURETERO W/LITHOTRIPSY	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	UROLOGY	1	0	0	0	0			+
CISTOCHETERO W/EITHOTHII ST	STREET AS RECOR	552561	12	1~	ı~	ı ·	ı~	1		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	24	7	7	0	0			
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	UROLOGY	1	0	0	0	0			
CYSTOURETHRO W/ADDL IMPLANT	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	0	2	2	0	0			+
		AMBULATORY SURGERY								
CYSTOURETHRO W/ADDL IMPLANT	N/A	CENTER	1							
CYSTOURETHRO W/ADDL IMPLANT	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	UROLOGY	1	0	0	0	0			
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	25	6	6	0	0			
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	FAMILY MEDICINE	1	0	0	0	0			
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	UROLOGY	1	0	0	0	0			
CYSTOURETHRO W/IMPLANT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	UROLOGY	1	0	0	0	0			
CYSTOURETHRO W/IMPLANT	Enlarged prostate with lower urinary tract symptoms	Other Provider						1		
CYSTOURETHRO W/IMPLANT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	UROLOGY	1	0	0	0	0			1
CYSTOURETHRO W/IMPLANT	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	0	2	2	0	0			
		AMBULATORY SURGERY								
CYSTOURETHRO W/IMPLANT	N/A	CENTER	1							
CYSTOURETHRO W/IMPLANT	POOR URINARY STREAM	UROLOGY	0	1	1	0	0			
CYSTOURETHRO W/IMPLANT	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	UROLOGY	1	0	0	0	0			
CYSTOURETHRO W/IMPLANT	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	PEDIATRICS	1	0	0	0	0			
CYSTOURETHRO W/IMPLANT	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	UROLOGY	1	0	0	0	0			
CYSTOURETHRO W/IMPLANT	URINARY TRACT INFECTION, SITE NOT SPECIFIED	UROLOGY	1	0	0	0	0			+
CYTAL, PER SQUARE CENTIMETER	GAS GANGRENE	PODIATRY	0	1	0	1	0			+
CYTARABINE HCL 100 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	3	0	0	0	0			
CYTARABINE HCL 100 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	PEDIATRIC HEMATOLOGY/ONCOLOGY	5	0	0	0	0			
CYTARABINE HCL 100 MG INJ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			
CYTARABINE HCL 100 MG INJ	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	ONCOLOGY	2	0	0	0	0			
CYTARABINE HCL 100 MG INJ	SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	FAMILY MEDICINE	0	1	0	0	1			
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	GENETICS	2	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	NURSE PRACTITIONER	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	PEDIATRIC NEUROLOGY	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	PEDIATRICS	1	0	0	0	0			1
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	PSYCHIATRY	1	0	0	0	0			1
CYTOGEN M ARRAY COPY NO&SNP	CONGENITAL MALFORMATION OF NERVOUS SYSTEM, UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	FAMILY MEDICINE	0	1	1	0	0			
CYTOGEN M ARRAY COPY NO&SNP	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	0	16	16	0	0			
CYTOGEN M ARRAY COPY NO&SNP	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	PSYCHIATRY	0	2	2	0	0			
CYTOGEN M ARRAY COPY NO&SNP	FAILURE TO THRIVE (CHILD)	PEDIATRICS	1	0	0	0	0			t
CYTOGEN M ARRAY COPY NO&SNP	FEEDING DIFFICULTIES	BEHAVIORAL NURSE	1	0	0	0	0			t
CYTOGEN M ARRAY COPY NO&SNP	FEEDING DIFFICULTIES	PEDIATRICS	1	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	HYPERGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	HYPOPLASIA AND DYSPLASIA OF SPINAL CORD	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
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					Medical	Experimental &	Network	Total	Total	
Secretary Section Secretary	Street Sed Section	Describes Constitute	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description CYTOGEN M ARRAY COPY NO&SNP	Diagnosis Code Description INTERMITTENT EXPLOSIVE DISORDER	Provider Specialty PEDIATRICS	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
CYTOGEN M ARRAY COPY NO&SNP	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	PSYCHIATRY	2	2	0	0	2			+
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	MATERNAL AND FETAL	1	0	0	0	0			+
CTTOGEN WI ARRAT COPT NOWSINF	IVIATERINAL CARE FOR CHROIVIOSOIVIAE ABNORIVIALITY IN FETOS, ONSP	MEDICINE	1	U	U	U	U			
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	SOCIAL WORK	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR HEREDITARY DISEASE IN FETUS, UNSP	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
CYTOGEN M ARRAY COPY NO&SNP	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	MICROCEPHALY	GENETICS	1	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	MULTIPLE CONGENITAL MALFORMATIONS, NOT ELSEWHERE CLASSIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	OTHER CEREBRAL PALSY	GENETICS	1	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRIC NEUROLOGY	2	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	OTHER LACK OF COORDINATION	PSYCHIATRY	1	0	0	0	0			1
CYTOGEN M ARRAY COPY NO&SNP	PERSONS ENCOUNTERING HEALTH SERVICES IN OTH CIRCUMSTANCES	PEDIATRICS	1	0	0	0	0			1
CYTOGEN M ARRAY COPY NO&SNP	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	NURSE PRACTITIONER	0	1	1	0	0			1
CYTOGEN M ARRAY COPY NO&SNP	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			+
CYTOGEN M ARRAY COPY NO&SNP	POLYPHAGIA	GENETICS	1	0	0	0	0			+
CYTOGEN M ARRAY COPY NO&SNP	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			1
CYTOGEN M ARRAY COPY NO&SNP	TOXIC GASTROENTERITIS AND COLITIS	FAMILY MEDICINE	n	1	1	0	0			+
CYTOGEN M ARRAY COPY NO&SNP	TRANSIENT ALTERATION OF AWARENESS	FAMILY MEDICINE	1	n	0	0	0			+
CYTOGEN M ARRAY COPY NO&SNP	UNSP ABNORMAL FINDINGS ON ANTENATAL SCREENING OF MOTHER	MATERNAL AND FETAL	1	0	0	0	0			+
CTTOGEN WI ARRAT COPT NOWSINF	UNSP ABNORIVIAL FINDINGS ON ANTENATAL SCREENING OF WOTHER	MEDICINE	1	U	U	U	U			
CYTOGEN M ARRAY COPY NO&SNP	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	GENETICS	1	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRIC NEUROLOGY	2	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRICS	4	0	0	0	0			†
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	FAMILY MEDICINE	1	0	0	0	0			
CYTOGEN M ARRAY COPY NO&SNP	WEAKNESS	PSYCHIATRY	0	1	1	0	0			†
CYTOGEN MICRARRAY COPY NMBR	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
CYTOGEN MICRARRAY COPY NMBR	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
CYTOGENETICS 100-300	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	0	1	0	1	0			
CYTOGENETICS DNA PROBE	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	0	1	0	1	0			
CYTOGENETICS DNA PROBE	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
DACTINOMYCIN INJECTION	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
DACTINOMYCIN INJECTION	MALIG NEOPLM OF CONN AND SOFT TISSUE OF HEAD, FACE AND NECK	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
		2521472100								
DACTINOMYCIN INJECTION	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	PEDIATRICS	2	U	U	U	U			
DALFAMPRIDINE ER 10 MG TAB ER 12H	N/A	NEUROLOGY	2	<u> </u>						
DAPSONE 7.5 % GEL W/PUMP	N/A	DERMATOLOGY	1	5	5					
DAPSONE 7.5 % GEL W/PUMP	N/A	Other Provider	1	1	1					
DAPSONE 7.5 % GEL W/PUMP	N/A	PHYSICIAN ASSISTANT	1	2	2					1
DAPSONE 7.5% GEL PUMP	Acne vulgaris	DERMATOLOGY	1	3	3					$oldsymbol{oldsymbol{\sqcup}}$
DAPSONE 7.5% GEL PUMP	Acne vulgaris	Other Provider		1	1	ļ				
DAPTOMYCIN INJECTION	HYPOTENSION, UNSPECIFIED	ANESTHESIOLOGY	1	0	0	0	0			
DAPTOMYCIN INJECTION	INFECT/INFLM REACTION DUE TO INTERNAL LEFT KNEE PROSTH, INIT	INTERNAL MEDICINE	1	0	0	0	0			
DARAPRIM 25 MG TABLET	N/A	Other Provider	1	ļ						
DARBEPOETIN ALFA, ESRD USE	CHRONIC KIDNEY DISEASE, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			

Procedure Code Description Diagnosis Code Description Provider Specialty Approvals Procedure Code Description Provider Specialty Approvals Provider Specialty Procedure Code Description Provider Specialty Provider Speci	Total Appeals Denied	Approved by IRO
DARREPOETIN ALFA, ESRD USE	Denied	by IRO
DARBEPOETIN ALFA, ESRD USE		
DARBEPOETIN ALFA, ESRD USE		
DABBEPOETIN ALFA, NON-ESRD		
DARBEPOETIN ALFA, NON-ESRD ABNORMAL RESULTS OF LIVER FUNCTION STUDIES ONCOLOGY 2		
DARBEPOETIN ALFA, NON-ESRD		
DARBEPOETIN ALFA, NON-ESRD APLASTIC ANEMIA, UNSPECIFIED ONCOLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
DARBEPOETIN ALFA, NON-ESRD APLASTIC ANEMIA, UNSPECIFIED ONCOLOGY 2 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 1 HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE) HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) HEMATOLOGY 4 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 5 HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 5 HEMATOLOGY 2 0		
DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 1 HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) HEMATOLOGY 4 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 5 ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 5 HEMATOLOGY 2 0		
DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE) HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) HEMATOLOGY 4 0 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 5 MEMATOLOGY 2 0 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, UNSPECIFIED ONCOLOGY 1 0 <		
DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) HEMATOLOGY 4 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 5 ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, UNSPECIFIED ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE HEMATOLOGY 4 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE HEMATOLOGY 4 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD FEVER, UNSPECIFIED HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD GENERALIZED ABDOMINAL PAIN HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD IMMUNE THROMBOCYTOPENIC PURPURA HEMATOLOGY 1 0 0		
DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, UNSPECIFIED ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE HEMATOLOGY 4 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD FEVER, UNSPECIFIED HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD GENERALIZED ABDOMINAL PAIN HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD IMMUNE THROMBOCYTOPENIC PURPURA HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD MYELOFIBROSIS HEMATOLOGY 1 0 0 0 <td< td=""><td></td><td></td></td<>		
DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, STAGE 5 HEMATOLOGY 2 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD CHRONIC KIDNEY DISEASE, UNSPECIFIED ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE HEMATOLOGY 4 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD END STAGE RENAL DISEASE ONCOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD FEVER, UNSPECIFIED HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD GENERALIZED ABDOMINAL PAIN HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD IMMUNE THROMBOCYTOPENIC PURPURA HEMATOLOGY 1 0 0 0 0 DARBEPOETIN ALFA, NON-ESRD MYELOFIBROSIS HEMATOLOGY 1 0 0 0 0		
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DARBEPOETIN ALFA, NON-ESRD MYELOFIBROSIS HEMATOLOGY 1 0 0 0	+	\vdash
	+	\vdash
STREET CENTRALITY NOT ESTE	+	\vdash
DARBEPOETIN ALFA, NON-ESRD SHORTNESS OF BREATH HEMATOLOGY 1 0 0 0	+	+
DAYTRANA Attention-deficit hyperactivity disorder, combined type PEDIATRICS	1	
DAYTRANA Attention-deficit hyperactivity disorder, combined type FAMILY MEDICINE	+	+
DAYTRANA Attention-deficit hyperactivity disorder, unspecified type PEDIATRICS 1	+	+
DAYTRANA 15MG/9HR PATCH TD24 N/A Other Provider 1	+	+
Attention-deficit hyperactivity disorder, predominantly hyperactive		
DAYTRANA 20 MG/9 HOUR PATCH type Other Provider 1 Attention-deficit hyperactivity disorder, predominantly inattentive	+	+
DAYTRANA 20 MG/9 HOUR PATCH type Other Provider 1	+	+
DAYTRANA 20 MG/9 HR PATCH TD24 N/A Other Provider 2	 	
DAYTRANA 30 MG/9 HOUR PATCH Attention-deficit hyperactivity disorder, combined type FAMILY MEDICINE 1 1	 	
DAYTRANA 30 MG/9 HOUR PATCH Attention-deficit hyperactivity disorder, combined type Other Provider 2 1 1		——
DAYTRANA 30 MG/9 HOUR PATCH Attention-deficit hyperactivity disorder, combined type PEDIATRICS 1		——
DAYTRANA 30 MG/9 HOUR PATCH Attention-deficit hyperactivity disorder, unspecified type Other Provider 1		——
DAYTRANA 30 MG/9 HOUR PATCH Attention-deficit hyperactivity disorder, unspecified type PEDIATRICS 1		
DAYTRANA 30MG/9HR PATCH TD24 N/A Other Provider 1		
DAYTRANA 30MG/9HR PATCH TD24 N/A PEDIATRICS 1		
DAYVIGO 10 MG TABLET INSOMNIA, UNSPECIFIED Other Provider 1 1		
DAYVIGO 10 MG TABLET Major depressive disorder, recurrent, moderate Other Provider 1 1		
DAYVIGO 5 MG TABLET INSOMNIA, UNSPECIFIED FAMILY MEDICINE 1		
DAYVIGO 5 MG TABLET INSOMNIA, UNSPECIFIED Other Provider 1 1 1		
DAYVIGO 5 MG TABLET N/A FAMILY MEDICINE 1 1		↓
DAYVIGO 5 MG TABLET N/A Other Provider 1		↓
DEB MUSC/FASCIA 20 SQ CM/< UNSPECIFIED ACQUIRED DEFORMITY OF LEFT LOWER LEG SURGERY, GENERAL 1 0 0 0 0		↓
DEB SUBQ TISSUE 20 SQ CM/< TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER FAMILY MEDICINE 0 1 0 0 1	1	↓
DEB SUBQ TISSUE 20 SQ CM/< TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION SURGERY, ORTHOPEDIC 1 0 0 0 0	<u> </u>	↓
DEBRIDE ABDOM WALL CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR NEUROLOGY 1 0 0 0		
DEBRIDE GENITALIA & PERINEUM CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR NEUROLOGY 1 0 0 0		
DEBRIDE SKIN MUSC AT FX SITE ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM FAMILY MEDICINE 1 0 0 0		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DEBRIDE SKIN MUSC AT FX SITE	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	SURGERY, ORAL AND	0	1	1	0	0			
DECITABLIS INVESTIGATION		MAXILLOFACIAL								
DECITABINE INJECTION	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE	HEMATOLOGY	1	0	0	0	0			+
DECITABINE INJECTION	HYPEROSMOLALITY AND HYPERNATREMIA	ONCOLOGY	1	0	0	0	0			+
DECOMPRESS FOREARM 1 SPACE	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SURGERY, HAND	1	0	0	0	0			+
DECOMPRESS FOREARM 1 SPACE DECOMPRESS SPINAL CORD LMBR	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL	3	0	1	0	0			+
DECOMPRESS SPINAL CORD LIMBR DECOMPRESS SPINAL CORD LIMBR	LOW BACK PAIN	SURGERY, ORTHOPEDIC	1	1	1	0	0			+
DECOMPRESS SPINAL CORD LIMBR DECOMPRESS SPINAL CORD LIMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
DECOMPRESS SPINAL CORD LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			_
DECOMPRESS SPINAL CORD LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			_
DECOMPRESS SPINAL CORD LMBR	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			†
DECOMPRESS SPINAL CORD LMBR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	0	1	0			_
DECOMPRESS SPINAL CORD LMBR	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	2	2	0	0			†
DECOMPRESS SPINAL CORD LMBR	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
DECOMPRESS SPINAL CORD LMBR	RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
DECOMPRESS SPINAL CORD LMBR	RADICULOPATHY, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			†
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	4	0	0	0	0			
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
DECOMPRESS SPINAL CORD LMBR	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
DECOMPRESS SPINE CORD ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
DECOMPRESS SPINE CORD ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	0	1	0			
DECOMPRESS SPINE CORD ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
DECOMPRESS SPINE CORD ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
DECOMPRESS SPINE CORD ADD-ON	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
DECOMPRESSION OF LEG	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
DEFERASIROX 360 MG TABLET	N/A	ONCOLOGY	1	1	1					
DELAYED BREAST PROSTHESI	Intraductal carcinoma in situ of left breast	SURGERY, GENERAL							1	4
DELSTRIGO 100-300 MG TABLET	N/A	NURSE PRACTITIONER	1							
DELSTRIGO 100-300-300 MG TAB	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INFECTIOUS DISEASE	1							
DEMONSTRATE USE HOME INR MON	PERMANENT ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	0	0	0	0			
DEMONSTRATE USE HOME INR MON	PRESENCE OF PROSTHETIC HEART VALVE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
DENAVIR 1 % CREAM(GM)	N/A	PHYSICIAN ASSISTANT OBSTETRICS/GYNECOLOG		1	1					
DENAVIR 1% CREAM	N/A	Υ	1							
DENAVIR 1% CREAM	N/A	Other Provider	1	2	2					
DENAVIR 1% CREAM	Systemic lupus erythematosus, unspecified	Other Provider	1							
DENOSUMAB INJECTION	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	INTERNAL MEDICINE	1	0	0	0	0			
DENOSUMABINIFECTION	AGE-REL OSTEOPOR W CURRENT PATH FRACTURE, L FOREARM, SEQUELA	INTERNAL MEDICINE	1	0	0	0	0			
DENOSUMAB INJECTION DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ALLERGY/IMMUNOLOGY COUNSELING	1	0	0	0	0			
DENOSUMAB INJECTION DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ENDOCRINOLOGY AND	44	8	8	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	METABOLISM FAMILY MEDICINE	27	1	1	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	FAMILY NURSE	0	1	1	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	PRACTITIONER FAMILY NURSE	0	1	1	0	0			
		PRACTITIONER PRIMARY CARE								

					Medical	Experimental &	Network	Total	Total	
Developed Developed	Discourie Code Boundaries	Don't des Constalles	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description DENOSUMAB INJECTION	Diagnosis Code Description AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Provider Specialty HEMATOLOGY	Approvals 11	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DENOSOIVIAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CORRENT PATRIOLOGICAL PRACTORE	HEMATOLOGY	11	U	U	O	U			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	INFECTIOUS DISEASE	6	1	1	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	INTERNAL MEDICINE	21	3	3	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	NURSE PRACTITIONER	1	0	0	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	OBSTETRICS/GYNECOLOGY	7	1	1	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ONCOLOGY	2	1	1	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	PEDIATRICS	1	0	0	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	PSYCHIATRY	1	0	0	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	RHEUMATOLOGY	31	3	2	0	1			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	SOCIAL WORK	2	0	0	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	SURGERY, NEUROLOGICAL	1	0	0	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	SURGERY, ORTHOPEDIC	2	1	1	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	UROLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE	INTERNAL MEDICINE	0	1	1	0	0			
DENOSUMAB INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	CHEST PAIN, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	INFECTIOUS DISEASE	1	0	0	0	0			
DENOSUMAB INJECTION	DISORDER OF BONE DENSITY AND STRUCTURE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
DENOSUMAB INJECTION	DISORDER OF BONE DENSITY AND STRUCTURE, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION DENOSUMAB INJECTION	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	COUNSELING	1	0	0	0	0			
	· · · · · · · · · · · · · · · · · · ·		1	0	0	0	0			
DENOSUMAB INJECTION	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
DENOSUMAB INJECTION	EXTRNOD MRGNL ZN B-CELL LYMPH OF MUCOSA-ASSOC LYMPHOID TISS	HEMATOLOGY	1	0	0	U	0			
DENOSUMAB INJECTION	GIANT CELL GRANULOMA, CENTRAL	PEDIATRIC HEMATOLOGY/ONCOLOGY	0	1	1	0	0			
DENOSUMAB INJECTION	HEART FAILURE, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	HEMATOLOGY	1	0	0	0	0			
	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE			-		-				
DENOSUMAB INJECTION	BREAST	MEDICAL ONCOLOGY	2							
DENOSUMAB INJECTION	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	2	0	0	0	0			
DENOSUMAB INJECTION	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	HEMATOLOGY	1	0	0	0	0			<u> </u>
DENOSUMAB INJECTION	MALIGNANT NEOPLASM OF UNSP FART OF LET PROMOTIOS OF LONG	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
DENOCULAAD INJECTION	ANTI FALA	UENATOLOGY	4			2				<u> </u>
DENOSUMAB INJECTION	MELENA	HEMATOLOGY	1	U	U	U	U			
DENOSUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	2	0	0	0	0			<u> </u>
DENOSUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	6	0	0	0	0			ļ
DENOSUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	1	0	0	0	0			
DENOSUMAB INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			ļ
DENOSUMAB INJECTION	N/A	MEDICAL ONCOLOGY	1							
DENOSUMAB INJECTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE/ARTIC CARTL	HEMATOLOGY	1	0	0	0	0			ļ
DENOSUMAB INJECTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE/ARTIC CARTL	ONCOLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DENOSUMAB INJECTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE/ARTIC CARTL	PSYCHIATRY	1	0	0	0	0			
DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	FAMILY MEDICINE	0	1	1	0	0			
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	ENDOCRINOLOGY AND METABOLISM	1	1	1	0	0			
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	FAMILY MEDICINE	0	1	1	0	0			
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	INTERNAL MEDICINE	1	0	0	0	0			
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	RHEUMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	PERSONAL HISTORY OF COLONIC POLYPS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
DENOSUMAB INJECTION	PERSONAL HISTORY OF COLONIC POLYPS	ONCOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, ACCIDENTAL, INIT	RHEUMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BONE	FAMILY MEDICINE	1	0	0	0	0			
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
DENOSUMAB INJECTION	SUBMUCOUS LEIOMYOMA OF UTERUS	HEMATOLOGY	1	0	0	0	0			
DENOSUMAB INJECTION	UNSPECIFIED JAUNDICE	HEMATOLOGY	2	0	0	0	0			
DENOSUMAB INJECTION	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	INTERNAL MEDICINE	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	AUTISTIC DISORDER	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	CELLULITIS AND ABSCESS OF MOUTH	DENTISTRY	1	1	1	0	0			
DENTAL SURGERY PROCEDURE	CONGENITAL ADRENOGENITAL DISORDERS ASSOC W ENZYME DEFICIENCY	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	DELAYED MILESTONE IN CHILDHOOD	PEDIATRIC DENTISTRY	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON SMOOTH SURFACE PENETRATING INTO DENTIN	PEDIATRIC DENTISTRY	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON SMOOTH SURFACE PENETRATING INTO DENTIN	SOCIAL WORK	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	ANESTHESIOLOGY	2	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	DENTISTRY	16	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	FAMILY MEDICINE	31	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	PEDIATRIC DENTISTRY	15	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	PRACTITIONER	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
DENTAL SURGERY PROCEDURE	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	DISTURBANCES IN TOOTH ERUPTION	SURGERY, ORAL AND MAXILLOFACIAL	3	0	0	0	0			
DENTAL SURGERY PROCEDURE	EMBEDDED TEETH	DENTISTRY	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	IMPACTED TEETH	DENTISTRY	0	1	1	0	0			
DENTAL SURGERY PROCEDURE	Impacted teeth	Other Provider						1		
DENTAL SURGERY PROCEDURE	IMPACTED TEETH	SURGERY, ORAL AND MAXILLOFACIAL	3	1	1	0	0			
DENTAL SURGERY PROCEDURE	LOCALIZED SCLERODERMA [MORPHEA]	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	LOCAL-REL SYMPTC EPI W CMPLX PARTIAL SEIZ, NTRCT, W STAT EPI	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	MALIGNANT NEOPLASM OF BORDER OF TONGUE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	MALIGNANT NEOPLASM OF UPPER GUM	SURGERY, ORAL AND MAXILLOFACIAL	1	1	1	0	0			
DENTAL SURGERY PROCEDURE	MALOCCLUSION, ANGLE'S CLASS III	DENTISTRY	0	1	0	0	1			+
DENTAL SURGERY PROCEDURE	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	FAMILY MEDICINE	1	0	0	0	0			\vdash

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DENTAL SURGERY PROCEDURE	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED SITE	FAMILY MEDICINE	0	1	1	0	0			
DENTAL SURGERY PROCEDURE	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	DENTISTRY	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	OTHER SPECIFIED HEMORRHAGIC CONDITIONS	SURGERY, ORAL AND	1	0	0	0	0			
DENTH SUPPLIES OF THE SECOND S	and a second	MAXILLOFACIAL								
DENTAL SURGERY PROCEDURE	PHIMOSIS	FAMILY MEDICINE	1	0	0	0	0			
DENTAL SURGERY PROCEDURE	UNSPECIFIED CLEFT PALATE WITH BILATERAL CLEFT LIP	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
DENTAL SURGERY PROCEDURE	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	DENTISTRY	1	0	0	0	0			
DERMACELL, AWM, POROUS SQ CM	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
DERMACELL, AWM, POROUS SQ CM	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
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DERMAGRAFT	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	INTERNAL MEDICINE	1	0	0	0	0			
DERMA-SMOOTHE-FS 0.01 % OIL	N/A	Other Provider	1							
DERMATOLOGICAL PROCEDURE	VITILIGO	DERMATOLOGY	0	1	1	0	0			
	Contact with and (suspected) exposure to human immunodeficiency									
DESCOVY	virus [HIV]	Other Provider							1	
DESCOVY	Other long term (current) drug therapy	Other Provider						1		
DESCOVY 200-25 MG TABLET	High risk homosexual behavior	FAMILY MEDICINE		1	1					
DESCOVY 200-25 MG TABLET	High risk homosexual behavior	INTERNAL MEDICINE	1	1	1					
DESCOVY 200-25 MG TABLET	High risk homosexual behavior	Other Provider	1	2	2					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
DESCOVY 200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	CARE	1							
DESCOVY 200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Other Provider	1							
DESCOVY 200-25 MG TABLET	N/A	FAMILY MEDICINE	5	1	1					
DESCOVY 200-25 MG TABLET	N/A	INFECTIOUS DISEASE	1	_						
DESCOVY 200-25 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					
DESCOVY 200-25 MG TABLET	N/A	Other Provider	10	7	7					
DESCOVY 200-25 MG TABLET	N/A	PHYSICIAN ASSISTANT	1		,					
DESCOVY 200-25 MG TABLET	Other long term (current) drug therapy	Other Provider	1	1	1					
DESCOVY 200MG-25MG TABLET	N/A	FAMILY MEDICINE	8	10	10					
		FAMILY NURSE			10					
		PRACTITIONER PRIMARY								
DESCOVY 200MG-25MG TABLET	N/A	CARE	2	1	1					
DESCOVY 200MG-25MG TABLET	N/A	GENERAL PRACTICE	-	1	1					
DESCOVY 200MG-25MG TABLET	N/A	INFECTIOUS DISEASE	2	1	1					
DESCOVY 200MG-25MG TABLET	N/A	INTERNAL MEDICINE	1	3	3					
DESCOVY 200MG-25MG TABLET	N/A	NURSE PRACTITIONER	2	2	2					
DESCOVY 200MG-25MG TABLET	N/A	Other Provider	19	20	20					
DESCOVY 200MG-25MG TABLET	N/A	PEDIATRICS		3	3					
DESCOVY 200MG-25MG TABLET	N/A	PHYSICIAN ASSISTANT	3	2	2					
DESIGN MLC DEVICE FOR IMRT	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	1	0	0	0	0			
DESIGN MLC DEVICE FOR IMRT	N/A	HOSPITAL	1							
DESIGN MLC DEVICE FOR IMRT	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
DESONATE 0.05 % GEL (GRAM)	N/A	Other Provider	1							
DESOXIMETASONE 0.05 % CREAM (G)	N/A	DERMATOLOGY	1							
DESOXIMETASONE 0.05 % CREAM (G)	N/A	INTERNAL MEDICINE	1							
DESOXIMETASONE 0.05 % CREAM (G)	N/A	PODIATRY	1							
DESTROY C/TH FACET JNT ADDL	N/A	PAIN MANAGEMENT	1							
DESTROY CERV/THOR FACET	Other spondylosis, cervical region	Other Provider						1		1
DESTROY CERV/THOR FACET JNT	N/A	PAIN MANAGEMENT	1							
DESTROY CERV/THOR FACET JNT	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, THORACIC REGION	ANESTHESIOLOGY	2	0	0	0	0			
DESTROY L/S FACET JNT ADDL	N/A	PAIN MANAGEMENT	1							
DESTROY L/S FACET JNT ADDL	RADICULOPATHY, LUMBAR REGION	FAMILY MEDICINE	0	1	0	0	1			
DESTROY L/S FACET JNT ADDL	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PHYSICAL MEDICINE	2	0	0	0	0			
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DESTROY LUMB/SAC FACET JNT	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			
DESTROY LUMB/SAC FACET JNT	MUSCLE SPASM OF BACK	PAIN MANAGEMENT	1	0	0	0	0			
DESTROY LUMB/SAC FACET JNT	N/A	PAIN MANAGEMENT	1							
DESTROY LUMB/SAC FACET JNT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PAIN MANAGEMENT	1	0	0	0	0			
DESTROY LUMB/SAC FACET JNT	OTHER CHRONIC PAIN	PAIN MANAGEMENT	2	0	0	0	0			
DESTROY LUMB/SAC FACET JNT	RADICULOPATHY, LUMBAR REGION	FAMILY MEDICINE	0	1	0	0	1			
DESTROY LUMB/SAC FACET JNT	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	5	0	0	0	0			
DESTROY LUMB/SAC FACET JNT	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PHYSICAL MEDICINE	2	0	0	0	0			
DESTROY LUMB/SAC FACET JNT	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	2	0	0	0	0			
DESTROY NERVE FACE MUSCLE	BELL'S PALSY	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
DESTROY NERVE FACE MUSCLE	BELL'S PALSY	SURGERY, PLASTIC	0	1	1	0	0			
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	NEUROLOGY	4	0	0	0	0			
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	OPHTHALMOLOGY	6	1	1	0	0			
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	PSYCHIATRY	1	0	0	0	0			
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	SURGERY, PLASTIC	1	0	0	0	0			
DESTROY NERVE FACE MUSCLE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	NEUROLOGY	2	0	0	0	0			
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, LEFT	NEUROLOGY	1	0	0	0	0			
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, RIGHT	BEHAVIORAL NURSE	1	0	0	0	0			+
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, RIGHT	OPHTHALMOLOGY	1	0	0	0	0			+
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			+
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	NEUROTOLOGY	1	0	0	0	0			+
DESTROY NERVE FACE MUSCLE	COVID-19	FAMILY MEDICINE	1	0	0	0	n			+
DESTROY NERVE FACE MUSCLE	DISORDER OF FACIAL NERVE, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			+
DESTROY NERVE FACE MUSCLE	IDIOPATHIC OROFACIAL DYSTONIA	PSYCHIATRY	1	0	0	0	0			+
DESTROY NERVE FACE MUSCLE DESTROY NERVE FACE MUSCLE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			
DESTROY NERVE FACE MUSCLE	OTHER DISORDERS OF FACIAL NERVE	NEUROLOGY	1	0	n	0	0			+
DESTROY NERVE FACE MUSCLE	OTHER DISORDERS OF FACIAL NERVE	OTOLARYNGOLOGY (EAR,	1	0	0	0	n			+
DESTROY NERVE FACE MUSCLE	OTHER PARALYTIC STRABISMUS, RIGHT EYE	NOSE, AND THROAT) OPHTHALMOLOGY	2	0	0	0	0			<u> </u>
DESTROY NERVE FACE MUSCLE	OTHER SOMATOFORM DISORDERS	NEUROLOGY	0	1	0	1	n			+
DESTROY NERVE FACE MOSCLE DESTROY NERVE FACE MUSCLE	OTHER TICS OF ORGANIC ORIGIN	NEUROLOGY	2	0	0	0	0			+
DESTROY NERVE FACE MUSCLE DESTROY NERVE FACE MUSCLE	PARESTHESIA OF SKIN	PSYCHIATRY	2	0	0	0	0			+
			1	0	0	0	0			 '
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	NEUROLOGY	8	1	1	0	0			 '
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	PHYSICAL MEDICINE	2	0	0	0	0			
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	PSYCHIATRY	1	1	1	0	0			
DESTROY NERVE ACE MUSCLE	UNSPECIFIED KERATOCONJUNCTIVITIS, BILATERAL	OPHTHALMOLOGY	1	U	U	U	U			
DESTROY NERVE OF EYE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	NEUROTOLOGY	1	U	U	U	U			
DESTROY VAG LESIONS COMPLEX	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	FAMILY MEDICINE	1	U	U	U	U			
DESTROY VAG LESIONS SIMPLE	INTRAUTERINE SYNECHIAE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
DESTROY VULVA LESIONS SIM	CARCINOMA IN SITU OF VULVA	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
DESTRUCTION ANAL LESION(S)	ANOGENITAL (VENEREAL) WARTS	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
DESTRUCTION ANAL LESION(S)	ANOGENITAL (VENEREAL) WARTS	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
DESTRUCTION ANAL LESION(S)	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each										
additional facet joint	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	2							1
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic, each										1
additional facet joint	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										.,
with imaging guidance (fluoroscopy or CT); cervical or thoracic, each										
additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	3							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE AND REHABILITATION	1							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic,										
single facet joint	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	2							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic,										
single facet joint	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	1							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic,										
single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	1							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic,										
single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	3							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); cervical or thoracic,		PHYSICAL MEDICINE AND								
single facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	REHABILITATION	1							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); lumbar or sacral, each	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN;									
additional facet joint	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY		1	1					
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); lumbar or sacral, each	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION; OTH									
additional facet joint	INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	2							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),		-								
with imaging guidance (fluoroscopy or CT); lumbar or sacral, each	RADICULOPATHY LUMBOSACRAL REGION; INTERVERTEBRAL DISC									
additional facet joint	D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY		1	1					
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); lumbar or sacral, each										
additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	6							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),			-							
with imaging guidance (fluoroscopy or CT); lumbar or sacral, each										
additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	5	1	1					
Destruction by neurolytic agent, paravertebral facet joint nerve(s),				-	-					
with imaging guidance (fluoroscopy or CT); lumbar or sacral, each	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; OTH									
additional facet joint	INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	1							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),	INTERNEDING BISS BESEN ESTING IN NEGOTI	7.112.51712.510.2001	-							
with imaging guidance (fluoroscopy or CT); lumbar or sacral, each										
additional facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	6							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),			Ĭ							
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN;									
facet joint	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY		1	1					
Destruction by neurolytic agent, paravertebral facet joint nerve(s),	INTERVENTEDIAL DISC DIO WITADICOLOT ATTT LOND NON	OMITIOI EDIC SONGEMI		-	-					
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION; OTH									
facet joint	INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	2							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),	INVERVENTEDING DISC DEGLIN EDINIDAN NEGION	I ANT WANAGEMENT	_							
	RADICULOPATHY LUMBOSACRAL REGION; INTERVERTEBRAL DISC									
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single	D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY		1	1					
facet joint Destruction by pourolytic agent, paravertebral facet joint populs)	D/O W/NADICOLOFATTI LOWID NOW	OKTHOFEDIC SURGERY	1	-	1					
Destruction by neurolytic agent, paravertebral facet joint nerve(s),	SACROILITIS NOT ELSEWHERE CLASSICIED: LING INICI AMMATORY									
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single	SACROILIITIS NOT ELSEWHERE CLASSIFIED; UNS INFLAMMATORY	DAINI MANIA CEMENIT	2							
facet joint	SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	-	<u> </u>						<u> </u>

					Medical	Experimental &	Network	Total	Total	
Dunanduus Code Description	Discussis Code Description	Dunaidou Cunninlea	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single	SPONDYLOSIS W/O MAYELODATH /DA DICHLODATHY LLIMAD BON	ANECTHECIOLOGY	c							
facet joint Destruction by pourch tip agent, paravertebral facet joint parave(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	ь							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single	SPONDYLOGIS W/O MAYELODATH /DADIGHLODATHY HIMAD DON	DAIN MAANA CENAENT	-							
facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	5	1	1					
Destruction by neurolytic agent, paravertebral facet joint nerve(s),	SPONDYLOGIS W/O MAYELODATH/DADIGHLODATHY HIMAD DCM: OTH									
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; OTH	ANIFOTHECIOLOGY								
facet joint	INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	1							
Destruction by neurolytic agent, paravertebral facet joint nerve(s),										
with imaging guidance (fluoroscopy or CT); lumbar or sacral, single										
facet joint	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	6							
	Plantar wart	Other Provider						1		
DESTRUCTION OF SKIN LESIONS	BURN OF UNSP DEGREE OF UNSP HAND, UNSPECIFIED SITE, SEQUELA	SURGERY, PLASTIC	0	1	1	0	0			
DESTRUCTION OF SKIN LESIONS	BURNS OF 50-59% OF BODY SURFACE W 40-49% THIRD DEGREE BURNS	SURGICAL CRITICAL CARE	1	0	Ü	U	0			
DESTRUCTION OF SKIN LESIONS	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSP	PEDIATRIC DERMATOLOGY	1	0	0	0	0			
					_		-			
DESTRUCTION OF SKIN LESIONS	CONGENITAL NON-NEOPLASTIC NEVUS	COUNSELING	1	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	CONGENITAL NON-NEOPLASTIC NEVUS	DERMATOLOGY	6	5	5	0	0			
DESTRUCTION OF SKIN LESIONS	CONGENITAL NON-NEOPLASTIC NEVUS	SURGERY, GENERAL	3	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	SURGERY, VASCULAR	1	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	HYPERTROPHIC SCAR	SURGERY, PLASTIC	1	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	MELANOCYTIC NEVI, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	MELANOCYTIC NEVI, UNSPECIFIED	PEDIATRIC DERMATOLOGY	1	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	NEVUS, NON-NEOPLASTIC	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)					_			
DESTRUCTION OF SKIN LESIONS	OTHER BENIGN NEOPLASM SKIN/ RIGHT LOWER EYELID, INC CANTHUS	OPHTHALMOLOGY	0	1	1	0	0			
DESTRUCTION OF SKIN LESIONS	OTHER DISTURBANCES OF SKIN SENSATION	SURGICAL CRITICAL CARE	1	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	PHAKOMATOSIS, UNSPECIFIED	PEDIATRIC DERMATOLOGY	1	0	0	0	0			
DESTRUCTION OF SKIN LESIONS	PLANTAR WART	PODIATRY	0	1	1	0	0			
DESVENLAFAXINE ER 100 MG TAB			U	1	1	U	U			
	Major depressive disorder, single episode, unspecified	Other Provider	+	1	1					
DESVENLAFAXINE ER 100 MG TAB ER 24H DESVENLAFAXINE ER 50 MG TAB	N/A	INTERNAL MEDICINE FAMILY MEDICINE	4	1	1					
	Major depressive disorder, recurrent, moderate N/A	FAMILY MEDICINE	1							
			1							
	N/A	Other Provider	1							
DESVENLAFAXINE ER 50 MG TAB ER 24H DESVENLAFAXINE ER 50 MG TAB ER 24H	N/A	FAMILY MEDICINE	1	2	2					
	N/A	Other Provider	3	2	2					
DESVENLAFAXINE SUC ER 50 MG TB	N/A	FAMILY MEDICINE	1							
DESVENLAFAXINE SUCCINA 50 MG TAB ER 24H	N/A	FAMILY MEDICINE	1							
DESVENLAFAXINE SUCCINATE ER 50 MG TAB ER 24H	N/A	Other Provider	4	0	0	0	0			
DEVEL TST PHYS/QHP 1ST HR	AUTISTIC DISORDER	PEDIATRICS	1	0	0	0	0			
DEVEL TST PHYS/QHP 1ST HR	PHONOLOGICAL DISORDER	PEDIATRICS	1	0	0	0	0			
	ENTEROSTOMY MALFUNCTION	SURGERY, GENERAL	1	U	U	U	U			
DEXAMETHASONE 1.5MG (51) TAB DS PK	N/A	FAMILY MEDICINE	1							
	N/A	OPHTHALMOLOGY	1	0	0	0	0			
DEXAMETHASONE SODIUM PHOS	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	U	U	υ	U			
DEXAMETHASONE SODIUM PHOS	MALIG NEOPLM OF RIGHT TESTIS, UNSP DESCENDED OR UNDESCENDED	HEMATOLOGY	1	0	0	0	0			
DEXAMETHASONE SODIUM PHOS	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	2	0	0	0	0			
DEXAMETHASONE SODIUM PHOS	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
DEXAMETHASONE SODIUM PHOS	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
DEXAMETHASONE SODIUM PHOS	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	HEMATOLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DEXAMETHASONE SODIUM PHOS	N/A	HEMATOLOGY/ONCOLOG	2							
DEXAMETHASONE SODIUM PHOS	UNSPECIFIED JAUNDICE	HEMATOLOGY	1	0	n	0	n			
DEXCOM	Type 1 diabetes mellitus without complications	Physician		•	0		0	1		
Dexcom g6	diabetes mellitus	Physician						_	1	-
e choom go	diaseces memes	ENDOCRINOLOGY AND							-	
DEXCOM G6 EACH	N/A	METABOLISM	30	11	11					
DEXCOM G6 EACH	N/A	FAMILY MEDICINE	5	6	6					
		FAMILY NURSE								
DEXCOM G6 EACH	N/A	PRACTITIONER	1							
DEXCOM G6 EACH	N/A	INTERNAL MEDICINE	5	8	8					
DEXCOM G6 EACH	N/A	NURSE PRACTITIONER	1							
DEXCOM G6 EACH	N/A	Other Provider	15	8	8					
		PEDIATRIC								
DEXCOM G6 EACH	N/A	ENDOCRINOLOGY	11	1	1					
DEXCOM G6 EACH	N/A	PHYSICIAN ASSISTANT	1	1	1					
		ENDOCRINOLOGY AND								
DEXCOM G6 SENSOR	N/A	METABOLISM	1	1	1					
DEXCOM G6 SENSOR	N/A	FAMILY MEDICINE	3	3	3					
DEXCOM G6 SENSOR	N/A	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
DEXCOM G6 SENSOR	Other general symptoms and signs	METABOLISM	1							
DEXCOM G6 SENSOR	Other general symptoms and signs	Other Provider		1	1					
		ENDOCRINOLOGY AND								
DEXCOM G6 SENSOR	Other specified diabetes mellitus without complications	METABOLISM	1							
		ENDOCRINOLOGY AND								
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	METABOLISM	5	1	1					
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	NURSE PRACTITIONER	1							
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other Provider	2							
		PEDIATRIC								
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY	1							
DEXCOM G6 SENSOR	Type 1 diabetes mellitus without complications	DIABETIC MEDICINE	1							
		ENDOCRINOLOGY AND								
DEXCOM G6 SENSOR	Type 1 diabetes mellitus without complications	METABOLISM	1							
DEXCOM G6 SENSOR	Type 1 diabetes mellitus without complications	Other Provider	3							
		PEDIATRIC								
DEXCOM G6 SENSOR	Type 1 diabetes mellitus without complications	ENDOCRINOLOGY	1							
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	FAMILY MEDICINE		1	1					
		ENDOCRINOLOGY AND								
DEXCOM G6 SENSOR	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	3	2	2					
DEXCOM G6 SENSOR	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
DEXCOM G6 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Other Provider		1	1					
DEXCOM G6 SENSOR	Type 2 diabetes mellitus with hyperglycemia	PHYSICIAN ASSISTANT	1							
DEXCOM G6 SENSOR	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	3	1	1					
DEXCOM G6 SENSOR	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1							
DEXCOM G6 SENSOR	Type 2 diabetes mellitus without complications	Other Provider	1							<u> </u>
DEXEDRINE SPANSULE 10 MG	Attention-deficit hyperactivity disorder, combined type	Other Provider		1	1					<u> </u>
	Attention-deficit hyperactivity disorder, predominantly inattentive					ĺ				
DEXEDRINE SPANSULE 10 MG	type	Other Provider		1	1					<u> </u>
DEXEDRINE SPANSULE 10 MG	Attention-deficit hyperactivity disorder, unspecified type	Other Provider		1	1					<u> </u>
DEXEDRINE SPANSULE 10 MG	Narcolepsy without cataplexy	NEUROLOGY	ļ	2	2	ļ				ļ
DEXILANT	Gastro-esophageal reflux disease	Physician	1						1	
DEXILANT 60 MG CAP DR BP	N/A	FAMILY MEDICINE	2	1	1					
DEXILANT 60 MG CAP DR BP	N/A	Other Provider	ļ	2	2	ļ				<u> </u>
DEXILANT DR 60 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·	Attention-deficit hyperactivity disorder, predominantly hyperactive	, ,								
DEXMETHYLPHENIDATE 10 MG TAB	type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXMETHYLPHENIDATE ER 10 MG CP	type	FAMILY MEDICINE	2							
	Attention-deficit hyperactivity disorder, predominantly hyperactive									
DEXMETHYLPHENIDATE ER 20 MG CP	type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXMETHYLPHENIDATE ER 20 MG CP	type	Other Provider	1							
DEXMETHYLPHENIDATE ER 30 MG CP	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1							
DEXMETHYLPHENIDATE ER 5 MG CAP	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
DEXMETHYLPHENIDATE ER 5 MG CAP	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	2							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXMETHYLPHENIDATE ER 5 MG CAP	type	PEDIATRICS	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive	Pediatrics -								
DEXMETHYLPHENIDATE ER 5 MG CAP	type	Routine/Primary Care	1							
DEXMETHYLPHENIDATE ER 5 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	1							
DEXMETHYLPHENIDATE HCL 15 MG CPBP 50-50	N/A	Other Provider	1							
DEXMETHYLPHENIDATE HCL ER 10 MG CPBP 50-50	N/A	Other Provider		1	1					
DEXMETHYLPHENIDATE HCL ER 15 MG CPBP 50-50	N/A	Other Provider	1							
DEXMETHYLPHENIDATE HCL ER 15 MG CPBP 50-50	N/A	PEDIATRICS	1							
DEXMETHYLPHENIDATE HCL ER 20 MG CPBP 50-50	N/A	Other Provider	2							
		PREVENTIVE								
		MEDICINE/PUBLIC								
DEXMETHYLPHENIDATE HCL ER 20 MG CPBP 50-50	N/A	HEALTH	1							
DEXMETHYLPHENIDATE HCL ER 30 MG CPBP 50-50	N/A	Other Provider	2							
DEXMETHYLPHENIDATE HCL ER 40 MG CPBP 50-50	N/A	FAMILY MEDICINE	1							
DEXMETHYLPHENIDATE HCL ER 40 MG CPBP 50-50	N/A	Other Provider	2							
DEXMETHYLPHENIDATE HCL ER 5 MG CPBP 50-50	N/A	FAMILY MEDICINE	1							
DEXMETHYLPHENIDATE HCL ER 5 MG CPBP 50-50	N/A	Other Provider	2							
DEXMETHYLPHENIDATE HCL ER 5 MG CPBP 50-50	N/A	PEDIATRICS	2							
DEXTROAMP-AMPHET	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS						1		
DEXTROAMP-AMPHET ER	Attention-deficit hyperactivity disorder, combined type	Physician							1	
DEXTROAMP-AMPHET ER 10 MG CAP	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
DEXTROAMP-AMPHET ER 10 MG CAP	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXTROAMP-AMPHET ER 10 MG CAP	type	Other Provider	2	2	2					
DEXTROAMP-AMPHET ER 15 MG CAP	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
DEXTROAMP-AMPHET ER 15 MG CAP	Attention-deficit hyperactivity disorder, combined type	Other Provider	2							
DEXTROAMP-AMPHET ER 15 MG CAP	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive	. ==								
DEXTROAMP-AMPHET ER 15 MG CAP	type	Other Provider		1	1					
DEXTROAMP-AMPHET ER 15 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1		i e					
DEXTROAMP-AMPHET ER 15 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
DEXTROAMP-AMPHET ER 20 MG CAP	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
DEXTROAMP-AMPHET ER 20 MG CAP	Attention-deficit hyperactivity disorder, combined type	Other Provider	4							
DEXTROAMP-AMPHET ER 20 MG CAP	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1							
DEXTROAMP-AMPHET ER 20 MG CAP	Attention-deficit hyperactivity disorder, combined type	SLEEP MEDICINE	1							
DENTITION AND THE PER ESTIMATION	Attention-deficit hyperactivity disorder, predominantly hyperactive	OLLET WILD COME	-							
DEXTROAMP-AMPHET ER 20 MG CAP	type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive	2	†	 	1					1
DEXTROAMP-AMPHET ER 20 MG CAP	type	FAMILY MEDICINE	7	1	1					
DEATHORIVII FAIVII HET EN 20 IVIO CAF	Attention-deficit hyperactivity disorder, predominantly inattentive	I AWILL WILDICINE	+′	-	*					
DEXTROAMP-AMPHET ER 20 MG CAP	type	Other Provider	Q	1	1					
DEATROAMIF-AMIFILE EN ZO MIG CAP	Attention-deficit hyperactivity disorder, predominantly inattentive	Other Frovider	0	-	-					
DEXTROAMP-AMPHET ER 20 MG CAP	type	PEDIATRICS	1							
DEXTROAMP-AMPHET ER 20 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1	-						1
DEATROAIVIF-AIVIPHET ER ZU IVIO CAP	Attention-dentit hyperactivity disorder, drispectifed type	PAIVILT IVIEDICINE	ر	L	L	1		ll		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DEXTROAMP-AMPHET ER 20 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	5	1	1			търготоп		-,
DEXTROAMP-AMPHET ER 20 MG CAP	Bipolar disorder, unspecified	Other Provider	1	-	-					1
DEXTROAMP-AMPHET ER 20 MG CAP	Multiple sclerosis	NEUROLOGY	1							
DEXTROAMP-AMPHET ER 20 MG CAP	N/A	FAMILY MEDICINE	2							
DEXTROAMP-AMPHET ER 20 MG CAP	N/A	INTERNAL MEDICINE	3							
DEXTROAMP-AMPHET ER 20 MG CAP	,		2							
	Other general symptoms and signs	Other Provider	1							_
DEXTROAMP-AMPHET ER 25 MG CAP	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
DEXTROAMP-AMPHET ER 25 MG CAP	Attention-deficit hyperactivity disorder, combined type	Other Provider	2							<u> </u>
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXTROAMP-AMPHET ER 25 MG CAP	type	Other Provider	3							ļ
DEXTROAMP-AMPHET ER 25 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
DEXTROAMP-AMPHET ER 25 MG CAP	Generalized anxiety disorder	SLEEP MEDICINE	1							
DEXTROAMP-AMPHET ER 25 MG CAP	N/A	FAMILY MEDICINE	1							
DEXTROAMP-AMPHET ER 30 MG CAP	Anxiety disorder, unspecified	Other Provider	1							
DEXTROAMP-AMPHET ER 30 MG CAP	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
DEXTROAMP-AMPHET ER 30 MG CAP	Attention-deficit hyperactivity disorder, combined type	Other Provider	6	1	1					
DEXTROAMP-AMPHET ER 30 MG CAP	Attention-deficit hyperactivity disorder, predominantly inattentive type	FAMILY MEDICINE	6							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXTROAMP-AMPHET ER 30 MG CAP	type	Other Provider	6	1	1					<u> </u>
DEXTROAMP-AMPHET ER 30 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	3							
DEXTROAMP-AMPHET ER 30 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							1
DEXTROAMP-AMPHET ER 30 MG CAP	N/A	INTERNAL MEDICINE	1							
DEXTROAMP-AMPHET ER 5 MG CAP	N/A	FAMILY MEDICINE	1							1
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXTROAMP-AMPHETAMIN 10 MG TAB	type	Other Provider	2							
DEXTROAMP-AMPHETAMIN 10 MG TAB	N/A	Other Provider	1							1
SEATHORNIA FILITINI I SEATHORNIA SEATHORNIA	Major depressive disorder, single episode, severe without psychotic	o tile. I Tovide.	-							
DEXTROAMP-AMPHETAMIN 15 MG TAB	features	Other Provider	1							
DEXTROAMP-AMPHETAMIN 20 MG TAB	Attention-deficit hyperactivity disorder, combined type	Other Provider	2							
DEXTROAIVIF-AIVIFTIETAIVIIN 20 IVIG TAB		Other Flovider	2							
DEVIDO ANAD ANADUSTANAIN 20 NAC TAD	Attention-deficit hyperactivity disorder, predominantly inattentive	EANALLY NAEDICINE	2							
DEXTROAMP-AMPHETAMIN 20 MG TAB	type	FAMILY MEDICINE	Z							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXTROAMP-AMPHETAMIN 20 MG TAB	type	Other Provider	2							_
DEXTROAMP-AMPHETAMIN 20 MG TAB	Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	1							
DEXTROAMP-AMPHETAMIN 20 MG TAB	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
DEXTROAMP-AMPHETAMIN 30 MG TAB	type	FAMILY MEDICINE	1							ļ
DEXTROAMP-AMPHETAMINE 5 MG TAB	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							ļ
DEXTROAMP-AMPHETAMINE 5 MG TAB	N/A	Other Provider	1							<u> </u>
DEXTROAMPHETAMINE ER 10 MG CAP	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
DEXTROAMPHETAMINE ER 10 MG CAP	Attention-deficit hyperactivity disorder, combined type	Other Provider	3							
DEXTROAMPHETAMINE ER 10 MG CAP	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
DEXTROAMPHETAMINE ER 10 MG CAP	Narcolepsy without cataplexy	NEUROLOGY	1							
DEXTROAMPHETAMINE ER 15 MG CAP	Narcolepsy without cataplexy	SLEEP MEDICINE	1							
DEXTROAMPHETAMINE SULFATE ER 10 MG CAPSULE SA	N/A	FAMILY MEDICINE	1							
DEXTROAMPHETAMINE SULFATE ER 10 MG CAPSULE SA	N/A	INTERNAL MEDICINE	1			1				
DEXTROAMPHETAMINE SULFATE ER 15 MG CAPSULE SA	N/A	INTERNAL MEDICINE	1			+				†
DEXTROAMPHETAMINE SULFATE ER 15 MG CAPSULE SA	N/A	NEUROLOGY	1			+				†
DEXTROAMPHETAMINE SULFATE ER 15 MG CAPSULE SA	N/A	NURSE PRACTITIONER	1	1	1	1				\vdash
			1	1	1	-				
DEXTROAMPHETAMINE SULFATE ER 15 MG CAPSULE SA	N/A	Other Provider	1	-		1				
DEXTROAMPHETAMINE-AMPH 10 MG CAP.SR 24H	N/A	FAMILY MEDICINE	1							
DEXTROAMPHETAMINE-AMPH 10 MG TABLET	N/A	Family Medicine	2			ļ				
DEXTROAMPHETAMINE-AMPH 10 MG TABLET	N/A	INTERNAL MEDICINE	1			ļ				
DEXTROAMPHETAMINE-AMPH 10 MG TABLET	N/A	Other Provider	3							<u> </u>
DEXTROAMPHETAMINE-AMPH 15 MG CAP.SR 24H	N/A	Other Provider	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DEXTROAMPHETAMINE-AMPH 15 MG TABLET	N/A	Other Provider	2							
DEXTROAMPHETAMINE-AMPH 20 MG CAP.SR 24H	N/A	Other Provider	2							
DEXTROAMPHETAMINE-AMPH 20 MG TABLET	N/A	FAMILY MEDICINE	2							
DEXTROAMPHETAMINE-AMPH 20 MG TABLET	N/A	INTERNAL MEDICINE	2							
DEXTROAMPHETAMINE-AMPH 20 MG TABLET	N/A	Other Provider	3							
DEXTROAMPHETAMINE-AMPH 25 MG CAP.SR 24H	N/A	FAMILY MEDICINE	1							
DEXTROAMPHETAMINE-AMPH 25 MG CAP.SR 24H	N/A	Other Provider	1							
DEXTROAMPHETAMINE-AMPH 30 MG CAP.SR 24H	N/A	FAMILY MEDICINE	4							
DEXTROAMPHETAMINE-AMPH 30 MG CAP.SR 24H	N/A	INTERNAL MEDICINE	1							
DEXTROAMPHETAMINE-AMPH 30 MG CAP.SR 24H	N/A	Other Provider	1							
DEXTROAMPHETAMINE-AMPH 30 MG TABLET	N/A	FAMILY MEDICINE	1							
DEXTROAMPHETAMINE-AMPH 30 MG TABLET	N/A	Other Provider	2							
DEXTROAMPHETAMINE-AMPH 5 MG CAP.SR 24H	N/A	FAMILY MEDICINE	1							
DEXTROAMPHETAMINE-AMPHET ER 10 MG CAP.SR 24H	N/A	Other Provider	3							
DEXTROAMPHETAMINE-AMPHET ER 10 MG CAP.SR 24H	N/A	PEDIATRICS	2							
DEXTROAMPHETAMINE-AMPHET ER 15 MG CAP.SR 24H	N/A	Other Provider	5	1	1					
DEXTROAMPHETAMINE-AMPHET ER 15 MG CAP.SR 24H	N/A	PEDIATRICS	3							
DEXTROAMPHETAMINE-AMPHET ER 20 MG CAP.SR 24H	N/A	Family Medicine	12							
DEXTROAMPHETAMINE-AMPHET ER 20 MG CAP.SR 24H	N/A	INTERNAL MEDICINE	5	1	1					
DEXTROAMPHETAMINE-AMPHET ER 20 MG CAP.SR 24H	N/A	NEUROLOGY	1	1	1					+
DEXTROAMPHETAMINE-AMPHET ER 20 MG CAP.SR 24H	N/A	Other Provider	32	1	1					+
DEXTROAMPHETAMINE-AMPHET ER 20 MG CAP.SR 24H	N/A	PEDIATRICS	2	_	-					+
DEXTROAMPHETAMINE-AMPHET ER 20 MG CAP.SR 24H	N/A	PULMONARY DISEASE	1							+
DEXTROAMPHETAMINE-AMPHET ER 25 MG CAP.SR 24H	N/A	Other Provider	1							+
DEXTROAMPHETAMINE-AMPHET ER 30 MG CAP.SR 24H	N/A	FAMILY MEDICINE	0							+
DEXTROAMPHETAMINE-AMPHET ER 30 MG CAP.SR 24H	N/A		8							+
DEXTROAMPHETAMINE-AMPHET ER 30 MG CAP.SR 24H DEXTROAMPHETAMINE-AMPHET ER 30 MG CAP.SR 24H	N/A	INTERNAL MEDICINE	25							+
DEXTROAMPHETAMINE-AMPHET ER 30 MG CAP.SR 24H DEXTROAMPHETAMINE-AMPHET ER 30 MG CAP.SR 24H		Other Provider PEDIATRICS	25							+
	N/A		1							+
DEXTROAMPHETAMINE-AMPHET ER 30 MG CAP.SR 24H	N/A	PHYSICIAN ASSISTANT	1							+
DEXTROAMPHETAMINE-AMPHET ER 5 MG CAP.SR 24H	N/A	Other Provider	3							+
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	N/A	FAMILY MEDICINE	3							+
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	N/A	INTERNAL MEDICINE	2							+
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	N/A	Other Provider	5							+
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	N/A	Other Provider	3							+
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	N/A	FAMILY MEDICINE	8							
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	N/A	INTERNAL MEDICINE	1							
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	N/A	Other Provider	9							
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	N/A	FAMILY MEDICINE	4							
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	N/A	INTERNAL MEDICINE	1							
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	N/A	Other Provider	9							
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	N/A	Other Provider	1			1				$\downarrow \longrightarrow$
DIAB SHOE FOR DENSITY INSERT	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	PODIATRY	1	0	0	0	0			
DIAB SHOE FOR DENSITY INSERT	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	INTERNAL MEDICINE	1	0	0	0	0			\vdash
DIAB SHOE FOR DENSITY INSERT	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	PODIATRY	1	0	0	0	0			+
DIAB SHOE FOR DENSITY INSERT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PODIATRY	2	0	0	0	0			+
DIAB SHOE FOR DENSITY INSERT	END STAGE RENAL DISEASE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
DIAB SHOE FOR DENSITY INSERT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	PODIATRY	1	0	0	0	0			+
DIAB SHOE FOR DENSITY INSERT	LUMBAGO WITH SCIATICA, RIGHT SIDE	PODIATRY	1	0	0	0	0			+
DIAB SHOE FOR DENSITY INSERT	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	PODIATRY	1	0	0	0	0			
DIAB SHOE FOR DENSITY INSERT	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W UNSP SEVERITY	SURGERY, ORTHOPEDIC	1	0	0	n	n			+
DIAB SHOE FOR DENSITY INSERT	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
DIAB SHOE FOR DENSITY INSERT	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS TYPE 2 DIABETES MELLITUS W DIABETIC NEUROPATHIC ARTHROPATHY	PODIATRY	1	0	0	0	0			
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	FAMILY MEDICINE	1	0	0	0	0			+
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	PODIATRY	1	0	0	0	0			+
DIND STOL FOR DENSITE INSERT	THE 2 DIADETES WILLETTOS WITH DIADETIC NEUROPATRIT, UNSP	IODIAINI	1*	<u> </u>	10	I.		i .		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	FAMILY MEDICINE	3	0	0	0	0			
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	PODIATRY	1	0	0	0	0			
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	SURGERY, ORTHOPEDIC	4	0	0	0	0			
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	PODIATRY	1	0	0	0	0			
DIAB SHOE FOR DENSITY INSERT	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	FAMILY MEDICINE	1	0	0	0	0			
DIABETIC CUSTOM MOLDED SHOE	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
DIABETIC CUSTOM MOLDED SHOE	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	PODIATRY	1	0	0	0	0			
DIABETIC MANAGEMENT PROGRAM,	PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
DIAG LAPARO SEPARATE PROC	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
DIAG LAPARO SEPARATE PROC	BILATERAL INTRAABDOMINAL TESTES	FAMILY MEDICINE	1	0	0	0	0			
DIAG LAPARO SEPARATE PROC	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
DIAG LAPARO SEPARATE PROC	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
DIAG LAPARO SEPARATE PROC	OTHER ASCITES	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
DIAG LAPARO SEPARATE PROC	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
DIAG LAPARO SEPARATE PROC	PRADER-WILLI SYNDROME	FAMILY MEDICINE	1	n	n	0	0			+
DIAG LAPARO SEPARATE PROC	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
DIAG LAPARO SEPARATE PROC	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
DIAGNOSTIC ANOSCOPY	CARCINOMA IN SITU OF ANUS AND ANAL CANAL	SURGERY, COLON AND RECTAL	1	0	0	0	0			
DIAGNOSTIC ANOSCOPY	ENCOUNTER FOR SCREENING FOR HUMAN PAPILLOMAVIRUS (HPV)	INFECTIOUS DISEASE	1	0	0	0	0			+
DIAGNOSTIC ANOSCOPY & BIOPSY	CARCINOMA IN SITU OF ANUS AND ANAL CANAL	SURGERY, COLON AND RECTAL	1	0	0	0	0			
DIAGNOSTIC ANOSCOPY & BIOPSY	ENCOUNTER FOR SCREENING FOR HUMAN PAPILLOMAVIRUS (HPV)	INFECTIOUS DISEASE	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	ABDOMINAL DISTENSION (GASEOUS)	GASTROENTEROLOGY	7	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	GASTROENTEROLOGY	6	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	GASTROENTEROLOGY	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	GASTROENTEROLOGY	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	GASTROENTEROLOGY	5	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	GASTROENTEROLOGY	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	ACUTE BRONCHOSPASM	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	ANAL FISSURE, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	ANAL POLYP	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	3	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	APHASIA	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	BEN LIPOMATOUS NEOPLM OF SKIN, SUBCU OF HEAD, FACE AND NECK	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	BENIGN CARCINOID TUMOR OF THE RECTUM	GASTROENTEROLOGY	L				-	1	 	+

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DIAGNOSTIC COLONOSCOPY	BENIGN CARCINOID TUMOR OF THE SIGMOID COLON	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	BENIGN INTRACRANIAL HYPERTENSION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	GASTROENTEROLOGY	4	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM OF RECTUM	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM, UNSPECIFIED SITE	FAMILY MEDICINE	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	BENIGN NEOPLASM, UNSPECIFIED SITE	GASTROENTEROLOGY	4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	GASTROENTEROLOGY	1	U	U	U	U			
DIAGNOSTIC COLONOSCOPY	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CALCULUS OF KIDNEY	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CARCINOMA IN SITU OF VULVA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CEREBRAL ANEURYSM, NONRUPTURED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHANGE IN BOWEL HABIT	FAMILY MEDICINE	4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHANGE IN BOWEL HABIT	GASTROENTEROLOGY	13	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHEST PAIN, UNSPECIFIED	GASTROENTEROLOGY	4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHRONIC IDIOPATHIC CONSTIPATION	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHRONIC IDIOPATHIC CONSTIPATION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHRONIC KIDNEY DISEASE, STAGE 1	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CHRONIC MYELOPROLIFERATIVE DISEASE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CONDUCTIVE HEARING LOSS, BILATERAL	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CONGENITAL MALFORMATION OF RETINA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CONSTIPATION, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CONSTIPATION, UNSPECIFIED	GASTROENTEROLOGY	8	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CONTUSION OF RIGHT HAND, INITIAL ENCOUNTER	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	COUGH	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	COVID-19	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	COVID-19	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DEHYDRATION	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DEVIATED NASAL SEPTUM	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	19	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DVRTCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	GASTROENTEROLOGY	11	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W BLEEDING	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	GASTROENTEROLOGY	7	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W/O BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DYSARTHRIA AND ANARTHRIA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	DYSPNEA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			

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DIAGNOSTIC COLONOSCOPY	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	GASTROENTEROLOGY	Approvais	O Delliais	O Delliais	O	O Delliais	Approved	Dellieu	by INO
DIAGNOSTIC COLONOSCOPY	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAMINATION	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAMINATION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	FAMILY MEDICINE	132	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	743	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PEDIATRICS	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, COLON AND RECTAL	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	UROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ENCOUNTER FOR STERILIZATION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	END STAGE RENAL DISEASE	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	EPIGASTRIC PAIN	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	EPIGASTRIC PAIN	GASTROENTEROLOGY	7	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	6	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GASTROENTEROLOGY	1	0	n	0	0			+
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	11	0	0	0	0			-
DIAGNOSTIC COLONOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	63	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	FLUID OVERLOAD, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	FRACTURE OF CORPUS CAVERNOSUM PENIS, INITIAL ENCOUNTER	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	GAS PAIN	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY DIAGNOSTIC COLONOSCOPY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	10	0	0	0	0			-
DIAGNOSTIC COLONOSCOPY	GASTRO-ESOPHAGEAL REPLOX DISEASE WITHOUT ESOPHAGITIS GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	GASTROENTEROLOGY	10	0	0	0	0			-
DIAGNOSTIC COLONOSCOPY	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY DIAGNOSTIC COLONOSCOPY	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM		1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY DIAGNOSTIC COLONOSCOPY	HEADACHE, UNSPECIFIED	GASTROENTEROLOGY GASTROENTEROLOGY	1	0	0	0	0			-
	HEMATEMESIS		1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY		GASTROENTEROLOGY	6	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	HEMORRHAGE OF ANUS AND RECTUM	FAMILY MEDICINE	5.4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	-	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	HYPERSOMNIA, UNSPECIFIED	GASTROENTEROLOGY	14	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	HYPERTROPHY OF NASAL TURBINATES	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	HYPOTHYROIDISM, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	HYPOXEMIA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	IDIOPATHIC URTICARIA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	FAMILY MEDICINE	1	0	0	0	0			ļ
DIAGNOSTIC COLONOSCOPY	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	GASTROENTEROLOGY	8	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	IRON DEFICIENCY ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	6	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	LEFT LOWER QUADRANT PAIN	FAMILY MEDICINE	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	5	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	LOW BACK PAIN	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	LOWER ABDOMINAL PAIN, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	LUMBAGO WITH SCIATICA, LEFT SIDE	GASTROENTEROLOGY	1	0	0	0	0			

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DIAGNOSTIC COLONOSCOPY	LYMPHOCYTIC COLITIS	GASTROENTEROLOGY	1	0	O Demais	O	0	Approved	Defiled	by INO
DIAGNOSTIC COLONOSCOPY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF DESCENDING COLON	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF ENDOCERVIX	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF ENDOMETRIUM	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF PROSTATE	GASTROENTEROLOGY	6	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF SIGMOID COLON	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MATERNAL CARE FOR INTRAUTERINE DEATH, NOT APPLICABLE OR UNSP	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MELENA	FAMILY MEDICINE	4	1	0	0	1			
DIAGNOSTIC COLONOSCOPY	MELENA	GASTROENTEROLOGY	34	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	GASTROENTEROLOGY	2	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	MIXED INCONTINENCE	GASTROENTEROLOGY	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	GASTROENTEROLOGY	1	0	0	0	0			+
DIAGNOSTIC COLONOSCOPY	NAUSEA	GASTROENTEROLOGY	1	0	0	0	0			+
		<u> </u>	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	NAUSEA WITH VOMITING, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	NONDISP FX OF DISTAL PHALANX OF LEFT LITTLE FINGER, INIT	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	NONDISPLACED UNSP FRACTURE OF RIGHT LESSER TOE(S), INIT	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	15	0	0	0	0			<u> </u>
DIAGNOSTIC COLONOSCOPY	NON-PRESSURE CHRONIC ULCER OF UNSP ANKLE W FAT LAYER EXPOSED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	NONTOXIC SINGLE THYROID NODULE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	GASTROENTEROLOGY	45	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTH EXTRARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTH TYPES OF NON-HODG LYMPH, EXTRNOD AND SOLID ORGAN SITES	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER ACUTE APPENDICITIS WITHOUT PERFORATION OR GANGRENE	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER ACUTE POSTPROCEDURAL PAIN	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER BENIGN NEUROENDOCRINE TUMORS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER CARDIOMYOPATHIES	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER CHEST PAIN	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER CHRONIC PAIN	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER CONSTIPATION	GASTROENTEROLOGY	7	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	OTHER FECAL ABNORMALITIES	FAMILY MEDICINE	5	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	OTHER FECAL ABNORMALITIES	GASTROENTEROLOGY	13	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	OTHER FORMS OF DYSPNEA	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC COLONOSCOPY	OTHER IRON DEFICIENCY ANEMIAS	GASTROENTEROLOGY	1	0	0	0	0	1		
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	1	0	0	0	0	1		
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED DISEASES OF APPENDIX	GASTROENTEROLOGY	1	0	0	0	0			+
DINOROSTIC COLUNIOSCOF I	OTHER SECURED DISEASES OF AFFERDIA	GUNINOFIAIFVOFOGI	1*	ľ	ı~	ľ	ı ·	l		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED DISEASES OF INTESTINE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OTHER SPECIFIED POSTPROCEDURAL STATES	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OUTLET DYSFUNCTION CONSTIPATION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	OVERACTIVE BLADDER	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PAIN IN LEFT FOOT	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PAIN IN RIGHT FOOT	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PAIN IN RIGHT HIP	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PAIN IN RIGHT KNEE	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PAIN, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PAROXYSMAL ATRIAL FIBRILLATION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PATELLAR TENDINITIS, RIGHT KNEE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	FAMILY MEDICINE	42	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	329	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	PAIN MANAGEMENT	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	UROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	GASTROENTEROLOGY	9	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF ORGANS AND SYSTEMS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PLANTAR FASCIAL FIBROMATOSIS	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PNEUMONIA, UNSPECIFIED ORGANISM	GASTROENTEROLOGY	5	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	POLYP OF COLON	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	POLYP OF COLON	GASTROENTEROLOGY	8	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	POLYP OF CORPUS UTERI	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	POSTMENOPAUSAL BLEEDING	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PRESENCE OF AORTOCORONARY BYPASS GRAFT	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	RADICULOPATHY, LUMBAR REGION	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	RECTAL POLYP	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	RHABDOMYOLYSIS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	RIGHT LOWER QUADRANT PAIN	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SHORTNESS OF BREATH	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SLTR-HARIS TYPE I PHYSL FX LOW END L TIBIA, 7THD	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SNORING	GASTROENTEROLOGY	4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SOMNOLENCE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SPRAIN OF METACARPOPHALANGEAL JOINT OF LEFT THUMB, SUBS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	STRESS INCONTINENCE (FEMALE) (MALE)	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SUPRAVENTRICULAR TACHYCARDIA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	TESTICULAR HYPOFUNCTION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	GASTROENTEROLOGY	1	0	0	0	0			

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DIAGNOSTIC COLONOSCOPY	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0	търготов		
DIAGNOSTIC COLONOSCOPY	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS W UNSP COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	GASTROENTEROLOGY	4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	GASTROENTEROLOGY	2	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	UROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	GASTROENTEROLOGY	4	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	GASTROENTEROLOGY	4	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNSP COMPLICATION OF GENITOURINARY PROSTH DEV/GRFT, INIT	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	2	0	0	0	0			1
DIAGNOSTIC COLONOSCOPY	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	13	1	0	0	1			
DIAGNOSTIC COLONOSCOPY	UNSPECIFIED JAUNDICE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC COLONOSCOPY	VESICOINTESTINAL FISTULA	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC LARYNGOSCOPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
DIAGNOSTIC LARYNGOSCOPY	SOLITARY PULMONARY NODULE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	CHANGE IN BOWEL HABIT	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			1
DIAGNOSTIC SIGMOIDOSCOPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	FECAL IMPACTION	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	HEMORRHAGE OF ANUS AND RECTUM	FAMILY MEDICINE	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	3	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	HYDROCELE, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	MEDIAL EPICONDYLITIS, LEFT ELBOW	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	MELENA	GASTROENTEROLOGY	6	0	0	0	0			1
DIAGNOSTIC SIGMOIDOSCOPY	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	FAMILY MEDICINE	2	0	0	0	0			1
DIAGNOSTIC SIGMOIDOSCOPY	PAIN IN LEFT FOOT	GASTROENTEROLOGY	1	0	0	0	0			1
DIAGNOSTIC SIGMOIDOSCOPY	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	1	0	0	0	0			†
DIAGNOSTIC SIGMOIDOSCOPY	RECTAL POLYP	GASTROENTEROLOGY	1	0	0	0	0			+
DIAGNOSTIC SIGMOIDOSCOPY	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	GASTROENTEROLOGY	2	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS W UNSP COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
DIAGNOSTIC SIGMOIDOSCOPY	UNSPECIFIED HEMORRHOIDS	GASTROENTEROLOGY	1	0	0	0	0			1
DIALYSIS ONE EVALUATION	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	2	0	0	0	0			1
DIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	COUNSELING	1	0	0	0	0			
DIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	FAMILY MEDICINE	3	0	0	0	0			
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DIALYSIS ONE EVALUATION	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0	Арргочец	Deilleu	by inc
DIALYSIS ONE EVALUATION	ESSENTIAL (PRIMARY) HYPERTENSION	NEPHROLOGY	2	0	0	0	0			
DIALYSIS ONE EVALUATION	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	FAMILY MEDICINE	2	0	0	0	0			
DIALYSIS PROCEDURE	ARTERIOVENOUS FISTULA, ACQUIRED	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	CALCULUS OF KIDNEY	INTERNAL MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	CALCULUS OF KIDNEY	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	CHEST PAIN, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	CHRONIC KIDNEY DISEASE, STAGE 5	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	COVID-19	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	DEHYDRATION	INTERNAL MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	DEHYDRATION	NEPHROLOGY	3	0	0	0	0			
DIALYSIS PROCEDURE	DEPENDENCE ON RENAL DIALYSIS	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	DEPENDENCE ON RENAL DIALYSIS	NEPHROLOGY	3	0	0	0	0			
DIALYSIS PROCEDURE	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	COUNSELING	1	0	0	0	0			
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	FAMILY MEDICINE	41	1	0	0	1			
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	INTERNAL MEDICINE	4	0	0	0	0			
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	NEPHROLOGY	52	1	1	0	0			
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	OPHTHALMOLOGY	2	0	0	0	0			
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	PSYCHOLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	EPIGASTRIC PAIN	NEPHROLOGY	0	1	1	0	0			
DIALYSIS PROCEDURE	ESSENTIAL (PRIMARY) HYPERTENSION	NEPHROLOGY	2	0	0	0	0			
DIALYSIS PROCEDURE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	HEART FAILURE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	SOCIAL WORK	1	0	0	0	0			
DIALYSIS PROCEDURE	HYPOGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	HYPOKALEMIA	FAMILY MEDICINE	3	0	0	0	0			
DIALYSIS PROCEDURE	LIVER TRANSPLANT STATUS	FAMILY MEDICINE	2	0	0	0	0			
DIALYSIS PROCEDURE	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	OTHER FORMS OF STOMATITIS	ADVANCED HEART FAILURE AND TRANSPLANT	1	0	0	0	0			
DIALYSIS PROCEDURE	PAIN IN RIGHT KNEE	CARDIOLOGY FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	SEPSIS, UNSPECIFIED ORGANISM	FAMILY MEDICINE	4	0	0	0	0			
DIALYSIS PROCEDURE	SEVERE SEPSIS WITH SEPTIC SHOCK	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	SEVERE SEPSIS WITH SEPTIC SHOCK	INTERNAL MEDICINE	1	0	0	0	0			
DIALYSIS PROCEDURE	SEVERE SEPSIS WITH SEPTIC SHOCK	NEPHROLOGY	1	0	0	0	0			
DIALYSIS PROCEDURE	TRACTION DETACHMENT OF RETINA, RIGHT EYE	FAMILY MEDICINE	2	0	0	0	0			
DIALYSIS PROCEDURE	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, LEYE	NEPHROLOGY	6	0	0	0	0			
DIALYSIS PROCEDURE	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	FAMILY MEDICINE	1	0	0	0	0			
DIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			
DIALYSIS REPEATED EVAL	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			

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DIALYSIS TRAINING COMPLETE	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			
DIALYSIS TRAINING COMPLETE	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			
DIALYSIS TRAINING INCOMPL	END STAGE RENAL DISEASE	COUNSELING	1	0	0	0	0			
DIALYSIS TRAINING INCOMPL	END STAGE RENAL DISEASE	NEPHROLOGY	3	0	0	0	0			
DIALYSIS TRAINING INCOMPL	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			
DIALYSIS TRAINING INCOMPL	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	NEPHROLOGY	1	0	0	0	0			
DIAPHRAGM SURGERY PROCEDURE	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM	SURGERY, THORACIC	1	0	0	0	0			
DICLOFENAC 1.5% TOPICAL SOLN	Bilateral primary osteoarthritis of knee	PODIATRY	1	1	1					
DICLOFENAC EPOLAMINE 1.3 % PATCH TD12	N/A	Other Provider		1	1					
DICLOFENAC EPOLAMINE 1.3 % PATCH TD12	N/A	SURGERY, GENERAL	1							
DICLOFENAC EPOLAMINE 1.3% PTCH	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	PHYSICIAN ASSISTANT	1							
DICLOFENAC SODIUM 1.5 % DROPS	N/A	FAMILY MEDICINE	1	1	1					
DICLOFENAC SODIUM 1.5 % DROPS	N/A	Other Provider		1	1					
DICLOFENAC SODIUM 1.5 % DROPS	N/A	SURGERY. ORTHOPEDIC		1	1					
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	FAMILY MEDICINE		7	5	2				+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	GENERAL PRACTICE		1	1	_				+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	INTERNAL MEDICINE	1	6	6					+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	Other Provider		2	2					+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	PEDIATRICS		1	1					+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	PHYSICIAN ASSISTANT		1	1	1				+
· ·		PODIATRY	1	1	-	1				+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A		1	1	5	1				+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	SURGERY, GENERAL		1	1					+
DICLOFENAC SODIUM 3 % GEL (GRAM)	N/A	SURGERY, ORTHOPEDIC		2	2					
DICLOFENAC SODIUM 3% GEL	HALLUX RIGIDUS RIGHT FOOT	PODIATRY		1	1					
DICLOFENAC SODIUM 3% GEL	Low back pain	INTERNAL MEDICINE		1	1					
DICLOFENAC SODIUM 3% GEL	N/A	PODIATRY		1	1					
DICLOFENAC SODIUM 3% GEL	N/A	SPORTS MEDICINE		1	1					
DICLOFENAC SODIUM 3% GEL	PAIN IN UNSPECIFIED JOINT	Other Provider		1	1					†
DICLOFENAC SODIUM 3% GEL	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY		1	1					
DICLOFENAC SODIUM 3% GEL	United and animals, and a subhalking sinks to a	SURGERY, ORTHOPEDIC		4	1					
	Unilateral primary osteoarthritis, right knee	,		1	1					
DIFFERIN 0.1 % CREAM(GM)	N/A	DERMATOLOGY		1	1					
DIFFERIN 0.1% LOTION	Acne vulgaris	Other Provider		1	1					
DIFFERIN 0.3 % GEL W/PUMP	N/A	DERMATOLOGY		1	1					
DIFICID 200 MG TABLET	Enterocolitis due to Clostridium difficile, recurrent	GASTROENTEROLOGY	2							
DIFICID 200 MG TABLET	N/A	GASTROENTEROLOGY	1							
DIFLORASONE DIACETATE 0.05 % OINT. (G)	N/A	FAMILY MEDICINE	1							
DIFLORASONE DIACETATE 0.05 % OINT. (G)	N/A	INTERNAL MEDICINE	1							
DIFLUCAN 150 MG TABLET	N/A	OBSTETRICS/GYNECOLOG y		1	1					
				-	-					\vdash
DIHYDROERGOTAMINE	Migraine with aura, not intractable, without status migrainosus	Physician			-			1		
DIHYDROERGOTAMINE 4 MG/ML SPRY	Migraine with aura, not intractable, without status migrainosus	Other Provider		1	1					
DIHYDROERGOTAMINE 4 MG/ML SPRY	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY		1	1					
DILAT XST TRC NEW ACCESS RCS	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	UROLOGY	1	0	0	0	0			
DILAT XST TRC NEW ACCESS RCS	RADICULOPATHY, CERVICAL REGION	UROLOGY	1	0	0	0	0			
DILATION AND CURETTAGE	MISSED ABORTION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
DILATION AND CURETTAGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	ANESTHESIA, CERTIFIED RN	1	0	0	0	0			+
DIMETHYL FUMARATE 240 MG CAPSULE DR	N/A	NEUROLOGY	2							+
DIOVAN 160 MG TABLET	N/A	FAMILY MEDICINE	-	2	2					+
	,		1	-	_	1				+
DIOVAN HCT 80-12.5 MG TABLET	Essential (primary) hypertension	FAMILY MEDICINE	1			l	l			

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DIPHENHYDRAMINE HCL INJECTIO	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
DIPHENHYDRAMINE HCL INJECTIO	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
DIPHENHYDRAMINE HCL INJECTIO	N/A	HEMATOLOGY/ONCOLOG Y	1							
Direct repair of aneurysm, pseudoaneurysm, or excision (partial or										
total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery										
(common, hypogastric, external)	Aneurysm of artery of lower extremity	THORACIC SURGERY	1							
Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm,										
pseudoaneurysm, and associated occlusive disease, iliac artery	Athen bear disease of active severe and active	THORACIC CHROERY	4							
(common, hypogastric, external)	Athscl heart disease of native coronary artery w/o ang pctrs	THORACIC SURGERY	1							-
DISPOSABLE SENSOR, CGM SYS	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	HYPOXEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	FAMILY MEDICINE	1	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	COUNSELING	1	0	0	0	0			-
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND	5	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	METABOLISM FAMILY MEDICINE	1	0	0	n	0			+
DISPOSABLE SENSOR, CGM SYS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND	2	0	0	0	0			
DISPOSABLE SENSOR, CGM SYS	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	METABOLISM FAMILY MEDICINE	2	0	0	n	n			_
DIVALPROEX SOD DR 125 MG TAB	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	Other Provider	2	U	0	0	0			+
DMD DUP/DELET ANALYSIS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
DMD DUP/DELET ANALYSIS	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	OBSTETRICS/GYNECOLOGY	0	3	3	0	0			
DMD DUP/DELET ANALYSIS	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	3	3	0	0			
		TY		_	_	_	_			
DMD DUP/DELET ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	0	0			
DOCETAXEL INJECTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
DOCETAXEL INJECTION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
DOCETAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
DOPPLER ECHO EXAM HEART	ATRIAL SEPTAL DEFECT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
DOPPLER ECHO EXAM HEART	CARDIAC MURMUR, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
DOPPLER ECHO EXAM HEART	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
DOPPLER ECHO EXAM HEART	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
DOPPLER ECHO EXAM HEART	UNSPECIFIED ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	1	0	0	0	0			
Doppler echocardiography color flow velocity mapping (List		CARDIAC								
separately in addition to codes for echocardiography)	Unspecified atrial fibrillation	ELECTROPHYSIOLOGY	1							
Doppler echocardiography color flow velocity mapping (List		CARDIOVASCULAR				1				
separately in addition to codes for echocardiography)	Unspecified atrial fibrillation	DISEASE	1	<u> </u>		<u> </u>				<u> </u>
Doppler echocardiography color flow velocity mapping (List						1				
separately in addition to codes for echocardiography)	Unspecified atrial fibrillation	INTERNAL MEDICINE	1							

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Doppler echocardiography color flow velocity mapping (List										
separately in addition to codes for echocardiography)	Unspecified atrial fibrillation	RADIOLOGY - PET	1							
Doppler echocardiography, pulsed wave and/or continuous wave										
with spectral display (List separately in addition to codes for		CARDIAC								
echocardiographic imaging); complete	Unspecified atrial fibrillation	ELECTROPHYSIOLOGY	1							
Doppler echocardiography, pulsed wave and/or continuous wave		CARRIOVACCUUAR								
with spectral display (List separately in addition to codes for	University of a real file effects	CARDIOVASCULAR								
echocardiographic imaging); complete	Unspecified atrial fibrillation	DISEASE	1							
Doppler echocardiography, pulsed wave and/or continuous wave										
with spectral display (List separately in addition to codes for	University of a real file effects	INTERNAL MEDICINE								
echocardiographic imaging); complete	Unspecified atrial fibrillation	INTERNAL MEDICINE	1							+
Doppler echocardiography, pulsed wave and/or continuous wave										
with spectral display (List separately in addition to codes for echocardiographic imaging); complete	Unspecified atrial fibrillation	RADIOLOGY - PET	1							
DORYX MPC 120 MG TABLET DR	N/A	DERMATOLOGY	1	1	1					+
DOXEPIN 5% CREAM	HALLUX RIGIDUS LEFT FOOT	PODIATRY		1	1					+
DOXEPIN 45% CREAM (G)	N/A			1	1					+
DOXORUBICIN HCL INJECTION	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Other Provider PEDIATRIC	1	U T	0	0	0			+
BOAGKOBICIN RCE INJECTION	ACOTE ETIVIPHOBLASTIC LEUKEIVIIA, IN KEIVIISSION	HEMATOLOGY/ONCOLOGY	1			O	O			
DOXORUBICIN HCL INJECTION	COVID-19	ONCOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	ONCOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	INTERNAL MEDICINE	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
DOXORUBICIN HCL INJECTION	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	3	0	0	0	0			
DOXORUBICIN HCL INJECTION	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	ONCOLOGY	1	0	0	0	0			
		HEMATOLOGY/ONCOLOG								
DOXORUBICIN HCL INJECTION	N/A	Υ	4							
DOXORUBICIN HCL INJECTION	PRPH T-CELL LYMPH, NOT CLASS, NODES OF ING RGN AND LOW LIMB	ONCOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, INIT	HEMATOLOGY	1	0	0	0	0			
DOXORUBICIN HCL INJECTION	WEAKNESS	ONCOLOGY	1	0	0	0	0			
DOXORUBICIN INJ 10MG	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
DOXYCYCLINE HYCLATE 50 MG CAPSULE	N/A	DERMATOLOGY	5							
DOXYCYCLINE HYCLATE 50 MG CAPSULE	N/A	FAMILY MEDICINE	1							
DOXYCYCLINE HYCLATE 50 MG CAPSULE	N/A	OPTOMETRY		1	1					
		OTOLARYNGOLOGY (EAR,								
DOXYCYCLINE HYCLATE 50 MG CAPSULE	N/A	NOSE, AND THROAT)	2			1				
DOXYCYCLINE HYCLATE 50 MG CAPSULE	N/A	PEDIATRICS	1							
DOXYCYCLINE HYCLATE 50 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	1							
DOXYCYCLINE HYCLATE 50 MG TABLET	N/A	DERMATOLOGY	3							
DOXYCYCLINE HYCLATE 50 MG TABLET DR	N/A	PHYSICIAN ASSISTANT		1	1					
DOXYCYCLINE IR-DR 40 MG CAP	Acne vulgaris	Other Provider		1	1					
DOXYCYCLINE IR-DR 40 MG CAP	N/A	FAMILY MEDICINE		1	1					
DOXYCYCLINE IR-DR 40 MG CAP	N/A	Other Provider	1	1	1					
DOXYCYCLINE IR-DR 40 MG CAP IR DR	N/A	DERMATOLOGY	3	8	8					
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DOXYCYCLINE IR-DR 40 MG CAP IR DR	N/A	FAMILY MEDICINE		1	1					
DOXYCYCLINE IR-DR 40 MG CAP IR DR	N/A	NURSE PRACTITIONER		1	1					
DOXYCYCLINE IR-DR 40 MG CAP IR DR	N/A	Other Provider		3	3					
DOXYCYCLINE IR-DR 40 MG CAP IR DR	N/A	PHYSICIAN ASSISTANT		2	2					
DPYD GENE COMMON VARIANTS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	COUNSELING	0	1	1	0	0			
DPYD GENE COMMON VARIANTS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			
DRAIN/INJ JOINT/BURSA W/O US	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
DRAIN/INJ JOINT/BURSA W/O US	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	SPORTS MEDICINE	1	0	0	0	0			
DRAIN/INJ JOINT/BURSA W/O US	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE	PEDIATRICS	1	0	0	0	0			
DRAINAGE OF ARM BURSA	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SOCIAL WORK	1	0	0	0	0			
DRAINAGE OF ARM BURSA	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
DRAINAGE OF FOREARM LESION	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, SUBS	SURGERY, HAND	1	0	0	0	0			
DRAINAGE OF GUM LESION	CELLULITIS AND ABSCESS OF MOUTH	DENTISTRY	0	2	1	0	1			1
DRAINAGE OF KIDNEY LESION	CYST OF KIDNEY, ACQUIRED	UROLOGY	1	0	0	0	0			†
										1
DRAINAGE OF PELVIS LESION	INFECT/INFLM REACTION DUE TO INTERNAL LEFT HIP PROSTH, INIT	HOSPITAL	2			ļ				
DRAINAGE OF RECTAL ABSCESS	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	FAMILY MEDICINE	1	0	0	0	0			
DRAINAGE OF RECTAL ABSCESS	PERIANAL VENOUS THROMBOSIS	SURGERY, GENERAL	1	0	0	0	0			
DRUG TEST DEF 15-21 CLASSES	OTHER LONG TERM (CURRENT) DRUG THERAPY	PHYSICAL MEDICINE	1	0	0	0	0			
DRUG TEST DEF 1-7 CLASSES	OTHER LONG TERM (CURRENT) DRUG THERAPY	PHYSICAL MEDICINE	1	0	0	0	0			
DRUG TEST DEF 22+ CLASSES	OTHER LONG TERM (CURRENT) DRUG THERAPY	PHYSICAL MEDICINE	1	0	0	0	0			
DRUG TEST DEF 8-14 CLASSES	OTHER LONG TERM (CURRENT) DRUG THERAPY	PHYSICAL MEDICINE	1	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	HEMATOLOGY	1	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	BIPOLAR DISORD, IN PARTIAL REMIS, MOST RECENT EPISODE MIXED	PSYCHIATRY	1	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	NEUROLOGY	0	1	1	0	0			
DRUGS UNCLASSIFIED INJECTION	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	NEUROLOGY	3	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	CHRONIC PAIN SYNDROME	FAMILY MEDICINE	1	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	1	1	0	0	1			1
DRUGS UNCLASSIFIED INJECTION	ENDOMETRIOSIS OF PELVIC PERITONEUM	GYNECOLOGY (NO OB)	1	0	0	0	0			†
DRUGS UNCLASSIFIED INJECTION	FEMALE INFERTILITY, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	7	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	GENERALIZED ANXIETY DISORDER	PSYCHIATRY	1	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INFECTIOUS DISEASE	1	0	0	0	0			†
DRUGS UNCLASSIFIED INJECTION	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	INFECTIOUS DISEASE	1	0	0	0	0			†
DRUGS UNCLASSIFIED INJECTION	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	NEUROLOGY	0	1	1	0	0			
DRUGS UNCLASSIFIED INJECTION	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	HEMATOLOGY	2	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	5	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			1
DRUGS UNCLASSIFIED INJECTION	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	HEMATOLOGY	2	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	OTHER ENTHESOPATHY OF UNSPECIFIED FOOT AND ANKLE	HEMATOLOGY	1	0	0	0	0			†
DRUGS UNCLASSIFIED INJECTION	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	HEMATOLOGY	2	0	0	0	0			†
DRUGS UNCLASSIFIED INJECTION	PARANOID SCHIZOPHRENIA	FAMILY MEDICINE	1	0	0	0	0	 		+
DRUGS UNCLASSIFIED INJECTION	PITUITARY-DEPENDENT CUSHING'S DISEASE	INTERNAL MEDICINE	1	0	0	0	0	 		+
DRUGS UNCLASSIFIED INJECTION	SICKLE-CELL DISEASE WITHOUT CRISIS	PEDIATRIC	1	0	0	0	0			+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DRUGS UNCLASSIFIED INJECTION	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PREVENTIVE	1	0	0	0	0			
DRIVES LIVE ASSESSED INVESTIGATION		MEDICINE/PUBLIC HEALTH								
DRUGS UNCLASSIFIED INJECTION	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, FIRST TRIMESTER	HEMATOLOGY	1	0	0	0	0			
DRUGS UNCLASSIFIED INJECTION	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	FAMILY MEDICINE	2	0	1	0	0			
DSTRJ NULYT AGT GNCLR NRV DSTRJ NULYT AGT GNCLR NRV	PAIN IN RIGHT KNEE	ANESTHESIOLOGY	0	1	1	0	0			+
DSTRJ NULYT AGT GNCLR NRV DSTRJ NULYT AGT GNCLR NRV	PAIN IN RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	COUNSELING INTERNAL MEDICINE	0	1	1	0	0			+
DUAC 1.2-5% GEL		PHYSICIAN ASSISTANT	U	1	1	U	U			₩
DUEXIS	Acne vulgaris N/A	INTERNAL MEDICINE		1	1			1		+
DUEXIS	Rheumatoid arthritis, unspecified	Physician						1	1	
DUEXIS	Unspecified osteoarthritis, unspecified site	Physician							1	1
DUEXIS 800-26.6 MG TABLET	Low back pain	Other Provider		2	2					+
DUEXIS 800-26.6 MG TABLET	N/A	FAMILY MEDICINE		2	2					+
DOLAIS 600-20.0 WIG TABLET	IV/A	FAMILY NURSE								+
		PRACTITIONER PRIMARY								
DUEXIS 800-26.6 MG TABLET	N/A	CARE	1							
DOEAG GOO 20.0 WIG TABLET	14/74	OBSTETRICS/GYNECOLOG	-							+
DUEXIS 800-26.6 MG TABLET	N/A	v		1	1					
DUEXIS 800-26.6 MG TABLET	N/A	Other Provider		2	2					+
DUEXIS 800-26.6 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							+
DUEXIS 800-26.6 MG TABLET	N/A	SPORTS MEDICINE	-	1	1			-		
DOEARS GOO 20.0 MIG TABLET	14/74	SI OKTS WIEDICINE		-	_					+
DUEXIS 800-26.6 MG TABLET	N/A	SURGERY, ORTHOPEDIC		3	3					
DUEXIS 800-26.6 MG TABLET	Other chronic pain	Other Provider		1	1			-		
DUEXIS 800-26.6 MG TABLET	PAIN IN RIGHT SHOULDER(73221)	Other Provider		1	1					
DUEXIS 800-26.6 MG TABLET	Rheumatoid arthritis, unspecified	Other Provider		1	1					+
DUEXIS 800-26.6 MG TABLET	Rheumatoid arthritis, unspecified	PODIATRY	1	1	1					
DODANG GOO EGIG MIC MADELI	incumatora di times, dispessived	FAMILY NURSE	-	-	_					+
		PRACTITIONER PRIMARY								
DUEXIS 800-26.6 MG TABLET	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBS	CARE		1	1					
DUEXIS 800-26.6 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	Other Provider	1							1
			_							1
DUEXIS 800-26.6 MG TABLET	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC		1	1					
DUEXIS 800-26.6 MG TABLET	Unspecified osteoarthritis, unspecified site	INTERNAL MEDICINE		1	1					1
		CARDIOVASCULAR								
DUEXIS 800-26.6MG TABLET	N/A	DISEASE		1	1					
DUEXIS 800-26.6MG TABLET	N/A	FAMILY MEDICINE		5	5					
		FAMILY NURSE								1
DUEXIS 800-26.6MG TABLET	N/A	PRACTITIONER		1	1					
DUEXIS 800-26.6MG TABLET	N/A	INTERNAL MEDICINE		3	3					1
DUEXIS 800-26.6MG TABLET	N/A	NEUROLOGY		1	1					1
		OBSTETRICS/GYNECOLOG								
DUEXIS 800-26.6MG TABLET	N/A	Υ		2	2	ĺ				
DUEXIS 800-26.6MG TABLET	N/A	Other Provider		11	11					
DUEXIS 800-26.6MG TABLET	N/A	PAIN MANAGEMENT		2	2					
DUEXIS 800-26.6MG TABLET	N/A	PEDIATRICS		1	1					
		PHYSICAL MEDICINE AND								
DUEXIS 800-26.6MG TABLET	N/A	REHABILITATION		1	1	<u> </u>	<u> </u>	<u></u>	<u> </u>	
DUEXIS 800-26.6MG TABLET	N/A	PHYSICIAN ASSISTANT		3	3					
DUEXIS 800-26.6MG TABLET	N/A	PODIATRY	1	12	12					
DUEXIS 800-26.6MG TABLET	N/A	RHEUMATOLOGY	1	1	1					
DUEXIS 800-26.6MG TABLET	N/A	SPORTS MEDICINE	1	3	3					
DUEXIS 800-26.6MG TABLET	N/A	SURGERY, ORTHOPEDIC	1	21	21	1				
		PHYSICAL MEDICINE AND								
DULOXETINE HCL DR 60 MG CAP	RADICULOPATHY CERVICAL REGION(72141)	REHABILITATION		1	1	1			1	

					Medical	Experimental &	Network	Total	Total	
Brassdawa Cada Bassainkian	Diamente Code Description	Dunyidas Spanialty	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description DUOBRII 0.01%-0.045% LOTION	Diagnosis Code Description	Provider Specialty	Approvals	Denials 1	Denials	Denials	Denials	Approved	Denied	by IRO
DUOBRII 0.01%-0.045% LOTION DUOBRII 0.01%-0.045% LOTION	Psoriasis vulgaris Psoriasis, unspecified	DERMATOLOGY DERMATOLOGY		1	1					+
DUOBRII 0.01-0.045 LOTION	N/A	DERMATOLOGY		2	2					+
DUPIXANT	Dermatitis, unspecified	DERMATOLOGY							1	+
DUPIXENT	ATOPIC DERMATITIS	Other Provider						1	1	+
DOPIXENT	ATOPIC DERIVIATITIS	Other Provider						1	1	+
DUPIXENT	Atopic dermatitis, unspecified	ALLERGY/IMMUNOLOGY						1		
DUPIXENT	Atopic dermatitis, unspecified	DERMATOLOGY						1	2	<u>.</u>
DUPIXENT	Atopic dermatitis, unspecified	Other Provider							3	į.
	,	PEDIATRIC								
DUPIXENT	Atopic dermatitis, unspecified	DERMATOLOGY						1		
DUPIXENT	Atopic dermatitis, unspecified	Physician						_	1	1
DUPIXENT	Atopic dermatitis, unspecified	PHYSICIAN ASSISTANT						1	1	1
2 0 1 11 11 11 11 11 11 11 11 11 11 11 11								_	-	1
DUPIXENT	Atopic neurodermatitis	ALLERGY/IMMUNOLOGY							1	ı
		FAMILY NURSE								
DUPIXENT	Nasal polyp, unspecified	PRACTITIONER						1		
DUPIXENT	Other atopic dermatitis	DERMATOLOGY						1	3	į .
DUPIXENT	Other atopic dermatitis	Other Provider						1		
DUPIXENT	Other atopic dermatitis	PHYSICIAN ASSISTANT							4	Į.
DUPIXENT	Severe persistent asthma, uncomplicated	Other Provider						1		
DUPIXENT 200 MG/1.14 ML SYRING	Atopic dermatitis, unspecified	Dermatology		1	1					
DUPIXENT 200 MG/1.14 ML SYRING	Atopic dermatitis, unspecified	Other Provider	1							
DUPIXENT 200 MG/1.14 ML SYRING	N/A	Other Provider	1							1
,										
DUPIXENT 200 MG/1.14 ML SYRING	Other atopic dermatitis	ALLERGY/IMMUNOLOGY	1							
DUPIXENT 200 MG/1.14 ML SYRING	Other atopic dermatitis	Other Provider	1							1
DUPIXENT 200 MG/1.14 ML SYRING	Severe persistent asthma, uncomplicated	Other Provider		1	1					+
DUPIXENT 200MG/1.14 SYRINGE	N/A	DERMATOLOGY	1	-	-					+
DUPIXENT 200MG/1.14 SYRINGE	N/A	Other Provider	1							1
DUPIXENT 300 MG/2 ML PEN	Atopic dermatitis, unspecified	ALLERGY/IMMUNOLOGY		1	1					
DUPIXENT 300 MG/2 ML PEN	Atopic dermatitis, unspecified	DERMATOLOGY		1	1					
DUPIXENT 300 MG/2 ML PEN	Atopic dermatitis, unspecified	Other Provider	1							
DUPIXENT 300 MG/2 ML PEN	Dermatitis, unspecified	PHYSICIAN ASSISTANT	1							
DUPIXENT 300 MG/2 ML PEN	N/A	DERMATOLOGY	1							
DUPIXENT 300 MG/2 ML PEN	N/A	Other Provider	1							
DUPIXENT 300 MG/2 ML PEN	Other atopic dermatitis	Other Provider	3							
DUPIXENT 300 MG/2 ML SYRINGE	Atopic dermatitis, unspecified	ALLERGY/IMMUNOLOGY	2							
DUPIXENT 300 MG/2 ML SYRINGE	Atopic dermatitis, unspecified	DERMATOLOGY	19	1	1					1
DUPIXENT 300 MG/2 ML SYRINGE	Atopic dermatitis, unspecified	Other Provider	9	1	1					
		PEDIATRIC								
DUPIXENT 300 MG/2 ML SYRINGE	Atopic dermatitis, unspecified	DERMATOLOGY	1							
DUPIXENT 300 MG/2 ML SYRINGE	Atopic dermatitis, unspecified	PHYSICIAN ASSISTANT	4							
DUPIXENT 300 MG/2 ML SYRINGE	Chronic obstructive pulmonary disease, unspecified	SLEEP MEDICINE	1							
DUPIXENT 300 MG/2 ML SYRINGE	Chronic sinusitis	Other Provider	1							
DUPIXENT 300 MG/2 ML SYRINGE	Dermatitis, unspecified	DERMATOLOGY	1							1
DUPIXENT 300 MG/2 ML SYRINGE	Illness, unspecified	PHYSICIAN ASSISTANT	1							
										1
DUPIXENT 300 MG/2 ML SYRINGE	Mild persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY		1	1					
DUPIXENT 300 MG/2 ML SYRINGE	Moderate persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY	1							<u> </u>
DUPIXENT 300 MG/2 ML SYRINGE	N/A	ALLERGY/IMMUNOLOGY	2							↓
DUPIXENT 300 MG/2 ML SYRINGE	N/A	DERMATOLOGY	2							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DUDIVENT 200 MC/2 ML CVDINGE	Name I was to a superior of	FAMILY NURSE			4					
DUPIXENT 300 MG/2 ML SYRINGE DUPIXENT 300 MG/2 ML SYRINGE	Nasal polyp, unspecified	PRACTITIONER Other Provider	1	1	1					
DUPIXENT 300 MG/2 ML SYRINGE	Nasal polyp, unspecified	Other Provider	1							
		OTOLARYNGOLOGY (EAR,								
DUPIXENT 300 MG/2 ML SYRINGE	Nasal polyp, unspecified	NOSE, AND THROAT)	1							
DOTTALIST 500 MG/2 ME STRINGE	тазагрогур, инэрестей	NOSE, AND TIMOAT	1							
DUPIXENT 300 MG/2 ML SYRINGE	Other atopic dermatitis	ALLERGY/IMMUNOLOGY	1							
DUPIXENT 300 MG/2 ML SYRINGE	Other atopic dermatitis	DERMATOLOGY	14	2	2					
DUPIXENT 300 MG/2 ML SYRINGE	Other atopic dermatitis	Other Provider	4							
,	·	PEDIATRIC								
DUPIXENT 300 MG/2 ML SYRINGE	Other atopic dermatitis	DERMATOLOGY	1							
DUPIXENT 300 MG/2 ML SYRINGE	POLYP OF NASAL CAVITY	Other Provider	2							
		OTOLARYNGOLOGY (EAR,								
DUPIXENT 300 MG/2 ML SYRINGE	POLYP OF NASAL CAVITY	NOSE, AND THROAT)	1							
DUPIXENT 300 MG/2 ML SYRINGE	POLYP OF NASAL CAVITY	PHYSICIAN ASSISTANT	1							
DUPIXENT 300 MG/2 ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Other Provider	1							
DUPIXENT 300 MG/2 ML SYRINGE	Severe persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY	2							
		FAMILY NURSE								
DUPIXENT 300 MG/2 ML SYRINGE	Severe persistent asthma, uncomplicated	PRACTITIONER	1							
DUPIXENT 300 MG/2 ML SYRINGE	Severe persistent asthma, uncomplicated	Other Provider	2	1	1					
DUPIXENT 300 MG/2ML SYRINGE	N/A	ALLERGY/IMMUNOLOGY	1	4	4					
DUPIXENT 300 MG/2ML SYRINGE	N/A	DERMATOLOGY	13	1	1					
DUPIXENT 300 MG/2ML SYRINGE	N/A	Internal Medicine	1		2					
DUPIXENT 300 MG/2ML SYRINGE	N/A	Other Provider	2	2	2					
		OTOLADVAICOLOGY (FAD								
DUDIVENT 200 MC/2MI SYDINGE	N/A	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1							
DUPIXENT 300 MG/2ML SYRINGE	N/A	PEDIATRIC	1							
DUPIXENT 300 MG/2ML SYRINGE	N/A	DERMATOLOGY	2							
DUPIXENT 300 MG/2ML SYRINGE	N/A	PHYSICIAN ASSISTANT	3							
DOT MENT 300 MG/ZINE STRINGE	N/A	TTTTSICIAN ASSISTANT	5							
DUPIXENT PEN 300 MG/2ML PEN INJCTR	N/A	ALLERGY/IMMUNOLOGY	3	1	1					
DUPIXENT PEN 300 MG/2ML PEN INJCTR	N/A	DERMATOLOGY	4	2	2					
DUPIXENT PEN 300 MG/2ML PEN INJCTR	N/A	Other Provider		1	1					
DUPIXENT PEN 300 MG/2ML PEN INJCTR	N/A	PULMONARY DISEASE		1	1					
DUPIXENT SYRINGE 200MG/1.14 SYRINGE	N/A	DERMATOLOGY	3	1	1					
DUPIXENT SYRINGE 200MG/1.14 SYRINGE	N/A	Other Provider	2							
		PEDIATRIC ALLERGY &								
DUPIXENT SYRINGE 200MG/1.14 SYRINGE	N/A	IMMUNOLOGY		1	1					
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	ALLERGY/IMMUNOLOGY	16	1	1					
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	DERMATOLOGY	28	4	4					
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	Other Provider	9	3	3					
		OTOLARYNGOLOGY (EAR,								
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	NOSE, AND THROAT)	1	<u> </u>						
		PEDIATRIC								
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	DERMATOLOGY	1							
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	PEDIATRICS	1	1	1					
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	PHYSICIAN ASSISTANT	4	1	1					
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	PULMONARY DISEASE	1	1	1					
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	N/A	SLEEP MEDICINE	1	<u> </u>	l					

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DURABLE MEDI EQUIP MISC	Major depressive disorder, recurrent, unspecified	Physician							1	
		PEDIATRIC								
DURABLE MEDI EQUIP MISC	Other disorders of lung	PULMONOLOGY						1		
DURABLE MEDI EQUIP MISC	Spinal muscular atrophy, unspecified	Other Provider							1	
DURABLE MEDI EQUIP MISC	Spinal muscular atrophy, unspecified	PEDIATRICS							1	
DURABLE MEDICAL EQUIPMENT MI	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	CRITICAL CARE MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	ARHINENCEPHALY	FAMILY MEDICINE	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	CEREBELLAR STROKE SYNDROME	FAMILY MEDICINE	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	CEREBRAL PALSY, UNSPECIFIED	PEDIATRICS	11	4	4	0	0			
DURABLE MEDICAL EQUIPMENT MI	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	GERIATRIC MEDICINE	2	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	NEUROLOGY	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	PEDIATRIC	3	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	CONGENITAL MALFORMATIONS OF CORPUS CALLOSUM	GASTROENTEROLOGY PEDIATRIC REHABILITATION	n	1	1	0	n			
BONABLE WEBICAL EQUILIBERT WII	CONCENTAL MALI ONIVIATIONS OF CONFESSION	MEDICINE	Ü							
DURABLE MEDICAL EQUIPMENT MI	END STAGE RENAL DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	PEDIATRICS	0	5	5	0	0			
DURABLE MEDICAL EQUIPMENT MI	GASTROSTOMY STATUS	NEONATAL-PERINATAL	1	0	0	0	0			
		MEDICINE								
DURABLE MEDICAL EQUIPMENT MI	HEMIPLGA FOL OTH NTRM INTCRN HEMOR AFF RIGHT DOMINANT SIDE	FAMILY MEDICINE	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT	PHYSICAL MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	INDURATION PENIS PLASTICA	UROLOGY	0	1	0	1	0			
DURABLE MEDICAL EQUIPMENT MI	LEIGH'S DISEASE	NEUROLOGY	2	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	PEDIATRIC REHABILITATION MEDICINE	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	PEDIATRICS	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	0	3	3	0	0			
DURABLE MEDICAL EQUIPMENT MI	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PEDIATRICS	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	MULTIPLE SCLEROSIS	FAMILY MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	2	2	0	0			
DURABLE MEDICAL EQUIPMENT MI	OCULAR HYPERTENSION, UNSPECIFIED EYE	FAMILY MEDICINE	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	OSTEOGENESIS IMPERFECTA	NEONATAL-PERINATAL	2	0	0	0	0			
DUDADIE MEDICAL FOLUDATATAN	OTHER ARMORAALITIES OF CALL AND MORNIES	MEDICINE	4	0			0			
DURABLE MEDICAL EQUIPMENT MI	OTHER ABNORMALITIES OF GAIT AND MOBILITY	PHYSICAL MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	OTHER CEREBRAL PALSY	FAMILY MEDICINE	0	11	11	0	0			
DURABLE MEDICAL EQUIPMENT MI	OTHER CEREBRAL PALSY	FAMILY NURSE PRACTITIONER	U	11	11	U	U			
DURABLE MEDICAL EQUIPMENT MI	OTHER CEREBRAL PALSY	GENERAL PRACTICE	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	OTHER CEREBRAL PALSY	PEDIATRIC REHABILITATION MEDICINE	0	2	2	0	0			
DUDADI FAMEDICAL FOLUDATATA	OTHER CEREBRAL DALCY	DEDIATRICS	0	1	1	0	0	-		
DURABLE MEDICAL EQUIPMENT MI DURABLE MEDICAL EQUIPMENT MI	OTHER CEREBRAL PALSY OTHER CEREBRAL PALSY	PEDIATRICS	0	13	13	0	0	 		-
		PHYSICAL MEDICINE	2	13	13	0	0	-		
DURABLE MEDICAL EQUIPMENT MI DURABLE MEDICAL EQUIPMENT MI	OTHER DISORDERS OF LUNG OTHER DISORDERS OF LUNG	INTERNAL MEDICINE PEDIATRICS	0	2	2	0	0	 		
DURABLE MEDICAL EQUIPMENT MI DURABLE MEDICAL EQUIPMENT MI	OTHER DISORDERS OF LUNG OTHER DISORDERS OF LUNG	PHYSICIAN ASSISTANT	2	0	0	0	0	-		
			0	11	11	0	0			-
DURABLE MEDICAL EQUIPMENT MI DURABLE MEDICAL EQUIPMENT MI	OTHER MUSCLE SPASM PAIN IN RIGHT HIP	FAMILY MEDICINE SPORTS MEDICINE	0	1	1	0	0	 		
DURABLE MEDICAL EQUIPMENT MI DURABLE MEDICAL EQUIPMENT MI	PARAPLEGIA, INCOMPLETE	PHYSICAL MEDICINE	0	1	1	1	0			-
DURABLE MEDICAL EQUIPMENT MI DURABLE MEDICAL EQUIPMENT MI	PHRENIC NERVE PARALYSIS DUE TO BIRTH INJURY	PHYSICAL MEDICINE PHYSICAL MEDICINE	0	0	0	0	0	-		
DURABLE MEDICAL EQUIPMENT MI DURABLE MEDICAL EQUIPMENT MI	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	SURGERY, ORTHOPEDIC	0	1	1	0	0	-		\vdash
	·		0	1	1	0	0	 		
DURABLE MEDICAL EQUIPMENT MI	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4	FAMILY MEDICINE	U	1	1	v	U	l		1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
DURABLE MEDICAL EQUIPMENT MI	QUADRIPLEGIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	PEDIATRICS	0	2	2	0	0			
DURABLE MEDICAL EQUIPMENT MI	SLEEP APNEA, UNSPECIFIED	PEDIATRIC PULMONOLOGY	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	PHYSICAL MEDICINE	0	14	14	0	0			
DURABLE MEDICAL EQUIPMENT MI	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	TRACHEOSTOMY STATUS	FAMILY MEDICINE	1	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	TRACHEOSTOMY STATUS	NEONATAL-PERINATAL	2	0	0	0	0			
DURABLE MEDICAL EQUIPMENT MI	TRACHEOSTOMY STATUS	MEDICINE PEDIATRIC PULMONOLOGY	2	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	TRACHEOSTOMY STATUS	PEDIATRICS	0	1	1	0	0			
DURABLE MEDICAL EQUIPMENT MI	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND	1	0	0	0	0			
		METABOLISM			-					
DURAGESIC 50MCG/HR PATCH TD72	N/A	INTERNAL MEDICINE	1							
DUROLANE 60 MG/3 ML SYRINGE	N/A	SURGERY, ORTHOPEDIC		1	1					
DUZALLO 200-300 MG TABLET	N/A	FAMILY MEDICINE	1							
DX BONE MARROW ASPIRATIONS	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	PEDIATRIC SURGERY	0	1	1	0	0			
DX BONE MARROW ASPIRATIONS	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			
DX BONE MARROW BIOPSIES	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	FAMILY MEDICINE	1	0	0	0	0			
DX BONE MARROW BIOPSIES	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	PEDIATRIC SURGERY	0	1	1	0	0			
DX BONE MARROW BIOPSIES	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	1	0	0	0	0			
DX BONE MARROW BX & ASPIR	OTHER NEUTROPENIA	FAMILY MEDICINE	1	0	0	0	0			
DX BRONCHOSCOPE/LAVAGE	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	PULMONARY DISEASE	1	0	0	0	0			
DX BRONCHOSCOPE/LAVAGE	CHRONIC KIDNEY DISEASE, STAGE 1	PULMONARY DISEASE	1	0	0	0	0			
DX BRONCHOSCOPE/LAVAGE	SARCOIDOSIS OF LUNG	PULMONARY DISEASE	1	0	0	0	0			
DX BRONCHOSCOPE/WASH	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	FAMILY MEDICINE	1	0	0	0	0			
DX BRONCHOSCOPE/WASH	OTHER CHEST PAIN	PULMONARY DISEASE	1	0	0	0	0			
DX BRONCHOSCOPE/WASH	SARCOIDOSIS OF LUNG	PULMONARY DISEASE	1	0	0	0	0			
DX LARYNGOSCOPY W/OPER SCOPE	LARYNGEAL SPASM	FAMILY MEDICINE	1	0	0	0	0			
DX LARYNGOSCOPY W/OPER SCOPE	LARYNGEAL SPASM	PEDIATRIC OTOLARYNGOLOGY	1	0	0	0	0			
DXA BONE DENSITY AXIAL	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	FAMILY MEDICINE	1	0	0	0	0			
DYANAVEL XR 2.5 MG/ML SUS BP 24H	N/A	Other Provider	1							
		PEDIATRIC NURSE	_							
DYANAVEL XR 2.5 MG/ML SUS BP 24H	N/A	PRACTITIONER	1							
DYANAVEL XR 2.5 MG/ML SUS BP 24H	N/A	PEDIATRICS	2	1	1					
DYANAVEL XR 2.5 MG/ML SUSP	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS		1	1					
·	Attention-deficit hyperactivity disorder, predominantly inattentive									
DYANAVEL XR 2.5 MG/ML SUSP	type	PEDIATRICS	1							
DYMISTA 137-50 MCG SPRAY/PUMP	N/A	ALLERGY/IMMUNOLOGY		2	2					
DYMISTA 137-50 MCG SPRAY/PUMP	N/A	FAMILY MEDICINE		1	1					
DYMISTA 137-50 MCG SPRAY/PUMP	N/A	Other Provider	1	1	1					
, ,										
DYMISTA 137-50 MCG SPRAY/PUMP	N/A	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)		2	2					
DYMISTA 137-50 MCG SPRAY/PUMP	N/A	PHYSICIAN ASSISTANT	1	_	_					
DYMISTA 137-50 MCG SPRAY/PUMP	N/A	PULMONARY DISEASE		1	1					
DYMISTA 137-50 MCG SPRAY/PUMP	N/A	SLEEP MEDICINE	1	-	_					
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	ALLERGY/IMMUNOLOGY		1	1					
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	FAMILY MEDICINE		2	2					
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN ALLERGIC RHINITIS DUE TO POLLEN	Other Provider	1	1	1					\vdash
DYMISTA NASAL SPRAY		FAMILY MEDICINE	1	2	2					\vdash
D III III III III III III III III III I	Allergic rhinitis, unspecified	FAIVILT IVIEUICINE	I	14	4	l	l .	l		

				Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
DOMERTA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY Allege chimitis, unspecified NOTRIALA MASAL SPRAY ALL CATTLAGE GRAPT ACQUINED DEPORTATION FOR ROS OTOLAM MASAL SPRAY ALL CATTLAGE GRAPT ACQUINED DEPORTATION FOR ROS OTOLAM MASAL SPRAY ALL CATTLAGE GRAPT CHIMITIAN AND PROPERTIES AND AND AND AND AND AND AND AND AND AND	Procedure Code Description	Diagnosis Code Description	Provider Specialty			-	_			Denied	by IRO
DAMESTA NASAL SPRAY Allergic Phintis, unspecified OTHER MANASAL SPRAY OTHER MANASAL SPRAY Allergic Phintis, unspecified OTHER MANASAL SPRAY OTHER MANASAL SP											
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DMISTA MANUAL PRIVATE AND REMAIN LIVES OF CHIEFS SHALL RENOTATIONS 1	YMISTA NASAL SPRAY	Allergic rhinitis, unspecified	INTERNAL MEDICINE		2	2					
DOMESTA ANAL SPRAY Alleger finality, unspecified NOSE, AND TRIBOAT] 1 1 0 0 0 0 0 0 0 0											
CARL CARTHAGE GRAFT	VANISTA NACAL CRRAV	Allowers while is a common of the d	, ,		1	1					
ACCARTIAGE GRAFT ACQUIRED DEFORMITY OF NOSE OTCLAMPSCOOP STARL ACCARTIAGE GRAFT OSSAGE, CEL CARCINORIAGE SYNING SCAIP AND SHEEC OTCLAMPSCOOP STARL ACCARTIAGE GRAFT CENTRAL PREFORMITOR OF TYMBANIC MEMBRANE, RIGHT EAR OTCLAMPSCOOP STARL ACCARTIAGE GRAFT CONCECT HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LEFT EAR, WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LAW WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LAW WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LAW WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LAW WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LAW WINNESTR HEAR CRITIA SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGSS, LINI, LAW WINNESTR HEAR CRITICAL SIDE OF CARTINAGE GRAFT ORNOCTIVE HEAR LIGHT LIGH				1	0	0	n	n			+
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CARC CARTILLAGE GRAFT	AD CAPTILAGE GRAET	BASALCELL CADCINOMA OF SKIN OF SCALD AND NECK		1	0	0	0	0			+
EAR CARTILAGE GRAFT CHOLESTEATOMA OF ATTIC, RIGHT EAR TOUGHT EAR STORMAN COLORY (EAR, 1) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	n			+
ARC ARTHLAGE GRAFT CONDCTV HEAR LOSS, LINI, LEFT EAR, W LINRESTR HEAR CHITRA SIDE FRANKLY MERCINE CAR CARTHLAGE GRAFT CONDCTV HEAR LOSS, LINI, LEFT EAR, W LINRESTR HEAR CHITRA SIDE OTGLARM/GROGOF (FAR, 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CENTINE ELL OIL MONTON OF THIN THE MEMBER MED, MONTON ELL		•	Ü	·	ŭ	Ü			
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NOSE, AND THE NATE				2	0	0	0	0			+
NOSE_AND TRROATI	in our in the court in	CONSCIVE LEGIS, ONLY LET YEAR, WOMESTIME WOMESTIME	, ,	Ī			ŭ	Ü			
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DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFED		DELICATED MACHINER MACHINER									
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LABYRINTHINE FISTULA, UNSPECIFIED EAR	AR CARTILAGE GRAFT	HYPERTROPHY OF ADENOIDS		1	0	0	0	0			
MOSE, AND THROAT]											
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EAR CARTILAGE GRAFT	AR CARTILAGE GRAFT	OTHER MARGINAL PERFORATIONS OF TYMPANIC MEMBRANE, RIGHT EAR		1	0	0	0	0			
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NOSE, AND THROAT											
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NOSE, AND THROAT				0	1	0	0	1			
EAR CARTILAGE GRAFT UNSPECIFIED CHOLESTEATOMA, LEFT EAR OTOLARYNGOLOGY (EAR, NOSE, AND THROAT) 3 0	IR CARTILAGE GRAFT	UNSP PERFORATION OF TYMPANIC MEMBRANE, UNSPECIFIED EAR		1	0	0	U	U			
EAR CARTILAGE GRAFT UNSPECIFIED CHOLESTEATOMA, RIGHT EAR OTOLÁRYNGOLOGY (EAR, NOSE, AND THROAT) EAR CARTILAGE GRAFT UNSPECIFIED MASTOIDITIS, LEFT EAR OTOLARYNGOLOGY (EAR, 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AR CARTILAGE GRAFT	UNSPECIFIED CHOLESTEATOMA, LEFT EAR		3	0	0	0	0	İ		
NOSE, AND THROAT	AD CADTUACE CDAFT	LINCOPCIFIED CHOLECTEATOMA SIGNATURE		4	0	0			ļ		
EAR CARTILAGE GRAFT UNSPECIFIED MASTOIDITIS, LEFT EAR OTOLARYNGOLOGY (EAR, 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IR CARTILAGE GRAFT	UNSPECIFIED CHOLESTEATOMA, RIGHT EAR		1	U	U	U	U			
NOSE, AND THROAT) EAR CARTILAGE GRAFT UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, BILATERAL OTOLARYNGOLOGY (EAR, 2 0 0 0 0 0	AR CARTILAGE GRAFT	UNSPECIFIED MASTOIDITIS, LEFT EAR		1	0	0	0	0			†
				L	L	ļ	<u> </u>				
INUSE, AND IMKUAT)	IR CARTILAGE GRAFT	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, BILATERAL		2	0	0	0	0			
EAR CARTILAGE GRAFT UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR OTOLARYNGOLOGY (EAR, 2 0 0 0 0	AR CARTILAGE GRAFT	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE. LEFT FAR		2	0	0	0	0	<u> </u>		+
NOSE, AND THROAT)			NOSE, AND THROAT)								ļ
EAR CARTILAGE GRAFT UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR OTOLARYNGOLOGY (EAR, 4 0 0 0 0	AR CARTILAGE GRAFT	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR		4	0	0	0	0			
NOSE, AND THROAT)	G MONIT/REPRT UP TO 48 HRS	ARNORMAL FLECTROCARDIOGRAM (ECG.) [EKG.]		1	0	0	0	n	 		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ECG MONIT/REPRT UP TO 48 HRS	ACUTE RESPIRATORY DISTRESS	PEDIATRICS	1	0	0	0	0	Пристои		,
ECG MONIT/REPRT UP TO 48 HRS	CARDIAC ARRHYTHMIA, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			+
ECG MONIT/REPRT UP TO 48 HRS	CHEST PAIN, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECG MONIT/REPRT UP TO 48 HRS	CONGENITAL HYPOTONIA	PEDIATRICS	1	0	0	0	0			+
ECG MONIT/REPRT UP TO 48 HRS	CONGENITAL HYPOTONIA	SOCIAL WORK	1	0	0	0	0			+
ECG MONIT/REPRT UP TO 48 HRS	DISEASES OF THE CIRC SYS COMP PREGNANCY, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ECG MONIT/REPRT UP TO 48 HRS	HEART TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			+
ECG MONIT/REPRT UP TO 48 HRS	MALFORMATION OF CORONARY VESSELS	FAMILY MEDICINE	1	0	0	0	0			
ECG MONIT/REPRT UP TO 48 HRS	PAROXYSMAL ATRIAL FIBRILLATION	PEDIATRIC CARDIOLOGY	1	0	0	0	0			1
ECG/MONITORING AND ANALYSIS	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	0	1	0	0	1			
ECHO EXAM OF ABDOMEN	ENCOUNTER FOR EXAM OF EARS AND HEARING W/O ABNORMAL FINDING	S PEDIATRIC GASTROENTEROLOGY	2	0	0	0	0			
ECHO EXAM OF ABDOMEN	HEART TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			1
ECHO EXAM OF ABDOMEN	HEMANGIOMA UNSPECIFIED SITE	PEDIATRIC DERMATOLOGY	1	0	0	0	0			
ECHO EXAM OF ABDOMEN	VOMITING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0	 	1	+
ECHO EXAM OF FETAL HEART	CONGENITAL ABSENCE AND HYPOPLASIA OF UMBILICAL ARTERY	PEDIATRIC CARDIOLOGY	1	0	n	0	n			+
ECHO EXAM OF FETAL HEART	FAM HX OF CONGEN MALFORM, DEFORMATIONS AND CHROMSOML	PEDIATRIC CARDIOLOGY	1	0	0	0	0			1
ECHO EXAM OF FETAL HEART	ABNLT TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY MEDICINE	1	0	0	0	0			₩
ECHO GUIDE FOR BIOPSY	ABNORMAL RESULTS OF FUNCTION STUDIES OF ORGANS AND SYSTEMS	HEMATOLOGY	1	0	0	0	0			+
ECHO GUIDE FOR BIOPSY	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	FAMILY MEDICINE	1	0	0	0	0			+
ECHO GUIDE FOR BIOPSY	DISORDER OF BREAST, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			+
ECHO GUIDE FOR BIOPSY	DISORDER OF BREAST, UNSPECIFIED	SURGERY, GENERAL	2	0	0	0	0			+
ECHO GUIDE FOR BIOPSY ECHO GUIDE FOR BIOPSY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
ECHO GUIDE FOR BIOPSY	GENERALIZED ENLARGED LYMPH NODES	FAMILY MEDICINE	1	0	0	0	0			
ECHO GUIDE FOR BIOPSY	HEADACHE, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
ECHO GUIDE FOR BIOPSY ECHO GUIDE FOR BIOPSY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
ECHO GUIDE FOR BIOPSY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
ECHO GUIDE FOR BIOPSY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
ECHO GUIDE FOR BIOPSY	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	HEMATOLOGY	1	0	0	0	0			+
ECHO GUIDE FOR BIOPSY	N/A	HOSPITAL	2							1
ECHO GUIDE FOR BIOPSY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
ECHO GUIDE FOR BIOPSY	NONTOXIC SINGLE THYROID NODULE	HEMATOLOGY	1	0	0	0	0			†
ECHO GUIDE FOR BIOPSY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	FAMILY MEDICINE	4	0	0	0	0			†
ECHO GUIDE FOR BIOPSY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	INTERNAL MEDICINE	2	0	0	0	0			†
ECHO GUIDE FOR BIOPSY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	SURGERY, GENERAL	13	0	0	0	0			†
ECHO GUIDE FOR BIOPSY	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	FAMILY MEDICINE	1	0	0	0	0			†
ECHO GUIDE FOR BIOPSY	OTHER MUSCLE SPASM	PHYSICAL MEDICINE	1	0	0	0	0			+
ECHO GUIDE FOR BIOPSY	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	GASTROENTEROLOGY	1	0	0	0	0			†
ECHO GUIDE FOR BIOPSY	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	SURGERY, GENERAL	1	0	0	0	0			+
ECHO GUIDE FOR BIOPSY	PROTEINURIA, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
ECHO TRANSESOPHAGEAL	ATRIAL SEPTAL DEFECT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ECHO TRANSESOPHAGEAL	N/A	HOSPITAL	1	†				†		+
ECHO TRANSESOPHAGEAL	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ECHO TRANSESOPHAGEAL	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ECHO TRANSESOPHAGEAL	SNORING	FAMILY MEDICINE	1	0	0	0	0	<u> </u>		+
ECHO TRANSESOPHAGEAL	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ECHO TRANSESOPHAGEAL	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	3	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ECHO TRANSESOPHAGEAL INTRAOP	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	ATRIAL SEPTAL DEFECT	FAMILY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
ECHO TRANSTHORACIC	CARDIAC ARRHYTHMIA, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	CARDIAC MURMUR, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	CARDIAC MURMUR, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	CARDIAC MURMUR, UNSPECIFIED	PEDIATRICS	2	0	0	0	0			
ECHO TRANSTHORACIC	CONGENITAL HYPOTONIA	PEDIATRICS	1	0	0	0	0			
ECHO TRANSTHORACIC	CONGENITAL HYPOTONIA	SOCIAL WORK	1	0	0	0	0			
ECHO TRANSTHORACIC	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	FAMILY MEDICINE	2	0	0	0	0			
ECHO TRANSTHORACIC	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	DISEASES OF THE CIRC SYS COMP PREGNANCY, FIRST TRIMESTER	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ECHO TRANSTHORACIC	DISEASES OF THE CIRC SYS COMP PREGNANCY, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	DISTURBANCES IN TOOTH ERUPTION	PEDIATRICS	1	0	0	0	0			
ECHO TRANSTHORACIC	DISTURBANCES IN TOOTH ERUPTION	SOCIAL WORK	1	0	0	0	0			
ECHO TRANSTHORACIC	DOUBLE OUTLET RIGHT VENTRICLE	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	MALFORMATION OF CORONARY VESSELS	FAMILY MEDICINE	2	0	0	0	0			
ECHO TRANSTHORACIC	MALIGNANT NEUROLEPTIC SYNDROME	PEDIATRICS	1	0	0	0	0			
ECHO TRANSTHORACIC	MOSAICISM, 45, X/46, XX OR XY	INTERNAL MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	FAMILY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	OCULAR HYPERTENSION, LEFT EYE	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	OTHER CARDIOMYOPATHIES	FAMILY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	OTHER CARDIOMYOPATHIES	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	OTHER CONGENITAL MALFORMATIONS OF AORTIC AND MITRAL VALVES	FAMILY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF HEART	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
ECHO TRANSTHORACIC	PALPITATIONS	EMERGENCY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	PALPITATIONS	FAMILY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	PALPITATIONS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
		CARDIOVASCULAR								
ECHO TRANSTHORACIC	PALPITATIONS; PRECORDIAL PAIN	DISEASE		1	1					
ECHO TRANSTHORACIC	PECTUS CARINATUM	SURGERY, GENERAL	1	0	0	0	0			
ECHO TRANSTHORACIC	PERSONAL HISTORY OF CONGENITAL MALFORM OF HEART AND CIRC SYS	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
ECHO TRANSTHORACIC	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ECHO TRANSTHORACIC	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	SURGERY, THORACIC	1	0	0	0	0			
ECHO TRANSTHORACIC	PRECORDIAL PAIN; VENTRICULAR PREMATURE DEPOLARIZATION; ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	1							
ECHO TRANSTHORACIC	RHABDOMYOLYSIS	FAMILY MEDICINE	1	0	n	0	n			1
ECHO TRANSTHORACIC	TACHYCARDIA, UNSPECIFIED	FAMILY MEDICINE	1	0	n	0	n			-
ECHO TRANSTHORACIC	TETRALOGY OF FALLOT	FAMILY MEDICINE	1	0	0	0	0			
ECHO TRANSTHORACIC	TETRALOGY OF FALLOT	PEDIATRIC CARDIOLOGY	4	0	0	0	0			
ECHO TRANSTHORACIC	THORACIC AORTIC ECTASIA	PEDIATRICS PEDIATRICS	1	0	0	0	0			
ECHO TRANSTHORACIC	THORACIC AORTIC ECTASIA THORACIC AORTIC ECTASIA	SOCIAL WORK	1	0	0	0	0			\vdash
ECHO TRANSTHORACIC ECHO TRANSTHORACIC	TUBEROUS SCLEROSIS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			++
ECHO TRANSTHORACIC ECHO TRANSTHORACIC	UNSPECIFIED ASTHMA, UNCOMPLICATED	FAMILY MEDICINE	1	0	0	0	0			+
ECHO TRANSTHORACIC ECHO TRANSTHORACIC	UNSPECIFIED ASTHMA, UNCOMPLICATED	PEDIATRICS	1	0	0	0	0	-	-	++
ECHO TRANSTHORACIC ECHO TRANSTHORACIC	VENTRICULAR SEPTAL DEFECT	FAMILY MEDICINE	1	0	0	0	0	-	-	++
ECHO TRANSTHORACIC ECHO TRANSTHORACIC	VENTRICULAR SEPTAL DEFECT VENTRICULAR SEPTAL DEFECT		1	0	0	0	0			+
ECHO TRANSTHORACIC ECHO TRANSTHORACIC	VENTRICULAR SEPTAL DEFECT VENTRICULAR SEPTAL DEFECT	PEDIATRIC CARDIOLOGY PEDIATRICS	1	0	0	0	0			
ECHO INANSTRUKACIO	VEIVINICULAR SEPTAL DEFECT	PEDIATRICS	1	ľ	U	V	U	l	l	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Echocardiography, transesophageal, real-time with image										
documentation (2D) (with or without M-mode recording); including		CARDIOVASCULAR								
probe placement, image acquisition, interpretation and report	Nonrheumatic aortic (valve) stenosis	DISEASE	1							
probe placement, image acquisition, interpretation and report	Nontheumatic actitic (valve) stemosis	DISEASE	1							+
Echocardiography, transesophageal, real-time with image										
		CARDIAC								
documentation (2D) (with or without M-mode recording); including	Unangeified atrial fibrillation	ELECTROPHYSIOLOGY	1							
probe placement, image acquisition, interpretation and report	Unspecified atrial fibrillation	ELECTROPHYSIOLOGY	1							
Echacardiagraphy transacanhagaal roal time with image										
Echocardiography, transesophageal, real-time with image										
documentation (2D) (with or without M-mode recording); including		CARDIOVASCULAR								
probe placement, image acquisition, interpretation and report	Unspecified atrial fibrillation	DISEASE	1							
Echocardiography, transesophageal, real-time with image										
documentation (2D) (with or without M-mode recording); including										
probe placement, image acquisition, interpretation and report	Unspecified atrial fibrillation	INTERNAL MEDICINE	1							
						1				
Echocardiography, transesophageal, real-time with image										
documentation (2D) (with or without M-mode recording); including										
probe placement, image acquisition, interpretation and report	Unspecified atrial fibrillation	RADIOLOGY - PET	1							
ECP CILIARY BODY DESTRUCTION	GLAUCOMA SECONDARY TO OTH EYE DISORD, R EYE, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			1
ECP CILIARY BODY DESTRUCTION	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	OPHTHALMOLOGY	1	0	0	0	0			1
ECULIZUMAB INJECTION	HEMOLYTIC-UREMIC SYNDROME	PEDIATRIC NEPHROLOGY	2	0	0	0	0			+
ECULIZUMAB INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	n			+
ECULIZUMAB INJECTION	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	2	0	0	0	0			+
ECULIZUMAB INJECTION ECULIZUMAB INJECTION	NEUROMYELITIS OPTICA [DEVIC]	PHYSICIAN ASSISTANT	3	0	0	0	0			+
ECULIZUMAB INJECTION	NEUROINTELITIS OPTICA [DEVIC]		1	U	U	U	U			
		CARDIOVASCULAR								
EDARBI	Essential (primary) hypertension	DISEASE						1		
		CARDIOVASCULAR								
EDARBI 40 MG TABLET	Essential (primary) hypertension	DISEASE		1	1					<u> </u>
		ENDOCRINOLOGY AND								
EDARBI 40 MG TABLET	Essential (primary) hypertension	METABOLISM		1	1					↓
EDARBI 40 MG TABLET	Essential (primary) hypertension	FAMILY MEDICINE	1							
		FAMILY NURSE								
EDARBI 40 MG TABLET	Essential (primary) hypertension	PRACTITIONER		1	1					
EDARBI 40 MG TABLET	Essential (primary) hypertension	GENERAL PRACTICE	1							1
EDARBI 40 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE		1	1					1
EDARBI 40 MG TABLET	Essential (primary) hypertension	Other Provider		2	2					1
EDARBI 40 MG TABLET	N/A	FAMILY MEDICINE		1	1					1
EDARBI 40 MG TABLET	N/A	Other Provider	1							1
		CARDIOVASCULAR	1							1
EDARBI 80 MG TABLET	Essential (primary) hypertension	DISEASE	2			1				1
EDARBI 80 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE	1	1	1	1				+
EDARBI 80 MG TABLET	Essential (primary) hypertension	Other Provider	1	_	_					†
ESTATES OF THE TRACE I	Essertian (primary) hypertension	CARDIOLOGY,	+			 				+
EDARBI 80 MG TABLET	N/A	INTERVENTIONAL	1	1	1					
LUARUI OU IVIO TABLLT	17/0		+	-	1	 	-			+
EDADDI 00 MC TADI ET	21/2	CARDIOVASCULAR	1.			1				1
EDARBI 80 MG TABLET	N/A	DISEASE	4	2	2	 				+
EDARBI 80 MG TABLET	N/A	FAMILY MEDICINE	+	3	3	1				
EDARBI 80 MG TABLET	N/A	Other Provider	+	2	2					
		CARDIOVASCULAR	1			1				1
EDARBYCLOR 40 MG-25MG TABLET	N/A	DISEASE	1	1	1	ļ				<u> </u>
EDARBYCLOR 40 MG-25MG TABLET	N/A	FAMILY MEDICINE	2	3	3					
		FAMILY NURSE								
EDARBYCLOR 40 MG-25MG TABLET	N/A	PRACTITIONER		1	1	<u></u>				<u> </u>
EDARBYCLOR 40 MG-25MG TABLET	N/A	GASTROENTEROLOGY		1	1					

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EDARBYCLOR 40 MG-25MG TABLET	N/A	Other Provider	3	1	1					
		CARDIOVASCULAR								
EDARBYCLOR 40-12.5 MG TABLET	Essential (primary) hypertension	DISEASE	1							
EDARBYCLOR 40-12.5 MG TABLET	Essential (primary) hypertension	FAMILY MEDICINE	1							
EDARBYCLOR 40-12.5 MG TABLET	Essential (primary) hypertension	GENERAL PRACTICE	1							
EDARBYCLOR 40-12.5 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE		2	2					
EDARBYCLOR 40-12.5 MG TABLET	Essential (primary) hypertension	Other Provider	1							
		CARDIOVASCULAR								
EDARBYCLOR 40-12.5 MG TABLET	N/A	DISEASE	3	2	2					
		ENDOCRINOLOGY AND								
EDARBYCLOR 40-12.5 MG TABLET	N/A	METABOLISM	1							
EDARBYCLOR 40-12.5 MG TABLET	N/A	FAMILY MEDICINE	2	2	2					
EDARBYCLOR 40-12.5 MG TABLET	N/A	INTERNAL MEDICINE	1							
EDARBYCLOR 40-12.5 MG TABLET	N/A	Other Provider	2	2	2					
EDARBYCLOR 40-12.5 MG TABLET	N/A	PHYSICIAN ASSISTANT		1	1					
	,	CARDIOVASCULAR	1							†
EDARBYCLOR 40-25 MG TABLET	Essential (primary) hypertension	DISEASE	1							
EDARBYCLOR 40-25 MG TABLET	Essential (primary) hypertension	FAMILY MEDICINE	1							1
EDARBYCLOR 40-25 MG TABLET	Essential (primary) hypertension	INTERNAL MEDICINE	-	2	2					1
EDARBYCLOR 40-25 MG TABLET	Essential (primary) hypertension	Other Provider	1	-	_					1
EDLUAR 10 MG SL TABLET	PRIMARY INSOMNIA	Other Provider	1							+
EDURANT 25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INFECTIOUS DISEASE	1							+
EEG 41-60 MINUTES	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	NEUROLOGY	1	0	0	n	n			+
EEG 41-60 MINUTES	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	PEDIATRICS	1	0	0	0	<u>0</u>			+
EEG 41-60 MINUTES	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	FAMILY MEDICINE	1	0	0	0	<u>0</u>			+
EEG 41-60 MINUTES	MELANOCYTIC NEVI, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			-
EEG 41-60 MINUTES	TRANSIENT ALTERATION OF AWARENESS	PEDIATRIC NEUROLOGY	1	0	0	0	0			-
EEG 41-60 MINUTES	UNSPECIFIED CONVULSIONS	PEDIATRIC NEUROLOGY PEDIATRIC NEUROLOGY	1	0	0	0	0			-
EEG 41-60 MINUTES	UNSPECIFIED CONVULSIONS UNSPECIFIED CONVULSIONS	PEDIATRICS	2	0	0	0	0			-
EEG 41-60 MINUTES	VOMITING, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			-
			1	0	0	0	0			
EEG AWAKE AND ASLEEP	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND ASLEEP	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND ASLEEP	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND ASLEEP	UNSPECIFIED CONVULSIONS	PEDIATRICS	1	0	0	0	0			
EEG AWAKE AND DROWSY	APHASIA	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND DROWSY	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND DROWSY	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
EEG AWAKE AND DROWSY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	FAMILY MEDICINE	1	0	0	0	0			
EEG AWAKE AND DROWSY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND DROWSY	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST, NOT NTRCT, W STAT EPI	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND DROWSY	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			
EEG AWAKE AND DROWSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			†
EEG AWAKE AND DROWSY	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	FAMILY MEDICINE	1	0	0	0	0			
EEG AWAKE AND DROWSY	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	NEUROLOGY	5	0	0	0	0			\vdash
EEG AWAKE AND DROWSY	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	NEUROLOGY	2	0	0	0	0			\vdash
EEG AWAKE AND DROWSY	PRETERM NEWBORN, GESTATIONAL AGE 31 COMPLETED WEEKS	FAMILY MEDICINE	1	0	0	0	0			\vdash
EEG AWAKE AND DROWSY	SLEEP DISORDER, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			\vdash
EEG AWAKE AND DROWSY	SYNCOPE AND COLLAPSE	NEUROLOGY	1	0	0	0	0			\vdash
EEG AWAKE AND DROWSY	TRAUM SUBDR HEM W LOC OF 1-5 HRS 59 MIN, SEQUELA	NEUROLOGY	1	0	0	0	0			\vdash
EEG CONT REC W/VID EEG TECH	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			\vdash
EEG CONT REC W/VID EEG TECH	SLEEP APNEA, UNSPECIFIED	PHYSICIAN ASSISTANT	0	1	0	0	1			++
EEG DURING SURGERY	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	<u>-</u>			+
EEG EXTND MNTR 61-119 MIN	CRAMP AND SPASM	FAMILY MEDICINE	1	0	0	0	0			
EEG EXTND MNTR 61-119 MIN	MUSCLE SPASM OF BACK		1	0	0	0	0			+
EEG EYLIND ININ IK 91-113 MIIN	INIOSCIE SLASINI OL RACK	FAMILY MEDICINE	1	U	U	U	U			

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EEG EXTND MNTR 61-119 MIN	OTHER NEUTROPENIA	PEDIATRIC NEUROLOGY	1	0	0	0	0			
EEG EXTND MNTR 61-119 MIN	UNSPECIFIED ASTHMA, UNCOMPLICATED	PEDIATRICS	1	0	0	0	0			
EEG EXTND MNTR 61-119 MIN	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	1	0	0	0	0			
EEG EXTND MNTR 61-119 MIN	UNSPECIFIED CONVULSIONS	PEDIATRICS	1	0	0	0	0			
EEG PHY/QHP EA INCR W/VEEG	COMPRESSION OF BRAIN	PEDIATRICS	1	0	0	0	0			
EEG PHY/QHP EA INCR W/VEEG	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
EEG PHY/QHP EA INCR W/VEEG	DIZZINESS AND GIDDINESS	NEUROLOGY	1	0	0	0	0			
	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable,									
EEG PHY/QHP EA INCR W/VEEG	without status epilepticus	Other Provider						1		
EEG PHY/QHP EA INCR W/VEEG	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	SLEEP MEDICINE	0	1	1	0	0	1		+
EEG PHY/QHP EA INCR W/VEEG EEG PHY/QHP EA INCR W/VEEG	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	PEDIATRIC NEUROLOGY	1	1	1	0	0			+
			1	1	1	0	0			
EEG PHY/QHP EA INCR W/VEEG	LOCAL-REL SYMPTC EPI W CMPLX PARTIAL SEIZ, NTRCT, W STAT EPI	NEUROLOGY	0	1	1	0	0			
EEG PHY/QHP EA INCR W/VEEG	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	NEUROLOGY	1	0	0	0	0			
EEG PHY/QHP EA INCR W/VEEG	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	PEDIATRIC NEUROLOGY	1	0	0	0	0			
EEG PHY/QHP EA INCR W/VEEG	SLEEP APNEA, UNSPECIFIED	PHYSICIAN ASSISTANT	U	1	U	U	1			
EEG PHY/QHP EA INCR W/VEEG	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	U	1	1	U	U			
EEG PHY/QHP EA INCR W/VEEG	TUBEROUS SCLEROSIS	NEUROLOGY	1	0	0	0	0			<u> </u>
EEG PHY/QHP EA INCR W/VEEG	UNSPECIFIED CONVULSIONS	NEUROLOGY	1	1	1	0	0			
EEG PHY/QHP>60<84 HR W/VEEG	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			↓
EEG PHY/QHP>60<84 HR W/VEEG	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	1	0	0	0	0			↓
EEG PHY/QHP>60<84 HR W/VEEG	SLEEP APNEA, UNSPECIFIED	PHYSICIAN ASSISTANT	0	1	0	0	1			
EEG PHY/QHP>84 HR W/O VID	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	0	1	1	0	0			
EEG PHYS/QHP 2-12 HR W/O VID	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
EEG PHYS/QHP 2-12 HR W/VEEG	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
EEG PHYS/QHP 2-12 HR W/VEEG	UNSPECIFIED CONVULSIONS	NEUROLOGY	1	1	1	0	0			
EEG PHYS/QHP EA INCR W/O VID	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
EEG W/O VID EA 12-26HR INTMT	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			1
EEG WO VID 2-12HR INTMT MNTR	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			1
EF BLENDERIZED FOODS	PULMONARY HYPERTENSION, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			1
EF CALORIE DENSE>/=1.5KCAL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
EF COMPLET W/INTACT NUTRIENT	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF STOMACH	HEMATOLOGY	1	0	0	0	0			1
EF PED CALORIC DENSE>/=0.7KC	OTHER CEREBRAL PALSY	INTERNAL MEDICINE	1	0	0	0	0			1
EF PED HYDROLYZED/AMINO ACID	ALLERGY TO MILK PRODUCTS	FAMILY MEDICINE	1	0	0	0	0			1
EF PED HYDROLYZED/AMINO ACID	FEEDING DIFFICULTIES	PEDIATRICS	1	0	0	0	0			1
EF PED HYDROLYZED/AMINO ACID	MELENA	PEDIATRICS	1	0	0	0	0			+
EF PED HYDROLYZED/AMINO ACID	MELENA	SOCIAL WORK	1	0	0	0	0			+
EF SPECIAL METABOLIC INHERIT	CLASSICAL PHENYLKETONURIA	GENETICS	2	0	0	0	0			+
EFAVIR-EMTRI-TENOF 600-200-300	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INTERNAL MEDICINE	1		•					+
EFAVIRENZ 600 MG TABLET	N/A	INFECTIOUS DISEASE	1							+
ELAVINEIVE 000 IVIG TABLET	190	ENDOCRINOLOGY AND	1							+
EFFEXOR XR 75 MG CAP.SR 24H	N/A	METABOLISM		1	1					<u> </u>
EFFEXOR XR 75 MG CAP.SR 24H	N/A	Other Provider		1	1					l
EGD BIOPSY SINGLE/MULTIPLE	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	GASTROENTEROLOGY	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION	GASTROENTEROLOGY	0	1	0	0	1			
EGD BIOPSY SINGLE/MULTIPLE	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	DIARRHEA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
EGD BIOPSY SINGLE/MULTIPLE	EOSINOPHILIC ESOPHAGITIS	GASTROENTEROLOGY	3	0	0	0	0			1
EGD BIOPSY SINGLE/MULTIPLE	EPIGASTRIC PAIN	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			1
EGD BIOPSY SINGLE/MULTIPLE	ESOPHAGEAL VARICES WITHOUT BLEEDING	FAMILY MEDICINE	1	0	0	0	0			+
EGD BIOPSY SINGLE/MULTIPLE	ESSENTIAL (PRIMARY) HYPERTENSION	COUNSELING	1	0	0	0	0			†
EGD BIOPSY SINGLE/MULTIPLE	ESSENTIAL (PRIMARY) HYPERTENSION	GASTROENTEROLOGY	1	0	0	0	0			+
:-: 3: 3::1022, :::02::: 22			t	1-	l-	-	 -	1	 	+
EGD BIOPSY SINGLE/MULTIPLE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	12	10	In .					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EGD BIOPSY SINGLE/MULTIPLE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	HEMORRHAGE OF ANUS AND RECTUM	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	HYPERSOMNIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	COUNSELING	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	2	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	PERIUMBILICAL PAIN	FAMILY MEDICINE	1	0	0	0	0			1
EGD BIOPSY SINGLE/MULTIPLE	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	1	0	0	0	0			
EGD BIOPSY SINGLE/MULTIPLE	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	0	1	0	0	1			
EGD BIOPSY SINGLE/MULTIPLE	UNSPECIFIED ABDOMINAL PAIN	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABDOMINAL DISTENSION (GASEOUS)	FAMILY MEDICINE	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABDOMINAL DISTENSION (GASEOUS)	GASTROENTEROLOGY	10	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	FAMILY MEDICINE	1	0	0	0	0			† 1
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL IMMUNOLOG FINDINGS IN SPECIMENS FROM OTH ORG/TISS	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL RESULTS OF FUNCTION STUDIES OF ORGANS AND SYSTEMS	GASTROENTEROLOGY	1	0	0	0	n			+
			1	0	0	•	0			
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL WEIGHT LOSS	FAMILY MEDICINE	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	3	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION	GASTROENTEROLOGY	0	1	0	0	1			
EGD DIAGNOSTIC BRUSH WASH	ACUTE GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ACUTE RESPIRATORY DISTRESS SYNDROME	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ANEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	9	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ANOREXIA	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ANXIETY DISORDER, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BARIATRIC SURGERY STATUS	FAMILY MEDICINE	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BARRETT'S ESOPHAGUS WITH HIGH GRADE DYSPLASIA	GASTROENTEROLOGY	2	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	FAMILY MEDICINE	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	GASTROENTEROLOGY	8	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BENIGN NEOPLASM OF COLON, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	BENIGN NEOPLASM, UNSPECIFIED SITE	GASTROENTEROLOGY	1	U	U	0	U			+
EGD DIAGNOSTIC BRUSH WASH EGD DIAGNOSTIC BRUSH WASH	BILIOUS VOMITING CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	GASTROENTEROLOGY GASTROENTEROLOGY	1	0	0	0	0			+
			1	0	-	-	0			
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	GASTROENTEROLOGY	1	U	U	U	U			
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF KIDNEY	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	CALCULUS OF URETER	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	GASTROENTEROLOGY	2	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
EGD DIAGNOSTIC BRUSH WASH	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH EGD DIAGNOSTIC BRUSH WASH	CELIAC DISEASE CEREB INFRC D/T UNSP OCCLS OR STENOS OF RIGHT POST CEREB ART	GASTROENTEROLOGY GASTROENTEROLOGY	1	0	0	0	0			├
EGD DIAGNOSTIC BRUSH WASH	·		1	0	0	0	0			+
	CHANGE IN BOWEL HABIT CHANGE IN BOWEL HABIT	FAMILY MEDICINE	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH EGD DIAGNOSTIC BRUSH WASH	CHEST PAIN, UNSPECIFIED	GASTROENTEROLOGY GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	CHOLEST PAIN, UNSPECIFIED CHOLESTEROLOSIS OF GALLBLADDER	GASTROENTEROLOGY	3	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	CHRONIC IDIOPATHIC CONSTIPATION	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	CHRONIC IDIOPATRIC CONSTIPATION CHRONIC KIDNEY DISEASE, STAGE 1	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	CHRONIC KIDNEY DISEASE, STAGE 1 CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	GASTROENTEROLOGY	2	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	CHRONIC KIDNET DISEASE, STAGE 4 (SEVERE) CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	1	0	0	0	0			₩
			1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	CICATRICIAL ENTROPION OF RIGHT UPPER EYELID	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	GASTROENTEROLOGY	2	U	U	U	U			
EGD DIAGNOSTIC BRUSH WASH	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	CONSTIPATION, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	COVID-19	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	COVID-19	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	CYST OF KIDNEY, ACQUIRED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DEHYDRATION	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGICAL CRITICAL CARE	0	1	1	0	0			
EGD DIAGNOSTIC BRUSH WASH	DIARRHEA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	4	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DISP FX OF LATERAL END OF RIGHT CLAVICLE, INIT FOR CLOS FX	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DISP FX OF PISIFORM, RIGHT WRIST, INIT FOR CLOS FX	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DIZZINESS AND GIDDINESS	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DVRTCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DYSKINESIA OF ESOPHAGUS	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DYSKINESIA OF ESOPHAGUS	GASTROENTEROLOGY	1	0	0	0	0			1
EGD DIAGNOSTIC BRUSH WASH	DYSPHAGIA, UNSPECIFIED	FAMILY MEDICINE	3	0	0	0	0			1
EGD DIAGNOSTIC BRUSH WASH	DYSPHAGIA, UNSPECIFIED	GASTROENTEROLOGY	27	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	DYSPHAGIA, UNSPECIFIED	SURGERY, GENERAL	3	0	0	0	0			1
EGD DIAGNOSTIC BRUSH WASH	EARLY SATIETY	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	EARLY SATIETY	GASTROENTEROLOGY	4	0	0	0	0			1
EGD DIAGNOSTIC BRUSH WASH	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	FAMILY MEDICINE	1	0	0	0	0			1
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	GASTROENTEROLOGY	6	0	0	0	0			1
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAMINATION	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	FAMILY MEDICINE	5	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	15	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	END STAGE RENAL DISEASE	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	EOSINOPHILIC ESOPHAGITIS	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	EPIGASTRIC PAIN	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	EPIGASTRIC PAIN	GASTROENTEROLOGY	65	0	0	0	0			1
EGD DIAGNOSTIC BRUSH WASH	ERUCTATION	GASTROENTEROLOGY	2	0	0	0	0			†
EGD DIAGNOSTIC BRUSH WASH	ESOPHAGEAL OBSTRUCTION	FAMILY MEDICINE	1	0	0	0	0			†
EGD DIAGNOSTIC BRUSH WASH	ESOPHAGEAL WEB	FAMILY MEDICINE	1	0	0	0	0			
:==::==::::::::::::::::::::::::::::	ESSENTIAL (PRIMARY) HYPERTENSION	SURGERY, GENERAL	+	-	-	<u> </u>	<u> </u>	-		+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EGD DIAGNOSTIC BRUSH WASH	EXTRNOD MRGNL ZN B-CELL LYMPH OF MUCOSA-ASSOC LYMPHOID TISS	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	FAMILY HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	5	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	FEVER, UNSPECIFIED	GASTROENTEROLOGY	4	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	FLUID OVERLOAD, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	FRACTURE OF CORPUS CAVERNOSUM PENIS, INITIAL ENCOUNTER	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRIC ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRIC ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	INTERNAL MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	21	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	142	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	GASTROENTEROLOGY	4	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	HEMATEMESIS	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	HICCOUGH	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	HYPERLIPIDEMIA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	HYPERSOMNIA, UNSPECIFIED	GASTROENTEROLOGY	5	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY	FAMILY MEDICINE	1	n	n	0	n			
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	GASTROENTEROLOGY	2	0	0	0	n			
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY ANEMIA, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	IRON DEFICIENCY ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	11	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	LEFT LOWER QUADRANT PAIN	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	LEFT UPPER QUADRANT PAIN	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	4	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	LIVER CELL CARCINOMA	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF PROSTATE	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GASTROENTEROLOGY	1	0	0	0	0	1		1
EGD DIAGNOSTIC BRUSH WASH	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	GASTROENTEROLOGY	1	0	0	0	0	1		†
EGD DIAGNOSTIC BRUSH WASH	MECH COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MELENA	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MELENA	GASTROENTEROLOGY	7	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	GASTROENTEROLOGY	28	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	NAUSEA	FAMILY MEDICINE	1	0	0	0	0	1		1
EGD DIAGNOSTIC BRUSH WASH	NAUSEA	GASTROENTEROLOGY	8	0	0	0	0	1		1
EGD DIAGNOSTIC BRUSH WASH	NAUSEA WITH VOMITING, UNSPECIFIED	FAMILY MEDICINE	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	NAUSEA WITH VOMITING, UNSPECIFIED	GASTROENTEROLOGY	6	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH										

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EGD DIAGNOSTIC BRUSH WASH	OBESITY, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	GASTROENTEROLOGY	9	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYSTEMS	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER CHEST PAIN	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER CONSTIPATION	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER DYSPHAGIA	GASTROENTEROLOGY	4	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER FECAL ABNORMALITIES	FAMILY MEDICINE	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER FECAL ABNORMALITIES	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER IRON DEFICIENCY ANEMIAS	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER MUSCLE SPASM	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	OVERACTIVE BLADDER	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PAROXYSMAL ATRIAL FIBRILLATION	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF COLONIC POLYPS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
Edb bladwostic blosh wash	PERSONAL HISTORY OF COLONIC POLIFS	CANDIOVASCOLAN DISLASE	1	o .	U		U			
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	5	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF MALIGNANT CARCINOID TUMOR OF STOMACH	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF STOMACH	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	POLYP OF STOMACH AND DUODENUM	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	POSTMENOPAUSAL BLEEDING	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	RADICULOPATHY, LUMBAR REGION	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	RIGHT LOWER QUADRANT PAIN	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	RIGHT UPPER QUADRANT PAIN	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	6	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	SENSORINEURAL HEARING LOSS, BILATERAL	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	SEQUELAE OF HYPERALIMENTATION	FAMILY MEDICINE	1	0	0	0	0			+ +
EGD DIAGNOSTIC BRUSH WASH	SEVERE PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	SNORING	FAMILY MEDICINE	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	SNORING	GASTROENTEROLOGY	1	0	0	0	0		 	+
EGD DIAGNOSTIC BRUSH WASH	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	STRESS INCONTINENCE (FEMALE) (MALE)	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	SYNCOPE AND COLLAPSE	GASTROENTEROLOGY	3	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	THIRD DEGREE HEMORRHOIDS	GASTROENTEROLOGY	1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	GASTROENTEROLOGY	1	0	0	0	n			+
EGD DIAGNOSTIC BRUSH WASH	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	GASTROENTEROLOGY	1	0	0	0	0		-	+
EGD DIAGNOSTIC BRUSH WASH	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST		1	0	0	0	0			+
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY GASTROENTEROLOGY	1	0	0	0	0			
			1							<u> </u>
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	4	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	18	0	0	0	0]		

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
EGD DIAGNOSTIC BRUSH WASH EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED ASTHMA, UNCOMPLICATED UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY GASTROENTEROLOGY	1	0	0	0	0			├ ──
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED JAUNDICE UNSPECIFIED JAUNDICE	GASTROENTEROLOGY	1	0	0	0	0			
			2	0	0	0	0			├ ──
EGD DIAGNOSTIC BRUSH WASH EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR UPPER ABDOMINAL PAIN. UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			├ ──
	, , , , , ,	GASTROENTEROLOGY	1	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	VOMITING, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			
EGD DIAGNOSTIC BRUSH WASH	WEAKNESS	GASTROENTEROLOGY	1	0	0	0	0			
EGD ESOPHAGOGASTRC FNDOPLSTY	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	GASTROENTEROLOGY	1	0	0	0	0			
EGD ESOPHAGOGASTRC FNDOPLSTY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	1	0	0	0	0			
EGD LESION ABLATION	BARRETT'S ESOPHAGUS WITH HIGH GRADE DYSPLASIA	GASTROENTEROLOGY	1	0	0	0	0			<u> </u>
EGD LESION ABLATION	IRON DEFICIENCY ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			<u> </u>
EGD REMOVE FOREIGN BODY	RIGHT UPPER QUADRANT PAIN	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
EGD TUBE/CATH INSERTION	DIVERTICULUM OF ESOPHAGUS, ACQUIRED	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
EGD TUBE/CATH INSERTION	DYSPHAGIA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
EGD TUBE/CATH INSERTION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	0	1	1	0	0			
EGD US FINE NEEDLE BX/ASPIR	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	GASTROENTEROLOGY	1	0	0	0	0			
EGD US FINE NEEDLE BX/ASPIR	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	EMERGENCY MEDICINE	1	0	0	0	0			†
EGD US FINE NEEDLE BX/ASPIR	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	GASTROENTEROLOGY	1	0	0	0	0			†
EGD US FINE NEEDLE BX/ASPIR	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	FAMILY MEDICINE	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	GASTROENTEROLOGY	9	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	HYPERSOMNIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	HYPERSOMNIA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	NAUSEA WITH VOMITING, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	OTHER BENIGN NEUROENDOCRINE TUMORS	FAMILY MEDICINE	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	OTHER BENIGN NEUROENDOCRINE TUMORS	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR	RIGHT UPPER QUADRANT PAIN	FAMILY MEDICINE	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR EGD US FINE NEEDLE BX/ASPIR	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	FAMILY MEDICINE	1	0	0	0	0			+
EGD US FINE NEEDLE BX/ASPIR EGD US FINE NEEDLE BX/ASPIR	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			+
EGD W/THRML TXMNT GERD	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	0	1	1	0	0			+
EGD W/THRML TXMNT GERD	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	0	1	0	1	0			+
EGFR GENE COM VARIANTS	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			+
EGFR GENE COIVI VARIANTS	MALIG NEOPLIN OF LOWER-INNER QUADRAINT OF RIGHT FEMALE BREAST	UNCOLOGY	U	1	1	U	U			
EGFR GENE COM VARIANTS	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF CECUM	FAMILY MEDICINE	0	1	1	0	0			†
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			1
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			+
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	PATHOLOGY	1	0	0	0	0			+
EGFR GENE COM VARIANTS	MALIGNANT NEOF LASM OF MISH MAIN DRONCHUS OR LUNG	ONCOLOGY	0	1	1	0	0			<u> </u>
EGRIFTA 1 MG VIAL	N/A	Other Provider	1				-		-	+
EGRIFTA 1 MIG VIAL	N/A	Other Provider Other Provider	1							+
ELEC HAND IND ART DIGITS	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	FAMILY MEDICINE	1	1	1	0	0	1	-	+
ELEC HAND IND ART DIGITS ELEC HAND IND ART DIGITS	COMPLETE TRAUMATIC TRNSPHAL AMP OF L LITTLE FINGER, INIT	SURGERY, HAND	0	1	1	0	0			+
		FAMILY MEDICINE	1	1	1	0	0	1		+
ELEC KNEE-SHIN SWING/STANCE	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	ORTHOTICS AND	1	0	0	0	0		 	+
ELEC KNEE-SHIN SWING/STANCE	ACQUIKED ABSENCE OF LEFT LEG ABOVE KNEE	PROSTHETICS PROSTHETICS	1	U	U	U	U			
ELEC KNEE-SHIN SWING/STANCE	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	PHYSICAL MEDICINE	0	1	1	0	0			
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF 1ST METATARSAL BONE, R FT, SUBS FOR FX W NONUNION	PODIATRY	0	1	1	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF 5TH METATARSAL BONE, R FT, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0	/ ipproved	Demea	2,
		, , , , , , , , , , , , , , , , , , , ,								
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	PODIATRY	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	DISPL OBLIQUE FX SHAFT OF L TIBIA, 7THK	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	FX UNSP PART OF UNSP CLAVICLE, SUBS FOR FX W NONUNION	FAMILY MEDICINE	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 1ST METATARSAL BONE, L FT, 7THK	PODIATRY	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 5TH METATARSAL BONE, L FT, 7THK	PODIATRY	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THG	PODIATRY	0	1	1	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THG	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THK	PODIATRY	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF FOURTH METATARSAL BONE, LEFT FOOT, INIT	PODIATRY	0	1	1	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF PROX PHALANX OF L GREAT TOE, 7THD	PODIATRY	1	0	0	0	0			1
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF TRIQUETRUM BONE, R WRS, SUBS FOR FX W NONUNION	FAMILY MEDICINE	0	1	1	0	0			
ELEC OSTEOGEN STIM NOT SPINE	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	PODIATRY	0	1	0	1	0			1
ELEC OSTEOGEN STIM NOT SPINE	OSTEOCHONDRITIS DISSECANS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
ELEC OSTEOGEN STIM NOT SPINE	OTH FRACTURE OF SHAFT OF R HUMERUS, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0	-		+
	, , , , , , , , , , , , , , , , , , , ,						ľ			
ELEC OSTEOGEN STIM NOT SPINE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	PODIATRY	0	1	1	0	0			
ELEC OSTEOGEN STIM NOT SPINE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	2	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	UNSP FRACTURE OF LEFT LOWER LEG, SUBS FOR CLOS FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	UNSP FRACTURE OF LEFT PATELLA, SUBS FOR CLOS FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
ELEC OSTEOGEN STIM NOT SPINE	UNSP FRACTURE OF RIGHT FOOT, SUBS FOR FX W NONUNION	PODIATRY	1	0	0	0	0			+
ELEC OSTEOGEN STIM NOT SPINE	UNSP FX SHAFT OF R RADIUS, SUBS FOR CLOS FX W NONUNION	INTERNAL MEDICINE	1	0	0	0	0			
ELEC OSTEOGEN STIM NOT SPINE	UNSP FX SHAFT OF R RADIUS, SUBS FOR CLOS FX W NONUNION	SURGERY, HAND	0	1	0	0	1			
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	FAMILY MEDICINE	0	1	0	1	0			
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	GENERAL PRACTICE	1	0	0	0	0			1
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	SURGERY, NEUROLOGICAL	7	5	5	0	0			1
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	SURGERY, ORTHOPEDIC	6	3	3	0	0			1
ELEC OSTEOGEN STIM SPINAL	BREAKDOWN (MECHANICAL) OF INT FIX OF VERTEBRAE, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
ELEC OSTEOGEN STIM SPINAL	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ELEC OSTEOGEN STIM SPINAL	CERVICALGIA	SURGERY, NEUROLOGICAL	n	1	1	0	0			+
ELEC OSTEOGEN STIM SPINAL	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	SURGERY, ORTHOPEDIC	0	1	1	0	0			+
ELEC OSTEOGEN STIM SPINAL	FOOT DROP, LEFT FOOT	SURGERY, ORTHOPEDIC	1	n	0	0	0			+
ELEC OSTEOGEN STIM SPINAL	FUSION OF SPINE, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			+
ELEC OSTEOGEN STIM SPINAL	FUSION OF SPINE, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
ELEC OSTEOGEN STIM SPINAL	FUSION OF SPINE, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			+
ELEC OSTEOGEN STIM SPINAL	HEAT SYNCOPE, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
ELEC OSTEOGEN STIM SPINAL	LOW BACK PAIN	PSYCHOLOGY	0	1	0	1	0			+
ELEC OSTEOGEN STIM SPINAL	LOW BACK PAIN	SURGERY, NEUROLOGICAL	0	1	0	1	0	-		+
ELEC OSTEOGEN STIM SPINAL ELEC OSTEOGEN STIM SPINAL	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL	2	1	0	<u>+</u>	0	 		+
	·		2	0	0	0	0			+
ELEC OSTEOGEN STIM SPINAL	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	FACILITY	U	1	1	0	0	-		+
ELEC OSTEOGEN STIM SPINAL	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	U	3	3	0	U	-		+
ELEC OSTEOGEN STIM SPINAL	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	U	2	2	0	U			+
ELEC OSTEOGEN STIM SPINAL	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, NEUROLOGICAL	1	U	U	U	U			+
ELEC OSTEOGEN STIM SPINAL	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	2	1	1	0	0			
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	1	0	1	0			
ELEC OSTEOGEN STIM SPINAL	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ELEC OSTEOGEN STIM SPINAL	SCOLIOSIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ELEC OSTEOGEN STIM SPINAL	SPINAL INSTABILITIES, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	0	2	2	0	0			
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	2	1	1	0			
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	FAMILY NURSE PRACTITIONER	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	2	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC OSTEOGEN STIM SPINAL	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ELEC OSTEOGEN STIM SPINAL	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELEC STIM CANCER TREATMENT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	RADIATION ONCOLOGY	2	0	0	0	0			
ELEC STIM CANCER TREATMENT	MALIGNANT NEOPLASM OF TEMPORAL LOBE	NEUROLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	BACTEREMIA	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
ELECTRIC BREAST PUMP	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	CALCULUS OF KIDNEY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	ENCNTR FOR CARE AND EXAM OF MOTHER IMMEDIATELY AFTER DEL	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, THIRD TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	FAMILY MEDICINE	3	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	OBSTETRICS/GYNECOLOGY	43	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	SOCIAL WORK	5	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	FAMILY MEDICINE	1	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, THIRD TRIMESTER	OBSTETRICS/GYNECOLOGY	4	0	0	0	0			
ELECTRIC BREAST PUMP	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
			1							
ELECTRIC BREAST PUMP	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
ELECTRIC BREAST PUMP	GESTATNL HTN WITHOUT SIGNIFICANT PROTEIN, COMP CHILDBIRTH	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	HEADACHE	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
ELECTRIC BREAST PUMP	ILLNESS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
ELECTRIC BREAST PUMP	MATERNAL CARE FOR UNSP TYPE SCAR FROM PREVIOUS CESAREAN DEL	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	PAIN, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	PREGNANT STATE, INCIDENTAL	FAMILY MEDICINE	2	0	0	0	0	1		
ELECTRIC BREAST PUMP	PREGNANT STATE, INCIDENTAL	OBSTETRICS/GYNECOLOGY	7	0	0	0	0			
ELECTRIC BREAST PUMP	PREGNANT STATE, INCIDENTAL	SOCIAL WORK	1	0	0	0	0			
ELECTRIC BREAST PUMP	PRIMARY INADEQUATE CONTRACTIONS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
			<u> </u>	<u></u>		<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>

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			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ELECTRIC BREAST PUMP	SHORTNESS OF BREATH	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	SHORTNESS OF BREATH	SOCIAL WORK	1	0	0	0	0			
ELECTRIC BREAST PUMP	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC BREAST PUMP	UNSP PRE-EXISTING HTN COMP PREGNANCY, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
	·		1	U	U	0	O			
ELECTRIC BREAST PUMP	UNSPECIFIED MATERNAL HYPERTENSION, COMP THE PUERPERIUM	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ELECTRIC CURRENT THERAPY	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY	FAMILY MEDICINE	0	1	0	0	1			
ELECTRICAL BONE STIMULATION	CONGENITAL SPONDYLOLISTHESIS	SURGERY, NEUROLOGICAL	0	1	1	0	0			
ELECTRICAL BONE STIMULATION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
ELECTROCARDIOGRAM TRACING	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PEDIATRICS	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	ABNORMAL FINDINGS ON DX IMAGING OF HEART AND COR CIRC	PEDIATRICS	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	ANEURYSM OF HEART	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	ANEURYSM OF HEART	SOCIAL WORK	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	CARDIAC MURMUR, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
ELECTROCARDIOGRAM TRACING	CARDIAC MURMUR, UNSPECIFIED	PEDIATRICS	4	0	0	0	0			
ELECTROCARDIOGRAM TRACING	CHEST PAIN, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	CHEST PAIN, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	DISCORDANT VENTRICULOARTERIAL CONNECTION	FAMILY MEDICINE	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	FAMILY MEDICINE	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	PEDIATRICS	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	MALFORMATION OF CORONARY VESSELS	FAMILY MEDICINE	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	PALPITATIONS	FAMILY MEDICINE	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	PAROXYSMAL ATRIAL FIBRILLATION	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ELECTROCARDIOGRAM TRACING	PAROXYSMAL ATRIAL FIBRILLATION	PEDIATRICS	1	0	0	0	0			1
ELECTROCARDIOGRAM TRACING	PAROXYSMAL ATRIAL FIBRILLATION	SOCIAL WORK	1	0	0	0	0			1
ELECTROCARDIOGRAM TRACING	PERSONAL HISTORY OF CONGENITAL MALFORM OF HEART AND CIRC SYS	FAMILY MEDICINE	1	0	0	0	0			-
					_		-			
ELECTROCARDIOGRAM TRACING	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
ELECTROCARDIOGRAM TRACING	SUPRAVENTRICULAR TACHYCARDIA	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
ELECTRODES, PAIR	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)			_		_			
ELECTRODES, PAIR	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELECTRODES, PAIR	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
ELECTRODES, PAIR	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ELECTRODES, PAIR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
Floring (FFC)										
Electroencephalogram (EEG), continuous recording, physician or										
other qualified health care professional review of recorded events,										
analysis of spike and seizure detection, interpretation, and summary										
report, complete study; greater than 60 hours, up to 84	Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	NEUROLOGY	1							
Electroencephalogram (EEG), continuous recording, physician or										
other qualified health care professional review of recorded events,		1								
analysis of spike and seizure detection, interpretation, and summary										
report, complete study; greater than 60 hours, up to 84	Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	RADIOLOGY - CT	1							
report, complete study, greater than 60 nours, up to 84	Local-rei sympte epi w ciripix part seiz, nitret, w/o stat epi	NADIOLOGI - CI	1							
Electroencephalogram (EEG), continuous recording, physician or		1								
other qualified health care professional review of recorded events,										
analysis of spike and seizure detection, interpretation, and summary										
report, complete study; greater than 60 hours, up to 84	Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	RADIOLOGY - MRI	1							
,		1	1*	1	1		·			

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Electroencephalogram (EEG), continuous recording, physician or										
other qualified health care professional review of recorded events,										
analysis of spike and seizure detection, interpretation, and summary										
report, complete study; greater than 60 hours, up to 84	Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	RADIOLOGY - PET	1							
ELECTROPHYS MAP 3D ADD-ON	PRE-EXCITATION SYNDROME	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
		CARDIAC								
ELECTROPHYSIOLOGY EVALUA	Paroxysmal atrial fibrillation	ELECTROPHYSIOLOGY							1	
		CARDIAC								
ELECTROPHYSIOLOGY EVALUA ELECTROPHYSIOLOGY EVALUATION	Ventricular premature depolarization ALLERGIC RHINITIS DUE TO POLLEN	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	1	0	0	0	0	1		ļ
ELECTROPHYSIOLOGY EVALUATION	ALLERGIC RHINTIS DUE TO POLLEN	CARDIOVASCULAR DISEASE	1	U	U	U	U			
ELECTROPHYSIOLOGY EVALUATION	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	CARDIAC	2	0	0	0	0			
ELECTROPHINGIAL OCY EVALUATION	ATVOICAL ATOLAL CLUTTED	ELECTROPHYSIOLOGY	0	4	4		0			ļ
ELECTROPHYSIOLOGY EVALUATION	ATYPICAL ATRIAL FLUTTER	CARDIAC ELECTROPHYSIOLOGY	U	1	1	U	U			
ELECTROPHYSIOLOGY EVALUATION	CHEST PAIN, UNSPECIFIED	CARDIAC	1	0	0	0	0			
		ELECTROPHYSIOLOGY								
ELECTROPHYSIOLOGY EVALUATION	DILATED CARDIOMYOPATHY	CARDIAC ELECTROPHYSIOLOGY	2	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIAC	1	0	0	0	0			
		ELECTROPHYSIOLOGY								
ELECTROPHYSIOLOGY EVALUATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	OTHER PERSISTENT ATRIAL FIBRILLATION	CARDIAC	5	0	0	0	0			
		ELECTROPHYSIOLOGY								
ELECTROPHYSIOLOGY EVALUATION	OTHER PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	2	1	1	0	0			
ELECTROPHYSIOLOGY EVALUATION	OTHER PERSISTENT ATRIAL FIBRILLATION	FACILITY	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	OTHER PERSISTENT ATRIAL FIBRILLATION	INTERNAL MEDICINE	0	1	1	0	0			
ELECTROPHYSIOLOGY EVALUATION	PALPITATIONS	CARDIAC	2	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	PAROXYSMAL ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIAC	15	c	c	0	0			ļ
ELECTROPHTSIOLOGY EVALUATION	PAROATSMAL ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY	15	ь	ь	U	U			
ELECTROPHYSIOLOGY EVALUATION	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	5	1	1	0	0			\vdash
ELECTROPHYSIOLOGY EVALUATION	PRE-EXCITATION SYNDROME	CARDIAC	2	0	0	0	0			
		ELECTROPHYSIOLOGY								
ELECTROPHYSIOLOGY EVALUATION	PRE-EXCITATION SYNDROME	FAMILY MEDICINE	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	PRE-EXCITATION SYNDROME	PEDIATRICS	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	RE-ENTRY VENTRICULAR ARRHYTHMIA	CARDIAC ELECTROPHYSIOLOGY	3	3	3	U	U			
ELECTROPHYSIOLOGY EVALUATION	RE-ENTRY VENTRICULAR ARRHYTHMIA	INTERNAL MEDICINE	4	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	SICK SINUS SYNDROME	CARDIAC	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	CDDAIN OF LINCRECIEIED LICAMENT OF RIGHT ANDLE CHREENANTS	ELECTROPHYSIOLOGY	1	0	0	0	0			
ELECTROPHISIOLOGY EVALUATION	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	CARDIAC ELECTROPHYSIOLOGY	1	U	U	Ů	U			
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC	18	1	1	0	0			
ELECTROPHICOLOGY EVALUATION	CLIPPANENTRICULAR TACUNCARDIA	ELECTROPHYSIOLOGY	0	4	4					
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	٥	1	1	U	U			
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	4	1	1	0	0			
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	PEDIATRIC CARDIOLOGY	8	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	PEDIATRICS	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	SYNCOPE AND COLLAPSE	CARDIAC	3	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	TYPICAL ATRIAL FLUTTER	ELECTROPHYSIOLOGY CARDIAC	3	1	1	0	0			\vdash
		ELECTROPHYSIOLOGY				-				
ELECTROPHYSIOLOGY EVALUATION	TYPICAL ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC	8	0	0	0	0			
		ELECTROPHYSIOLOGY								

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ELECTROPHYSIOLOGY EVALUATION	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	UNSPECIFIED ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIAC ELECTROPHYSIOLOGY	2	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR PREMATURE DEPOLARIZATION	INTERNAL MEDICINE	1	0	0	0	0			
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
ELECTRO-UROFLOWMETRY FIRST	MIXED INCONTINENCE	UROLOGY	2	0	0	0	0			
ELETRIPTAN HBR 40 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	INTERNAL MEDICINE		1	1					
ELETRIPTAN HBR 40 MG TABLET	N/A	FAMILY MEDICINE	1	2	2					
ELETRIPTAN HBR 40 MG TABLET	N/A	INTERNAL MEDICINE	1							
ELETRIPTAN HBR 40 MG TABLET	N/A	NEUROLOGY	1	2	2					
ELETRIPTAN HBR 40 MG TABLET	N/A	Other Provider	1							
		PEDIATRIC HEMATOLOGY/ONCOLOG								
ELOCTATE 4000 UNIT VIAL	N/A	Υ	1							
EMBRYO HATCHING	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	2	0	0	0	0			
EMBRYO HATCHING	OTHER MALE INFERTILITY	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
EMFLAZA 18 MG TABLET	N/A	Other Provider	1							
EMGALITY	Chronic migraine without aura, intractable, with status migrainosus	Other Provider							1	
EMGALITY	Chronic migraine without aura, intractable, without status migrainosus	Other Provider							1	
	Chronic migraine without aura, intractable, without status									
EMGALITY	migrainosus	PHYSICIAN ASSISTANT						1		
EMGALITY	Chronic migraine without aura, not intractable, without status migrainosus	Other Provider						1		
EMGALITY	Migraine with aura, not intractable, without status migrainosus	FAMILY MEDICINE						1		
EMGALITY	Migraine with aura, not intractable, without status migrainosus	NEUROLOGY						1		
EMGALITY	Migraine without aura, intractable, with status migrainosus	Physician						1		
EMGALITY	Migraine without aura, intractable, without status migrainosus	Other Provider						1		
EMGALITY	Migraine without aura, not intractable, with status migrainosus	Physician						1		
EMGALITY	Migraine without aura, not intractable, without status migrainosus	PHYSICIAN ASSISTANT						1		
EMGALITY	Migraine, unspecified, not intractable, without status migrainosus	INTERNAL MEDICINE						1		
EMGALITY	Migraine, unspecified, not intractable, without status migrainosus	NEUROLOGY						1		
EMGALITY	Migraine, unspecified, not intractable, without status migrainosus	Other Provider						1		<u> </u>
EMGALITY 120 MG/ML PEN	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY	1	1	1					
EMGALITY 120 MG/ML PEN	Chronic migraine without aura, intractable, without status migrainosus	CLINICAL NEUROPHYSIOLOGY		1	1					

	Standard Burdata	Building Contribution	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description Chronic migraine without aura, intractable, without status	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
EMGALITY 120 MG/ML PEN	migrainosus	NEUROLOGY	7	4	4					
Elitoriem 120 may me i en	Chronic migraine without aura, intractable, without status	NEONOEOO!								
EMGALITY 120 MG/ML PEN	migrainosus	Other Provider	7	3	3					
	Chronic migraine without aura, intractable, without status									
EMGALITY 120 MG/ML PEN	migrainosus	PHYSICIAN ASSISTANT	1							
	Chronic migraine without aura, not intractable, with status									
EMGALITY 120 MG/ML PEN	migrainosus	FAMILY MEDICINE		2	2					
	Chronic migraine without aura, not intractable, with status		_							
EMGALITY 120 MG/ML PEN	migrainosus	NEUROLOGY	2							+
	Chronic migrains without aura, not intractable, without status	FAMILY NURSE PRACTITIONER PRIMARY								
EMGALITY 120 MG/ML PEN	Chronic migraine without aura, not intractable, without status migrainosus	CARE		2	2					
LINGALITY 120 MIG/MIL PLIN	Chronic migraine without aura, not intractable, without status	CARL		2	2					+
EMGALITY 120 MG/ML PEN	migrainosus	NEUROLOGY	1	4	4					
,	Chronic migraine without aura, not intractable, without status				-					
EMGALITY 120 MG/ML PEN	migrainosus	Other Provider	1	2	2					
	Chronic migraine without aura, not intractable, without status									
EMGALITY 120 MG/ML PEN	migrainosus	PEDIATRIC NEUROLOGY	1							
		FAMILY NURSE								
EMGALITY 120 MG/ML PEN	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	PRACTITIONER	1							
EMGALITY 120 MG/ML PEN	Migraine with aura, intractable, without status migrainosus	NEUROLOGY	1							
EMGALITY 120 MG/ML PEN	Migraine with aura, intractable, without status migrainosus	NURSE PRACTITIONER	1							
EMGALITY 120 MG/ML PEN	Migraine with aura, not intractable, without status migrainosus	FAMILY MEDICINE	1	1	1					
EMGALITY 120 MG/ML PEN	Migraine with aura, not intractable, without status migrainosus	INTERNAL MEDICINE	1	1	1					
EMGALITY 120 MG/ML PEN	Migraine with aura, not intractable, without status migrainosus	NEUROLOGY	1							
			_							
EMGALITY 120 MG/ML PEN EMGALITY 120 MG/ML PEN	Migraine with aura, not intractable, without status migrainosus	Other Provider	3	1	1					+
EMIGALITY 120 MIG/ML PEN	Migraine without aura, intractable, with status migrainosus	Other Provider	1							++
EMGALITY 120 MG/ML PEN	Migraine without aura, intractable, without status migrainosus	NEUROLOGY	1							
EMGALITY 120 MG/ML PEN	Migraine without aura, intractable, without status migrainosus	Other Provider	1	4	4					
EMGALITY 120 MG/ML PEN	Migraine without aura, not intractable, with status migrainosus	FAMILY MEDICINE		1	1					
EMGALITY 120 MG/ML PEN	Migraine without aura, not intractable, with status migrainosus	INTERNAL MEDICINE		1	1					
EMGALITY 120 MG/ML PEN	Migraine without aura, not intractable, with status migrainosus	NEUROLOGY		1	1					
EMGALITY 120 MG/ML PEN	Migraine without aura, not intractable, with status migrainosus	Other Provider		2	2					
EMGALITY 120 MG/ML PEN	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY	1							
EMGALITY 120 MG/ML PEN	Migraine without aura, not intractable, without status migrainosus	Other Provider	1	1	1					
EMGALITY 120 MG/ML PEN	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE	2	1	1					
EMGALITY 120 MG/ML PEN	Migraine, unspecified, not intractable, without status migrainosus	INTERNAL MEDICINE		1	1					
EMGALITY 120 MG/ML PEN	Migraine, unspecified, not intractable, without status migrainosus	Other Provider		3	3					
EMGALITY 120 MG/ML PEN	N/A	CLINICAL NEUROPHYSIOLOGY	2	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EMGALITY 120 MG/ML PEN	N/A	FAMILY MEDICINE	2							
EMGALITY 120 MG/ML PEN	N/A	NEUROLOGY	2							
EMGALITY 120 MG/ML PEN	N/A	PAIN MANAGEMENT	1							
EMGALITY 120 MG/ML PEN INJCTR	N/A	Other Provider	1	1	1					
EMOZETT 120 MOJMET EN INSCH	ingr.	Other Frovider	1	_	_					
EMGALITY 120 MG/ML SYRINGE	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY	1							
	Chronic migraine without aura, intractable, without status									
EMGALITY 120 MG/ML SYRINGE	migrainosus	Other Provider	1							L
EMGALITY 120 MG/ML SYRINGE	Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY		3	3					
EMGALITY 120 MG/ML SYRINGE	Migraine without aura, not intractable, without status migrainosus	Family Medicine	1	3	3					
EMGALITY 120 MG/ML SYRINGE	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY		1	1					
EMOZETT 120 MOJME STANGE	Williams Without dard, not intractable, without states migramosus	NEONOLOGI	1	_	_					
EMGALITY 120 MG/ML SYRINGE	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE	1	1	1					
EMGALITY 120 MG/ML SYRINGE	Migraine, unspecified, not intractable, without status migrainosus	INTERNAL MEDICINE	1							
EMGALITY 120 MG/ML SYRINGE	Microina unancified not intractable without state	Other Provider	2	2						
•	Migraine, unspecified, not intractable, without status migrainosus		2	2	2					
EMGALITY 120 MG/ML SYRINGE	N/A	NEUROLOGY	1	2	2					
EMGALITY 120 MG/ML SYRINGE	N/A	PAIN MANAGEMENT	1							<u> </u>
EMGALITY 300 MG (100 MG X3SYR)	N/A	NEUROLOGY	2	1	1					
EMGALITY PEN	Migraine, unspecified, not intractable, without status migrainosus	Physician						1		
		CLINICAL								
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	NEUROPHYSIOLOGY	3	3	3					
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	FAMILY MEDICINE	1	5	5					
		FAMILY NURSE								
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	PRACTITIONER	1	1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	CARE	1							
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	INTERNAL MEDICINE	4	1	1					
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	NEUROLOGY	23	17	17					
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	NURSE PRACTITIONER		1	1					
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	Other Provider	9	7	7					
		PHYSICAL MEDICINE AND								
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	REHABILITATION	1							
EMGALITY PEN 120 MG/ML PEN INJCTR	N/A	PHYSICIAN ASSISTANT		3	3					
,		CLINICAL								1
EMGALITY SYRINGE 120 MG/ML SYRINGE	N/A	NEUROPHYSIOLOGY	1	1	1					
EMGALITY SYRINGE 120 MG/ML SYRINGE	N/A	FAMILY MEDICINE	3	1-	T					
EMGALITY SYRINGE 120 MG/ML SYRINGE	N/A	GENERAL PRACTICE	ľ	1	1	1				
EMGALITY SYRINGE 120 MG/ML SYRINGE	N/A	INTERNAL MEDICINE	1	-	-	+				
EMGALITY SYRINGE 120 MG/ML SYRINGE	N/A	NEUROLOGY	10	3	3					
EMGALITY SYRINGE 120 MG/ML SYRINGE	N/A	Other Provider		5	5	1				
EMGALITY SYRINGE 120 MG/ML SYRINGE EMGALITY SYRINGE 120 MG/ML SYRINGE	N/A	PAIN MANAGEMENT	1	,	,					
EMGALITY SYRINGE 120 MG/ML SYRINGE EMGALITY SYRINGE 300MG/3ML SYRINGE	N/A	NEUROLOGY	2	2	2	+		+		
·	N/A N/A		3	3	3	1		-		
EMGALITY SYRINGE 300MG/3ML SYRINGE		Other Provider	1	1	-	1		 		
EMVERM 100 MG TABLET CHEW	N/A	Other Provider	1			1				
EMVERM 100 MG TABLET CHEW	N/A	PEDIATRICS PEDIATRIC	1		1	 				
ENDDEL 25 MG VIAL	NI/A		2							
ENBREL 25 MG VIAL ENBREL 25 MG VIAL	N/A N/A	RHEUMATOLOGY RHEUMATOLOGY	2	1	-	1		 		
LINDREL 23 IVIO VIAL	IN/A	RECEVIATOLOGY	J 5	l	1	L		L		ь

Bracedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved by IRO
Procedure Code Description	Diagnosis Code Description	PEDIATRIC	Approvais	Delliais	Delliais	Demais	Demais	Approved	Deilleu	by IKO
ENBREL 25 MG/0.5 ML SYRINGE	N/A	DERMATOLOGY	1							
ENBREL 25MG/0.5ML SYRINGE	N/A	Other Provider	5							
Entertie Esting, district Straines	147.	PEDIATRIC								
ENBREL 25MG/0.5ML SYRINGE	N/A	RHEUMATOLOGY	1							
Entertie Esting, district Straines	147.	PEDIATRIC	+							
ENBREL 50 MG/ML MINI CARTRIDGE	N/A	RHEUMATOLOGY	1							
ENBREL 50 MG/ML MINI CARTRIDGE	N/A	RHEUMATOLOGY	1							
	Rheumatoid arthritis with rheumatoid factor of multiple sites		1							
ENBREL 50 MG/ML MINI CARTRIDGE	without organ or systems involvement	Other Provider	4							
	Rheumatoid arthritis with rheumatoid factor of multiple sites		1							
ENBREL 50 MG/ML MINI CARTRIDGE	without organ or systems involvement	RHEUMATOLOGY	1							
ENBREL 50 MG/ML MINI CARTRIDGE	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	2							
ENBREL 50 MG/ML MINI CARTRIDGE	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	3							
ENBREL 50 MG/ML SURECLICK	Ankylosing spondylitis of multiple sites in spine	Other Provider	1							
ENBREL 50 MG/ML SURECLICK	Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	1							
ENBREL 50 MG/ML SURECLICK	Arthropathic psoriasis, unspecified	Other Provider	2	1	1					
ENBREL 50 MG/ML SURECLICK	Arthropathic psoriasis, unspecified	Rheumatology	1		_					
ENBREL 50 MG/ML SURECLICK	N/A	Other Provider	2							
ENBREL 50 MG/ML SURECLICK	N/A	RHEUMATOLOGY	2							
ENBREL 50 MG/ML SURECLICK	Psoriasis vulgaris	DERMATOLOGY	2							
ENBREL 50 MG/ML SURECLICK	Psoriasis vulgaris	Other Provider	4							
ENDICE 30 MG/ME 30 NECEICK	Rheumatoid arthritis with rheumatoid factor of multiple sites	Other Frovider	-							
ENBREL 50 MG/ML SURECLICK	without organ or systems involvement	INTERNAL MEDICINE	1							
ENDICE 30 MG/ME 30 NECEICK	Rheumatoid arthritis with rheumatoid factor of multiple sites	INTERNAL WEDICINE	+							
ENBREL 50 MG/ML SURECLICK	without organ or systems involvement	Other Provider	2							
ENDINEE 30 MIG/ME 30 NECEICK	Rheumatoid arthritis with rheumatoid factor of multiple sites	Other Frovider	3							
ENBREL 50 MG/ML SURECLICK	without organ or systems involvement	RHEUMATOLOGY	2							
ENBREL 50 MG/ML SURECLICK	Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	2							
ENDICE SO MO/ ME SOMECTICK	inicalitatola artificis with meanlatola factor, anspecifica	INIEOWATOLOGI								
ENBREL 50 MG/ML SURECLICK	Rheumatoid arthritis without rheumatoid factor, multiple sites	NURSE PRACTITIONER	1							
ENDICE SO MOJ ME SONECEION	inicamatora aramas vienoar meanatora ractor, martiple sites	TTOTIOL TITUTOTICINE	-							
ENBREL 50 MG/ML SURECLICK	Rheumatoid arthritis without rheumatoid factor, multiple sites	PHYSICIAN ASSISTANT	1							
ENDICE 30 MO/ ME SOMECTICK	inicalitatola artificis without meanatola factor, malapie sites	THISICIAN ASSISTANT	+							
ENBREL 50 MG/ML SURECLICK	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	1							
ENBREL 50 MG/ML SURECLICK	Rheumatoid arthritis, unspecified	Internal Medicine	1							
ENBREL 50 MG/ML SURECLICK	Rheumatoid arthritis, unspecified	Other Provider	2							
ENBREL 50 MG/ML SURECLICK	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	6		1					
ENBREL 50 MG/ML SURECLICK ENBREL 50 MG/ML SURECLICK	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	RHEUMATOLOGY	1		1					
ENBREL 50 MG/ML SURECLICK ENBREL 50 MG/ML SURECLICK	Unspecified osteoarthritis, unspecified site	RHEUMATOLOGY	1		 	 				
ENBREL 50 MG/ML SYRINGE	Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	1		1					
ENBREL 50 MG/ML SYRINGE	Arthropathic psoriasis, unspecified	Other Provider	1							
ENBREL 50 MG/ML SYRINGE ENBREL 50 MG/ML SYRINGE	N/A	RHEUMATOLOGY	+	1	1					
ENBREL 50 MG/ML SYRINGE ENBREL 50 MG/ML SYRINGE	Psoriasis, unspecified	RHEUMATOLOGY	1	-	-					
ENDINEE SO MIG/INE STRINGE	Rheumatoid arthritis with rheumatoid factor of multiple sites	MILOWATOLOGI	1							
ENBREL 50 MG/ML SYRINGE	without organ or systems involvement	RHEUMATOLOGY	2							
ENDINEE SO MIC/INIE STRINGE	without organ or systems involvement	MILOWIATOLOGI			1					
ENBREL 50 MG/ML SYRINGE	Rheumatoid arthritis without rheumatoid factor, multiple sites	Other Provider	1							
ENBREL 50 MG/ML SYRINGE	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	1							
ENBREL 50MG/ML(1) SYRINGE	N/A	DERMATOLOGY	1							
ENBREL 50MG/ML(1) SYRINGE	N/A	Other Provider	1							
		PEDIATRIC								
ENBREL 50MG/ML(1) SYRINGE	N/A	RHEUMATOLOGY	1							
ENBREL 50MG/ML(1) SYRINGE	N/A	RHEUMATOLOGY	11							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description ENBREL MINI 50MG/ML(1) CARTRIDGE	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ENBREL MINI 50MG/ML(1) CARTRIDGE ENBREL MINI 50MG/ML(1) CARTRIDGE	N/A N/A	Other Provider RHEUMATOLOGY	15	1	1					
ENBREL SURECLICK	Psoriasis vulgaris	RHEUMATOLOGY	15	1	1				1	
ENBREL SURECLICK 50MG/ML(1) PEN INJCTR	N/A	DERMATOLOGY	2						1	
ENBREL SURECLICK SOMG/ML(1) PEN INJCTR ENBREL SURECLICK 50MG/ML(1) PEN INJCTR	N/A	INTERNAL MEDICINE	2							
ENBREL SURECLICK 50MG/ML(1) PEN INJCTR ENBREL SURECLICK 50MG/ML(1) PEN INJCTR	N/A	Other Provider	10							
ENBREE SORECEICK SOINIG/INIE(1) FEN INDETK	IN/A	PEDIATRIC	10							
ENBREL SURECLICK 50MG/ML(1) PEN INJCTR	N/A	RHEUMATOLOGY	1							
ENBREL SURECLICK 50MG/ML(1) PEN INJCTR	N/A	RHEUMATOLOGY	56	2	2					
ENCLOSED WALKER W REAR SEAT	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	INTERNAL MEDICINE	1	0	0	0	0			
ENDO BELOW KNEE ALIGNABLE SY	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	n	1	0	0	1			
ENDO BK ULTRA-LIGHT MATERIAL	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	n	1	0	0	1			
ENDO CHOLANGIOPANCREATOGRAPH	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	GASTROENTEROLOGY	1	0	0	0	0			
ENDO CHOLANGIOI ANCICEATOGIAI II	CALCOLOG OF BILL DOCT W/O CHOLANGING ON CHOLLOTS! W/O OBS!	GASTROEIVIEROLOGI	-			Ů.	O			
ENDO KNEE-SHIN FLUID SWG/STA	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	FAMILY MEDICINE	1	0	0	0	0			
ENDO KNEE-SHIN FLUID SWG/STA	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	ORTHOTICS AND	1	0	0	0	0			
		PROSTHETICS								
ENDO KNEE-SHIN FLUID SWG/STA	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	PHYSICAL MEDICINE	0	1	1	0	0			
ENDOCRINE SURGERY PROCEDURE	PRIMARY HYPERPARATHYROIDISM	SURGERY, GENERAL	0	1	1	0	0			
Endometrial Cancer	Malignant neoplasm of corpus uteri, unspecified	RADIATION ONCOLOGY	1							
Endometrial Cancer	Malignant neoplasm of endometrium	ONCOLOGY	1							
Endometrial Cancer	Malignant neoplasm of endometrium	RADIATION ONCOLOGY	11							
Endometrial Cancer	Malignant neoplasm of overlapping sites of corpus uteri	RADIATION ONCOLOGY	1							
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
ENDOMETRIN 100 MG SUPPOSITORY	N/A	ILITY	1							
ENDOSCOPIC INJECTION/IMPLANT	MIXED INCONTINENCE	UROLOGY	1	0	0	0	0			
ENDOSCOPIC INJECTION/IMPLANT	STRESS INCONTINENCE (FEMALE) (MALE)	FAMILY MEDICINE	1	0	0	0	0			
ENDOSCOPIC VEIN HARVEST	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	2	0	0	0	0			
ENDOSCOPIC VEIN HARVEST	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
ENDOSCOPY MAXILLARY SINUS	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
ENDOSCOPY MAXILLARY SINUS	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
THE COORDINATION IS A PROPERTY OF	HOLDING STATE AND ADDRESS OF A STATE OF A ST	NOSE, AND THROAT)								
ENDOSCOPY MAXILLARY SINUS	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
ENDOSCOPY MAXILLARY SINUS	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
		NOSE, AND THROAT)								
ENDOVASC TAA REPR INCL SUBCL	DISSECTION OF THORACOABDOMINAL AORTA	SURGERY, THORACIC	1	0	0	0	0			
Endovascular repair of infrarenal aorta and/or iliac artery(ies) by										
deployment of an aorto-bi-iliac endograft including pre-procedure										
sizing and device selection, all nonselective catheterization(s), all										
associated radiological supervision and interpretat	Abdominal aortic aneurysm, without rupture	THORACIC SURGERY	1							
Endovascular repair of visceral aorta and infrarenal abdominal aorta										
(eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer,										
intramural hematoma, or traumatic disruption) with a fenestrated										
visceral aortic endograft and concomitant unibody or modula	Thoracoabdominal aortic aneurysm, without rupture	VASCULAR SURGERY	1	<u></u>	<u> </u>					
ENDOVEN THER CHEM ADHES 1ST	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	FAMILY MEDICINE	0	1	0	1	0			
	LOCALIZED FROM	0.0000000000000000000000000000000000000		ļ						ļ
ENDOVEN THER CHEM ADHES 1ST	LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	U	1	U	U	1			
ENDOVEN THER CHEM ADHES 1ST	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	SURGERY, THORACIC	0	3	1	2	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOLOGY, INTERVENTIONAL	0	2	2	0	0			
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, THORACIC	0	2	n	2	0			
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOVASCULAR DISEASE	0	2	0	2	0			1
		CARDIOVASCULAR								1
ENDOVEN THER CHEM ADHES 1ST	Varicose veins of bilateral lower extremities with pain	DISEASE							1	
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	0	1	1	0	0			
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	0	1	1	0	0			
ENDOVEN THER CHEM ADHES 1ST	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	0	2	2	0	0			
ENDOVEN THER CHEM ADHES 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOLOGY, INTERVENTIONAL	0	2	0	2	0			
ENDOVEN THER CHEM ADHES 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	0	5	2	3	0			
ENDOVEN THER CHEM ADHES 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	INTERNAL MEDICINE	2	0	0	0	0			
ENDOVEN THER CHEM ADHES 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	0	2	0	2	0			
ENDOVEN THER CHEM ADHES 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	0	1	1	0	0			
ENDOVEN THER CHEM ADHES SBSQ	LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	0	1	0	0	1			
ENDOVENOUS LASER 4ST VEL	Varicose veins of bilateral lower extremities with other complications	CARDIOVASCULAR DISEASE						1		
ENDOVENOUS LASER 1ST VEI ENDOVENOUS LASER 1ST VEIN	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, SUBS ENCNTR	SURGERY, GENERAL	2	1	4	0	0	1		
ENDOVENOUS LASER 1ST VEIN ENDOVENOUS LASER 1ST VEIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	1	1	1	0	0			+
ENDOVENOUS LASER 151 VEIN ENDOVENOUS LASER 15T VEIN	NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH UNSP SEVERITY	SURGERY, VASCULAR	1	0	0	0	0			+
ENDOVENOUS LASER 1ST VEIN	NON-PRS CHRONIC ULCER OTH PRT L LOW LEG W NECROSIS OF MUSCLE	SURGERY, VASCULAR	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	SURGERY, GENERAL	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN ENDOVENOUS LASER 1ST VEIN	PHLEBITIS AND THOMBOPHLB OF SUPERFIC VESSELS OF R LOW EXTREM	SURGERY, GENERAL	2	0	0	0	0			
			1	U	U	U	U			
ENDOVENOUS LASER 1ST VEIN	SADDLE EMBOLUS OF PULMONARY ARTERY WITH ACUTE COR PULMONALE	SURGERY, GENERAL	0	1	1	0	0			
ENDOVENOUS LASER 1ST VEIN	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	SURGERY, VASCULAR	3	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	DERMATOLOGY	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	3	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	INTERNAL MEDICINE	2	2	2	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	6	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	6	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, GENERAL	3	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	DERMATOLOGY	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	FAMILY MEDICINE	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	PSYCHOLOGY	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	3	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, VASCULAR	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	FAMILY MEDICINE	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	FAMILY MEDICINE	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	PSYCHOLOGY	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	32	0	0	0	0			1
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, VASCULAR	3	0	0	0	0			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	PAIN MANAGEMENT	2	0	0	0	0			\vdash
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	FAMILY MEDICINE	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	3	1	1	0	0			
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	GENERAL PRACTICE	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	PSYCHIATRY	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, THORACIC	1	0	0	0	0			
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	13	0	0	0	0			
ENDOVENOUS LASER VEIN AD	Varicose veins of right lower extremities with other complications	RADIATION ONCOLOGY						1		
ENDOVENOUS LASER VEIN ADDON	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, SUBS ENCNTR	SURGERY, GENERAL	2	1	1	0	0			+
ENDOVENOUS LASER VEIN ADDON	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	1	0	0	0	0			
ENDOVENOUS LASER VEIN ADDON	SADDLE EMBOLUS OF PULMONARY ARTERY WITH ACUTE COR PULMONALE		0	1	1	0	0			1
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	DERMATOLOGY	1	0	0	0	0			+
ENDOVENOUS LASER VEIN ADDON ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	1	0	0	0	0			+
ENDOVENOUS LASER VEIN ADDON ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	4	n	0	0	0			+
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	2	0	0	0	0			
ENDOVENOUS LASER VEIN ADDON ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	23	n	0	0	n			+
ENDOVENOUS MCHNCHEM 1ST VEIN	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	CARDIOVASCULAR DISEASE	0	1	0	1	0			1
ENDOVENOUS MCHNCHEM 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	0	2	2	0	0			
ENDOVENOUS RF 1ST VEIN	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	FAMILY MEDICINE	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	ALTERED MENTAL STATUS, UNSPECIFIED	PSYCHOLOGY	1	n	0	n	0			+
ENDOVENOUS RF 1ST VEIN	ALTERED MENTAL STATUS, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	BODY MASS INDEX [BMI] 38.0-38.9, ADULT	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	CELLULITIS OF LEFT LOWER LIMB	PODIATRY	0	1	0	0	1			
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	DERMATOLOGY	3	0	0	0	0			1
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	INTERNAL MEDICINE	1	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	RADIOLOGY	1	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	SURGERY, VASCULAR	21	0	0	0	0			+
				 -	_	_	_			
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	RADIOLOGY, DIAGNOSTIC	5	0	0	0	0			
ENDOVENOUS RF 1ST VEIN ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	SURGERY, VASCULAR SURGERY, VASCULAR	1	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF R LOW EXTREM	SURGERY, VASCULAR	1	0	0	0	0			+
			1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	COMPRESSION OF VEIN	CARDIOVASCULAR DISEASE	1	U	U	U	U			<u> </u>
ENDOVENOUS RF 1ST VEIN	COMPRESSION OF VEIN	RADIOLOGY	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	EDEMA, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	PSYCHOLOGY	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	SURGERY, VASCULAR	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	GENERALIZED EDEMA	SURGERY, VASCULAR	2	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ENDOVENOUS RF 1ST VEIN	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	SURGERY, VASCULAR	4	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	LOCALIZED EDEMA	SURGERY, THORACIC	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, VASCULAR	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	OTHER DISEASES OF CAPILLARIES	PSYCHOLOGY	2	0	0	0	0			†
ENDOVENOUS RF 1ST VEIN	OTHER DISEASES OF CAPILLARIES	SURGERY, VASCULAR	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	OTHER FATIGUE	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	RADIOLOGY, DIAGNOSTIC	2	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	OTHER SPECIFIED SOFT TISSUE DISORDERS	SURGERY, GENERAL	1	0	0	0	0			_
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LEG	SURGERY, VASCULAR	3	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LOWER LEG	SURGERY, GENERAL	1	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	PAIN IN RIGHT LOWER LEG	SURGERY, PLASTIC	1	1	1	0	0	-		+
ENDOVENOUS RF 1ST VEIN	PARALYTIC PTOSIS OF RIGHT EYELID	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	PHLBTS AND THOMBOPHLB OF SUPERFIC VESSELS OF LOW EXTRM, BI	SURGERY, GENERAL	2	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN ENDOVENOUS RF 1ST VEIN	PHLEBITIS AND THROMBOPHLEBITIS OF LOWER EXTREMITIES, UNSP	FAMILY MEDICINE	2	0	0	0	0			+
ENDOVENOUS RF 151 VEIN ENDOVENOUS RF 15T VEIN	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	CARDIOVASCULAR DISEASE	2	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	PSYCHOLOGY	2	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	CARDIOVASCULAR DISEASE	2	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, VASCULAR	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, INIT	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	SURGERY, THORACIC	3	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOVASCULAR DISEASE	38	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	DERMATOLOGY	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	10	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	37	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	23	2	2	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SOCIAL WORK	5	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, GENERAL	27	3	3	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, THORACIC	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR	17	2	2	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	VASCULAR & INTERVENTIONAL RADIOLOGY	6	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	Varicose veins of bilateral lower extremities with other complications	Other Provider						1		
	Varicose veins of bilateral lower extremities with other					_]
ENDOVENOUS RF 1ST VEIN	complications	SURGERY, VASCULAR							1	
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	ANESTHESIA, CERTIFIED RN	4	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOLOGY, INTERVENTIONAL	3	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOVASCULAR DISEASE	14	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	FAMILY MEDICINE	10	1	1	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	PSYCHOLOGY	13	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	1	0	0	0	0			1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	6	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, VASCULAR	16	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	VASCULAR & INTERVENTIONAL RADIOLOGY	U	/	/	U	U			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	RADIOLOGY	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	9	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	PSYCHOLOGY	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, GENERAL	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	6	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	FAMILY MEDICINE	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	PSYCHOLOGY	8	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	14	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	FAMILY MEDICINE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	3	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, CARDIOVASCULAR	4	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	7	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	NEPHROLOGY	0	1	1	0	0			†
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	PSYCHOLOGY	2	0	0	0	0			†
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	RADIOLOGY	2	0	0	0	0			†
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	10	2	2	0	0			+
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	FAMILY MEDICINE	1	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, GENERAL	1	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	16	0	0	0	0			+
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	VASCULAR & INTERVENTIONAL RADIOLOGY	8	1	1	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF UNSP LOWER EXTREMITY W ULCER OF UNSP SITE	RADIOLOGY	1	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	INTERNAL MEDICINE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	SURGERY, GENERAL	3	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOLOGY, INTERVENTIONAL	5	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	50	5	5	0	0			
ENDOVENOUS RF 1ST VEIN	Venous insufficiency (chronic) (peripheral)	CARDIOVASCULAR DISEASE						2		
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	EMERGENCY MEDICINE	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	FAMILY MEDICINE	12	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	INTERNAL MEDICINE	2	0	0	0	0			T
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	NEPHROLOGY	1	0	0	0	0			1
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	PAIN MANAGEMENT	2	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	PSYCHOLOGY	1	0	0	0	0			1
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	RADIOLOGY	14	0	0	0	0			1
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	RADIOLOGY, DIAGNOSTIC	12	2	2	0	0			1
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SOCIAL WORK	0	2	2	0	0			1
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, CARDIOVASCULAR	5	0	0	0	0			
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	11	1	1	0	0			1
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	18	5	5	0	0			
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR & INTERVENTIONAL	12	1	1	0	0			

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			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ENDOVENOUS RF VEIN ADD-ON	COMPRESSION OF VEIN	RADIOLOGY	1	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	3	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	16	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOVASCULAR DISEASE	3	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	FAMILY MEDICINE	2	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	1	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	1	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	1	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	RADIOLOGY	1	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF UNSP LOWER EXTREMITY W ULCER OF UNSP SITE	RADIOLOGY	1	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	0	1	1	0	0			
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	2	0	0	0	0			
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
		GYNECOLOGIC								
ENOXAPARIN 40 MG/0.4 ML SYR	N/A	ONCOLOGY	1							
ENOXAPARIN 60 MG/0.6 ML SYR	N/A	NEUROLOGY	1							
ENOXAPARIN 80 MG/0.8 ML SYR	N/A	ONCOLOGY	1							
		MATERNAL AND FETAL								
ENOXAPARIN SODIUM 40MG/0.4ML SYRINGE	N/A	MEDICINE	1							
ENOXAPARIN SODIUM 40MG/0.4ML SYRINGE	N/A	SURGERY, GENERAL	2							
ENSTILAR 0.005%-0.064% FOAM	Other atopic dermatitis	PHYSICIAN ASSISTANT		1	1					
ENSTILAR 0.005%-0.064% FOAM	Other psoriasis	DERMATOLOGY		1	1					
ENSTILAR 0.005%-0.064% FOAM	Psoriasis vulgaris	DERMATOLOGY		1	1					
ENSTILAR 0.005%-0.064% FOAM	Psoriasis vulgaris	Other Provider		2	2					
ENSTILAR 0.005%-0.064% FOAM	Psoriasis, unspecified	DERMATOLOGY	1	1	1					
ENSTILAR 0.005064 FOAM	N/A	DERMATOLOGY		4	4					
ENT PROCEDURE/SERVICE	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
ENT PROCEDURE/SERVICE	UNSPECIFIED DISORDER OF VESTIBULAR FUNCTION, UNSPECIFIED EAR	NOSE, AND THROAT) FACILITY	1	0	0	0	0			
SALTER SEED CURVE OVER AVERAGE										
ENTER FEED SUPKIT SYR BY DAY	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	RADIATION ONCOLOGY	1	0	0	0	0			
ENTER FEED SUPKIT SYR BY DAY	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	GERIATRIC MEDICINE	1	0	0	0	0			
ENTER FEED SUPKIT SYR BY DAY	CONGENITAL ABSENCE, ATRESIA AND STENOSIS OF DUODENUM	GASTROENTEROLOGY	1	0	0	0	0			
ENTER FEED SUPKIT SYR BY DAY ENTER FEED SUPKIT SYR BY DAY	DYSPHAGIA, UNSPECIFIED GASTROSTOMY STATUS	HEMATOLOGY NEONATAL-PERINATAL	1	0	0	0	0			
ENTER FEED SUPRIT STR BY DAY	GASTROSTOWY STATUS	MEDICINE	1	U	U	U	U			
ENTER FEED SUPKIT SYR BY DAY	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
ENTER FEED SUPKIT SYR BY DAY	PERSONAL HISTORY OF COLONIC POLYPS	RADIATION ONCOLOGY	1	0	0	0	0			
ENTER FEED SUPKIT SYR BY DAY	PULMONARY HYPERTENSION, UNSPECIFIED	PEDIATRIC SURGERY	2	0	0	0	0			
ENTERAL FEED SUPP PUMP PER D	ALLERGY TO MILK PRODUCTS	PEDIATRICS	1	0	0	0	0			
ENTERAL FEED SUPP PUMP PER D	CROHN'S DISEASE OF SMALL INTESTINE W INTESTINAL OBSTRUCTION	PEDIATRIC	1	0	0	0	0			
		GASTROENTEROLOGY								1
ENTERAL FEED SUPP PUMP PER D	NAUSEA WITH VOMITING, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
51/50/10	Crohn's disease of both small and large intestine with other									
ENTYVIO	complication	GASTROENTEROLOGY							1	L
ENTRA 40 200 NAC VIA	Crohn's disease of both small and large intestine with other	CASTROSAITEROLOGY								
ENTYVIO 300 MG VIAL	complication	GASTROENTEROLOGY	-	1	1					1
ENTYVIO 300 MG VIAL	Crohn's disease, unspecified, without complications	FAMILY NURSE PRACTITIONER	1							
ENTYVIO 300 MG VIAL	Crohn's disease, unspecified, without complications	GASTROENTEROLOGY	1							
ENTYVIO 300 MG VIAL	N/A	Other Provider	1			İ				1
	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	1	1	1	1	i e	i		†
ENTYVIO 300 MG VIAL	TOICETALIVE COILLS, UTSDECTHEU, WILHOUL COMBILGATIONS									

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
EP & ABLATE SUPRAVENT AR EP & ABLATE SUPRAVENT ARRHYT	Unspecified atrial flutter ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	Other Provider CARDIAC	1	0	0	0	0	1		
EP & ABLATE SUPRAVENT ARREST	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	ELECTROPHYSIOLOGY	1	U	U	U	U			
EP & ABLATE SUPRAVENT ARRHYT	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER	CARDIAC	1	0	0	0	0			1
	EXTREMITY	ELECTROPHYSIOLOGY								
EP & ABLATE SUPRAVENT ARRHYT	ALLERGIC RHINITIS DUE TO POLLEN	CARDIOVASCULAR DISEASE	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	CARDIAC	1	0	0	0	0			+
		ELECTROPHYSIOLOGY								
EP & ABLATE SUPRAVENT ARRHYT	ATYPICAL ATRIAL FLUTTER	CARDIAC	1	1	1	0	0			
EP & ABLATE SUPRAVENT ARRHYT	ATYPICAL ATRIAL FLUTTER	ELECTROPHYSIOLOGY PATHOLOGY, ANATOMIC	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	CHEST PAIN, UNSPECIFIED	CARDIAC CARDIAC	1	0	0	0	0			+
EF & ADEATE SOFTWAVENT ARRITT	CHEST PAIN, ONSFECTIED	ELECTROPHYSIOLOGY	1	U	U	o .	U			
EP & ABLATE SUPRAVENT ARRHYT	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
EP & ABLATE SUPRAVENT ARRHYT	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	CARDIAC	0	1	1	0	0			
		ELECTROPHYSIOLOGY			_		_			<u> </u>
EP & ABLATE SUPRAVENT ARRHYT	OTHER CHEST PAIN	CARDIAC	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	OTHER PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIAC	3	0	0	0	0			+
Er ansstress with the control of the	o mem enoistem minerionie	ELECTROPHYSIOLOGY			Ü		ŭ			
EP & ABLATE SUPRAVENT ARRHYT	OTHER PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
				_	_		_			
EP & ABLATE SUPRAVENT ARRHYT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	PALPITATIONS	CARDIAC	2	0	0	0	0			+
Er ansstress with the control of the	TALL TALLOWS	ELECTROPHYSIOLOGY			Ü		ŭ			
EP & ABLATE SUPRAVENT ARRHYT	PALPITATIONS	CARDIOLOGY,	1	1	1	0	0			
55 0 ADIATE (URBANISHT ARRIVE	DARROWS AND ATTENDED TO THE COLUMN TO THE CO	INTERVENTIONAL								
EP & ABLATE SUPRAVENT ARRHYT	PAROXYSMAL ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	0	1	1	0	0			
EP & ABLATE SUPRAVENT ARRHYT	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	0	0	0	0			1
EP & ABLATE SUPRAVENT ARRHYT	POLYP OF COLON	CARDIAC	1	0	0	0	0			1
		ELECTROPHYSIOLOGY								
EP & ABLATE SUPRAVENT ARRHYT	PRE-EXCITATION SYNDROME	CARDIAC	2	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	PRE-EXCITATION SYNDROME	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	2	0	0	0	0			+
EF & ABEATE SOFTWAVENT ARRITT	PRE-EXCITATION STRUCTURE	CANDIO VASCOLAN DISLASE	_	U	U	o .	U			
EP & ABLATE SUPRAVENT ARRHYT	PRE-EXCITATION SYNDROME	FAMILY MEDICINE	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	PRE-EXCITATION SYNDROME	PEDIATRICS	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	RE-ENTRY VENTRICULAR ARRHYTHMIA	INTERNAL MEDICINE	2	0	0	0	0			1
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC	18	1	1	0	0			
ED C. ADLATE CURDAVENT ADDUNT	CURRANTAITRICHI AR TACHIYCARRIA	ELECTROPHYSIOLOGY	4	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	CARDIOLOGY, INTERVENTIONAL	1	U	U	U	U			
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	9	0	0	0	0			
						1				
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	2	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	PEDIATRICS	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	VASCULAR & INTERVENTIONAL	1	U	ľ	U	ľ			
		RADIOLOGY								
EP & ABLATE SUPRAVENT ARRHYT	TYPICAL ATRIAL FLUTTER	CARDIAC	2	1	1	0	0			
		ELECTROPHYSIOLOGY								
EP & ABLATE SUPRAVENT ARRHYT	TYPICAL ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	2	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC	1	0	n	0	n			+
E. WASSIESOFINATERI ARRITT	ONOT ECHTED ATMACT TORRECATION	ELECTROPHYSIOLOGY		Ĭ	ľ	Ĭ	ľ			
EP & ABLATE SUPRAVENT ARRHYT	UNSPECIFIED ATRIAL FLUTTER	CARDIOLOGY,	1	0	0	0	0			
	UNION AND A STATE OF THE STATE	INTERVENTIONAL								
EP & ABLATE SUPRAVENT ARRHYT	UNSPECIFIED ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	2	U	U	U	U			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EP & ABLATE SUPRAVENT ARRHYT	VENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
EP & ABLATE SUPRAVENT ARRHYT	VENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	1	0	0	0	0			
EP & ABLATE VENTRIC TACHY	CARDIOMYOPATHY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
EP & ABLATE VENTRIC TACHY	CHEST PAIN, UNSPECIFIED	CARDIAC	1	0	0	0	0			
		ELECTROPHYSIOLOGY								
EP & ABLATE VENTRIC TACHY	DILATED CARDIOMYOPATHY	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
EP & ABLATE VENTRIC TACHY	PALPITATIONS	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
EP & ABLATE VENTRIC TACHY	PRE-EXCITATION SYNDROME	CARDIOVASCULAR DISEASE	1	0	0	0	0			
EP & ABLATE VENTRIC TACHY	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
EP & ABLATE VENTRIC TACHY	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIAC	7	1	1	0	0			
EP & ABLATE VENTRIC TACHY	VENTRICULAR PREMATURE DEPOLARIZATION	ELECTROPHYSIOLOGY INTERNAL MEDICINE	2	0	0	0	n			
EP & ABLATE VENTRIC TACHY	VENTRICULAR TACHYCARDIA	CARDIAC	2	n	0	0	0			
ET & ABEATE VENTILIE FACITI	VENTILICOLAR TACITICARDIA	ELECTROPHYSIOLOGY		ľ	·	Ŭ	o .			
EP & ABLATE VENTRIC TACHY	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
EPCLUSA	Unspecified viral hepatitis C without hepatic coma	GASTROENTEROLOGY							1	
EPCLUSA 400 MG-100 MG TABLET	Chronic viral hepatitis C	GASTROENTEROLOGY		1	1					
EPCLUSA 400 MG-100 MG TABLET	Chronic viral hepatitis C	Other Provider		1	1					
EPCLUSA 400-100 MG TABLET	N/A	GASTROENTEROLOGY		8	8					
EPCLUSA 400-100 MG TABLET	N/A	INFECTIOUS DISEASE		1	1					
EPCLUSA 400-100 MG TABLET	N/A	SURGERY, GENERAL		1	1					
EPIDIOLEX	epilepsy	NEUROLOGY						1		
EPIDIOLEX	Epilepsy, unspecified, intractable, without status epilepticus	PEDIATRIC NEUROLOGY							1	
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Other Provider	1							
	·	CLINICAL								
EPIDIOLEX 100 MG/ML SOLUTION	N/A	NEUROPHYSIOLOGY	2	1	1					
EPIDIOLEX 100 MG/ML SOLUTION	N/A	INTERNAL MEDICINE		2	2					
EPIDIOLEX 100 MG/ML SOLUTION	N/A	NEUROLOGY	1	2	2					
EPIDIOLEX 100 MG/ML SOLUTION	N/A	Other Provider	1	1	1					
EPIDIOLEX 100 MG/ML SOLUTION	N/A	PEDIATRIC NEUROLOGY	7	1	1					
EPIDUO FORTE 0.3 %-2.5% GEL W/PUMP	N/A	DERMATOLOGY	8	12	12					
		ENDOCRINOLOGY AND								
EPIDUO FORTE 0.3 %-2.5% GEL W/PUMP	N/A	METABOLISM		1	1					
EPIDUO FORTE 0.3 %-2.5% GEL W/PUMP	N/A	FAMILY MEDICINE	_	2	2					
EPIDUO FORTE 0.3 %-2.5% GEL W/PUMP	N/A	Other Provider	3	10	10					
		PEDIATRIC								
EPIDUO FORTE 0.3 %-2.5% GEL W/PUMP	N/A	DERMATOLOGY		2	2					
EPIDUO FORTE 0.3 %-2.5% GEL W/PUMP	N/A	PHYSICIAN ASSISTANT		1	1					
EPIDUO FORTE 0.3-2.5% GEL PUMP	Acne vulgaris	DERMATOLOGY	3	6	6					
EPIDUO FORTE 0.3-2.5% GEL PUMP EPIDUO FORTE 0.3-2.5% GEL PUMP	Acne vulgaris	FAMILY MEDICINE	1		0					
	Acne vulgaris	Other Provider	2	8	8	0	0	-		
EPIFIX 1 SQ CM EPIFIX 1 SQ CM	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER	INFECTIOUS DISEASE INTERNAL MEDICINE	1	0	0	0	0	 		
·			1	U	U	U	U			
EPIFIX 1 SQ CM	NON-PRESSURE CHRONIC ULCER OTH PRT LEFT FOOT W UNSP SEVERITY	PODIATRY	0	1	1	0	0			
EPIFIX 1 SQ CM	NON-PRS CHR ULC UNSP PRT OF R LOW LEG LIMITED TO BRKDWN SKIN	SURGERY, VASCULAR	2	0	0	0	0			
EPIFIX 1 SQ CM	NON-PRS CHRONIC ULCER OTH PRT R FOOT LIMITED TO BRKDWN SKIN	PODIATRY	1	2	2	0	0			
EPIFIX 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	PODIATRY	2	0	0	0	0			
EPIFIX 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			

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EPIFIX 1 SQ CM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	2	1	1	0	0			
EPINEPHRINE 0.15 MG AUTO-INJCT	N/A	PEDIATRICS	1							
EPINEPHRINE 0.3 MG AUTO-INJECT	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	PEDIATRICS	1							
EPINEPHRINE 0.3 MG AUTO-INJECT	N/A	FAMILY MEDICINE	1							
EPINEPHRINE 0.3 MG AUTO-INJECT	N/A	NURSE PRACTITIONER	2							
EPINEPHRINE 0.3 MG AUTO-INJECT	N/A	Other Provider	1							
		PEDIATRIC ALLERGY &								
EPINEPHRINE 0.3 MG AUTO-INJECT	N/A	IMMUNOLOGY	1							
EPINEPHRINE 0.3 MG AUTO-INJECT	N/A	PEDIATRICS	2							
EPINEPHRINE 0.3 MG AUTO-INJECT	OTHER ALLERGIC RHINITIS	PEDIATRICS	1							
EPIPEN 2-PAK 0.3MG/0.3 AUTO INJCT	N/A	ALLERGY/IMMUNOLOGY		1	1					
EPIPEN 2-PAK 0.3MG/0.3 AUTO INJCT	N/A	DERMATOLOGY		1	1					
EPIPEN 2-PAK 0.3MG/0.3 AUTO INJCT	N/A	FAMILY MEDICINE	1							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
EPIPEN 2-PAK 0.3MG/0.3 AUTO INJCT	N/A	CARE		1	1					
EPIPEN JR 2-PAK 0.15 MG INJCTR	N/A	PEDIATRICS		1	1					
EPIPEN JR 2-PAK 0.15MG/0.3 AUTO INJCT	N/A	PEDIATRICS		1	1					
EPOETIN ALFA, NON-ESRD	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	NEPHROLOGY	1	0	0	0	0			
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	NEPHROLOGY	5	0	0	0	0			
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	ONCOLOGY	1	0	0	0	0			
EPOETIN ALFA, NON-ESRD	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE	ONCOLOGY	1	0	0	0	0			
EPOETIN ALFA, NON-ESRD	EDEMA, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
EPOETIN ALFA, NON-ESRD	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	HEMATOLOGY	1	0	0	0	0			+
EPOETIN ALFA, NON-ESRD	END STAGE RENAL DISEASE	NEPHROLOGY	2	0	0	0	0			+
EPOETIN ALFA, NON-ESRD	REFRACTORY ANEMIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
EPOETIN ALFA, NON-ESRD	SHORTNESS OF BREATH	NEPHROLOGY	2	0	n	0	0			
EPOETIN AEI'A, NON-ESRO EPOETIN BETA ESRO USE	ANEMIA IN CHRONIC KIDNEY DISEASE	NEPHROLOGY	2	1	1	0	0			+
EPOETIN BETA ESRO USE	END STAGE RENAL DISEASE	ANCILLARY	2	0	0	0	0			
EPOETIN BETA ESRO USE	END STAGE RENAL DISEASE END STAGE RENAL DISEASE	FAMILY MEDICINE	2	1	1	0	0			
EPOETIN BETA ESRO USE	END STAGE RENAL DISEASE END STAGE RENAL DISEASE	NEPHROLOGY	6	0	0	0	0			+
EPOETIN BETA ESRO USE EPOETIN BETA ESRO USE	HEART FAILURE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			+
EPOETIN BETA ESRD USE	HYPERGLYCEMIA, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
			1	0	0	0	0			-
EPOETIN BETA ESRD USE	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	NEPHROLOGY	1	0	0	0	0			
EPOETIN BETA ESRD USE	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	SOCIAL WORK	1	U	U	U	U			
EPOETIN BETA ESRD USE	UNSPECIFIED ABDOMINAL PAIN	NEPHROLOGY	1	0	0	0	0			
EPOGEN 20000/ML VIAL	N/A	Other Provider		1	1		-			
EPOPROSTENOL INJECTION	UNSP INFECTION DUE TO CENTRAL VENOUS CATHETER, INIT ENCNTR	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	FAMILY MEDICINE	1	0	0	0	0			\vdash
ERCP W/SPECIMEN COLLECTION	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	GASTROENTEROLOGY	2	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W OBST	GASTROENTEROLOGY	1	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	GASTROENTEROLOGY	1	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	FAMILY MEDICINE	1	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	FAMILY MEDICINE	1	0	0	0	0			\vdash
ERCP W/SPECIMEN COLLECTION	NONDISPLACED UNSP FRACTURE OF RIGHT LESSER TOE(S), INIT	GASTROENTEROLOGY	2	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	PERFORATION OF INTESTINE (NONTRAUMATIC)	GASTROENTEROLOGY	1	0	0	0	0			
ERCP W/SPECIMEN COLLECTION	RIGHT UPPER QUADRANT PAIN	FAMILY MEDICINE	1	0	0	0	0			\vdash
ERLEADA 60 MG TABLET	Malignant neoplasm of prostate	Other Provider	1	-	-	-	-			+
ERLEADA 60 MG TABLET	N/A	NURSE PRACTITIONER	1	 						\vdash
ERLEADA 60 MG TABLET	N/A		1							++
ELLEADA ON IMO TARLET	IN/A	ONCOLOGY	lτ	l	1					<u> </u>

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
ESBRIET	Idiopathic pulmonary fibrosis	PULMONARY DISEASE						2		1
Esbriet	Idiopathic pulmonary fibrosis	SLEEP MEDICINE						1		
Esbriet	Pulmonary fibrosis, unspecified	PULMONARY DISEASE						1		
ESBRIET 267 MG CAPSULE	N/A	PULMONARY DISEASE	1							
ESBRIET 267 MG TABLET	Idiopathic pulmonary fibrosis	PULMONARY DISEASE	1							
ESBRIET 267 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					†
ESBRIET 267 MG TABLET	N/A	PULMONARY DISEASE	1	2	2					†
ESBRIET 267 MG TABLET	N/A	SLEEP MEDICINE	1	_	-					+
ESBRIET 801 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					+
ESBRIET 801 MG TABLET	N/A	SLEEP MEDICINE		1	1			-		+
ESCITALOPRAM	MAJOR DEPRESSION	Physician		1	1			1		+
ESCITALOPRAM 10 MG TABLET	Generalized anxiety disorder	FAMILY MEDICINE	1	-						+
ESCITALOPRAM 10 MG TABLET	N/A	NEUROLOGY	1							+
	· ·		1	+				-		
ESCITALOPRAM 20 MG TABLET	Anxiety disorder, unspecified	Other Provider	1	-		 				+
ESCITALOPRAM 20 MG TABLET	Generalized anxiety disorder	Other Provider	3							+
ESCITAL ORDANA 20 MC TATE TO	Major depressive disorder, recurrent severe without psychotic	011-1-10-1-11								
ESCITALOPRAM 20 MG TABLET	features	Other Provider	1							
ESCITALOPRAM 20 MG TABLET	Major depressive disorder, recurrent, in full remission	Other Provider	1	1	1					
ESCITALOPRAM 20 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	3							
ESCITALOPRAM 20 MG TABLET	Major depressive disorder, recurrent, unspecified	Other Provider	3							
ESCITALOPRAM 20 MG TABLET	Major depressive disorder, single episode, moderate	FAMILY MEDICINE	1							
	Major depressive disorder, single episode, severe without psychotic									
ESCITALOPRAM 20 MG TABLET	features	Other Provider	2							
ESCITALOPRAM 20 MG TABLET	Major depressive disorder, single episode, unspecified	INTERNAL MEDICINE	1							
ESCITALOPRAM 20 MG TABLET	Major depressive disorder, single episode, unspecified	Other Provider		1	1					
ESCITALOPRAM 20 MG TABLET	N/A	FAMILY MEDICINE		1	1					
		OBSTETRICS/GYNECOLOG								1
ESCITALOPRAM 20 MG TABLET	N/A	Υ	1							
ESCITALOPRAM 20 MG TABLET	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	FAMILY MEDICINE	1							
ESCITALOPRAM OXALATE 10 MG TABLET	N/A	Other Provider	2	1						†
ESCITALOPRAM OXALATE 20 MG TABLET	N/A	FAMILY MEDICINE	3							+
ESCITALOPRAM OXALATE 20 MG TABLET	N/A	GENERAL PRACTICE	3	3	3			-		+
ESCITALOPRAM OXALATE 20 MG TABLET	N/A	Internal Medicine	2	-	,					+
ESCITALOPRAM OXALATE 20 MG TABLET	N/A	NEUROLOGY	1	1						+
ESCITALOPRAM OXALATE 20 MG TABLET	N/A	Other Provider	23	1	1					+
ESCITALOPRAM OXALATE 20 MG TABLET	N/A	PEDIATRICS	23	1	1					+
ESOMEPRAZOLE MAG DR 40 MG CAP		GASTROENTEROLOGY	1	+				-		-
	Dysphagia, unspecified		1	-						
ESOMEPRAZOLE MAG DR 40 MG CAP	Gastro-esophageal reflux disease with esophagitis	INTERNAL MEDICINE	1	-						
ESOMEPRAZOLE MAG DR 40 MG CAP	Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	2	1						
ESOMEPRAZOLE MAG DR 40 MG CAP	Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	2							
ESOMEPRAZOLE MAG DR 40 MG CAP	N/A	INTERNAL MEDICINE		1	1					
ESOMEPRAZOLE MAG DR 40 MG CAP	N/A	Other Provider	1	1						1
ESOMEPRAZOLE MAGNESIUM 40 MG CAPSULE DR	N/A	FAMILY MEDICINE	1	1	1					
ESOMEPRAZOLE MAGNESIUM 40 MG CAPSULE DR	N/A	GASTROENTEROLOGY	1							
ESOMEPRAZOLE MAGNESIUM 40 MG CAPSULE DR	N/A	Other Provider	2	1						
		PEDIATRIC								
ESOMEPRAZOLE MAGNESIUM 40 MG CAPSULE DR	N/A	GASTROENTEROLOGY	2							
ESOPH EGD DILATION <30 MM	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	SURGERY, GENERAL	1	0	0	0	0			
ESOPH IMPED FUNCT TEST > 1HR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	GASTROENTEROLOGY	1	0	0	0	0			
ESOPH IMPED FUNCT TEST > 1HR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	COUNSELING	1	0	0	0	0			
ESOPH IMPED FUNCT TEST > 1HR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	1	0	0	0	0	İ		
ESOPH IMPED FUNCTION TEST	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			1
ESOPH IMPED FUNCTION TEST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	GASTROENTEROLOGY	2	0	0	0	0	t e		+
ESOPH IMPED FUNCTION TEST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	1	0	0	0	0			+
Esophageal Cancer	Malignant neoplasm of esophagus, unspecified	RADIATION	1	Ť	-	f -	-			†
Loophageal Calicel	ivialignant neopiasm of esophiagus, unspecified	NADIATION	l _T	1	1	l		1		1

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Esophageal Cancer	Malignant neoplasm of lower third of esophagus	RADIATION ONCOLOGY	2							
Esophageal Cancer	Malignant neoplasm of overlapping sites of esophagus	INTERNAL MEDICINE	1							
ESOPHAGEAL CAPSULE ENDOSCOPY	IRON DEFICIENCY ANEMIA, UNSPECIFIED	GASTROENTEROLOGY	0	1	1	0	0			
ESOPHAGOSCOPY FLEX BIOPSY	UNSPECIFIED ABDOMINAL PAIN	PEDIATRICS	1	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	CICATRICIAL ENTROPION OF RIGHT UPPER EYELID	SURGERY, GENERAL	1	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	COUNSELING	1	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GASTROENTEROLOGY	1	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	DYSPHAGIA, UNSPECIFIED	GASTROENTEROLOGY	4	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	EPIGASTRIC PAIN	GASTROENTEROLOGY	1	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	SURGERY, GENERAL	1	0	0	0	0			1
ESOPHAGUS MOTILITY STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	COUNSELING	2	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	5	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	1	0	0	0	0			
ESOPHAGUS MOTILITY STUDY	HALITOSIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
ESOPHAGUS MOTILITY STUDY	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	GASTROENTEROLOGY	1	0	0	0	0			
ESOPHAGUS SURGERY PROCED	Achalasia of cardia	Other Provider						1		
ESOPHAGUS SURGERY PROCEDURE	ACHALASIA OF CARDIA	SURGERY, GENERAL	0	1	1	0	0			
ESOPHAGUS SURGERY PROCEDURE	DIVERTICULUM OF ESOPHAGUS, ACQUIRED	SURGERY, GENERAL	0	1	0	1	0			
ESOPHAGUS SURGERY PROCEDURE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	1	0	0	0	0			
ESTABLISH BRAIN CAVITY SHUNT	UNSPECIFIED CONVULSIONS	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
ESTRADIOL (TWICE WEEKLY) 0.1MG/24HR PATCH TDSW	N/A	GYNECOLOGY (NO OB)	1							
ESTRADIOL (TWICE WEEKLY) 0.1MG/24HR PATCH TDSW	N/A	OBSTETRICS/GYNECOLOG	1							
ESTRADIOL (TWICE WEEKLY) U. IWIG/24HR PATCH TDSW	NA	REPRODUCTIVE	1							
ESTRADIOL 0.1 MG PATCH	N/A	ENDOCRINOLOGY/INFERT ILITY	1							
ESTRADIOL 0.1 MG PATCH (2/WK)	N/A	OBSTETRICS/GYNECOLOG Y		2	2					
		OBSTETRICS/GYNECOLOG								1
ESTRADIOL 0.1MG/24HR PATCH TDSW	N/A	Υ	1	1	1					
ETHACRYNIC ACID 25 MG TABLET	N/A	INTERNAL MEDICINE	1							
ETOPOSIDE INJECTION	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
ETOPOSIDE INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	ONCOLOGY	1	0	0	0	0			-
ETOPOSIDE INJECTION	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	ONCOLOGY	2	0	0	n	0			+
EUFLEXXA	Unilateral primary osteoarthritis, right knee	Physician			-	-			1	1
EUFLEXXA 20 MG/2 ML SYRINGE	Bilateral primary osteoarthritis of knee	RHEUMATOLOGY		1	1				-	+
·				1	1					
EUFLEXXA 20 MG/2 ML SYRINGE	Bilateral primary osteoarthritis of knee	SURGERY, ORTHOPEDIC		1	1					
EUFLEXXA 20 MG/2 ML SYRINGE	N/A	NURSE PRACTITIONER	ļ	1	1				ļ	
EUFLEXXA 20 MG/2 ML SYRINGE	N/A	Other Provider		2	2					+
EUFLEXXA 20 MG/2 ML SYRINGE	N/A	SURGERY, ORTHOPEDIC		2	2					
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPAEDIC SPORTS MEDICINE	0	1	1	0	0			
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	RHEUMATOLOGY	0	1	1	0	0			
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SPORTS MEDICINE	0	1	1	0	0			1
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	0	7	7	0	0			†
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	0	1	1	0	0			+
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	13	13	0	0			
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	COUNSELING	0	1	1	0	0			+
	TOTAL CONTROL OF THE PROPERTY	COUNTERING	1~	1-	1-	-	ı~	1	1	1

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EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICIAN ASSISTANT	0	1	1	0	0	присте	Demea	Sy mo
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	0	12	12	0	0			+
EUFLEXXA INJ PER DOSE	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SPORTS MEDICINE	0	1	1	0	0			+
EVAC RPR A-BIILIAC NDGFT	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	SURGERY, VASCULAR	1	0	0	0	0			1
EVAC RPR A-BIILIAC NDGFT	ANEURYSM OF ILIAC ARTERY	SURGERY, VASCULAR	1	0	0	0	0			
EVAC RPR A-BIILIAC NDGFT	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	SURGERY, VASCULAR	1	0	0	0	0			
EVAL AUD FUNCJ 1ST HOUR	SENSORINEURAL HEARING LOSS, BILATERAL	FAMILY MEDICINE	1	0	0	0	0			
EVALUATE SWALLOWING FUNCTION	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EVALUATION OF WHEEZING	HEMORRHAGE OF ANUS AND RECTUM	PULMONARY DISEASE	1	0	0	0	0			1
EVASC RPR A-AO NDGFT	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
EVEKEO 10 MG TABLET	N/A	FAMILY MEDICINE	1							1
EVEKEO 5 MG TABLET	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRIC NEUROLOGY		1	1					
EVEKEO 5 MG TABLET	N/A	PEDIATRIC NEUROLOGY		1	1					
EVEKEO ODT 10 MG TAR RARDIS	N/A	DEDIATRIC NELIDOLOGY	1							
EVEKEO ODT 10 MG TAB RAPDIS EVEKEO ODT 20 MG TAB RAPDIS	N/A	PEDIATRIC NEUROLOGY	1	1	1					
EVEKEO ODT 20 MIG TAB RAPDIS EVEKEO ODT 5 MIG	,	Other Provider	1	1	1					+
EVEREU ODT 5 MG	Attention-deficit hyperactivity disorder, combined type	Other Provider	1			-				+
EVEKEO ODT 5 MG	N/A	PEDIATRIC NEUROLOGY		1	1					
EVEKEO ODT 5 MG TAB RAPDIS	N/A	PEDIATRIC NEUROLOGY		1	1					
Evrysdi	Other general symptoms and signs	NEUROLOGY							1	<u>. </u>
EVRYSDI	Other general symptoms and signs	Other Provider						1		1
EVRYSDI 0.75 MG/ML SOLN RECON	N/A	CARDIOVASCULAR DISEASE	1	1	1					
EVRYSDI 0.75 MG/ML SOLN RECON	N/A	PEDIATRIC NEUROLOGY		1	1					
EVZIO 2 MG AUTO-INJECTOR	Opioid dependence, uncomplicated	Other Provider		1	1					
EXC ABD LES SC 3 CM/>	ENDOMETRIOSIS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
EXC ABD TUM 5 CM OR LESS	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EXC ABD TUM 5 CM OR LESS	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EXC ABD TUM 5 CM OR LESS	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	SURGERY, GENERAL	1	0	0	0	0			
EXC ABD TUM 5 CM OR LESS	NEOPLASM OF UNCRT BEHAV OF AORTIC BODY AND OTH PARAGANGLIA	SURGERY, GENERAL	1	0	0	0	0			
EXC ABD TUM 5 CM OR LESS	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	GYNECOLOGIC ONCOLOGY	0	1	1	0	0			
EXC ABD TUM 5 CM OR LESS	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EXC ABD TUM OVER 10 CM	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EXC ABD TUM OVER 5 CM	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EXC ABDL TUM DEEP 5 CM/>	ENDOMETRIOSIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
EXC ABDL TUM DEEP 5 CM/>	ENDOMETRIOSIS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
EXC BACK LES SC 3 CM/>	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	SURGERY, GENERAL	1	0	0	0	0			
EXC BACK LES SC 3 CM/>	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB	INTERNAL MEDICINE	1	0	0	0	0			
EXC BACK LES SC 3 CM/>	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB	SURGERY, GENERAL	1	0	0	0	0			
EXC BACK TUM DEEP 5 CM/>	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	INTERNAL MEDICINE	1	0	0	0	0			
EXC BACK TUM DEEP 5 CM/>	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	SURGERY, GENERAL	1	0	0	0	0			
EXC CHEST WALL TUMOR W/RIBS	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	SURGERY, GENERAL	1	0	0	0	0			
EXC F/E/E/N/L MAL+MRG 0.6-1	BENIGN NEOPLASM, UNSPECIFIED SITE	SURGERY, PLASTIC	1	0	0	0	0			<u> </u>
EXC F/E/E/N/L MAL+MRG 2.1-3	LOCALIZED SWELLING, MASS AND LUMP, HEAD	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			

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EXC FACE LES SBQ 2 CM/>	FOLLICULAR CYST OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXC FACE LES SBQ 2 CM/>	PILAR CYST	SURGERY, PLASTIC	1	0	0	0	0			
EXC FACE TUM DEEP 2 CM/>	PERSONAL HISTORY OF COLONIC POLYPS	SURGERY, PLASTIC	1	0	0	0	0			
EXC FACE-MM B9+MARG 0.6-1 CM	CYSTS OF LEFT LOWER EYELID	OPHTHALMOLOGY	1	0	0	0	0			+
EXC FACE-MM B9+MARG 1.1-2 CM	PREAURICULAR SINUS AND CYST	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)	_		_		_			
EXC FACE-MM B9+MARG 1.1-2 CM	SEBACEOUS CYST	SURGERY, PLASTIC	1	0	0	0	0			
EXC FACE-MM B9+MARG 2.1-3 CM	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXC FACE-MM B9+MARG 2.1-3 CM	SEBACEOUS CYST	SURGERY, PLASTIC	1	0	0	0	0			
EXC FACE-MM B9+MARG 3.1-4 CM	BEN LIPOMATOUS NEOPLM OF SKIN, SUBCU OF HEAD, FACE AND NECK	SURGERY, PLASTIC	1	0	0	0	0			
EXC FOOT/TOE TUM SC < 1.5 CM	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	SURGERY, ORTHOPEDIC	1	0	0	0	0			
EXC FOOT/TOE TUM SC < 1.5 CM	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY MEDICINE	1	0	0	0	0			
EXC HAND LES SC < 1.5 CM	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT ARM	FAMILY MEDICINE	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG >4 CM	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT ARM	SURGERY, PLASTIC	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG >4 CM	HIDRADENITIS SUPPURATIVA	INTERNAL MEDICINE	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG >4 CM	HIDRADENITIS SUPPURATIVA	SURGERY, GENERAL	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG >4 CM	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB	FAMILY MEDICINE	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG >4 CM	NAUSEA WITH VOMITING, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG 1.1-2	LOCALIZED SWELLING, MASS AND LUMP, NECK	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
		NOSE, AND THROAT)		ļ	_		_			<u> </u>
EXC H-F-NK-SP B9+MARG 1.1-2	MELANOCYTIC NEVI, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG 1.1-2	PYOGENIC GRANULOMA	FAMILY MEDICINE	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG 2.1-3	BENIGN NEOPLASM OF SCROTUM	UROLOGY	1	0	0	0	0			
EXC H-F-NK-SP B9+MARG 2.1-3	LOCALIZED SWELLING, MASS AND LUMP, NECK	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXC NECK TUM DEEP < 5 CM	EPIDERMAL CYST	FAMILY MEDICINE	1	0	0	0	0			
EXC NECK TUM DEEP 5 CM/>	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	FAMILY MEDICINE	1	0	0	0	0			
EXC RECT TUM TRANSANAL FULL	ANAL POLYP	SURGERY, GENERAL	1	0	0	0	0			
EXC RECT TUM TRANSANAL FULL	BENIGN NEOPLASM OF RECTUM	FAMILY MEDICINE	1	0	0	0	0			
EXC RECT TUM TRANSANAL FULL	CONSTIPATION, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
EXC RECT TUM TRANSANAL FULL	RECTAL POLYP	SURGERY, COLON AND RECTAL	1	0	0	0	0			
EXC RECT TUM TRANSANAL PART	ANAL POLYP	FAMILY MEDICINE	1	0	0	0	0			
EXC RECT TUM TRANSANAL PART	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
EXC RECT TUM TRANSANAL PART	RESIDUAL HEMORRHOIDAL SKIN TAGS	SURGERY, GENERAL	1	0	0	0	0			
EXC SKIN ABD	ACQUIRED BURIED PENIS	UROLOGY	0	1	1	0	0			
EXC SKIN ABD	END STAGE RENAL DISEASE	SURGERY, THORACIC	1	1	1	0	0			
EXC SKIN ABD	ERYTHEMA INTERTRIGO	SURGERY, PLASTIC	2	1	1	0	0			
EXC SKIN ABD	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	SURGERY, PLASTIC	0	1	1	0	0			
EXC SKIN ABD	LOCALIZED ADIPOSITY	FAMILY MEDICINE	0	1	1	0	0			
EXC SKIN ABD	LOCALIZED ADIPOSITY	SURGERY, PLASTIC	0	1	1	0	0			
EXC SKIN ABD	PANNICULITIS, UNSPECIFIED	FAMILY NURSE PRACTITIONER PRIMARY CARE	0	1	1	0	0			
EXC SKIN ABD	Panniculitis, unspecified	Physician							1	
EXC SKIN ABD	PANNICULITIS, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0			
EXC SKIN ABD	PANNICULITIS, UNSPECIFIED	SURGERY, PLASTIC	0	4	4	0	0			
EXC SKIN ABD	SCAR CONDITIONS AND FIBROSIS OF SKIN	PSYCHOLOGY	1	0	0	0	0			
EXC SKIN ABD	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, GENERAL	1	0	0	0	0			
EXC SKIN ABD	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, PLASTIC	1	0	0	0	0			
EXC SKIN ABD ADD-ON	ERYTHEMA INTERTRIGO	SURGERY, PLASTIC	1	0	0	0	0			
EXC SKIN ABD ADD-ON	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	SURGERY, PLASTIC	0	1	1	0	0			
EXC SKIN ABD ADD-ON	LOCALIZED ADIPOSITY	SURGERY, PLASTIC	0	1	1	0	0			
EXC SKIN ABD ADD-ON	PANNICULITIS, UNSPECIFIED	FAMILY NURSE	0	1	1	0	0			
		PRACTITIONER PRIMARY CARE								1

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
EXC SKIN ABD ADD-ON	Panniculitis, unspecified	Physician	Approvais	Demais	Demais	Demais	Demais	Арргочец	Deffieu 1	by inc
EXC SKIN ABD ADD-ON	PANNICULITIS, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0		_	
EXC SKIN ABD ADD-ON	PANNICULITIS, UNSPECIFIED	SURGERY, PLASTIC	0	3	3	0	0			
EXC SKIN ABD ADD-ON	Panniculitis, unspecified	SURGERY, PLASTIC	Ů	,	,				1	
EXC SKIN ABD ADD-ON	SCAR CONDITIONS AND FIBROSIS OF SKIN	PSYCHOLOGY	1	0	0	0	0			
EXC SKIN ABD ADD-ON	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, GENERAL	1	0	0	0	0			
EXC THIGH/KNEE LES SC 3 CM/>	DEVIATED NASAL SEPTUM	SURGERY, PLASTIC	2	0	0	0	0			
EXC TR-EXT B9+MARG >4.0 CM	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
EXC TR-EXT B9+MARG >4.0 CM	HYPERTROPHIC SCAR	SURGERY, PLASTIC	1	0	0	0	0			1
EXC TR-EXT B9+MARG >4.0 CM	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	SURGERY, GENERAL	2	0	0	0	0			
EXC TR-EXT B9+MARG >4.0 CM	OTHER SPECIFIED SOFT TISSUE DISORDERS	SURGERY, GENERAL	1	0	0	0	0			
EXC TR-EXT B9+MARG >4.0 CM EXC TR-EXT B9+MARG 0.5 CM<	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS		1	0	0	0	0			
EXC TR-EXT B9+MARG 0.5 CM< EXC TR-EXT B9+MARG 0.6-1 CM	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	SURGERY, GENERAL DERMATOLOGY	1	0	0	0	0			
			1	0	0	0	0			
EXC TR-EXT B9+MARG 1.1-2 CM	ABSCESS OF THE BREAST AND NIPPLE	SURGERY, PLASTIC	1	0	0	0	0			
EXC TR-EXT B9+MARG 1.1-2 CM	SEBACEOUS CYST	SURGERY, PLASTIC	1	U	U	U	U			
EXC TR-EXT B9+MARG 2.1-3CM	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	SURGERY, PLASTIC	1	U	U	0	0			
EXC TR-EXT B9+MARG 2.1-3CM	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			ļ
EXC TR-EXT B9+MARG 3.1-4 CM	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	FAMILY MEDICINE	1	0	0	0	0			
EXC TR-EXT MAL+MARG >4 CM	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	SURGERY, GENERAL	1	0	0	0	0			
EXC TR-EXT MAL+MARG >4 CM	SNORING	SURGERY, GENERAL	2	0	0	0	0			
EXC TR-EXT MAL+MARG 3.1-4 CM	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	SURGERY, GENERAL	1	0	0	0	0			
EXCHANGE NEPHROSTOMY CATH	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	UROLOGY	2	0	0	0	0			
EXCHANGE NEPHROSTOMY CATH	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	1	0	0	0	0			
EXCISE EXCESS SKIN & TISSUE	PANNICULITIS, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0			
EXCISE EXCESSIVE SKIN THIGH	ABNORMAL WEIGHT LOSS	SURGERY, PLASTIC	0	1	1	0	0			
EXCISE INTESTINE LESION(S)	BENIGN NEOPLASM OF SIGMOID COLON	SURGERY, GENERAL	1	0	0	0	0			
EXCISE INTESTINE LESION(S)	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	PEDIATRIC SURGERY	1	0	0	0	0			
EXCISE INTRSPINL LESION CRVL	BENIGN NEOPLASM OF SPINAL MENINGES	SURGERY, NEUROLOGICAL	1	0	0	0	0			
EXCISE INTRSPINL LESION THRC	BENIGN NEOPLASM OF SPINAL CORD	SURGERY, NEUROLOGICAL	1	0	0	0	0			
EXCISE MANDIBLE LESION	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
EXCISE MANDIBLE LESION	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
EXCISE MANDIBLE LESION	UNSPECIFIED CYST OF JAW	DENTISTRY	0	1	1	0	0			1
EXCISE MAX/ZYGOMA B9 TUMOR	UNSPECIFIED CYST OF JAW	DENTISTRY	0	1	1	0	0			
EXCISE PAROTID GLAND/LESION	CHANGE IN BOWEL HABIT	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISE PAROTID GLAND/LESION	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISE PAROTID GLAND/LESION	PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISE PAROTID GLAND/LESION	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISE SUBMAXILLARY GLAND	SIALOLITHIASIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISE/REPAIR MOUTH LESION	DISEASES OF LIPS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISE/REPAIR MOUTH LESION	OTHER LESIONS OF ORAL MUCOSA	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISION BREAST LESION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	INTERNAL MEDICINE	1	0	0	0	0			
EXCISION BREAST LESION	ACQUIRED ABSENCE OF BILATERIAL BREASTS AND NIPPLES	SURGERY, GENERAL	1	0	0	0	0			
EXCISION BREAST LESION	DISORDER OF BREAST, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
EXCISION BREAST LESION	DISORDER OF BREAST, UNSPECIFIED	SURGERY, GENERAL	4	0	0	0	0			
EXCISION BREAST LESION EXCISION BREAST LESION	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, GENERAL	1	0	0	0	0	 		
EXCISION BREAST LESION	OTHER BENIGN MAMMARY DYSPLASIAS OF UNSPECIFIED BREAST	SURGERY, GENERAL	1	0	n	0	0			
EXCISION BREAST LESION EXCISION BREAST LESION	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	INTERNAL MEDICINE	1	0	0	0	0			
EXCISION BREAST LESION EXCISION BREAST LESION	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	SURGERY, GENERAL	2	0	0	0	0	-		+
EXCISION BREAST LESION EXCISION BREAST LESION	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	FAMILY MEDICINE	1	0	0	0	0			
EXCISION BILEAST ELSION	ONST ECHTED DENIGN ININIVINIANT DESCENSIA OF ONSPECIFIED BREAST	TAMIET WEDICINE					<u> </u>			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
EXCISION BREAST LESION	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	SURGERY, GENERAL	1	0	0	0	0			
EXCISION OF ANAL LESION(S)	ANAL POLYP	INTERNAL MEDICINE	1	0	0	0	0			
EXCISION OF ANAL LESION(S)	ANAL POLYP	SURGERY, GENERAL	1	U	U	U	U			
EXCISION OF BONE LOWER J	Chronic osteomyelitis with draining sinus, other site	Other Provider						1		
EXCISION OF BONE LOWER JAW	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	U	U	U	U			
EXCISION OF BONE LOWER JAW	INFLAMMATORY CONDITIONS OF JAWS	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
EXCISION OF BONE LOWER JAW	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
EXCISION OF BONE LOWER JAW	UNSPECIFIED CYST OF JAW	DENTISTRY	0	1	1	0	0			
EXCISION OF BOWEL POUCH	MECKEL'S DIVERTICULUM (DISPLACED) (HYPERTROPHIC)	SURGERY, GENERAL	1	0	0	0	0			
EXCISION OF FACIAL BONE(S)	UNSPECIFIED CYST OF JAW	DENTISTRY	0	1	1	0	0			
EXCISION OF MOUTH LESION	DISEASES OF LIPS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
EXCISION OF NAIL FOLD TOE	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	NOSE, AND THROAT) FAMILY MEDICINE	1	0	0	0	0			
EXCISION OF NATE FOLD FOLD EXCISION OF NECK CYST	PREAURICULAR SINUS AND CYST	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
EXCISION OF NECK CIST	FREAGNICOLAN SINOS AND CISI	NOSE, AND THROAT)	1	o .	o .	o .	ľ			
EXCISION OF PENIS LESION(S)	ANOGENITAL (VENEREAL) WARTS	UROLOGY	1	0	0	0	0			
EXCISION OF PENIS LESION(S)	DISORDER OF PENIS, UNSPECIFIED	UROLOGY	1	0	0	0	0			
EXCISION OF SALIVARY CYST	MUCOCELE OF SALIVARY GLAND	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
		NOSE, AND THROAT)								
EXCISION OF SKULL/SUTURES	CRANIOSYNOSTOSIS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
EXCISION OF SKULL/SUTURES	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	1	0	0	0	0			
EXCISION OF STOMACH LESION	GASTROINTESTINAL STROMAL TUMOR OF LARGE INTESTINE	SURGERY, GENERAL	1	0	0	0	0			
EXCISION OF TONGUE FOLD	ANKYLOGLOSSIA	OTOLARYNGOLOGY (EAR,	4	0	0	0	0			
EVANOU OF TOUCH FOUR	WARA CITED OFFICIAL PLOUT FAR	NOSE, AND THROAT)								-
EXCISION OF TONGUE FOLD	IMPACTED CERUMEN, RIGHT EAR	FAMILY MEDICINE	1	0	0	0	0			-
EXCISION OF TONGUE LESION	OTHER DISEASES OF TONGUE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXCISION OF UMBILICUS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
EXCISION OF UMBILICUS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			
EXCISION OF UVULA	ESSENTIAL (PRIMARY) HYPERTENSION	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
EXCISION OF UVULA	OTHER LESIONS OF ORAL MUCOSA	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	1	1	0	0			
EXCISION OF UVULA	UNSPECIFIED LESIONS OF ORAL MUCOSA	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
Excision or surattage of hone suct or benign tumor of provings		NOSE, AND THROAT)								
Excision or curettage of bone cyst or benign tumor of proximal humerus;	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC		1	1					
Excision or curettage of bone cyst or benign tumor of proximal										
humerus;	NEOPLASM UNCERTAIN BHV BONE & DE ARTICULR CARTILAGE	SURGERY-ORTHOPEDIC	1							
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3										
cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & amp; SUBQ LEFT LEG	SURGERY, GENERAL	1							
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3										
cm or greater	EPIDERMAL CYST	SURGERY	1							
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3										
cm or greater	OTHER SPECIFIED SOFT TISSUE DISORDERS	GENERAL SURGERY	1							
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less										
than 3 cm	BENIGN LIPOMATOUS NEOPLASM SKIN & DBQ LEFT LEG	SURGERY, GENERAL	1							
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less										
than 3 cm	EPIDERMAL CYST	SURGERY	1							
Excision, tumor, soft tissue of thigh or knee area, subfascial (eg,										
intramuscular); 5 cm or greater	BENIGN LIPOMATOUS NEOPLASM SKIN & DD LEFT LEG	SURGERY, GENERAL	1							
Excision, tumor, thigh or knee area;deep, subfascial, or										
intramuscular; less than 5 cm	BENIGN LIPOMATOUS NEOPLASM SKIN & amp; SUBQ LEFT LEG	SURGERY, GENERAL	1							
EXELDERM 1% CREAM	N/A	PHYSICIAN ASSISTANT		1	1					
EXFORGE 5 MG-160MG TABLET	N/A	Other Provider		2	2					
EXFORGE 5-320 MG TABLET	Essential (primary) hypertension	Other Provider		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EXOME SEQUENCE ANALYSIS	ABNORMAL HISTOLOG FINDINGS IN SPECIMENS FROM OTH ORG/TISS	NEUROLOGY	1	0	0	0	0			
EXOME SEQUENCE ANALYSIS	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	GENETICS	1	0	0	0	0			+
EXOME SEQUENCE ANALYSIS	CONGENITAL AND DEVELOPMENTAL MYASTHENIA	PEDIATRIC NEUROLOGY	0	2	0	0	2			+
EXOME SEQUENCE ANALYSIS	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	BEHAVIORAL NURSE	2	0	0	0	0			
EXOME SEQUENCE ANALYSIS	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	PEDIATRICS	2	0	0	0	0			
EXOME SEQUENCE ANALYSIS	DYSTONIA, UNSPECIFIED	GENETICS	2	0	0	0	0			+
EXOME SEQUENCE ANALYSIS	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS		0	1	1	0	0			
EXOME SEQUENCE ANALYSIS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	0	21	21	0	0			
EXOME SEQUENCE ANALYSIS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	PSYCHIATRY	0	3	3	0	0			
EXOME SEQUENCE ANALYSIS	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	0	2	2	0	0			\vdash
EXOME SEQUENCE ANALYSIS	FAMILIAL DYSAUTONOMIA [RILEY-DAY]	GENETICS	0	2	2	0	0			
EXOME SEQUENCE ANALYSIS	HYPERGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			
EXOME SEQUENCE ANALYSIS	HYPERMOBILE EHLERS-DANLOS SYNDROME	GENETICS	0	3	3	0	0			
EXOME SEQUENCE ANALYSIS	Hypermobile Ehlers-Danlos syndrome	Other Provider						1		1
EXOME SEQUENCE ANALYSIS	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	PSYCHIATRY	0	2	2	0	0			1
EXOME SEQUENCE ANALYSIS	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			1
EXOME SEQUENCE ANALYSIS	Mitochondrial metabolism disorder, unspecified	Other Provider						1		
EXOME SEQUENCE ANALYSIS	MITOCHONDRIAL MYOPATHY, NOT ELSEWHERE CLASSIFIED	FAMILY MEDICINE	1	0	0	0	0			1
EXOME SEQUENCE ANALYSIS	NONRHEUMATIC PULMONARY VALVE STENOSIS	GENETICS	0	2	2	0	0			
EXOME SEQUENCE ANALYSIS	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS	GENETICS	2	0	0	0	0			
EXOME SEQUENCE ANALYSIS	OTHER CONGENITAL MALFORMATIONS OF MUSCULOSKELETAL SYSTEM	GENETICS	1	0	0	0	0			
EXOME SEQUENCE ANALYSIS	PERIODIC FEVER SYNDROMES	GENETICS	2	0	0	0	0			
EXOME SEQUENCE ANALYSIS	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	PEDIATRIC NEUROLOGY	0	1	1	0	0			
EXOME SEQUENCE ANALYSIS	PULMONARY HYPERTENSION, UNSPECIFIED	PEDIATRIC PULMONOLOGY	2	0	0	0	0			
EXOME SEQUENCE ANALYSIS	RHABDOMYOLYSIS	GENETICS	0	1	1	0	0			
EXOME SEQUENCE ANALYSIS	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	CARDIAC ELECTROPHYSIOLOGY	0	1	1	0	0			
EXOME SEQUENCE ANALYSIS	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	PSYCHIATRY	0	1	1	0	0			
EXOME SEQUENCE ANALYSIS	SHORT STATURE (CHILD)	GENETICS	1	0	0	0	0			
EXOME SEQUENCE ANALYSIS	TABES DORSALIS	GENETICS	1	0	0	0	0			1
EXOME SEQUENCE ANALYSIS	TOXIC GASTROENTERITIS AND COLITIS	FAMILY MEDICINE	0	1	1	0	0			1
EXOME SEQUENCE ANALYSIS	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	GENETICS	2	0	0	0	0			1
EXOME SEQUENCE ANALYSIS	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRIC NEUROLOGY	1	0	0	0	0			
EXOME SEQUENCE ANALYSIS	WEAKNESS	PSYCHIATRY	0	1	1	0	0			
EXPLORATION BEHIND ABDOMEN	CELIAC ARTERY COMPRESSION SYNDROME	SURGERY, VASCULAR	1	0	0	0	0			
EXPLORATION BEHIND ABDOMEN	DISORDER OF ADRENAL GLAND, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
EXPLORATION MAXILLARY SINUS	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXPLORATION MAXILLARY SINUS	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
EXPLORATION MAXILLARY SINUS	DIARRHEA, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
EXPLORATION MAXILLARY SINUS	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
EXPLORATION OF ABDOMEN	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			1
EXPLORATION OF ABDOMEN	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0	†		+
EXPLORATION OF ABDOMEN	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
EXPLORATION OF ABDOMEN	LEIOMYOMA OF UTERUS, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			t
EXPLORATION OF ABDOMEN	OTH NONINFLAMMATORY DISORD OF OVARY, FALLOP AND BROAD LIGHT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			$\overline{}$
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EXPLORATION OF ABDOMEN	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0	Approved	Dellieu	by INO
EXPLORATION OF ABDOMEN	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
EXPLORATION OF ABDOMEN	Submucous leiomyoma of uterus	Other Provider							1	
EXPLORATION OF SPINAL FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
EXPLORATION OF SPINAL FUSION	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
EXPLORATION OF SPINAL FUSION	LOW BACK PAIN	SURGERY, ORTHOPEDIC	0	1	1	0	0			
EXPLORATION OF SPINAL FUSION	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
EXPLORATION OF SPINAL FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
EXPLORATION OF SPINAL FUSION	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
EXPLORATION OF SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
EXPLORATION OF SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	1	0	0	0	0			
EXPLORATION OF SPINAL FUSION	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	0	2	0	0	2			
EXPLORATION OF SPINAL FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
EXPLORE PARATHYROID GLANDS	BENIGN NEOPLASM OF PARATHYROID GLAND	FAMILY MEDICINE	1	0	0	0	0			
EXPLORE PARATHYROID GLANDS	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR,	5	0	0	0	0			
EXPLORE PARATHYROID GLANDS	END STAGE RENAL DISEASE	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
EXPLORE PARATHTROID GLANDS	END STAGE REIVAL DISEASE	NOSE, AND THROAT)	1	ľ	U	o o	U			
EXPLORE SCROTUM	CONTUSION OF SCROTUM AND TESTES, INITIAL ENCOUNTER	UROLOGY	1	0	0	0	0			
EXPLORE SCROTUM	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	FAMILY MEDICINE	1	0	0	0	0			
EXPLORE/BIOPSY EYE SOCKET	PERSONAL HISTORY OF COLONIC POLYPS	OPHTHALMOLOGY	1	0	0	0	0			
EXPLR/DECOMPRESS EYE SOCKET	VERTICAL STRABISMUS, RIGHT EYE	UROLOGY	1	0	0	0	0			
EXT AMB INFUS PUMP INSLN	Type 1 diabetes mellitus with hyperglycemia	Physician						1		
EXT AMB INFUSN PUMP INSULIN	CALCULUS OF URETER	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	CONSTIPATION, UNSPECIFIED	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	RADICULOPATHY, LUMBAR REGION	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	4	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY MEDICINE	1	0	0	0	0			1
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	PEDIATRIC ENDOCRINOLOGY	2	0	0	0	0			+
EXT AMB INFUSN PUMP INSULIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INFUSN PUMP INSULIN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
EXT AMB INSULIN DELIVERY SYS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT AMB INSULIN DELIVERY SYS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY MEDICINE	1	0	0	0	0			
EXT AMB INSULIN DELIVERY SYS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
EXT AMB INSULIN DELIVERY SYS	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXT BREASTPROSTHESIS GARMENT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, GENERAL	1	0	0	0	0			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
EXTENDED CULTURE OF OOCYTES	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	0	1	0	0	1			
		ENDOCRINOLOGY/INFERTILI								
EXTENSIVE HYSTERECTOMY	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EXTENSIVE HYSTERECTOMY	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			1
EXTENSIVE JAW SURGERY	DYSPHAGIA, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			<u> </u>
EXTENSIVE PROSTATE SURGERY	MALIGNANT NEOPLASM OF PROSTATE	NOSE, AND THROAT) PSYCHOLOGY	1	0	0	n	0			+
EXTENSIVE PROSTATE SURGERY	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	2	0	0	0	0			+
EXTENSIVE PROSTATE SONGERY EXTENSIVE SURGERY OF THROAT	MALIGNANT NEOPLASM OF PROSTATE MALIGNANT NEOPLASM OF BORDER OF TONGUE	SURGERY, ORAL AND	2	0	0	0	0			+
EXTENSIVE SONGERT OF THROAT	INVALIGNANT NEOF EASIN OF BONDER OF TONGOE	MAXILLOFACIAL	_	U	U	o .	U			
EXTENSIVE VULVA SURGERY	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
EXTENSIVE VULVA SURGERY	OTH NONINFLAMMATORY DISORDERS OF VULVA AND PERINEUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			†
EXTERNAL AMBULATORY INFUS PU	MALIGNANT ASCITES	HEMATOLOGY	1	0	0	0	0			+
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
EXTERNAL AMBULATORY INFUS PU	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			+
EXTERNAL AMBULATORY INFUS PU	OTHER SHOCK	ONCOLOGY	1	0	0	0	0			+
EXTERNAL AMBULATORY INFUS PU	UNSPECIFIED JAUNDICE	HEMATOLOGY	1	0	0	0	0			+
EXTERNAL RECEIVER, CGM SYS	TRACTION DETACHMENT OF RETINA, RIGHT EYE	ENDOCRINOLOGY AND	1	0	0	0	0			+
EXTERNAL RECEIVER, CON 515	THACTON DETACTIVENT OF RETINA, RIGHT ETE	METABOLISM	-							
EXTERNAL RECEIVER, CGM SYS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXTERNAL RECEIVER, CGM SYS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
EXTERNAL RECHARG SYS INTERN	FREQUENCY OF MICTURITION	UROLOGY	1	0	0	0	0	-		+
EXTERNAL RECHARG SYS INTERN	PARKINSON'S DISEASE	NEUROLOGY	1	0	0	0	0			+
EXTERNAL RECHARG SYS INTERN	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			+
EXTERNAL TRANSMITTER, CGM	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND	1	0	0	0	0			1
EXTERNAL TRANSMITTER, CGM	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	METABOLISM INTERNAL MEDICINE	1	0	0	n	0			+
EXTERNAL TRANSMITTER, CGM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND	1	0	0	0	0			1
EXTRA HEAVY DUTY WHEELCHAIR	END STAGE RENAL DISEASE	METABOLISM SURGERY, ORTHOPEDIC	2	0	0	n	0			+
EXTRA HEAVY DUTY WHEELCHAIR	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
EXTRATIEAVI DOTT WILLEGIAM	Secondary and unspecified malignant neoplasm of lymph nodes of	JORGENT, ONTHOPEDIC	1	U	U	0	U			+
Extra-Cranial Metastases	head, face and neck	RADIATION ONCOLOGY	1							
EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	0	1	0	n	1			+
SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL	EN OSONE TO OTHER SI ESI NETONS, SOSSEQUENT ENCOUNTER	TANNET WEDICITE		Ī			Ī			
FLAP IF INDICATED										
EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL	FRACTURE OF TOOTH (TRAUMATIC), INIT ENCNTR FOR OPEN FRACTURE	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
FLAP IF INDICATED										<u> </u>
EXTREMITY STUDY	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	NEPHROLOGY	1	0	0	0	0			
EXTREMITY STUDY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	FAMILY MEDICINE	1	0	0	0	0			↓
EXTREMITY STUDY	CHRONIC KIDNEY DISEASE, STAGE 5	NEPHROLOGY	1	0	0	0	0			
EXTREMITY STUDY	COVID-19	NEPHROLOGY	1	0	0	0	0			
EXTREMITY STUDY	END STAGE RENAL DISEASE	NEPHROLOGY	4	0	0	0	0			1
EXTREMITY STUDY	END STAGE RENAL DISEASE	SURGERY, THORACIC	2	0	0	0	0			
EXTREMITY STUDY	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE	NEPHROLOGY	1	0	0	0	0			1
EXTREMITY STUDY	OTHER ASCITES	COUNSELING	1	0	0	0	0			
EXTREMITY STUDY	OTHER ASCITES	NEPHROLOGY	1	0	0	0	0			
EXTREMITY STUDY	SHORTNESS OF BREATH	FAMILY MEDICINE	1	0	0	0	0			
EXTRNL COUNTERPULSE, PER TX	ANGINA PECTORIS, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	1	0	0	1			
EXTRNL COUNTERPULSE, PER TX	ATHEROSCLEROSIS OF CABG, UNSP, W OTH ANGINA PECTORIS	CARDIOVASCULAR DISEASE	1	0	0	0	0			

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EXTRNL COUNTERPULSE, PER TX	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
EXTRNL COUNTERPULSE, PER TX	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	SOCIAL WORK	1	0	0	0	n			++
EYE EXAM ESTABLISH PATIENT	CHRONIC IDIOPATHIC CONSTIPATION	OPTOMETRY	1	0	0	0	0			+
	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R									
EYE EXAM ESTABLISH PATIENT	EYE	OPHTHALMOLOGY	1							
EYE EXAM ESTABLISH PATIENT	VITREOUS HEMORRHAGE, BILATERAL	OPHTHALMOLOGY	1							
EYE EXAM ESTABLISH PATIENT	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	1							
EYE EXAM WITH PHOTOS	N/A	OPHTHALMOLOGY	1							
EYE EXAM&TX ESTAB PT 1/>VST	N/A	OPHTHALMOLOGY	1							
EYE SURGERY PROCEDURE	ANISOMETROPIA	OPHTHALMOLOGY	1	0	0	0	0			
EYE SURGERY PROCEDURE	MALIGNANT NEOPLASM OF LEFT CHOROID	OPHTHALMOLOGY	1	0	0	0	0			
EYE SURGERY PROCEDURE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	COUNSELING	0	1	1	0	0			
EYE SURGERY PROCEDURE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	OPHTHALMOLOGY	0	1	1	0	0			
EYLEA 2 MG/0.05 ML SYRINGE	N/A	OPHTHALMOLOGY	1							
EZH2 GENE FULL GENE SEQUENCE	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	0	1	0	1	0			
EZH2 GENE FULL GENE SEQUENCE	HEMORRHAGIC CONDITION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
EZH2 GENE FULL GENE SEQUENCE	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
EZH2 GENE FULL GENE SEQUENCE	UNSPECIFIED CIRRHOSIS OF LIVER	ONCOLOGY	0	1	1	0	0			
F18 FDG	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
F2 GENE	ACTIVATED PROTEIN C RESISTANCE	ONCOLOGY	0	1	1	0	0			
F2 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF L LOW EXTREM	HEMATOLOGY	2	0	0	0	0			
F2 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	INTERNAL MEDICINE	0	1	1	0	0			
F2 GENE	CHR EMBLSM AND THOMBOS UNSP DEEP VEINS OF R DIST LOW EXTRM	FAMILY MEDICINE	0	1	1	0	0			
F2 GENE	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	HEMATOLOGY	1	0	0	0	0			
F2 GENE	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	INTERNAL MEDICINE	1	0	0	0	0			
F2 GENE	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	ONCOLOGY	0	2	2	0	0			
F2 GENE	DILATED CARDIOMYOPATHY	HEMATOLOGY	1	0	0	0	0			
F2 GENE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
F2 GENE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
F2 GENE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
F2 GENE	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	0	11	11	0	0			
F2 GENE	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	PSYCHIATRY	0	2	2	0	0			
F2 GENE	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	ONCOLOGY	2	1	0	0	1			
F2 GENE	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
F2 GENE	ENCOUNTER FOR SCREENING FOR INFEC/PARASTC DISEASES, UNSP	FAMILY MEDICINE	0	1	1	0	0			
F2 GENE	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	PEDIATRIC UROLOGY	1	0	0	0	0			
ED CENT	FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN	LABORATORY SERVICES								
F2 GENE F2 GENE	MECHNSM	LABORATORY SERVICES HEMATOLOGY	1	1	1	0	0	 		+
	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS		0	1	1	0	0	-		+
F2 GENE	HYPERGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0	 		+
F2 GENE F2 GENE	HYPERTROPHY OF BREAST	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0	1		1
F2 GENE	LEIOMYOMA OF UTERUS, UNSPECIFIED	RADIOLOGY, DIAGNOSTIC	0	2	2	0	0	 		+
F2 GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE MAXILLARY HYPOPLASIA	PSYCHIATRY FAMILY MEDICINE	0	1	1	0	0			
F2 GENE		FAMILY MEDICINE FAMILY NURSE	0	1	1	0	0	 		
	OTHER LONG TERM (CURRENT) DRUG THERAPY	PRACTITIONER	0	1	1	0	0			<u> </u>
F2 GENE	OTHER LONG TERM (CURRENT) DRUG THERAPY	SOCIAL WORK	V	1	1	V	U	1		1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
F2 GENE	OTHER PRIMARY THROMBOPHILIA	HEMATOLOGY	1	0	0	0	0			
F2 GENE	OTHER PRIMARY THROMBOPHILIA	ONCOLOGY	1	0	0	0	0			
F2 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	HEMATOLOGY	1	0	0	0	0			
F2 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	INTERNAL MEDICINE	0	1	1	0	0			
F2 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	ONCOLOGY	1	0	0	0	0			
F2 GENE	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	NEUROLOGY	1	0	0	0	0			
F2 GENE	OTHER THROMBOPHILIA	LABORATORY SERVICES	1							
F2 GENE	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	INTERNAL MEDICINE	1	0	0	0	0			
F2 GENE	POLYARTHRITIS, UNSPECIFIED	LABORATORY SERVICES	1							
F2 GENE	PREG CARE FOR PATIENT W RECURRENT PREG LOSS, THIRD TRIMESTER	MATERNAL AND FETAL	0	1	1	0	0			+
F2 GENE	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	MEDICINE	0	1	1	0	0			
F2 GENE	RECURRENT PREGNANCY LOSS	NEUROLOGY OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
F2 GENE	RECORRENT PREGNANCY LOSS	OBSTETRICS/GYNECOLOGY	1	U	U	U	U			
F2 GENE	RECURRENT PREGNANCY LOSS	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
F5 GENE	AC EMBLSM AND THOMBOS UNSP DEEP VEINS OF LEFT PROX LOW EXTRM	FAMILY MEDICINE	1	0	0	0	0			
F5 GENE	ACTIVATED PROTEIN C RESISTANCE	ONCOLOGY	0	1	1	0	0			
F5 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VEINS OF L LOW EXTREM	HEMATOLOGY	2	0	0	0	0			
F5 GENE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	INTERNAL MEDICINE	0	1	1	0	0			
F5 GENE	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT TIBIAL VEIN	FAMILY MEDICINE	0	1	1	0	0			
F5 GENE	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	FAMILY MEDICINE	0	1	1	0	0			
F5 GENE	CHR EMBLSM AND THOMBOS UNSP DEEP VEINS OF R DIST LOW EXTRM	FAMILY MEDICINE	0	1	1	0	0			
F5 GENE	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	HEMATOLOGY	1	0	0	0	0			
F5 GENE	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	INTERNAL MEDICINE	1	0	0	0	0			
F5 GENE	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	ONCOLOGY	0	2	2	0	0			
F5 GENE	DILATED CARDIOMYOPATHY	HEMATOLOGY	1	0	0	0	0			
F5 GENE	EDEMA, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			
F5 GENE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
F5 GENE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
F5 GENE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
F5 GENE	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	0	13	13	0	0			
F5 GENE	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	ONCOLOGY	1	1	0	0	1			
F5 GENE	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
F5 GENE	ENCOUNTER FOR SCREENING FOR INFEC/PARASTC DISEASES, UNSP	FAMILY MEDICINE	0	1	1	0	0			
F5 GENE	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	PEDIATRIC UROLOGY	1	0	0	0	0			
F5 GENE	FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	LABORATORY SERVICES	1							
F5 GENE	FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
F5 GENE	HEMARTHROSIS, UNSPECIFIED JOINT	INTERNAL MEDICINE	0	1	1	0	0			+
F5 GENE	HYPERGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			+
F5 GENE	HYPERTROPHY OF BREAST	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
F5 GENE	LEIOMYOMA OF UTERUS, UNSPECIFIED	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
F5 GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	PSYCHIATRY	0	2	2	0	0			
F5 GENE	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			

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F5 GENE	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	INTERNAL MEDICINE	0	1	1	0	0			
F5 GENE	OTHER LONG TERM (CURRENT) DRUG THERAPY	COUNSELING	0	1	1	0	0			
F5 GENE	OTHER LONG TERM (CURRENT) DRUG THERAPY	FAMILY NURSE PRACTITIONER	0	1	1	0	0			
F5 GENE	OTHER LONG TERM (CURRENT) DRUG THERAPY	PSYCHIATRY	0	1	1	0	0			†
F5 GENE	OTHER LONG TERM (CURRENT) DRUG THERAPY	SOCIAL WORK	0	1	1	0	0			†
F5 GENE	OTHER PRIMARY THROMBOPHILIA	HEMATOLOGY	1	0	0	0	0			†
F5 GENE	OTHER PRIMARY THROMBOPHILIA	ONCOLOGY	1	0	0	0	0			+
F5 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	HEMATOLOGY	1	0	0	0	0			+
F5 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	INTERNAL MEDICINE	0	1	1	0	0			+
F5 GENE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	ONCOLOGY	2	0	0	0	0			+
F5 GENE	OTHER SPECIFIED SOFT TISSUE DISORDERS	FAMILY MEDICINE	0	1	1	0	0			+
F5 GENE	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	NEUROLOGY	1	0	0	0	0			+
I J GENE	OTHER STIMP TOWS AND SIGNS INVOEVING THE NERVOUS STSTEM	NEOROLOGI	1	0	0	U	0			+ -
F5 GENE	OTHER THROMBOPHILIA	LABORATORY SERVICES	1							
F5 GENE	PERSONAL HISTORY OF PULMONARY EMBOLISM	FAMILY MEDICINE	1	0	0	0	0			
F5 GENE	POLYARTHRITIS, UNSPECIFIED	LABORATORY SERVICES	1							
F5 GENE	PREG CARE FOR PATIENT W RECURRENT PREG LOSS, THIRD TRIMESTER	MATERNAL AND FETAL	0	1	1	0	0			
EF CENE	DECAULAN OF TA (TIA) AND CEDED INFOCAMIO DECID DEFICITO	MEDICINE	0		4	0	0			
F5 GENE	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	NEUROLOGY	0	1	1	0				
F5 GENE	RECURRENT PREGNANCY LOSS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
F5 GENE	RECURRENT PREGNANCY LOSS	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	1	1	0	0			
F5 GENE	UNSP ABNORMAL FINDINGS ON ANTENATAL SCREENING OF MOTHER	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	1	0	1	0			
FABIOR 0.1 % FOAM	N/A	DERMATOLOGY	1	3	3					+
FABIOR 0.1 % FOAM	N/A	Other Provider	1	1	1					+
FABRICATION & FITTING	PRESENCE OF ARTIFICIAL EYE	OPHTHALMOLOGY	2	0	0	n	0			+
FACE BONE GRAFT	CELLULITIS AND ABSCESS OF MOUTH	FAMILY MEDICINE	0	1	1	0	0			+
FACE BONE GRAFT	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	1	0	0	0	0			+
FACE BONE GRAFT	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
The Bone Given	SETTITES IN ISSUED FOR	NOSE, AND THROAT)	Ī							
FACE BONE GRAFT	FRACTURE OF TOOTH (TRAUMATIC), INIT ENCNTR FOR OPEN FRACTURE	SURGERY, ORAL AND	0	1	1	0	0			
		MAXILLOFACIAL								
FACE BONE GRAFT	OTHER SPECIFIED ALVEOLAR ANOMALIES	SURGERY, PLASTIC	0	1	1	0	0			
FACE BONE GRAFT	UNSPECIFIED CYST OF JAW	DENTISTRY	0	1	1	0	0			
FACILITY BASED POLYSOMNOGRAPHY (PSG), 1 - 3 PARAMS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	1							
FACTOR IX ALPROLIX RECOMB	HEREDITARY FACTOR IX DEFICIENCY	HEMATOLOGY	1	0	0	0	0			
FACTOR IX RECOMBINANT NOS	EFFUSION, LEFT KNEE	PEDIATRIC HEMATOLOGY/ONCOLOGY	2	0	0	0	0			
FACTOR IX RECOMBINANT NOS	HEMARTHROSIS, LEFT KNEE	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
FACTOR IX RECOMBINANT NOS	HEREDITARY FACTOR IX DEFICIENCY	PEDIATRIC HEMATOLOGY/ONCOLOGY	3	0	0	0	0			
FACTOR IX RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	HEMATOLOGY	1	0	0	0	0			+
FACTOR VIII	HEREDITARY FACTOR VIII DEFICIENCY	PEDIATRICS	2	0	0	0	0			†
FACTOR VIII FC FUSION RECOMB	HEREDITARY FACTOR VIII DEFICIENCY	HEMATOLOGY	1	0	0	0	0			+
FACTOR VIII NUWIQ RECOMB 1IU	HEREDITARY FACTOR VIII DEFICIENCY	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
FACTOR VIII RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	FAMILY MEDICINE	1	0	0	0	0			
FACTOR VIII RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	HEMATOLOGY	2	0	0	0	0			†

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
FACTOR VIII RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	PEDIATRIC PEDIATRIC	1	O	O Delliais	O	O	Approved	Deilleu	by INO
FACTOR VIII RECOIVIBINANT NOS	RECEITANT FACTOR VIII DEPICIENCY	HEMATOLOGY/ONCOLOGY	_	0	0	O	0			
FACTOR XIII RECOMB A-SUBUNIT	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
FACTOR XIII RECOMB A-SUBUNIT	VON WILLEBRAND'S DISEASE	FAMILY MEDICINE	2	0	0	0	0			+
		CARDIOVASCULAR			-					+
FARXIGA 10 MG TABLET	N/A	DISEASE	1							
		ENDOCRINOLOGY AND								
FARXIGA 10 MG TABLET	N/A	METABOLISM	4							
FARXIGA 10 MG TABLET	N/A	FAMILY MEDICINE	8	4	4					
FARXIGA 10 MG TABLET	N/A	INTERNAL MEDICINE	2							
FARXIGA 10 MG TABLET	N/A	Other Provider	8	1	1					
FARXIGA 10 MG TABLET	N/A	SPORTS MEDICINE	1							
FARXIGA 10 MG TABLET	Other general symptoms and signs	Other Provider	1							<u> </u>
FARXIGA 10 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	FAMILY MEDICINE		1	1					
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	CARE	1							
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE		2	2					
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
		ENDOCRINOLOGY AND								
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus without complications	METABOLISM	1							
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1							
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1							
FARXIGA 10 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	1							
FARXIGA 5 MG TABLET	N/A	FAMILY MEDICINE	4	1	1					
FARXIGA 5 MG TABLET	N/A	INTERNAL MEDICINE	5	1	1					
FARXIGA 5 MG TABLET	N/A	NEPHROLOGY	1							
FARXIGA 5 MG TABLET	N/A	Other Provider	3							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
FARXIGA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	CARE	1							
FARXIGA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
FARXIGA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	PHYSICIAN ASSISTANT	1							
FARXIGA 5 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	2							
		FAMILY NURSE								
FARVICA F MC TARIFT	T 2 diabata analista a sistema da analisationa	PRACTITIONER PRIMARY CARE	1							
FARXIGA 5 MG TABLET FARXIGA 5 MG TABLET	Type 2 diabetes mellitus without complications		1			-				+
FASENRA 30 MG/ML SYRINGE	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	2	1	1	-				+
FASENKA 30 MG/ML SYKINGE	Severe persistent asthma, uncomplicated	Other Provider		1	1					+
FASENRA PEN 30 MG/ML AUTO INJCT	N/A	ALLERGY/IMMUNOLOGY	2							
FASENRA PEN 30 MG/ML AUTO INJCT	N/A	Other Provider	1			1				+
I AGENTA FEIN 30 INIG/INIE AUTO INIGE	IN/M	PEDIATRIC PEDIATRIC	_	-		1	-	-	-	+
FASENRA PEN 30 MG/ML AUTO INJCT	N/A	PULMONOLOGY	1							
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ART OF LEFT LEG WITH ULCER OTH PRT LOW LEG	SURGERY, VASCULAR	1	0	0	0	0			+
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	SURGERY, VASCULAR	1	0	0	0	0	 	 	
FEM/POPL REVAS W/ATHER	ATHSCE NATIVE ARTERIES OF EXTREMITIES W ILCERATION	CARDIOLOGY,	1	0	0	0	0			1
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	INTERVENTIONAL CARDIOVASCULAR DISEASE	2	0	0	0	0			\vdash
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	2	2	0	0			
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	2	0	0	0	0			
FEM/POPL REVAS W/ATHER	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVAS W/ATHER	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	2	0	0	0	0			
FEM/POPL REVAS W/ATHER	OTH DIABETES W DIABETIC PERIPHERAL ANGIOPATHY W/O GANGRENE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVAS W/ATHER	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	1	1	0	0			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	5	1	1	0	0			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, THORACIC	0	1	1	0	0			
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			<u> </u>
FEM/POPL REVAS W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	0	1	1	0	0			
FEM/POPL REVAS W/ATHER	UNSP ATHSCL NATIVE ARTERIES OF EXTREMITIES, UNSP EXTREMITY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVAS W/ATHER	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
FEM/POPL REVAS W/TLA	ATHEROSCLEROSIS OF RENAL ARTERY	FAMILY MEDICINE	1	0	0	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	FAMILY MEDICINE	1	0	0	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVAS W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, RIGHT LEG	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVAS W/TLA	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	2	0	0	0	0			
FEM/POPL REVAS W/TLA	HYPERGLYCEMIA, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVAS W/TLA	OTH DIABETES W DIABETIC PERIPHERAL ANGIOPATHY W/O GANGRENE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVAS W/TLA	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	7	1	1	0	0			
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, THORACIC	0	1	1	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	1	1	0	0			
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	0	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ART OF LEFT LEG WITH ULCER OTH PRT LOW LEG	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOLOGY, INTERVENTIONAL	2	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	2	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	FAMILY MEDICINE	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, RIGHT LEG	SURGERY, VASCULAR	0	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W REST PAIN, BILATERAL LEGS	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	3	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	OTH DIABETES W DIABETIC PERIPHERAL ANGIOPATHY W/O GANGRENE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	6	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	Peripheral vascular disease, unspecified	Other Provider							1	
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	PSYCHOLOGY	1	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	3	1	1	0	0			
FEM/POPL REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	0	2	2	0	0			
FEM/POPL REVASC STNT & ATHER	UNSP ATHSCL NATIVE ARTERIES OF EXTREMITIES, UNSP EXTREMITY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVASC STNT & ATHER	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
FEM/POPL REVASC W/STENT	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, RIGHT LEG	SURGERY, VASCULAR	1	1	1	0	0			
FEM/POPL REVASC W/STENT	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	2	0	0	0	0			
FEM/POPL REVASC W/STENT	OTH DIABETES W DIABETIC PERIPHERAL ANGIOPATHY W/O GANGRENE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FEM/POPL REVASC W/STENT	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	2	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
	State of Sta	Position Constitute	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description FEM/POPL REVASC W/STENT	Diagnosis Code Description PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Provider Specialty CARDIOVASCULAR DISEASE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PEW/POPE REVASC W/STENT	PERIPHERAL VASCOLAR DISEASE, UNSPECIFIED	CANDIOVASCULAN DISEASE	0	U	U	O .	U			
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	2	1	1	0	0			
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR &	0	1	1	0	0			
TEMPT OF ENEVAGE WYSTERT	TEMPLE VASCOUNT DISEASE, ONSI EGITED	INTERVENTIONAL	ľ		-		o .			
		RADIOLOGY								
FEM/POPL REVASC W/STENT	UNSP ATHSCL AUTOLOGOUS VEIN BYPASS OF THE EXTRM, LEFT LEG	SURGERY, VASCULAR	1	0	0	0	0			
FEM/POPL REVASC W/STENT	UNSP ATHSCL NATIVE ARTERIES OF EXTREMITIES, UNSP EXTREMITY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
FENOPROFEN CALCIUM 400 MG CAPSULE	N/A	RHEUMATOLOGY	2							
		PEDIATRIC								
FENSOLVI 45 MG SYRINGE	N/A	ENDOCRINOLOGY	1							
FENTANYL	Chronic pain syndrome	PAIN MANAGEMENT						1		
FENTANYL 100 MCG/HR PATCH	Bilateral primary osteoarthritis of knee	Other Provider	1							
FENTANYL 100 MCG/HR PATCH TD72	N/A	INTERNAL MEDICINE	1							
FENTANYL 12 MCG/HR PATCH	Chronic pain syndrome	Other Provider	1							
FENTANYL 12 MCG/HR PATCH	Chronic pain syndrome	PAIN MANAGEMENT	1							
FENTANNI 42 NACC (UD DATCU	Character and a second second	PHYSICAL MEDICINE AND								
FENTANYL 12 MCG/HR PATCH TD72	Chronic pain syndrome	REHABILITATION	1							
FENTANYL 12 MCG/HR PATCH TD72 FENTANYL 12 MCG/HR PATCH TD72	N/A N/A	Other Provider	1							
FENTANYL 12 MCG/HR PATCH TD72	N/A	PAIN MANAGEMENT SURGERY, GENERAL	1	1	1					
FENTANYL 25 MCG/HR PATCH	Bilateral primary osteoarthritis of knee	Other Provider	1	-	_					
FENTANYL 25 MCG/HR PATCH	Chronic pain syndrome	Other Provider	1							
FENTANYL 25 MCG/HR PATCH	Chronic pain syndrome	PAIN MANAGEMENT	2							
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS(78815)	Other Provider	1							
		PHYSICAL MEDICINE AND								
FENTANYL 25 MCG/HR PATCH	Multiple sclerosis	REHABILITATION	1							
FENTANYL 25 MCG/HR PATCH	N/A	INTERNAL MEDICINE	1							
FENTANYL 25 MCG/HR PATCH	N/A	ONCOLOGY	1							
FENTANYL 25 MCG/HR PATCH TD72	N/A	ONCOLOGY	1							
FENTANYL 25 MCG/HR PATCH TD72	N/A	Other Provider	3	1	1					
FENTANYL 25 MCG/HR PATCH TD72	N/A	PAIN MANAGEMENT	3	2	2					
FENTANYL 25 MCG/HR PATCH TD72	N/A	RADIATION ONCOLOGY	1							
FENTANYL 25 MCG/HR PATCH TD72	N/A	SURGERY, GENERAL	1	1	1					
12.11.11.12.23.11.09/11.17.11.01.1.37.2	147.	SONGENT, GENERALE		-	-					
FENTANYL 25 MCG/HR PATCH TD72	N/A	SURGERY, ORTHOPEDIC		2	2					
FENTANYL 50 MCG/HR PATCH	Chronic pain syndrome	Other Provider	2							
FENTANYL 50 MCG/HR PATCH	JOINT DISORDER UNSPECIFIED	INTERNAL MEDICINE		1	1					
FENTANYL 50 MCG/HR PATCH	Low back pain	Other Provider	1							
		1								
FENTANYL 50 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS(78815)	Other Provider	1							
FENTANYL 50 MCG/HR PATCH	N/A	Other Provider	1							
FENTANYL 50 MCG/HR PATCH	Postlaminectomy syndrome, not elsewhere classified	PAIN MANAGEMENT	2							<u> </u>
FENITANIVI FO MACC/LIB DATCI:	Dadicularathy lumbarassics	PHYSICAL MEDICINE AND								
FENTANYL 50 MCG/HR PATCH	Radiculopathy, lumbar region	REHABILITATION	1							
	Hakaaya(64402) Hakaaya-(64402) CDONDVI OSIS 11/10									
	Unknown(64493),Unknown(64493),SPONDYLOSIS W/O									
	MYELOPATH/RADICULOPATHY LUMB RGN(64493),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493	1								
),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	PHYSICAL MEDICINE AND								
FENTANYL 50 MCG/HR PATCH	RGN(64494),SPONDYLOSIS W/O MYELOPATH/RADICU	REHABILITATION	2							
. E	MONIO 1.54 JUNIO DE LOSIS W/O MITELOT MININADICO		1-		ı	1	1	1	1	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
FENTANYL 50MCG/HR PATCH TD72	N/A	INTERNAL MEDICINE	3							
FENTANYL 50MCG/HR PATCH TD72	N/A	ONCOLOGY	2							†
FENTANYL 50MCG/HR PATCH TD72	N/A	Other Provider	2							1
FENTANYL 50MCG/HR PATCH TD72	N/A	PAIN MANAGEMENT	1							†
FENTANYL 75 MCG/HR PATCH	Chronic pain syndrome	Other Provider	1							1
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64493		_							†
FENTANYL 75 MCG/HR PATCH)	Other Provider	1							
FENTANYL 75 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS(78815)	Other Provider	1							
	OTHER ACUTE POSTPROCEDURAL PAIN(27570),Unknown(27570),Unknown(29884),OTHER ACUTE POSTPROCEDURAL PAIN(29884									
FENTANYL 75 MCG/HR PATCH).	Other Provider	1							
FENTANYL 75 MCG/HR PATCH	Spinal stenosis, lumbosacral region	Other Provider	-	1	1			-		+
FENTANYL 75 MCG/HR PATCH TD72	N/A	ONCOLOGY	3	-	-					+
FERRIPROX 1000 MG TABLET	N/A	ONCOLOGY	1	 	 	 		-		+
I FIGURI WON TOOO INIG TABLET	N/O		1			1		-		+
FERUMOXYTOL, NON-ESRD	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST, INIT	HEMATOLOGY/ONCOLOG Y	2							
		HEMATOLOGY/ONCOLOG								1
FERUMOXYTOL, NON-ESRD	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Υ	2							
FETAL CHRMOML ANEUPLOIDY	CERVICAL SHORTENING, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	FAMILY MEDICINE	2	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	OBSTETRICS/GYNECOLOGY	15	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	SOCIAL WORK	2	0	0	0	0			1
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	FAMILY MEDICINE	1	0	0	n	0			+
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			1
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	SOCIAL WORK	1	0	0	0	0			+
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
FETAL CHRIVIONIL ANEOPLOIDT	ENCENTR FOR SUPRVSIN OF INORIVIAL FIRST PREGNANCT, DIVSP TRIIVIESTER	OBSTETRICS/GTNECOLOGT	1	U	U	U	U			
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR ANTENATAL SCREENING FOR OTHER GENETIC DEFECTS	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR ANTENATAL SCREENING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	7	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR PREGNANCY TEST, RESULT UNKNOWN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			+
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	SOCIAL WORK	1	0	0	0	0			<u> </u>
FETAL CHRMOML ANEUPLOIDY	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			<u> </u>
FETAL CHRMOML ANEUPLOIDY	НУРОХЕМІА	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
FETAL CHRMOML ANEUPLOIDY	ILLNESS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			+
FETAL CHRMOML ANEUPLOIDY	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+

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FETAL CHRMOML ANEUPLOIDY	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	PRECIPITATE LABOR	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	PUERPERAL SEPSIS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML ANEUPLOIDY	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			<u> </u>
FETAL CHRMOML ANEUPLOIDY	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER		2	0	0	0	0			ļ
	·	OBSTETRICS/GYNECOLOGY	3	U	U		U			
FETAL CHRMOML ANEUPLOIDY	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETAL CHRMOML MICRODELTJ	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FETAL CHRMOML MICRODELTJ	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, FETUS 1	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FETAL CHRMOML MICRODELTJ	SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FETZIMA 20 MG CAP SA 24H	N/A	FAMILY MEDICINE	1							
FETZIMA 20 MG CAP SA 24H	N/A	Other Provider	2							
FETZIMA 80 MG CAP SA 24H	N/A	Other Provider	1							
FETZIMA ER 20 MG CAPSULE	Major depressive disorder, recurrent, moderate	Other Provider	1							
FETZIMA ER 40 MG CAPSULE	Major depressive disorder, recurrent, moderate Major depressive disorder, recurrent, moderate	Other Provider	1							+
FIASP 100 UNIT/ML FLEXTOUCH			1							+
FIASP 100 UNIT/ML FLEXTOUCH	N/A	Other Provider	1							
		ENDOCRINOLOGY AND								1
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	METABOLISM	1							
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other Provider		1	1					
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	RHEUMATOLOGY		1	1					
FIASP 100 UNIT/ML FLEXTOUCH	Type 1 diabetes mellitus without complications	Other Provider	1							
FIASP 100 UNIT/ML FLEXTOUCH	Type 2 diabetes mellitus with hyperglycemia	Other Provider		1	1					
FIASP 100 UNIT/ML FLEXTOUCH	Type 2 diabetes mellitus without complications	Other Provider	1							1
		ENDOCRINOLOGY AND								
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	METABOLISM	1	2	2					1
		ENDOCRINOLOGY AND								
FIASP 100 UNIT/ML VIAL	Type 1 diabetes mellitus without complications	METABOLISM		1	1					1
	7,7,5 =	CARDIOVASCULAR	1		_					
FIASP 100/ML VIAL	N/A	DISEASE		1	1					1
TING 100/WE VINE	N/A	ENDOCRINOLOGY AND		-	-					+
FIASP 100/ML VIAL	N/A	METABOLISM	2	2	2					1
FIASP FLEXTOUCH 100/ML (3) INSULN PEN	N/A	DIABETIC MEDICINE	2	1	1					+
FIASE FLEXIOUCH 100/NIE (3) INSUEN FEN	IN/A	ENDOCRINOLOGY AND	1	1	1					+
FIASP FLEXTOUCH 100/ML (3) INSULN PEN	N/A	METABOLISM		_	_					1
	N/A		1	2	2	-				+
FIASP FLEXTOUCH 100/ML (3) INSULN PEN	N/A N/A	Other Provider	1	3	3					 '
FIASP FLEXTOUCH 100/ML (3) INSULN PEN	'	Other Provider	1	1	1	 				
FIASP PENFILL 100 UNIT/ML CART	Type 2 diabetes mellitus without complications	Other Provider	1							<u> </u>
FIBULA BONE GRAFT MICROVASC	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	1	U	U	U	U			<u> </u>
FILTER, NON DISPOSABLE W PAP	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			<u> </u>
FILTER, NON DISPOSABLE W PAP	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	SOCIAL WORK	1	0	0	0	0			<u> </u>
		CARDIOVASCULAR								1
FINTEPLA 2.2 MG/ML SOLUTION	N/A	DISEASE	1							ļ
FIORICET WITH CODEINE 50-300-30 CAPSULE	N/A	FAMILY MEDICINE	1							
FIORICET-COD 50-300-40-30 CAP	N/A	PAIN MANAGEMENT	1							
FIORINAL	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE							1	
FIRST-OMEPRAZOLE 2 MG/ML SUSP RECON	N/A	Other Provider		1	1	 			1	+
FIXATION OF KNEE JOINT	,	SURGERY, ORTHOPEDIC	2	0	U .	0	0			
	ANKYLOSIS, LEFT KNEE		<u>د</u>	2	2	0	0			
FIXATION OF KNEE JOINT	ANKYLOSIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	ь	2	2	ľ	U	L	l	

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
FIXATION OF KNEE JOINT	CONTRACTURE, LEFT KNEE	PATHOLOGY	1	0	0	0	0			
FIXATION OF KNEE JOINT	CONTRACTURE, LEFT KNEE	SURGERY, ORTHOPEDIC	3	0	0	0	0			
FIXATION OF KNEE JOINT	CONTRACTURE, RIGHT KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			
FIXATION OF KNEE JOINT	FIBROSIS DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	COUNSELING	1	0	0	0	0			
FIXATION OF KNEE JOINT	FIBROSIS DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	SURGERY, ORTHOPEDIC	4	0	0	0	0			
FIXATION OF KNEE JOINT	MECH COMPL OF OTH BONE DEVICES, IMPLANTS AND GRAFTS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FIXATION OF KNEE JOINT	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	SURGERY, ORTHOPEDIC	2	0	0	0	0			
FIXATION OF KNEE JOINT	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF LEFT SHOULDER	FACILITY	1	0	0	0	0			
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY, ORTHOPEDIC	8	1	1	0	0			
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY, ORTHOPEDIC	2	0	0	0	0			
FIXATION OF SHOULDER	CHRONIC PANSINUSITIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			<u> </u>
FIXATION OF SHOULDER	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FIXATION OF SHOULDER	UNSP FX UPPER END OF R HUMERUS, SUBS FOR FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FIXED WING AIR MILEAGE	ANOREXIA NERVOSA, RESTRICTING TYPE	INTERNAL MEDICINE	0	1	1	0	0			
FIXED WING AIR MILEAGE	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
FIXED WING AIR MILEAGE	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	ANCILLARY	1	0	0	0	0			
FIXED WING AIR TRANSPORT	ANOREXIA NERVOSA, RESTRICTING TYPE	INTERNAL MEDICINE	0	1	1	0	0			
FIXED WING AIR TRANSPORT	ANOREXIA NERVOSA, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			1
FIXED WING AIR TRANSPORT	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			1
FIXED WING AIR TRANSPORT	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	ANCILLARY	1	0	0	0	0			1
FLD PED WC ADJSTABL W/O SEAT	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
FLEBOGAMMA INJECTION	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	0			1
FLECTOR 1.3 % PATCH TD12	N/A	NURSE PRACTITIONER	2							
FLECTOR 1.3% PATCH	Low back pain	SURGERY, ORTHOPEDIC	1							
FLECTOR 1.3% PATCH	N/A	Other Provider		1	1					
FLECTOR 1.3% PATCH	N/A	PAIN MANAGEMENT	1							
FLEX/EXT WRIST W/WO FRICTION	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	FAMILY MEDICINE	1	0	0	0	0			1
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	ORTHOTICS AND	1	0	0	0	0			+
		PROSTHETICS								
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	PHYSICAL MEDICINE	1	0	0	0	0			
FLEX-WALK SYS LOW EXT PROSTH	COMPLETE TRAUMATIC AMP AT LEVEL BETW LEFT HIP AND KNEE, SUBS	INTERNAL MEDICINE	0	1	1	0	0			
FLEX-WALK SYS LOW EXT PROSTH	LIPOMATOSIS, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FLEX-WALK SYS LOW EXT PROSTH	SEVERE SEPSIS WITH SEPTIC SHOCK	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FLOWERAMNIOPATCH, PER SQ CM	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	PODIATRY	0	1	0	1	0			
FLUID FLOW OR FLUID GF 1 CC	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	0	1	0	1	0			1
FLUID FLOW OR FLUID GF 1 CC	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	PODIATRY	0	1	1	0	0			
FLUID FLOW OR FLUID GF 1 CC	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	PODIATRY	0	1	1	0	0			
FLUID FLOW OR FLUID GF 1 CC	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	0	1	1	0	0			
FLUID FLOW OR FLUID GF 1 CC	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	PAIN MANAGEMENT	0	1	1	0	0			1
FLUOCINONIDE 0.1 % CREAM (G)	N/A	DERMATOLOGY	3							1
FLUOCINONIDE 0.1 % CREAM (G)	N/A	FAMILY MEDICINE	1							
FLUOCINONIDE 0.1 % CREAM (G)	N/A	INTERNAL MEDICINE	1							
FLUOCINONIDE 0.1 % CREAM (G)	N/A	PEDIATRICS	1							
FLUOCINONIDE 0.1 % CREAM (G)	N/A	PHYSICIAN ASSISTANT	1	-						+
FLUORESCEIN ANGRPH UNI/BI	N/A	OPHTHALMOLOGY	1							+
FLUOROGUIDE FOR SPINE INJECT	N/A	PAIN MANAGEMENT	2							+
FLUOROGUIDE FOR SPINE INJECT	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	1	0	n	0	0			+
FLUOROGUIDE FOR VEIN DEVICE FLUOROGUIDE FOR VEIN DEVICE	FEVER, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0		1	+
FLUOROGUIDE FOR VEIN DEVICE FLUOROGUIDE FOR VEIN DEVICE	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
FLUOROGUIDE FOR VEIN DEVICE	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			+

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FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			1
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	1	0	0	0	0			1
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			1
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY	1	0	0	0	0			1
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
FLUOROGUIDE FOR VEIN DEVICE	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	ONCOLOGY	1	0	0	0	0			+
FLUOROGUIDE FOR VEIN DEVICE	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	COUNSELING	2	0	0	0	0			1
FLUOROGUIDE FOR VEIN DEVICE	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	INFECTIOUS DISEASE	2	0	0	0	0			†
FLUOROGUIDE FOR VEIN DEVICE	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0	 		+
FLUOROGUIDE FOR VEIN DEVICE	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	1	0	0	0	0			+
FLUOROGUIDE FOR VEIN DEVICE	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	HEMATOLOGY	1	0	0	0	0			+
FLUOROGUIDE FOR VEIN DEVICE	WEAKNESS	ONCOLOGY	1	0	n	0	0			+
FLUOROURACIL INJ 500 MG		HEMATOLOGY	1	0	U	0	U	1		+
FLUOROURACIL INJ 500 MG FLUOROURACIL INJECTION	Malignant neoplasm of colon, unspecified AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	2	0	0	0	٥	1		+
			2	0	0	0	0			+
FLUOROURACIL INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	2	0	0	0	0			
FLUOROURACIL INJECTION	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	ONCOLOGY	1	0	0	0	0			
FLUOROURACIL INJECTION	ANEMIA, UNSPECIFIED	ONCOLOGY	2	0	0	0	0			
FLUOROURACIL INJECTION	FEVER, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
FLUOROURACIL INJECTION	HYPERTROPHIC SCAR	DERMATOLOGY	2	0	0	0	0			
FLUOROURACIL INJECTION	HYPOKALEMIA	HEMATOLOGY	1	0	0	0	0			
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF BODY OF PANCREAS	ONCOLOGY	1	0	0	0	0			
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	3	0	0	0	0			<u> </u>
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			<u> </u>
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	5	0	0	0	0			<u> </u>
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	COUNSELING	1	0	0	0	0			<u> </u>
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	1	0	0	0	0			<u> </u>
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	3	0	0	0	0			
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
FLUOROURACIL INJECTION	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	HEMATOLOGY	2	0	0	0	0			
FLUOROURACIL INJECTION	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	HEMATOLOGY	3	0	0	0	0			
FLUOROURACIL INJECTION	UNSPECIFIED JAUNDICE	HEMATOLOGY	2	0	0	0	0			
FLUOXETINE HCL 20 MG CAPSULE	N/A	FAMILY MEDICINE		1	1					
FLUOXETINE HCL 40 MG CAPSULE	Major depressive disorder, recurrent, moderate	Other Provider		1	1					
FLUOXETINE HCL 40 MG CAPSULE	N/A	Other Provider	1							
FLURANDRENOLIDE 0.05 % LOTION	N/A	Other Provider	1							
FLURANDRENOLIDE 0.05 % LOTION	N/A	SURGERY, GENERAL	2							
FMR1 GENE CHARAC ALLELES	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
FMR1 GENE CHARAC ALLELES	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	4	4	0	0			
FMR1 GENE CHARAC ALLELES	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
FMR1 GENE CHARAC ALLELES	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FMR1 GENE CHARAC ALLELES	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	3	3	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
FMR1 GENE DETECTION	12 WEEKS GESTATION OF PREGNANCY	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FMR1 GENE DETECTION	ABNORMAL HEMATOLOG FINDING ON ANTENATAL SCREENING OF MOTHER	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
FMR1 GENE DETECTION	AMENORRHEA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	2	2	0	0			
FMR1 GENE DETECTION	AUTISTIC DISORDER	FAMILY MEDICINE	0	1	0	0	1			+
FMR1 GENE DETECTION	AUTISTIC DISORDER	NURSE PRACTITIONER	0	1	1	0	0			
FMR1 GENE DETECTION	AUTISTIC DISORDER	PEDIATRIC NEUROLOGY	1	0	0	0	0			
FMR1 GENE DETECTION	AUTISTIC DISORDER	PEDIATRICS	1	0	0	0	0			
FMR1 GENE DETECTION	AUTISTIC DISORDER	PEDIATRICS, DEVELOPMENTAL- BEHAVIORAL	1	0	0	0	0			
FMR1 GENE DETECTION	AUTISTIC DISORDER	PSYCHIATRY	1	0	0	0	0			
FMR1 GENE DETECTION	CONGENITAL MALFORMATION OF NERVOUS SYSTEM, UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			
FMR1 GENE DETECTION	DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
FMR1 GENE DETECTION	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	FAMILY MEDICINE	0	1	1	0	0			
FMR1 GENE DETECTION	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	INTERNAL MEDICINE	0	1	1	0	0			
FMR1 GENE DETECTION	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
FMR1 GENE DETECTION	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	6	6	0	0			
FMR1 GENE DETECTION	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
FMR1 GENE DETECTION	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	4	4	0	0			
FMR1 GENE DETECTION	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FMR1 GENE DETECTION	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	FAMILY MEDICINE	1	0	0	0	0			
FMR1 GENE DETECTION	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FMR1 GENE DETECTION	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FMR1 GENE DETECTION	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	COUNSELING	0	1	1	0	0			+
FMR1 GENE DETECTION	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
FMR1 GENE DETECTION	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	4	4	0	0			
FMR1 GENE DETECTION	ENCOUNTER FOR OTHER PROCREATIVE INVESTIGATION AND TESTING	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
FMR1 GENE DETECTION	ENCOUNTER FOR OTHER SPECIFIED ANTENATAL SCREENING	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			†
FMR1 GENE DETECTION	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
FMR1 GENE DETECTION	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FMR1 GENE DETECTION	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	PEDIATRICS	0	1	1	0	0			+
FMR1 GENE DETECTION	INTERMITTENT EXPLOSIVE DISORDER	PEDIATRICS	0	2	0	0	2			†
FMR1 GENE DETECTION	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	NURSE PRACTITIONER	0	1	1	0	0			1
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	MATERNAL AND FETAL MEDICINE	0	1	1	0	0			
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER	MATERNAL AND FETAL MEDICINE	0	1	1	0	0			
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
FMR1 GENE DETECTION	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	SOCIAL WORK	0	1	1	0	0			†

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			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
FMR1 GENE DETECTION	SUPRVSN OF PREG W POOR REPRODCTV OR OBSTET HISTORY, UNSP TRI	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
FMR1 GENE DETECTION	TRANSIENT ALTERATION OF AWARENESS	FAMILY MEDICINE	1	0	0	0	0			
FOAM DRG <=16 SQ IN W/BORDER	GASTROSTOMY MALFUNCTION	INTERNAL MEDICINE	1	0	0	0	0			
FOCALIN 10 MG TABLET	N/A	Other Provider	1	1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
FOCALIN XR 10 MG CAPSULE	type	Other Provider		1	1					
FOCALIN XR 10 MG CPBP 50-50	N/A	Other Provider	1							
FOCALIN XR 15 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
FOCALIN XR 15 MG CPBP 50-50	N/A	Other Provider		2	2					
FOCALIN XR 15 MG CPBP 50-50	N/A	PEDIATRICS		1	1					
FOCALIN XR 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
FOCALIN XR 25 MG CPBP 50-50	N/A	PEDIATRICS		1	1					
FOCALIN XR 35 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS		1	1					
FOCALIN XR 40 MG CPBP 50-50	N/A	PEDIATRICS		1	1					
FOCALIN XR 5 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1							
	7	OBSTETRICS/GYNECOLOG								
FOLLISTIM AQ 300/0.36ML CARTRIDGE	N/A	Υ		1	1					
FOLLOW-UP SURGERY OF EYE	END STAGE RENAL DISEASE	OPHTHALMOLOGY	2	0	0	0	0			
FOLLOW-UP SURGERY OF EYE	LOW-TENSION GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
FOLLOW-UP SURGERY OF EYE	MECH COMPL OF INTERNAL PROSTH DEV/GRFT, INIT	OPHTHALMOLOGY	1	0	0	0	0			
FOLLOW-UP SURGERY OF EYE	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
FOOT LONGITUD/METATARSAL SUP	FLAT FOOT [PES PLANUS] (ACQUIRED), RIGHT FOOT	FAMILY MEDICINE	1	0	0	0	0			-
FOOT LONGITUD/METATARSAL SUP	OTHER DEFORMITIES OF TOE(S) (ACQUIRED), RIGHT FOOT	FAMILY MEDICINE	1	0	0	0	0			-
FOOT LONGITUD/METATARSAL SUP	PERONEAL TENDINITIS, RIGHT LEG	PODIATRY	1	0	0	0	0			-
FOOT LONGITUD/METATARSAL SUP	PLAGIOCEPHALY	PEDIATRIC EMERGENCY	1	0	0	0	0			-
POOT LONGITUD/INIETATAKSAL SUP	PLAGIOCEPHALI	MEDICINE	1	U	U	O	U			
FOOT LONGITUD/METATARSAL SUP	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, ACCIDENTAL, INIT	INTERNAL MEDICINE	1	0	0	0	0			
FOOT LONGITUDINAL ARCH SUPPO	CONGENITAL PES PLANUS, LEFT FOOT	PODIATRY	1	0	0	0	0			
FOOT LONGITUDINAL ARCH SUPPO	POLYNEUROPATHY, UNSPECIFIED	PODIATRY	1	0	0	0	0			
FOOT/TOES SURGERY PROCEDURE	CONGENITAL PES PLANUS, LEFT FOOT	PODIATRY	0	1	1	0	0			
FOOT/TOES SURGERY PROCEDURE	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	PODIATRY	0	1	0	1	0			
FOOT/TOES SURGERY PROCEDURE	OTHER HAMMER TOE(S) (ACQUIRED), RIGHT FOOT	PODIATRY	0	1	1	0	0			
FOREHEAD FLAP W/VASC PEDICLE	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
FOREHEAD FLAP W/VASC PEDICLE	UNSPECIFIED OPEN WOUND OF NOSE, SUBSEQUENT ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			
FOREHEAD FLAP W/VASC PEDICLE	UNSPECIFIED OPEN WOUND OF OTHER PART OF HEAD, INIT ENCNTR	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
FOREIVO VI AFO MAC TARLET	NI/A	NOSE, AND THROAT)	1							
FORFIVO XL 450 MG TABLET	N/A	INTERNAL MEDICINE	1		4					
FORFIVO XL 450 MG TABLET	Post-traumatic stress disorder, unspecified	Other Provider		1	1					
FORTEO 20MCG/DOSE PEN INJCTR	N/A	DIABETIC MEDICINE	1							
FORTEO 20MCC/DOSE REN INICTO	N/A	ENDOCRINOLOGY AND	_							
FORTEO 20MCG/DOSE PEN INJCTR	N/A	METABOLISM	/							
FORTEO 20MCG/DOSE PEN INJCTR	N/A	FAMILY MEDICINE	1							
FORTEO 20MCG/DOSE PEN INJCTR	N/A	INTERNAL MEDICINE	1							
FORTEO 20MCG/DOSE PEN INJCTR	N/A	Other Provider	4							
FORTEO 20MCG/DOSE PEN INJCTR	N/A	PHYSICIAN ASSISTANT	2							
		ENDOCRINOLOGY AND								
FORTEO 600 MCG/2.4 ML PEN INJ	Age-related osteoporosis without current pathological fracture	METABOLISM	1	<u> </u>						<u> </u>
FORTEO 600 MCG/2.4 ML PEN INJ	Age-related osteoporosis without current pathological fracture	FAMILY MEDICINE	1	<u> </u>						
FORTEO COO MCC /2 4 MU PEN INU	Associated and a second supplies the second supplies to the second supplies the second supplies to the second supp	011-1-12-1-14-1	L							
FORTEO 600 MCG/2.4 ML PEN INJ	Age-related osteoporosis without current pathological fracture	Other Provider	1							<u> </u>
FORTEO 600 MCG/2.4 ML PEN INJ	Other osteoporosis without current pathological fracture	RHEUMATOLOGY	1							<u> </u>
FORTESTA 10 MG (2%) GEL MD PMP	N/A	FAMILY MEDICINE		1	1					
FORTESTA 10 MG GEL PUMP	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	INTERNAL MEDICINE	ļ	1	1					ļ
FORTESTA 10 MG GEL PUMP	Testicular hypofunction	FAMILY MEDICINE		2	2					

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
FOSAMAX PLUS D 70 MG-5600 TABLET	N/A	FAMILY MEDICINE	Approvais	1	1	Demais	Demais	Approved	Deffied	by INC
FOSAPREPITANT INJECTION	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	ONCOLOGY	2	0	0	0	0			
FOSAPREPITANT INJECTION	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF GALLBLADDER	HEMATOLOGY	1	0	0	0	0			
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGIC ONCOLOGY	1	1	1	0	0			
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	3	0	0	0	0			
FOSAPREPITANT INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
FOSAPREPITANT INJECTION	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	ONCOLOGY	1	0	0	0	0			
FOSAPREPITANT INJECTION	PRPH T-CELL LYMPH, NOT CLASS, NODES OF ING RGN AND LOW LIMB	ONCOLOGY	1	0	0	0	0			
FRAGMENTING OF KIDNEY STONE	CALCULUS OF KIDNEY	FAMILY MEDICINE	3	0	0	0	0			
FRAGMENTING OF KIDNEY STONE	CALCULUS OF KIDNEY	UROLOGY	5	0	0	0	0			
FRAGMENTING OF KIDNEY STONE	CALCULUS OF URETER	UROLOGY	2	0	0	0	0			
FRAGMENTING OF KIDNEY STONE	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	UROLOGY	1	0	0	0	0			
FRAGMENTING OF KIDNEY STONE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	UROLOGY	1	0	0	0	0			
FRAME TYP SOCKET BEL ELBOW/W	PARTIAL TRAUMATIC TRANSMETCRPL AMP OF RIGHT HAND, SUBS	SURGERY, HAND	0	2	0	0	2			
FREE FASCIAL FLAP MICROVASC	UNSPECIFIED OPEN WOUND, RIGHT FOOT, SUBSEQUENT ENCOUNTER	SURGERY, GENERAL	1	0	0	0	0			
FREE MYO/SKIN FLAP MICROVASC	OTHER ACQUIRED DEFORMITY OF HEAD	PEDIATRIC SURGERY	1	0	0	0	0			
FREE SKIN FLAP MICROVASC	ACQUIRED ABSENCE OF LARYNX	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
FREE SKIN FLAP MICROVASC	DYSPHAGIA, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
FREE SKIN FLAP MICROVASC	MALIGNANT NEOPLASM OF BORDER OF TONGUE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
FREE SKIN FLAP MICROVASC	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FREE SKIN FLAP MICROVASC	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	1	0	0			
FREEING OF BOWEL ADHESION	GENERALIZED ABDOMINAL PAIN	SURGERY, COLON AND RECTAL	1	0	0	0	0			
FREEING OF BOWEL ADHESION	MALIGNANT NEOPLASM OF LEFT OVARY	SURGERY, GENERAL	1	0	0	0	0			
FREEING OF BOWEL ADHESION	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
FREESTYLE LIBRE	Type 2 diabetes mellitus with hyperglycemia	PHYSICIAN ASSISTANT							1	
FREESTYLE LIBRE 10 DAY SENSOR	Type 2 diabetes mellitus without complications	Other Provider		1	1					
FREESTYLE LIBRE 10 DAY SENSOR KIT	N/A	ENDOCRINOLOGY AND METABOLISM		2	2					
FREESTYLE LIBRE 14 DAY KIT	N/A	INTERNAL MEDICINE		1	1					
FREESTYLE LIBRE 14 DAY SENSOR	N/A	FAMILY MEDICINE		1	1					
FREESTYLE LIBRE 14 DAY SENSOR	N/A	INTERNAL MEDICINE		1	1					
FREESTYLE LIBRE 14 DAY SENSOR	N/A	Other Provider	1	1	1					†
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other Provider	1	_	_					
FREESTYLE LIBRE 14 DAY SENSOR	Type 1 diabetes mellitus without complications	GENERAL PRACTICE	1							
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Other Provider		1	1					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY AND METABOLISM		4	4					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE		1	1					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE		1	1					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER	1							
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	PHYSICIAN ASSISTANT		2	2					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	RHEUMATOLOGY		1	1					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE		1	1					
EDEESTVIE LIDDE 14 DAY SENSOR		ENDOCRINOLOGY AND METABOLISM		2	2					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus without complications		 	4	4			-		
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1	1	1	1	1			

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FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE		2	2					
FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus without complications	Other Provider	1	5	5					
		ENDOCRINOLOGY AND								
FREESTYLE LIBRE 14 DAY SENSOR KIT	N/A	METABOLISM	20	24	24					
FREESTYLE LIBRE 14 DAY SENSOR KIT	N/A	FAMILY MEDICINE	8	14	14					
		FAMILY NURSE								
FREESTYLE LIBRE 14 DAY SENSOR KIT	N/A	PRACTITIONER	<u> </u>	1	1					
FREESTYLE LIBRE 14 DAY SENSOR KIT	N/A	INTERNAL MEDICINE	5	15	15					
EDEECTVIE LIDDE 14 DAY CENICOD VIT	N/A	OBSTETRICS/GYNECOLOG		2	2					
FREESTYLE LIBRE 14 DAY SENSOR KIT FREESTYLE LIBRE 14 DAY SENSOR KIT	N/A	Other Describes	2	4	4					
FREESTYLE LIBRE 14 DAY SENSOR KIT	N/A N/A	Other Provider PEDIATRICS	2	4	4					
FREESTYLE LIBRE 14 DAY SENSOR KIT	N/A	PHYSICIAN ASSISTANT	1	1	1					
FREESTILL LIBRE 14 DAT SENSON KIT	IN/A	FAMILY NURSE		4	4					
FREESTYLE LIBRE 2 SENSOR KIT	N/A	PRACTITIONER		1	1					
FREESTYLE LIBRE 2 SENSOR KIT	N/A	Other Provider		1	1					
FREESTYLE LIBRE 2 SENSOR KIT	N/A	PHYSICIAN ASSISTANT		1	1					
PRESTILE LIBRE 2 SENSON KIT	IN/A	ENDOCRINOLOGY AND		1	1					
FREESTYLE LIBRE SENSOR KIT	N/A	METABOLISM		1	1					
FREESTYLE LIBRE SENSOR KIT	Type 2 diabetes mellitus with hyperglycemia	Other Provider		1	1				1	
FREESTYLE LITE STRIPS STRIP	N/A	INTERNAL MEDICINE		1	1					
FREESTYLE LITE TEST STRIP	N/A	Other Provider		1	1					
FREESTYLE LITE TEST STRIP	Type 2 diabetes mellitus with other specified complication	FAMILY MEDICINE		1	1					
TREESTILE LITE TEST STRII	Type 2 diabetes menitus with other specified complication	ENDOCRINOLOGY AND		1	1					
FREESTYLE LITE TEST STRIP STRIP	N/A	METABOLISM		1	1					
FREESTYLE LITE TEST STRIP STRIP	N/A	FAMILY MEDICINE	1	1	1					
FREESTYLE LITE TEST STRIP STRIP	N/A	NURSE PRACTITIONER	2	1	1					
PREESTIEL LITE TEST STRIP STRIP	IN/A	PEDIATRIC	2							
FREESTYLE LITE TEST STRIP STRIP	N/A	ENDOCRINOLOGY	1							
FREESTILL LITE TEST STRIF STRIF	INA	ENDOCRINOLOGY AND	-	+						
FREESTYLE PREC NEO TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	METABOLISM		1	1					
TREESTILE TREE NEO TEST STRIFS	THE I DIABETES WILLETTOS WITH THE ENGLICE WILL	ENDOCRINOLOGY AND		1	-					
FREESTYLE PREC NEO TEST STRIPS	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1							
THEEST TEET NECKES TEST STAIRS	Type 2 diabetes memeus with hypergrycemia	ENDOCRINOLOGY AND	1							
FREESTYLE PRECISION NEO STRIP	N/A	METABOLISM		2	2					
FREESTYLE PRECISION NEO STRIP	N/A	INTERNAL MEDICINE	1	3	3					
TREESTILE TRECISION NEO STRII	14/1	ENDOCRINOLOGY AND	1	,	3					
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	METABOLISM	2							
THE 23 THE TEST STRING	THE I BUILD WELLINGS WITH ENGLISHING	PEDIATRIC	_							
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY	3							
		ENDOCRINOLOGY AND								
FREESTYLE TEST STRIPS	Type 1 diabetes mellitus without complications	METABOLISM	1							
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PEDIATRIC								
FREESTYLE TEST STRIPS	Type 1 diabetes mellitus without complications	ENDOCRINOLOGY	1							
FREESTYLE TEST STRIPS	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	<u> </u>	2	2					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ENDOCRINOLOGY AND		1	-					
FREESTYLE TEST STRIPS STRIP	N/A	METABOLISM	3							
	,	FAMILY NURSE		1						
FREESTYLE TEST STRIPS STRIP	N/A	PRACTITIONER	1							
FREESTYLE TEST STRIPS STRIP	N/A	INTERNAL MEDICINE	1	1	1					
	,	PEDIATRIC	l'	Ė	i i					
FREESTYLE TEST STRIPS STRIP	N/A	ENDOCRINOLOGY	5							
FT INSERT UCB BERKELEY SHELL	FLAT FOOT [PES PLANUS] (ACQUIRED), RIGHT FOOT	PODIATRY	1	0	0	0	0			
FT INSERT UCB BERKELEY SHELL	OTHER CONGENITAL VALGUS DEFORMITIES OF FEET	PODIATRY	1	0	0	0	0			
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	CONGENITAL LARYNGOMALACIA	Respiratory Therapy	1	1		-	-			
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	1	+	1					
TOLE MIGHT THINKHON STODY, NO TEARS OLD	ODSTRUCTIVE SELET AT INEA (ADDEL) (FEDIATRIC)	пезриатогу гнегару	1-	1	<u> </u>	l		1		<u> </u>

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	SNORING	Respiratory Therapy	2							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CANDIDAL CHEILITIS	Respiratory Therapy		1	1					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory Therapy	2							
	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS									
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	EPILEPTICUS	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPOXEMIA	Respiratory Therapy		1	1					
	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR									
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPOVENTILATION	Respiratory Therapy	2							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	INSOMNIA, UNSPECIFIED	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Respiratory Therapy		1	1					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	291	293	293					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER CEREBROVASCULAR DISEASE	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER HYPERSOMNIA	Respiratory Therapy	2							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory Therapy		1	1					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PARASOMNIA IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory Therapy		1	1					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PARASOMNIA, UNSPECIFIED	Respiratory Therapy		1	1					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PERIODIC LIMB MOVEMENT DISORDER	Respiratory Therapy	1							
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory Therapy	7	2	2					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	REM SLEEP BEHAVIOR DISORDER	Respiratory Therapy		1	1					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy	10	17	17					
,	SLEEP DISORDER NOT DUE TO A SUBSTANCE OR KNOWN	. , .,								
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PHYSIOLOGICAL CONDITION, UNSPECIFIED	Respiratory Therapy		1	1					l l
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy		2	2					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory Therapy	3	3	3					
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SOMNOLENCE	Respiratory Therapy	1	_						
FULPHILA 6 MG/0.6 ML SYRINGE	N/A	ONCOLOGY	2							
FULPHILA 6 MG/0.6ML SYRINGE	N/A	ONCOLOGY	1							
FULPHILA 6 MG/0.6ML SYRINGE	N/A	Other Provider	1							
FULVESTRANT 25 MG INJ	Malignant neoplasm of central portion of left female breast	ONCOLOGY						1		
FUNCTIONAL ELECTRIC STIM NOS	FOOT DROP, LEFT FOOT	PHYSICAL MEDICINE	0	1	1	0	0	_		
FUNCTIONAL ELECTRIC STIM NOS	PARAPLEGIA, INCOMPLETE	PHYSICAL MEDICINE	0	1	0	1	0			
FUNCTIONAL ELECTRIC STIM NOS	QUADRIPLEGIA, UNSPECIFIED	PHYSICAL MEDICINE	0	1	0	0	1			
FURNSH INITIAL ORTHOSIS ONLY	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	1	0	0	0	0			
FURNSH INITIAL ORTHOSIS ONLY	OTHER IDIOPATHIC SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	1	0	0	0	0			
FURNSH INITIAL ORTHOSIS ONLY	PECTUS CARINATUM	FAMILY MEDICINE	1	0	0	0	0			\vdash
FUROSEMIDE INJECTION	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	HEMATOLOGY	1	0	0	0	0			\vdash
FUROSEMIDE INJECTION	FLUID OVERLOAD, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			\vdash
FUROSEMIDE INJECTION	HEART FAILURE, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			++
FUROSEMIDE INJECTION	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	CARDIOVASCULAR DISEASE	1	0	0	0	0			\vdash
	The state of the s	I	[I -	Ī	-	-			
FUROSEMIDE INJECTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	1	0	0	0	0			
FUROSEMIDE INJECTION	SEPSIS, UNSPECIFIED ORGANISM	CARDIOVASCULAR DISEASE	1	0	0	0	0			
			ļ							
FUROSEMIDE INJECTION	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	FAMILY MEDICINE	1	0	0	0	0			
FUSE ESOPHAGUS & INTESTINE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	COUNSELING	1	0	0	0	0			
FUSE ESOPHAGUS & INTESTINE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	1	0	0	0	0			
FUSION OF ANKLE JOINT OPEN	DISPLACED PILON FX RIGHT TIBIA, SUBS FOR CLOS FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF ANKLE JOINT OPEN	END STAGE RENAL DISEASE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF ANKLE JOINT OPEN	PHIMOSIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF ANKLE JOINT OPEN	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	2	0	0	0	0			
FUSION OF ANKLE JOINT OPEN	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
FUSION OF BIG TOE JOINT	HALLUX RIGIDUS, LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF BIG TOE JOINT	HALLUX RIGIDUS, RIGHT FOOT	FAMILY MEDICINE	1	0	0	0	0			
FUSION OF BIG TOE JOINT	HALLUX RIGIDUS, RIGHT FOOT	PODIATRY	1	0	0	0	0			
FUSION OF BIG TOE JOINT	HALLUX VALGUS (ACQUIRED), LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF FOOT BONES	ACUTE KIDNEY FAILURE, UNSPECIFIED	PODIATRY	1	0	0	0	0			
FUSION OF FOOT BONES	ARTHROGRYPOSIS MULTIPLEX CONGENITA	SURGERY, ORTHOPEDIC	2	0	0	0	0			
FUSION OF FOOT BONES	BUNION OF RIGHT FOOT	PODIATRY	1	0	0	0	0			
FUSION OF FOOT BONES	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	PODIATRY	1	0	0	0	0			
FUSION OF FOOT BONES	FRACTURE OF UNSP METATARSAL BONE(S), LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF FOOT BONES	HALLUX VALGUS (ACQUIRED), LEFT FOOT	PODIATRY	1	0	0	0	0			
FUSION OF FOOT BONES	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0	-		
FUSION OF FOOT BONES	PAIN IN LEFT FOOT	PODIATRY	1	0	0	0	n			
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	COUNSELING	2	0	0	0	0			
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	PODIATRY	2	0	0	0	0			
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, EEFT AINCLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0	-		
FUSION OF FOOT BONES FUSION OF FOOT BONES	· · · · · · · · · · · · · · · · · · ·	SURGERY, ORTHOPEDIC	1	0	0	0	0			
	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	,	1	0	0	0	0			
FUSION OF FOOT BONES	UNSPECIFIED ACQUIRED DEFORMITY OF LEFT LOWER LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FUSION OF KNUCKLE	FLAIL JOINT, LEFT HAND	SURGERY, PLASTIC	1	0	0	0	0			
FUSION OF SACROILIAC JOINT	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
FUSION OF STOMACH AND BOWEL	DVTRCLI OF SM INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, GENERAL	1	0	0	0	0			
FUSION OF STOMACH AND BOWEL	GASTRIC DIVERTICULUM	SURGERY, GENERAL	1	0	0	0	0			
FUSION OF STOMACH AND BOWEL	HEARTBURN	SURGERY, GENERAL	1	0	0	0	0			
FUSION OF STOMACH AND BOWEL	PAIN IN UNSPECIFIED JOINT	SURGERY, GENERAL	1	0	0	0	0			
FUSION OF TIBIOFIBULAR JOINT	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
FXJL ABL LSR 1ST 100 SQ CM	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, PLASTIC	0	2	2	0	0			
FXJL ABL LSR EA ADDL 100SQCM	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, PLASTIC	0	2	2	0	0			
FYCOMPA 0.5 MG/ML ORAL SUSP	N/A	NEUROLOGY	1							
FYCOMPA 4 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	NEUROLOGY	1							
FYCOMPA 4 MG TABLET	N/A	Other Provider	1							
FYCOMPA 6 MG TABLET	N/A	Other Provider	1							
G0297 (Low dose CT scan (LDCT) for lung cancer screening), G0297 (Low dose CT scan (LDCT) for lung cancer screening),	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS(G0297), Encounter for screening for malignant neoplasm of respiratory organs(G0297),	Other Provider							1	
GAIT TRAINING THERAPY	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY	FAMILY MEDICINE	0	1	0	0	1			
GAIT TRAINING THERAPY	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	PEDIATRICS	1	0	0	0	0			
GAMMAGARD	Chronic inflammatory demyelinating polyneuritis	RHEUMATOLOGY							1	
GAMMAGARD	N/A	Other Provider						1		
GAMMAGARD LIQUID INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	ANCILLARY	0	1	1	0	0			
GAMMAGARD LIQUID INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	FAMILY MEDICINE	1	1	1	0	0			
GAMMAGARD LIQUID INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	1	0	0	0	0			
GAMMAGARD LIQUID INJECTION	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	ONCOLOGY	3	0	0	0	0	t		
GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	4	0	0	0	0	t		
GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0	-		—
GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	PEDIATRIC ALLERGY &	2	0	0	0	0			
GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	IMMUNOLOGY PEDIATRIC HEMATOLOGY/ONCOLOGY	2	0	0	0	0			
GAMMAGARD LIQUID INJECTION	DRUG-INDUCED MYOPATHY	RHEUMATOLOGY	3	0	0	0	0			
GAMMAGARD LIQUID INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	PEDIATRICS	1	0	0	0	0			
GAMMAGARD LIQUID INJECTION GAMMAGARD LIQUID INJECTION	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	PEDIATRICS	2	n	0	0	n	 		
GAMMAGARD LIQUID INJECTION GAMMAGARD LIQUID INJECTION	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0	-		
GAMMAGARD LIQUID INJECTION GAMMAGARD LIQUID INJECTION		NEUROLOGY	1	0	0	0	0			
GAMMAGARD LIQUID INJECTION GAMMAGARD LIQUID INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	- L	0	0	0	0			
·			1	0	0	0	0	-		<u> </u>
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ONCOLOGY	1	U	v	v	U	l		<u>'</u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PEDIATRIC ALLERGY &	1	0	0	0	0	Арргочеи	Demeu	Буто
		IMMUNOLOGY	_	_	_	_	_			
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PSYCHIATRY	2	0	0	0	0			
GAMMAGARD LIQUID INJECTION	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	DERMATOLOGY	1	0	0	0	0			
GAMMAGARD LIQUID INJECTION	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
GAMMAPLEX INJECTION	ANEMIA, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			+
GAMMAPLEX INJECTION	MULTIPLE SCLEROSIS	NEUROLOGY	1	1	1	0	0			
GAMMAPLEX INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	1	0	0	0	0			+
GAMMAPLEX INJECTION	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	RHEUMATOLOGY	1	0	0	0	0			
GAMMAPLEX INJECTION	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	COUNSELING	1	0	0	0	0			+
GAMMAPLEX INJECTION	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	NEUROLOGY	1	0	0	0	0			
GAMMAPLEX INJECTION	Other encephalitis and encephalomyelitis	Physician							1	
GAMUNEX	Other encephalitis and encephalomyelitis	Other Provider						1		
GAMUNEX-C	Chronic inflammatory demyelinating polyneuritis	Other Provider		-				1		
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	FAMILY MEDICINE	0	1	1	0	0			
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	19	2	2	0	0			
GAMUNEX-C/GAMMAKED	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	ALLERGY/IMMUNOLOGY	2	0	0	0	0			
GAMUNEX-C/GAMMAKED	COMBINED IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	4	0	0	0	0			
GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY	0	1	1	0	0			
GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	2	0	0	0	0			
GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	PEDIATRIC ALLERGY & IMMUNOLOGY	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	INTERNAL MEDICINE	3	0	0	0	0			
GAMUNEX-C/GAMMAKED	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	SOCIAL WORK	3	0	0	0	0			†
GAMUNEX-C/GAMMAKED	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	PEDIATRICS	2	0	0	0	0			
GAMUNEX-C/GAMMAKED	HEART TRANSPLANT STATUS	PEDIATRIC EMERGENCY MEDICINE	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	HEART TRANSPLANT STATUS	SOCIAL WORK	1	0	0	n	0			+
GAMUNEX-C/GAMMAKED	IMMUNE THROMBOCYTOPENIC PURPURA	FAMILY MEDICINE	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	LUNG TRANSPLANT STATUS	INTERNAL MEDICINE	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	MULTIFOCAL MOTOR NEUROPATHY	NEUROLOGY	1	0	0	0	0			+
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	6	1	1	0	0			+ + +
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	3	1	1	0	0			-
GAMUNEX-C/GAMMAKED	NEUROMYELITIS OPTICA [DEVIC]	NEUROLOGY	1	0	0	0	0			+ + +
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PHYSICIAN ASSISTANT	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	INFECTIOUS DISEASE	0	1	1	0	0			+
GAMUNEX-C/GAMMAKED	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	PEDIATRIC ALLERGY &	0	1	1	0	0			+
or which ey or willing the b	on bishe investment meanwhish, nee	IMMUNOLOGY		-	-	ŭ	ŭ			
GAMUNEX-C/GAMMAKED	OTHER DISEASES OF CAPILLARIES	PEDIATRICS	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	NEUROLOGY	1	1	1	0	0			
GAMUNEX-C/GAMMAKED	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	OTHER SPECIFIED MYOPATHIES	INTERNAL MEDICINE	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	OTHER SPECIFIED POLYNEUROPATHIES	NEUROLOGY	3	1	1	0	0			
GAMUNEX-C/GAMMAKED	OTHER VIRAL INFECTIONS OF UNSPECIFIED SITE	INFECTIOUS DISEASE	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	PNEUMONIA, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	POLYARTERITIS NODOSA	PEDIATRICS	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	POLYMYOSITIS	RHEUMATOLOGY	0	1	1	0	0			
GAMUNEX-C/GAMMAKED	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
GAMUNEX-C/GAMMAKED	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	RHEUMATOLOGY	0	1	1	0	0			
GAMUNEX-C/GAMMAKED	THROMBOCYTOPENIA, UNSPECIFIED	PEDIATRIC HEMATOLOGY/ONCOLOGY	2	0	0	0	0			
CANALINEY C/CANANAN/ED	TOVIC MUONIFILIDAL DISCORDEDS	NEUROLOGY	<u> </u>							+
GAMUNEX-C/GAMMAKED	TOXIC MYONEURAL DISORDERS	NEUROLOGY	1	U	U	U	U			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
GANIRELIX ACET 250 MCG/0.5 ML	N/A	Other Provider	1							
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
GANIRELIX ACET 250 MCG/0.5 ML	N/A	ILITY		1	1					
		OBSTETRICS/GYNECOLOG								
GANIRELIX ACETATE 250MCG/0.5 SYRINGE	N/A	Υ	3							
GANIRELIX ACETATE 250MCG/0.5 SYRINGE	N/A	Other Provider	1							
		REPRODUCTIVE								1
		ENDOCRINOLOGY/INFERT								
GANIRELIX ACETATE 250MCG/0.5 SYRINGE	N/A	ILITY	1							
GASTRIC EMPTYING IMAG STUDY	ABDOMINAL DISTENSION (GASEOUS)	GASTROENTEROLOGY	1	0	0	0	0			1
GASTRIC EMPTYING IMAG STUDY	ABNORMAL WEIGHT LOSS	COUNSELING	1	0	0	0	0			
GASTRIC EMPTYING IMAG STUDY	ABNORMAL WEIGHT LOSS	PEDIATRIC	1	0	0	0	0			
		GASTROENTEROLOGY								
GASTRIC EMPTYING IMAG STUDY	EARLY SATIETY	COUNSELING	1	0	0	0	0			
GASTRIC EMPTYING IMAG STUDY	EARLY SATIETY	PEDIATRIC	1	0	0	0	0			
CACTRIC FAARTYING INAAC CTURY	ENCOUNTED FOR CORPENING FOR ANY CONTRACTOR OF THE CONTRACTOR OF TH	GASTROENTEROLOGY	<u> </u>							+
GASTRIC EMPTYING IMAG STUDY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	1	0	0	0	0			↓
GASTRIC EMPTYING IMAG STUDY GASTRIC EMPTYING IMAG STUDY	EPIGASTRIC PAIN EPIGASTRIC PAIN	GASTROENTEROLOGY PEDIATRIC	1	0	0	0	0			+
GASTRIC EMPTYING IMAG STUDY	EPIGASTRIC PAIN	GASTROENTEROLOGY	1	U	U	U	U			
GASTRIC EMPTYING IMAG STUDY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	1	0	0	0	0			
GASTRIC EMPTYING IMAG STUDY	NAUSEA WITH VOMITING, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			+
GASTRIC EMPTYING IMAG STUDY	PRESENCE OF ARTIFICIAL EYE	PEDIATRICS	1	0	0	0	0			+
GASTRIC EMPTYING IMAG STUDY	UNSPECIFIED ABDOMINAL PAIN	PEDIATRICS	1	0	0	0	0			+
GASTRIC EMPTYING IMAG STUDY	UPPER ABDOMINAL PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
GASTRO/JEJUNO TUBE, LOW-PRO	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
GASTRO/JEJUNO TUBE, LOW-PRO	CONGENITAL ABSENCE, ATRESIA AND STENOSIS OF DUODENUM	GASTROENTEROLOGY	1	0	0	0	0			+
GASTRO/JEJUNO TUBE, LOW-PRO	FAILURE TO THRIVE (CHILD)	PEDIATRIC	1	0	0	0	0			+
CASTROJSESONO TOBE, EOW THO	TALEBRE TO THREE (CHIED)	GASTROENTEROLOGY	-	·	o .		o .			
GASTRO/JEJUNO TUBE, LOW-PRO	GASTROSTOMY STATUS	FAMILY MEDICINE	1	0	0	0	0			1
GASTROESOPHAGEAL REFLUX TEST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	1	0	0	0	0			1
GASTROESOPHAGEAL REFLUX TEST	MELENA	GASTROENTEROLOGY	1	0	0	0	0			
GASTROPLASTY DUODENAL SWITCH	BODY MASS INDEX [BMI] 50.0-59.9, ADULT	SURGERY, GENERAL	1	0	0	0	0			1
GASTROPLASTY DUODENAL SWITCH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	1	0	0	0	0			1
GC STOCKING THIGHLNGTH 18-30	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			
GEL-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	0	2	2	0	0			1
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ANESTHESIOLOGY	0	1	1	0	0			1
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	COUNSELING	0	1	1	0	0			1
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	0	1	1	0	0			1
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PSYCHOLOGY, CHILD	0	1	1	0	0			1
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	0	2	2	0	0			1
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	0	2	2	0	0			1
GEL-ONE 30 MG/3 ML SYRINGE	Unilateral primary osteoarthritis, left knee	SURGERY, ORTHOPEDIC		1	1					
GELSYN-3 INJECTION 0.1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ENDOCRINOLOGY AND	0	1	1	0	0			
		METABOLISM								
GELSYN-3 INJECTION 0.1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
GELSYN-3 INJECTION 0.1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
GELSYN-3 INJECTION 0.1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	2	2	0	0			
GELSYN-3 INJECTION 0.1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
GEMTUZUMAB OZOGAMICIN 0.1 MG	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	HEMATOLOGY	0	1	1	0	0			
GEN USE BACK CUSH WDTH <22IN	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
GEN W/C CUSHION WDTH < 22 IN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	INTERNAL MEDICINE	1	0	0	0	0			
GEN, NEURO, HF, RECHG BAT	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	1	0	0	0	0			
GEN, NEURO, HF, RECHG BAT	RADICULOPATHY, LUMBOSACRAL REGION	COUNSELING	1	0	0	0	0			
GENERATOR, NEURO NON-RECHARG	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W/O STAT EPI	SURGERY, NEUROLOGICAL	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
GENERATOR, NEURO NON-RECHARG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	O	0			
GENERATOR, NEURO NON-RECHARG	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	SURGERY, NEUROLOGICAL	1	0	0	0	0			
GENERATOR, NEURO NON-RECHARG	PARKINSON'S DISEASE	SURGERY, NEUROLOGICAL	1	0	0	0	0			
Generator, neurostimulator (implantable), nonrechargeable	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	PEDIATRIC NEUROLOGIST		1	1					
GENITAL SURGERY PROCEDURE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	0	1	0	1	0			
						_				
GENITAL SURGERY PROCEDURE	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
GENITAL SURGERY PROCEDURE	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	1	0	0			
		ENDOCRINOLOGY AND								
GENOTROPIN 5 MG/ML CARTRIDGE	N/A	METABOLISM		1	1					
GEODON 80 MG CAPSULE	N/A	Other Provider	1	0	0	0	0			
GI TRACT CAPSULE ENDOSCOPY	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	GASTROENTEROLOGY	1	0	0	0	0			
GI TRACT CAPSULE ENDOSCOPY GI TRACT CAPSULE ENDOSCOPY	IRON DEFICIENCY ANEMIA, UNSPECIFIED OTHER IRON DEFICIENCY ANEMIAS	GASTROENTEROLOGY GASTROENTEROLOGY	1	0	0	0	0			-
			1	0	0	0	0	-		-
GI TRACT CAPSULE ENDOSCOPY GI TRACT CAPSULE ENDOSCOPY	OTHER PARTIAL INTESTINAL OBSTRUCTION OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY PEDIATRIC	1	0	0	0	0	-		-
GITRACT CAPSOLE ENDOSCOPT	OTHER PHAROMATOSES, NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	1	U	U	U	U			
GI WIRELESS CAPSULE MEASURE	EARLY SATIETY	GASTROENTEROLOGY	0	1	0	1	0			
GI WIRELESS CAPSULE MEASURE	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	GASTROENTEROLOGY	0	1	1	0	0			
GI WIRELESS CAPSULE MEASURE	GASTROPARESIS	GASTROENTEROLOGY	0	2	0	2	0			
GI WIRELESS CAPSULE MEASURE	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	GASTROENTEROLOGY	0	1	0	1	0			
GI WIRELESS CAPSULE MEASURE	OTHER CONSTIPATION	GASTROENTEROLOGY	0	3	3	0	0			
GILENYA 0.5 MG CAPSULE	Multiple sclerosis	NEUROLOGY	3							
GILENYA 0.5 MG CAPSULE	Multiple sclerosis	Other Provider	3							
GILENYA 0.5 MG CAPSULE	N/A	NEUROLOGY	3							
GILENYA 0.5 MG CAPSULE	N/A	Other Provider	1							
GILOTRIF 40 MG TABLET	N/A	ONCOLOGY	1							
GJB2 GENE FULL SEQUENCE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL	0	2	2	0	0			
		MEDICINE								
GJB2 GENE FULL SEQUENCE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
GJB2 GENE FULL SEQUENCE	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
GLATIRAMER 40 MG/ML SYRINGE	Multiple sclerosis	NEUROLOGY	2							
GLATIRAMER ACETATE 20 MG/ML SYRINGE	N/A	NEUROLOGY	2							
GLATIRAMER ACETATE 40 MG/ML SYRINGE	N/A	NEUROLOGY	5							
GLATOPA	Multiple Sclerosis	NEUROLOGY						1		
GLATOPA 40 MG/ML SYRINGE	N/A	NEUROLOGY	3	1	1					
GLAUCOMA SURGERY	GLAUCOMA SEC TO OTH EYE DISORD, L EYE, INDETERMINATE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
GLAUCOMA SURGERY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OPHTHALMOLOGY	1	0	0	0	0			
GLAUCOMA SURGERY	PERSONAL HISTORY OF COLONIC POLYPS	OPHTHALMOLOGY	1	0	0	0	0			
GLAUCOMA SURGERY	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
GLEEVEC 100 MG TABLET	Villonodular synovitis (pigmented), unspecified site	Other Provider	1							
GLEEVEC 400 MG TABLET	N/A	ONCOLOGY	1							
GLOPERBA	Other autoinflammatory syndromes	RHEUMATOLOGY						1		
GLOPERBA 0.6MG/5ML SOLUTION	N/A	RHEUMATOLOGY		1		1				
-,		FAMILY NURSE								1
		PRACTITIONER PRIMARY								
GLUMETZA 1000 MG TABERGR24H	N/A	CARE	1							
GLUMETZA 500 MG TABERGR24H	N/A	Other Provider	1							1
GLUMETZA ER 1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	l'	1	1					
GLYXAMBI 10 MG-5 MG TABLET	N/A	FAMILY MEDICINE	1	T	-					
GLYXAMBI 25 MG-5 MG TABLET	N/A	FAMILY MEDICINE	2							1
GLYXAMBI 25 MG-5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	f-	1	1		1	 		
GOCOVRI ER	Parkinson's disease	NEUROLOGY	 	<u> </u>	-		1	1		
										1

		1								
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
GOCOVRI ER 137 MG CAPSULE	Parkinson's disease	Other Provider	1	Demais	Demais	Demais	Demais	Аррготси	Demeu	by into
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	COUNSELING	1	n	n	n	n			
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	FAMILY MEDICINE	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	RHEUMATOLOGY	2	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	ANKYLOSING SPONDYLITIS OF MOLTIPLE SITES IN SPINE ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	RHEUMATOLOGY	2	0	0	0	0	-		
			2	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	/	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	OTHER PSORIATIC ARTHROPATHY	PSYCHOLOGY	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	OTHER PSORIATIC ARTHROPATHY	RHEUMATOLOGY	2	U	0	U	U			
GOLIMUMAB FOR IV USE 1MG	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	HEMATOLOGY	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	RHEUMATOLOGY	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	PSORIATIC ARTHRITIS MUTILANS	RHEUMATOLOGY	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	INTERNAL MEDICINE	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	10	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	RHEUMATOLOGY	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	RHEUMATOLOGY	6	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND	RHEUMATOLOGY	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	ALLERGY/IMMUNOLOGY	0	1	1	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	RHEUMATOLOGY	1	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	8	0	0	0	0			
GOLIMUMAB FOR IV USE 1MG	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	RHEUMATOLOGY	1	0	0	0	0			
GOLYTELY SOLUTION	PERSONAL HISTORY OF COLONIC POLYPS	Other Provider	1							
GONAL-F 450 UNITS VIAL	N/A	Other Provider	1							
GONAL-F RFF REDI-JECT 300 UNIT	N/A		1							
GONAL-F REF REDI-JECT 300 UNIT	N/A	Other Provider OBSTETRICS/GYNECOLOG	1			-		-		
CONAL E DEE DEDI JECT 200/0 EARL DEALINGED	11/4	OBSTETRICS/GTNECOLOG	2							
GONAL-F RFF REDI-JECT 300/0.5ML PEN INJCTR	N/A	Other Boards	2							
GONAL-F RFF REDI-JECT 300/0.5ML PEN INJCTR	N/A	Other Provider	1							
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
GONAL-F RFF REDI-JECT 300/0.5ML PEN INJCTR	N/A	ILITY	1	1	1					
		OBSTETRICS/GYNECOLOG								
GONAL-F RFF REDI-JECT 900 UNIT	N/A	Υ	1							
GONAL-F RFF REDI-JECT 900 UNIT	N/A	Other Provider	1							
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
GONAL-F RFF REDI-JECT 900 UNIT	N/A	ILITY	1							
		OBSTETRICS/GYNECOLOG								
GONAL-F RFF REDI-JECT 900/1.5 ML PEN INJCTR	N/A	Υ	4							
GONAL-F RFF REDI-JECT 900/1.5 ML PEN INJCTR	N/A	Other Provider	1							
GOSERELIN ACETATE IMPLANT	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
GRAFIX STRAVIX PRIME PL SQCM	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	PODIATRY	2	1	1	0	0			
GRAFIX STRAVIX PRIME PL SQCM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	1	0	0	0	0			
GRAFT REPAIR OF SPINE DEFECT	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	0	1	0			
GRALISE	Polyneuropathy, unspecified	Other Provider			-		-		1	
OWEISE	Toryneuropatny, unspecimen	CLINICAL	-						-	
GRALISE 300 MG TAB ER 24H	N/A	NEUROPHYSIOLOGY		2	2					
GRALISE 300 MG TAB ER 24H	N/A	NEUROLOGY	1	1	1	 		 		1
				1	1	 		-		1
GRALISE 300 MG TAB ER 24H	N/A	PAIN MANAGEMENT	 	1	1	_		 		1
GRALISE 600 MG TAB ER 24H	N/A	FAMILY MEDICINE		1	1	1				1
GRALISE 600 MG TAB ER 24H	N/A	Other Provider	1	2	2					
GRALISE 600 MG TAB ER 24H	N/A	PAIN MANAGEMENT	1	1	1					ļ
		PHYSICAL MEDICINE AND								
GRALISE 600 MG TAB ER 24H	N/A	REHABILITATION	1	<u> </u>		<u> </u>				

December Code Description	Diametric Code Description	Danidas Cassielle	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description GRALISE ER 600 MG TABLET	Diagnosis Code Description N/A	Provider Specialty INTERNAL MEDICINE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
GRASTEK 2,800 BAU SL TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Other Provider	1	1	1					+
GRASTER 2,800 BAO SE TABLET	ALLERGIC KITIIVITIS DOL TO FOLLEN	PEDIATRIC ALLERGY &		1	1					+
GRASTEK 2,800 BAU SL TABLET	ALLERGIC RHINITIS DUE TO POLLEN	IMMUNOLOGY		1	1					
GRASTER 2,000 BAO SE TABLET	ALLERGIC KITINITIS DOL TO FOLLEN	IIVIIVIONOLOGI		1	1					+
GRASTEK 2,800 BAU SL TABLET	Allergic rhinitis, unspecified	ALLERGY/IMMUNOLOGY	1							
GRASTEK 2800 UNIT TAB SUBL	N/A	ALLERGY/IMMUNOLOGY	1							
GRFG AUTOL FAT LIPO 25 CC/<	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, PLASTIC	0	1	1	0	0			
GRFG AUTOL FAT LIPO 50 CC/<	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			1
GRFG AUTOL FAT LIPO 50 CC/<	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	3	0	0	0	0			
GRFG AUTOL FAT LIPO 50 CC/<	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	SURGERY, PLASTIC	1	0	0	0	0			1
GRFG AUTOL FAT LIPO 50 CC/<	DEFORMITY OF RECONSTRUCTED BREAST	SURGERY, GENERAL	1	0	0	0	0			+
GRFG AUTOL FAT LIPO 50 CC/<	DISPROPORTION OF RECONSTRUCTED BREAST	SURGERY, PLASTIC	3	0	0	0	0			+
GRFG AUTOL FAT LIPO 50 CC/<	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	4	0	0	0	0			+
GRFG AUTOL FAT LIPO 50 CC/<	HYPERTROPHY OF BREAST	SURGERY, PLASTIC	n	1	1	0	0			+
GRFG AUTOL FAT LIPO 50 CC/<	LEIOMYOMA OF UTERUS, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	n			+
GRFG AUTOL FAT LIPO 50 CC/<	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			+
GRIG ACTOLIAT EIFO 30 CC/S	WALIG NEOFEW OF OFFER-OUTER QUADRANT OF RIGHT FEMALE BREAST	JONGENT, FEASTIC	1	U	U	o .	U			
GRFG AUTOL FAT LIPO 50 CC/<	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			1
GRFG AUTOL FAT LIPO 50 CC/<	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
GRFG AUTOL FAT LIPO 50 CC/<	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY, PLASTIC	1	0	0	0	0			+
GRFG AUTOL FAT LIPO 50 CC/<	OTHER SIGNS AND SYMPTOMS IN BREAST	SURGERY, PLASTIC	1	0	0	0	0			+
GRFG AUTOL FAT LIPO 50 CC/<	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	n	0	0	n			+
GRFG AUTOL FAT LIPO 50 CC/<	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	16	1	1	0	0			+
GRFG AUTOL FAT LIPO 50 CC/<	TRANSSEXUALISM	GERIATRIC MEDICINE	0	1	0	1	0			+
GRFG AUTOL FAT LIPO SA CC/C	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	4	0	0	0	0			+
GREG AUTOL FAT LIPO EA ADDL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	2	0	0	0	0			+
GREG AUTOL FAT LIPO EA ADDL	DEFORMITY OF RECONSTRUCTED BREAST		3	0	0	0	0			+
GREG AUTOL FAT LIPO EA ADDL	DISPROPORTION OF RECONSTRUCTED BREAST	SURGERY, GENERAL SURGERY, PLASTIC	2	0	0	0	0			+
GREG AUTOL FAT LIPO EA ADDL	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	5	1	1	0	0			+
GREG AUTOL FAT LIPO EA ADDL	LEIOMYOMA OF UTERUS, UNSPECIFIED	SURGERY, PLASTIC	3	0	1	0	0			+
GREG AUTOL FAT LIPO EA ADDL	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
			1	U	U	U	U			
GRFG AUTOL FAT LIPO EA ADDL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			<u> </u>
GRFG AUTOL FAT LIPO EA ADDL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	15	1	1	0	0			↓
GRFG AUTOL SOFT TISS DIR EXC	BELL'S PALSY	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	BENIGN NEOPLASM OF CRANIAL NERVES	NOSE, AND THROAT)	1	0	0	0	0			+
		SURGERY, NEUROLOGICAL	1	0	0	0	0			
GREG AUTOL SOFT TISS DIR EXC	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY, NEUROLOGICAL	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SURGERY, ORTHOPEDIC	0	1	1	0	0			
GRFG AUTOL SOFT TISS DIR EXC	CENTRAL PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	PEDIATRIC OTOLARYNGOLOGY	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	CONGENITAL FACIAL ASYMMETRY	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
GRFG AUTOL SOFT TISS DIR EXC	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY, PLASTIC	1	0	0	0	0			1
GRFG AUTOL SOFT TISS DIR EXC	OTHER BENIGN NEOPLASM OF SKIN OF OTHER PARTS OF FACE	SURGERY, PLASTIC	0	1	1	0	0			1
GRFG AUTOL SOFT TISS DIR EXC	OTITIS MEDIA, UNSPECIFIED, LEFT EAR	NEUROTOLOGY	0	1	0	0	1			†
GRFG AUTOL SOFT TISS DIR EXC	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			†
GRFG AUTOL SOFT TISS DIR EXC	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC		1	1	0		1		+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
GRFG AUTOL SOFT TISS DIR EXC	STRESS INCONTINENCE (FEMALE) (MALE)	UROLOGY	1	0	0	0	0			
GRFG AUTOL SOFT TISS DIR EXC	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
GROUND MILEAGE	END STAGE RENAL DISEASE	FACILITY	3	0	0	0	0			
GUARDIAN SENSOR 3 EACH	N/A	INTERNAL MEDICINE		1	1					
HALOG 0.1% OINTMENT	Psoriasis vulgaris	DERMATOLOGY	1							
HARVEST ALLOGENEIC STEM CELL	COVID-19	HEMATOLOGY	2	0	0	0	0			
HARVONI 90-400 MG TABLET	Chronic viral hepatitis C	GASTROENTEROLOGY		1	1					
HARVONI 90-400 MG TABLET	Chronic viral hepatitis C	Other Provider		1	1					
HARVONI 90MG-400MG TABLET	N/A	GASTROENTEROLOGY		1	1					
HARVONI 90MG-400MG TABLET	N/A	Other Provider		1	1					
HBB FULL GENE SEQUENCE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
HBB FULL GENE SEQUENCE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	4	4	0	0			
HBB FULL GENE SEQUENCE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
HBB FULL GENE SEQUENCE	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
HBB FULL GENE SEQUENCE	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	2	2	0	0			
HBB GENE COM VARIANTS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
HBB GENE COM VARIANTS	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	OBSTETRICS/GYNECOLOGY	0	3	3	0	0			
HBB GENE COM VARIANTS	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	5	5	0	0			
HBB GENE COM VARIANTS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	COUNSELING	0	1	1	0	0			
HBB GENE COM VARIANTS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	FAMILY MEDICINE	0	1	1	0	0			
HBB GENE COM VARIANTS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HBB GENE COM VARIANTS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	4	4	0	0			
HBB GENE DUP/DEL VARIANTS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	2	2	0	0			
HBB GENE KNOWN FAM VARIANT	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
HBOT, FULL BODY CHAMBER, 30M	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	PHYSICAL MEDICINE	2	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	FAMILY MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER	HYPERBARIC & UNDERSEA MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA	HYPERBARIC & UNDERSEA MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	GANGRENE, NOT ELSEWHERE CLASSIFIED	INFECTIOUS DISEASE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	IRRADIATION CYSTITIS WITH HEMATURIA	FAMILY MEDICINE	1	1	1	0	0			
HBOT, FULL BODY CHAMBER, 30M	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	FAMILY MEDICINE	1	0	0	0	0			
	Non-pressure chronic ulcer of other part of right foot with necrosis	HYPERBARIC &				1				7
HBOT, FULL BODY CHAMBER, 30M	of bone	UNDERSEA MEDICINE						1		
HBOT, FULL BODY CHAMBER, 30M	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	INTERNAL MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W NECROSIS OF BONE	INTERNAL MEDICINE	0	1	1	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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HBOT, FULL BODY CHAMBER, 30M	OTH DISRD OF THE SKIN, SUBCU RELATED TO RADIATION	HYPERBARIC & UNDERSEA	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	MEDICINE FAMILY MEDICINE	1	n	0	0	0			+
HBOT, FULL BODY CHAMBER, 30M	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	FAMILY MEDICINE	1	0	0	0	0			+
HBOT, FULL BODY CHAMBER, 30M	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	NURSE PRACTITIONER	1	0	0	0	0			+
HBOT, FULL BODY CHAMBER, 30M	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	PHYSICAL MEDICINE	1	0	0	0	0			+
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	COUNSELING	4	0	0	0	0			1
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	FAMILY MEDICINE	1	0	0	0	0			1
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	HYPERBARIC & UNDERSEA	3	0	0	0	0			1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	MEDICINE								
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	INTERNAL MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	PHYSICAL MEDICINE	1	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	PHYSICIAN ASSISTANT	6	0	0	0	0			
HBOT, FULL BODY CHAMBER, 30M	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	FAMILY MEDICINE	0	1	1	0	0			
HBOT, FULL BODY CHAMBER, 30M	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	HYPERBARIC & UNDERSEA	0	1	1	0	0			
LIDOT FULL DODY CHANADED 2014	TVDE 4 DIADETEC MELLITIC WITH FOOT HIS CED	MEDICINE	4		0	0	0			
HBOT, FULL BODY CHAMBER, 30M	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER	FAMILY MEDICINE	1	0	0	0	0			+
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	FAMILY MEDICINE HYPERBARIC & UNDERSEA	4	0	0	0	0			+
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES WELLITOS WITH FOOT OLCER	MEDICINE	1	U	U	U	U			
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INFECTIOUS DISEASE	1	0	0	0	0			1
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	2	0	0	0	0			1
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	0	1	0	0	1			1
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	SURGERY, VASCULAR	2	0	0	0	0			1
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	FAMILY MEDICINE	1	0	0	0	0			1
HD HOSP BED, 350-600 LBS	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			1
HDR RDNCL NTRSTL/ICAV BRCHTX	N/A	HOSPITAL	2							1
HEAD SURGERY PROCEDURE	DISORDER OF LIGAMENT, UNSPECIFIED SITE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
HEAD SURGERY PROCEDURE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	FAMILY MEDICINE	0	1	0	0	1			1
	Malignant neoplasm of anterior two-thirds of tongue, part									1
Head/Neck Carcinoma	unspecified	RADIATION ONCOLOGY	1							
Head/Neck Carcinoma	Malignant neoplasm of base of tongue	GENERAL SURGERY	1							1
Head/Neck Carcinoma	Malignant neoplasm of base of tongue	RADIATION ONCOLOGY	4							
·	· · · · · · · · · · · · · · · · · · ·	THERAPEUTIC								1
Head/Neck Carcinoma	Malignant neoplasm of base of tongue	RADIOLOGY	1	1	1					
Head/Neck Carcinoma	Malignant neoplasm of ethmoidal sinus	RADIATION ONCOLOGY	1							
		OUTPATIENT REHAB								
Head/Neck Carcinoma	Malignant neoplasm of floor of mouth, unspecified	FACILITY	1							
Head/Neck Carcinoma	Malignant neoplasm of lingual tonsil	RADIATION ONCOLOGY	2							
		THERAPEUTIC								
Head/Neck Carcinoma	Malignant neoplasm of nasal cavity	RADIOLOGY	1							
Head/Neck Carcinoma	Malignant neoplasm of oropharynx, unspecified	ONCOLOGY	1							
Head/Neck Carcinoma	Malignant neoplasm of oropharynx, unspecified	RADIATION ONCOLOGY	3							
Head/Neck Carcinoma	Malignant neoplasm of overlapping sites of hypopharynx	RADIATION ONCOLOGY	1							
Head/Neck Carcinoma	Malignant neoplasm of overlapping sites of oropharynx	RADIATION ONCOLOGY	1							
										1
Head/Neck Carcinoma	Malignant neoplasm of posterior wall of hypopharynx	RADIATION ONCOLOGY	1							+
Head/Neck Carcinoma	Malignant neoplasm of posterior wall of nasopharynx	RADIATION ONCOLOGY	1	<u> </u>	<u> </u>			<u></u>	<u> </u>	
Head/Neck Carcinoma	Malignant neoplasm of thyroid gland	RADIATION		1	1					T

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Head/Neck Carcinoma	Malignant neoplasm of thyroid gland	RADIATION ONCOLOGY	1							
		OUTPATIENT REHAB								
Head/Neck Carcinoma	Malignant neoplasm of tonsil, unspecified	FACILITY	1	1	1					-
Head/Neck Carcinoma	Malignant popularm of tancil unspecified	RADIATION ONCOLOGY	2	1	1					
Head/Neck Carcinoma	Malignant neoplasm of tonsil, unspecified Malignant neoplasm of tonsillar fossa	RADIATION ONCOLOGY	1	1	1					
ricad) Neck curemona	Wangnane neoplasm of constitut 1033a	IUIDIATION	_							
Head/Neck Carcinoma	Malignant neoplasm of tonsillar fossa	RADIATION ONCOLOGY	1							
Head/Neck Carcinoma	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	RADIATION ONCOLOGY	1							
Head/Neck Carcinoma	Malignant neoplasm of upper gum	RADIATION ONCOLOGY	1							
HEARING AID CHECK BOTH EARS	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	PEDIATRICS	1	0	0	0	0			
							_			
HEARING AID CHECK ONE EAR	MICROTIA	PEDIATRIC	1	0	0	0	0			
HEARING AID SUP/ACCESS/DEV	HALLUX RIGIDUS, RIGHT FOOT	OTOLARYNGOLOGY OTOLARYNGOLOGY (EAR,	1	0	0	0	n			
TEAMING AID SOF / ACCESS/ DEV	TIALLOX MOIDOS, MOTT 1001	NOSE, AND THROAT)	1	·	o .		U			
HEARING AID, DIGIT, BIN, BTE	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
UTIONIO UE PIOTE PIU ATT		NOSE, AND THROAT)								
HEARING AID, DIGIT, BIN, BTE	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	PEDIATRICS	1	0	0	O .	0			
HEARING AID, DIGIT, BIN, BTE	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
	·	NOSE, AND THROAT)								
HEARING AID, DIGIT, BIN, BTE	OTHER SPECIFIED HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
HEARING AID, DIGIT, BIN, BTE	SENSORINEURAL HEARING LOSS, BILATERAL	NOSE, AND THROAT) FAMILY MEDICINE	1	0	0	0	0			
HEARING AID, DIGIT, BIN, BTE	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
112 111110 7110, 01011, 0111, 0112	SENSONINE OF THE WINTO EGGS, SIEWERNE	NOSE, AND THROAT)	Ĩ	ŭ	ŭ	Ů	Ü			
HEARING AID, DIGIT, BIN, BTE	SNSRNRL HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
HEARING AID, DIGIT, BIN, BTE	TINNITUS, UNSPECIFIED EAR	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	n			
TEAMING AID, DIGIT, DIN, DTE	TIMMTOS, ONSFECTIED EAR	NOSE, AND THROAT)	1	·	o .		U			
HEARING AID, DIGIT, MON, BTE	SNSRNRL HEAR LOSS, UNI, RIGHT EAR, W UNRESTR HEAR CNTRA SIDE	FAMILY MEDICINE	0	1	0	0	1			
HEARING LOSS DUP/DEL ANALYS	SENSORINEURAL HEARING LOSS, BILATERAL	GENETICS	1	0	0	0	0			
HEARING LOSS SEQUENCE ANALYS	SENSORINEURAL HEARING LOSS, BILATERAL	GENETICS	1	0	0	0	0			
HEAVY DUTY WHEELCHAIR	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	PHYSICAL MEDICINE	1	0	0	0	0			
HEAVY DUTY WHEELCHAIR	SEPSIS, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
HEAVY DUTY WHEELED WALKER	ACUTE RESPIRATORY DISTRESS	INTERNAL MEDICINE	1	0	0	0	0			
HEAVY DUTY WHEELED WALKER HEAVY DUTY WHEELED WALKER	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC PHYSICAL MEDICINE	1	0	0	0	0			-
HEAVY DOTY WHEELED WALKER	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	PHYSICAL MEDICINE	1	U	U	U	U			
HEAVYDUTY WALKER NO WHEELS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
HEAVYDUTY/WIDE COMMODE CHAIR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			
HEAVYDUTY/WIDE COMMODE CHAIR	FLUID OVERLOAD, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HEAVYDUTY/WIDE COMMODE CHAIR	PALPITATIONS	FAMILY MEDICINE	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	ARTERIOVENOUS FISTULA, ACQUIRED	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	CHEST PAIN, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	COVID-19	FAMILY MEDICINE	1	0	0	0	U			
HEMODIALYSIS ONE EVALUATION HEMODIALYSIS ONE EVALUATION	DEHYDRATION DEHYDRATION	INTERNAL MEDICINE NEPHROLOGY	2	0	0	0	0			<u> </u>
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	FAMILY MEDICINE	4	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE END STAGE RENAL DISEASE	NEPHROLOGY	27	0	0	0	0			1
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE END STAGE RENAL DISEASE	OPHTHALMOLOGY	2	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	EPIGASTRIC PAIN	NEPHROLOGY	0	1	1	0	0			
HEMODIALYSIS ONE EVALUATION	HEART FAILURE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	NEPHROLOGY	1	0	0	0	0			

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HEMODIALYSIS ONE EVALUATION	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	SOCIAL WORK	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	FAMILY MEDICINE	1	0	0	0	0			+
HEMODIALYSIS ONE EVALUATION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS ONE EVALUATION	SEVERE SEPSIS WITH SEPTIC SHOCK	INTERNAL MEDICINE	1	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	CALCULUS OF KIDNEY	INTERNAL MEDICINE	1	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	COVID-19	FAMILY MEDICINE	1	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	DEHYDRATION	INTERNAL MEDICINE	1	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	DEHYDRATION	NEPHROLOGY	2	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	DEPENDENCE ON RENAL DIALYSIS	FAMILY MEDICINE	1	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	DEPENDENCE ON RENAL DIALYSIS	NEPHROLOGY	5	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	DEPENDENCE ON RENAL DIALYSIS	PSYCHOLOGY	1	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	COUNSELING	1	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	FAMILY MEDICINE	3	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	INTERNAL MEDICINE	5	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	NEPHROLOGY	29	2	2	0	0			1
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	PSYCHOLOGY	1	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	EPIGASTRIC PAIN	NEPHROLOGY	0	1	1	0	0			1
HEMODIALYSIS REPEATED EVAL	HEART FAILURE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	NEPHROLOGY	1	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	SOCIAL WORK	1	0	0	0	0			
HEMODIALYSIS REPEATED EVAL	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	NEPHROLOGY	1	0	0	0	0			1
HEMODIALYSIS REPEATED EVAL	SEPSIS, UNSPECIFIED ORGANISM	NEPHROLOGY	1	0	0	0	0			†
HEMODIALYSIS REPEATED EVAL	SEVERE SEPSIS WITH SEPTIC SHOCK	INTERNAL MEDICINE	1	0	0	0	0			†
HEMODIALYSIS REPEATED EVAL	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	NEPHROLOGY	2	0	0	0	0			†
HEPARIN SOD 5,000 UNIT/ML VIAL	NONTRAUMATIC SUBARACH HEMORR UNS INTRACRAN ART	Other Provider	1			-				†
HEPATOBIL SYST IMAGE W/DRUG	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W OBST	FAMILY MEDICINE	1	0	0	0	0			†
HEPATOBIL SYST IMAGE W/DRUG	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	FAMILY MEDICINE	1	0	0	0	0			
HEPATOBIL SYST IMAGE W/DRUG	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	GASTROENTEROLOGY	1	0	0	0	0			
HEPATOBIL SYST IMAGE W/DRUG	EPIGASTRIC PAIN	GASTROENTEROLOGY	1	0	0	0	0			
HEPATOBIL SYST IMAGE W/DRUG	PERIUMBILICAL PAIN	PEDIATRICS	1	0	0	0	0			1
HEPATOBIL SYST IMAGE W/DRUG	RIGHT UPPER QUADRANT PAIN	FAMILY MEDICINE	2	0	0	0	0			†
HEPATOBIL SYST IMAGE W/DRUG	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	1	0	0	0	0			†
HEPATOBIL SYST IMAGE W/DRUG	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	1	0	0	0	0			1
HERED PAN CA MRNA PNL 18 GEN	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	0	1	1	0	0			
HEREDITARY COLON CA DSORDRS	CHRONIC CHOLECYSTITIS	HEMATOLOGY	1	0	0	0	0			†
HEREDITARY COLON CA DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	0	1	1	0	0			
HEREDITARY COLON CA DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY	GASTROENTEROLOGY	1	0	0	0	0			†
HEREDITARY COLON CA DSORDRS	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
HEREDITARY COLON CA DSORDRS	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	HEMATOLOGY	2	0	0	0	0			
HEREDITARY COLON CA DSORDRS	PERSONAL HISTORY OF COLONIC POLYPS	HEMATOLOGY	2	0	0	0	0			
HEREDITARY COLON CA DSORDRS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	ONCOLOGY	1	0	0	0	0			
HETLIOZ	Circadian rhythm sleep disorder, free running type	Other Provider	1			İ		1	3	3
HETLIOZ 20 MG CAPSULE	N/A	Other Provider	1	3	3					
HEXA GENE	ENCNTR SCREEN FOR INFECTIONS W SEXL MODE OF TRANSMISS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HFO WITHOUT JOINTS PRE CST	PRIMARY OSTEOARTHRITIS, LEFT HAND	FAMILY MEDICINE	1	0	0	0	0			
HFO WITHOUT JOINTS PRE CST	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HFO WITHOUT JOINTS PRE OTS	FLAIL JOINT, LEFT HAND	SURGERY, PLASTIC	+	1	_	-	<u> </u>		1	+

MONOTOPIC DIRECTOR 1	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PROFESSION PROCESSION PRO	/ITHOUT JOINTS PRE OTS	MASTODYNIA	SPORTS MEDICINE	1	0	0	0	0			
The Name of Control Head	/ITHOUT JOINTS PRE OTS	PAIN IN RIGHT FINGER(S)	FAMILY MEDICINE	1	0	0	0	0			
PROPERTY PROPERTY	/ITHOUT JOINTS PRE OTS	PATELLOFEMORAL DISORDERS, LEFT KNEE	SPORTS MEDICINE	1	0	0	0	0			
WIND WINDOWS ON THE POTS	/ITHOUT JOINTS PRE OTS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED HAND	SURGERY, PLASTIC	2	0	0	0	0			1
HOW WITHOUT DUITS PRE COS UNIX PRIVATE CITY DUITS PRE COST UNIX PRIVATE COST OF (24.8 15 MIN)	/ITHOUT JOINTS PRE OTS	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	SPORTS MEDICINE	1	0	0	0	0			1
MCC-5000 OT CLAS S S MIN	/ITHOUT JOINTS PRE OTS	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, R HAND	SPORTS MEDICINE	1	0	0	0	0			
HICK-SERVE OF CITALS SININ ACTURE OF REPORT OF CITALS SININ PRESENDED OF CITALS SININ CELLULITS OF REACE (SAMP PART EXCEPT BUTTOCS) AND STREAM REPORT OF CITALS SININ CELLULITS OF REACE (SAMP PART EXCEPT BUTTOCS) AND STREAM REPORT OF CITALS SININ CELLULITS OF REACE (SAMP PART EXCEPT BUTTOCS) AND STREAM REPORT OF CITALS SININ CELLULITS OF REACE (SAMP PART EXCEPT BUTTOCS) AND STREAM REPORT OF CITALS SININ CELLULITS OF REACE (SAMP PART EXCEPT BUTTOCS) AND STREAM REPORT OF CITALS SININ CELLULITS OF REACE (SAMP PART EXCEPT BUTTOCS) AND STREAM REPORT OF CITALS SININ CELLULITS OF REACE (SAMP PART EXCEPT BUTTOCS) AND STREAM REPORT OF CITALS SININ CONTINUES AND CONTINUES SININ CONTINUES	/ITHOUT JOINTS PRE OTS	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, R HAND	SURGERY, PLASTIC	1	0	0	0	0			
MICHOSARY OF DETAS 15 NAM CELLULATION OF ECUL PAPER TAKEN THE TOTAL METACOMEN SURPER METAC	SERV OF OT,EA 15 MIN	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	INTERNAL MEDICINE	2	0	0	0	0			1
HECK-SERVO FOTALS SAMM CELLUTIS OF BRACK (ANY PART DECEPT QUITTOCK) MICK SERVO FOTALS SAMM CELLUTIS OF BRACK (ANY PART DECEPT QUITTOCK) MICK SERVO FOTALS SAMM CELLUTIS OF BRACK (ANY PART DATA SAMM) CELLUTIS OF BRACK (ANY PART DATA SAMM) CELLUTIS OF BRACK (ANY PART DATA SAMM) CELLUTIS OF BRACK (ANY PART DATA SAMM) CELLUTIS OF BRACK (ANY PART DATA SAMM) CELLUTIS OF BRACK (ANY PART DATA SAMM) CHICK SERVO FOTALS SAMM CHICK SERVO FOTAL	SERV OF OT,EA 15 MIN	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	PULMONARY DISEASE	1	0	0	0	0			1
HICK-SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB THEN SERV OF OT JA. 15 KMM CILLULITIS OF REAT UPPER LIMB COZINIS AND GIODNISS CILLULITIS OF REAT UPPER LIMB THEN SERV OF JA. 15 KMM CILLULITIS OF REAT UPPER LIMB CILLULITIS	SERV OF OT,EA 15 MIN	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	INTERNAL MEDICINE	2	0	0	0	0			1
HICK-SERV OF OTEA 15 MM	SERV OF OT,EA 15 MIN	CELLULITIS OF BACK [ANY PART EXCEPT BUTTOCK]	FAMILY MEDICINE	1	0	0	0	0			1
MIRCH 58FW OF CFLA 15 MM	SERV OF OT,EA 15 MIN	CELLULITIS OF RIGHT UPPER LIMB	INTERNAL MEDICINE	0	1	0	0	1			
MIRCH 58FW OF CFLA 15 MM	SERV OF OT,EA 15 MIN	CELLULITIS OF RIGHT UPPER LIMB	PEDIATRICS	0	1	0	0	1			
HICK-SEND OF CIFEA 15 MIN OIZENES AND GIDDNESS COUNSELME 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HICK-SEND OF CIFEA 15 MIN OIZENES AND GIDDNESS COUNSELME 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF OT.EA 15 MIN	CHRONIC KIDNEY DISEASE, STAGE 1	FAMILY MEDICINE	1	0	0	0	0			†
DEZMISS AND DEZMISS AND DEZMISS AND GEDDNISS INTERNAL MIDDRE INTERNAL MIDDRE 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·		3	0	0	0	0			1
RICE-SERV OF CIFLA 15 MIN				3	0	0	0	0			+
HICK-SERV OF OT JAL 35 MIN (NO STAR SERVAN FOR SERVAN DESCRIPTION FOR MANUFACTOR MANUFA				1	0	0	0	0			+
HICP-SERV OF DEAL SA MIN NO. 57AGE REPAIL DISEASE NITERIAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			+
HICP-SERV OF OTEA 35 MIN HEMPES SERV OF OTEA 35 MIN HEMPES SERV OF OTEA 35 MIN HEMPES SERV OF OTEA 35 MIN HEMPES SERV OF OTEA 35 MIN HEMPES SERV OF OTEA 35 MIN HEMPES SERV OF OTEA 35 MIN HEMPES SERV OF OTEA 35 MIN NO SET SERVER AND ADDRESS OF SERVER AND AD				1	0	0	0	0			+
HICP-SERV OF OTZA 3.5 MIN				1	0	0	0	0			+
HHCP-SERV OF OTEA 15 MIN HEMPEGS FOR LOTE AS 15 MIN UN BEACT DIT NOWELLING URETHAL CATHETER, NIT PHYSICAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*			1	0	0	0	0			+
HICK-SERV OF DT.EA.1S MIN	· · · · · · · · · · · · · · · · · · ·			1	0	0	0	0			+
SHCP-SERV OF OTEA 15 MIN	<u> </u>			2	0	0	U	0			
HHCP-SERV OF OT, EA 15 MIN PAIDTATIONS PAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA NTERNAL MEDICINE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · ·		1	0	0	0	0			
HIRCP-SERV OF OT,EA 15 MIN	· · · · · · · · · · · · · · · · · · ·			2	0	0	0	0			↓
HHCP-SERV OF OTÆA 15 MIN				2	0	0	0	0			↓
HHCP-SERV OF OT,EA 15 MIN	*			2	0	0	0	0			1
HHCP-SERV OF OT,EA 15 MIN	· · · · · · · · · · · · · · · · · · ·			2	0	0	0	0			1
NHCP-SERV OF OT,EA 15 MIN				2	0	0	0	0			1
HHCP-SERV OF OT,EA 15 MIN				2	0	0	0	0			
HHCP-SERV OF PT.EA 15 MIN ACUTE KIDNEY FAILURE, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN			FAMILY MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN ACUTE RESPIRATORY FAILURE WITH HYPOXIA BEHAVIORAL NURSE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN ACUTE RESPIRATORY FAILURE WITH HYPOXIA INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY INTERNAL MEDICINE 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	BEHAVIORAL NURSE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN ARTHRODESIS STATUS SURGERY, NEUROLOGICAL HHCP-SERV OF PT,EA 15 MIN AURAL VERTIGO, BILATERAL INTERNAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CELLULITIS OF RIGHT UPPER LIMB INTERNAL MEDICINE 0 1 0 0 0 1 1 0 0 0 1 HCP-SERV OF PT,EA 15 MIN CELLULITIS OF RIGHT UPPER LIMB HHCP-SERV OF PT,EA 15 MIN CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART HHCP-SERV OF PT,EA 15 MIN CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART HHCP-SERV OF PT,EA 15 MIN CERVICALGIA PAIN MANAGEMENT 1 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED INTERNAL MEDICINE 3 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, REURAL MEDICINE 1 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, REURAL MEDICINE 1 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE 1 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN	SERV OF PT,EA 15 MIN	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN AURAL VERTIGO, BILATERAL INTERNAL MEDICINE 1 0 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CELLULITIS OF RIGHT UPPER LIMB INTERNAL MEDICINE 0 1 0 0 1 0 0 1 HHCP-SERV OF PT,EA 15 MIN CELLULITIS OF RIGHT UPPER LIMB PEDIATRICS 0 1 0 0 1 0 0 1 0 0 1 HHCP-SERV OF PT,EA 15 MIN CERB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART PHYSICAL MEDICINE 1 0 0 0 1 0 0 1 HHCP-SERV OF PT,EA 15 MIN CERVICALGIA PAIN MANAGEMENT 0 1 0 0 0 1 1 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED INTERNAL MEDICINE 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	INTERNAL MEDICINE	3	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN CELLULITIS OF RIGHT UPPER LIMB INTERNAL MEDICINE 0 1 0 0 1 HHCP-SERV OF PT,EA 15 MIN CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART HHCP-SERV OF PT,EA 15 MIN CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART HHCP-SERV OF PT,EA 15 MIN CERVICALGIA PAIN MANAGEMENT 0 1 0 0 0 1 1 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED INTERNAL MEDICINE HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, GENERAL 2 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 2 0 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 1 0 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN DEHYDRATION DEHYDRATION INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	ARTHRODESIS STATUS	SURGERY, NEUROLOGICAL	2	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN CELLULITIS OF RIGHT UPPER LIMB PEDIATRICS 0 1 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CERB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART PHYSICAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CERVICALGIA PAIN MANAGEMENT 0 1 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED INTERNAL MEDICINE HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, GENERAL UNSPECIFIED SURGERY, GENERAL UNSPECIFIED GERIATRIC MEDICINE HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE HHCP-SERV OF PT,EA 15 MIN CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE HHCP-SERV OF PT,EA 15 MIN CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SERV OF DT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SERV OF DT,EA 15 MIN CONGENITAL HYPOTONIA HHCP-SERV OF PT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	AURAL VERTIGO, BILATERAL	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART PHYSICAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CERVICALGIA PAIN MANAGEMENT 0 1 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED INTERNAL MEDICINE SURGERY, GENERAL 2 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, GENERAL 2 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC SOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 2 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHROMIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN CHROMIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SERV OF DT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SERV OF DT,EA 15 MIN DEHYDRATION HHCP-SERV OF DT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	CELLULITIS OF RIGHT UPPER LIMB	INTERNAL MEDICINE	0	1	0	0	1			
HHCP-SERV OF PT,EA 15 MIN CERVICALGIA PAIN MANAGEMENT O 1 0 0 1 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY 1 0 0 0 0 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, GENERAL 2 0 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, GENERAL 2 0 0 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 1 0 0 0 0 1 HHCP-SERV OF PT,EA 15 MIN CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS FAMILY MEDICINE 1 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 1 0 0 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	CELLULITIS OF RIGHT UPPER LIMB	PEDIATRICS	0	1	0	0	1			
HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY RHICP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) RHEUMATOLOGY REPLACED TO TO TO TO TO TO TO TO TO TO TO TO TO	SERV OF PT,EA 15 MIN	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY SURGERY, GENERAL SURGERY, GENERAL CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) HHCP-SERV OF PT,EA 15 MIN CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS FAMILY MEDICINE HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE THOMPOSERY OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE THOMPOSERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA HHCP-SERV OF PT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	CERVICALGIA	PAIN MANAGEMENT	0	1	0	0	1			
HHCP-SERV OF PT,EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY SURGERY, GENERAL SURGERY, GENERAL CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE HHCP-SERV OF PT,EA 15 MIN CHROMIC KIDNEY DISEASE, STAGE 4 (SEVERE) HHCP-SERV OF PT,EA 15 MIN CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS FAMILY MEDICINE HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE THOMPOSERY OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE THOMPOSERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA HHCP-SERV OF PT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERV OF PT,EA 15 MIN	CHEST PAIN, UNSPECIFIED	INTERNAL MEDICINE	3	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE 1 0			RHEUMATOLOGY	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN CHROMOSOMAL ABNORMALITY, UNSPECIFIED GERIATRIC MEDICINE 1 0	-			2	0	0	0	0			\vdash
HHCP-SERV OF PT,EA 15 MIN CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) INTERNAL MEDICINE 2 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED INTERNAL MEDICINE 1 0		·		1	0	0	0	0			\vdash
HHCP-SERV OF PT,EA 15 MIN CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 2 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE 1 0 0 0 0				2	0	0	0	0			+
HHCP-SERV OF PT,EA 15 MIN COLOSTOMY STATUS FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 2 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE 1 0 0 0 0 0	-			1	0	0	0	0			+
HHCP-SERV OF PT,EA 15 MIN CONGENITAL HYPOTONIA FAMILY MEDICINE 2 0 0 0 0 0 HHCP-SERV OF PT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE 1 0 0 0 0 0				1	0	0	0	0			\vdash
HHCP-SERV OF PT,EA 15 MIN DEHYDRATION INTERNAL MEDICINE 1 0 0 0 0				2	n	n	0	0			\vdash
				1	0	0	0	0			+
	·			1	0	0	0	0			+
HHCP-SERV OF PT,EA 15 MIN ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON INTERNAL MEDICINE 1 0 0 0 0				1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HHCP-SERV OF PT,EA 15 MIN	END STAGE RENAL DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	GENERALIZED EDEMA	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	HEART FAILURE, UNSPECIFIED	NURSE PRACTITIONER	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	PEDIATRICS	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	HYPOXEMIA	PHYSICAL MEDICINE	3	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	PEDIATRICS	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	SOCIAL WORK	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	PHYSICIAN ASSISTANT	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	MALIGNANT NEOPLASM OF DESCENDING COLON	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	3	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	FAMILY MEDICINE	2	0	0	0	0			1
HHCP-SERV OF PT,EA 15 MIN	OTHER MALAISE	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	OTHER SPECIFIED POSTPROCEDURAL STATES	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	PULMONARY DISEASE	2	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	POLYNEUROPATHY, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	RADICULOPATHY, LUMBAR REGION	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	SOMNOLENCE	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	NEUROLOGY	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	SPONDYLOLISTHESIS, LUMBAR REGION	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	TETRALOGY OF FALLOT	PEDIATRICS	2	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	NURSE PRACTITIONER	3	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	NEUROLOGY	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	PULMONARY DISEASE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	n			
HHCP-SERV OF PT,EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	PHYSICAL MEDICINE	2	0	0	0	0			-
HHCP-SERV OF PT,EA 15 MIN	UNSPECIFIED FALL, INITIAL ENCOUNTER	PEDIATRIC	1	0	0	0	0			
	0.0. 2011.25 77.25 1111.01.2 21.000.112.1	HEMATOLOGY/ONCOLOGY								
HHCP-SERV OF PT,EA 15 MIN	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	NEUROLOGY	1	0	0	0	0			
HHCP-SERV OF PT,EA 15 MIN	UNSTEADINESS ON FEET	FAMILY MEDICINE	6	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE CEREBROVASCULAR INSUFFICIENCY	FAMILY MEDICINE	3	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE CYSTITIS WITHOUT HEMATURIA	INTERNAL MEDICINE	1	0	n	0	0			-
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE EMBOLISM AND THROMBOSIS OF FEMORAL VEIN, BILATERAL	FAMILY MEDICINE	1	0	0	0	0		 	
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	n	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE RIBNET FAILURE, ONSPECIFIED ACUTE RESPIRATORY FAILURE WITH HYPOXIA	INTERNAL MEDICINE	1	0	n	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	PHYSICAL MEDICINE	1	0	n	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM	PHYSICAL MEDICINE	1	0	n	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	AGE-RELATED PHYSICAL DEBILITY	CRITICAL CARE MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN HHCP-SVS OF AIDE,EA 15 MIN	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN HHCP-SVS OF AIDE,EA 15 MIN	ALZHEIMER'S DISEASE WITH LATE ONSET		1	0	0	0	0			
		FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ANEMIA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	APHASIA FOLLOWING CEREBRAL INFARCTION	INTERNAL MEDICINE	1	U	0	0	U			
HHCP-SVS OF AIDE,EA 15 MIN	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	INTERNAL MEDICINE	3	U	U	U	U		<u> </u>	<u> </u>

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
HHCP-SVS OF AIDE,EA 15 MIN	BENIGN INTRACRANIAL HYPERTENSION	FAMILY MEDICINE	n Approvais	1	1	n Demais	n Delilais	Approved	Defiled	by INO
HHCP-SVS OF AIDE,EA 15 MIN	CELLULITIS OF RIGHT LOWER LIMB	FAMILY MEDICINE	2	0	0	0	0			+
HHCP-SVS OF AIDE,EA 15 MIN	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART	PHYSICAL MEDICINE	4	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	INTERNAL MEDICINE	2	0	0	0	0			1
HHCP-SVS OF AIDE,EA 15 MIN	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CEREBRAL INFARCTION, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHRONIC KIDNEY DISEASE, STAGE 1	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHRONIC KIDNEY DISEASE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHRONIC KIDNEY DISEASE, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CHRONIC OSTEOMYELITIS W DRAINING SINUS, RIGHT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	COLOSTOMY STATUS	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	COVID-19	FAMILY MEDICINE	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CRAMP AND SPASM	FAMILY MEDICINE	3	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CRAMP AND SPASM	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	CRITICAL ILLNESS MYOPATHY	PHYSICAL MEDICINE	1	0	0	0	0			1
HHCP-SVS OF AIDE,EA 15 MIN	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	PHYSICAL MEDICINE	1	0	0	0	0			
HILLOR CAG OF AIRE FA 45 MIN	DICODDED OF LIBINARY CYCTEAN LINCRECIFIED	CLIDGEDY DIACTIC		4	4	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	DISORDER OF URINARY SYSTEM, UNSPECIFIED	SURGERY, PLASTIC	0	1	1	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	DISPL COMMNT FX SHAFT OF L TIBIA, 7THD	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	DISPL MIDCERVICAL FX R FEMUR, SUBS FOR CLOS FX W ROUTN HEAL	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	DISPLACED PILON FX R TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	1	0	0	0	0			+
HHCP-SVS OF AIDE,EA 15 MIN	ELEVATION OF LEVELS OF LIVER TRANSAMINASE LEVELS	INTERNAL MEDICINE INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN HHCP-SVS OF AIDE,EA 15 MIN	ENCOUNTER FOR ATTENTION TO COLOSTOMY		1	0	0	0	0			+
HHCP-SVS OF AIDE,EA 15 MIN HHCP-SVS OF AIDE,EA 15 MIN	ENCOUNTER FOR ATTENTION TO ILEOSTOMY ENCOUNTER FOR CHANGE OR REMOVAL OF NONSURG WOUND DRESSING	FAMILY MEDICINE	1	0	0	0	0			+
		PHYSICAL MEDICINE	1	U	U	U	U			
HHCP-SVS OF AIDE,EA 15 MIN	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	END STAGE RENAL DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	FRACTURE OF UNSP PART OF NECK OF RIGHT FEMUR, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	GENERALIZED EDEMA	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	COUNSELING	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	PEDIATRICS	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	HEMIPLGA FOLLOWING CEREBRAL INFRC AFF RIGHT DOMINANT SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	HYPERLIPIDEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	ILLNESS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	INJ MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, INIT	PHYSICAL MEDICINE	0	1	1	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	SURGERY, GENERAL	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	LEFT VENTRICULAR FAILURE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	INTERNAL MEDICINE	0	1	1	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	NEUROLOGY	2	0	0	0	0			1
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	PHYSICAL MEDICINE	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF CEREBELLUM	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGE	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF RECTUM	SURGERY, COLON AND	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	ONCOLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
Develope Code Developing	Pionetic Code Developing	Don't don't don't delay	Total UM	Total UM Denials	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description HHCP-SVS OF AIDE,EA 15 MIN	Diagnosis Code Description MECH COMPL OF OTHER INTERNAL JOINT PROSTHESIS, SEQUELA	Provider Specialty SURGERY, ORTHOPEDIC	Approvals	Deniais	Denials	Denials	Denials	Approved	Denied	by IRO
HHCP-SVS OF AIDE,EA 15 MIN	METABOLIC ENCEPHALOPATHY	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	MULTIPLE FX OF PELVIS W STABLE DISRUPT OF PELVIC RING, INIT	FAMILY MEDICINE	1	0	0	0	0			-
HHCP-SVS OF AIDE,EA 15 MIN	MULTIPLE SCLEROSIS	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	NECROTIZING FASCIITIS	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	PODIATRY	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	NONDISP FX OF MEDIAL MALLEOLUS OF RIGHT TIBIA, INIT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	OCULAR HYPERTENSION, UNSPECIFIED EYE	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	SURGERY, GENERAL	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	OTHER DISORDERS OF LUNG	PULMONARY DISEASE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	OTHER SPECIFIED DISORDERS OF BLADDER	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PAIN IN RIGHT HIP	SURGERY, ORTHOPEDIC	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PARAPLEGIA, COMPLETE	FAMILY MEDICINE	0	1	1	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PARAPLEGIA, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED SITE	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PNEUMOCOCCAL MENINGITIS	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	INTERNAL MEDICINE	3	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PRESENCE OF AORTOCORONARY BYPASS GRAFT	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PRESENCE OF AORTOCORONARY BYPASS GRAFT	PAIN MANAGEMENT	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	PYOGENIC ARTHRITIS, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	RECTAL ABSCESS	SURGERY, GENERAL	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	RESPIRATORY ARREST	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	SEVERE SEPSIS WITH SEPTIC SHOCK	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	SICKLE-CELL TRAIT	INTERNAL MEDICINE	3	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	NEUROLOGY	0	1	1	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	GERIATRIC MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF SACRUM, INIT ENCNTR FOR CLOSED FRACTURE	SURGERY, GENERAL	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF SHAFT OF RIGHT TIBIA, INIT FOR CLOS FX	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSP INJURY AT UNSP LEVEL OF CERVICAL SPINAL CORD, SEQUELA	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, SUBS	FAMILY MEDICINE	2	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED CORD COMPRESSION	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED FALL, INITIAL ENCOUNTER	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT FEMUR, SEQUELA	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT FEMUR, SEQUELA	SOCIAL WORK	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED MULTIPLE INJURIES, INITIAL ENCOUNTER	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF AIDE,EA 15 MIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF CSW,EA 15 MIN	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF CSW,EA 15 MIN	MALIGNANT NEOPLASM OF GALLBLADDER	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SVS OF CSW,EA 15 MIN	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF CSW,EA 15 MIN	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	1	0	0	0	0			

Processed Colorographies						Medical	Experimental &	Network	Total	Total	
MINISTRATE OF APPLIANT ASSAM				Total UM	Total UM	Necessity	Investigational		Appeals	Appeals	
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### SPACE OF STANLAS SIGN ### ACTUAL STORM A				1	0	0	0	0			\vdash
MICHORAN ACTIVE REPRESENTAL WITH PROPRIALE 1		*		1	0	0	0	0			
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MICC-95 OF STA PATHULA LIMBN	· · · ·			1	0	0	0	0			
MICE-SS OF SIGNATURA I SANN CERE ANTE OF UNES OCCUS OS STRUSOS OF USET MICE SER ANTENY NITERARA MIDICINE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
MICHORS OF SEPARATION CERE NINE DUE TO UNISP COCCES OR STENSO OF UNISP CERE NATEEY				2	0	0	0	0			
HICK-955 OF S.F. RATHER 15MN CEREBAL AND LINESCENED FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · ·	·		1	0	0	0	0			
HICP-950 OF \$1, NATIVE A 15MM	HHCP-SVS OF S/L PATH,EA 15MN	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HICP-950 OF \$1, NATIVE A 15MM	HHCP-SVS OF S/L PATH,EA 15MN	CEREBRAL ANEURYSM, NONRUPTURED	FAMILY MEDICINE	1	0	0	0	0			
HICP-395 OF \$\frac{1}{2} PATHLEA LISMN		·	FAMILY MEDICINE	0	1	1	0	0			
HICP-395 OF \$\frac{1}{2} PATHLEA LISMN	· · · ·	*		1	0	0	0	0			
HICKP-95 OF \$1 PATHLEA 15MN				3	0	0	0	0			
HIEP-935 OF \$1, PATHLEA 15MN CLEFT HARD PALATE PEDIATES: 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·	*		2	0	0	0	0			
HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN CONGINTAL HYPOTONIA COVID-19 HICP-SYS OF ST, PATHEA 35MN COVID-19	HHCP-SVS OF S/L PATH,EA 15MN	CEREBROVASCULAR DISEASE, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HICP-SYS OF S, PATHEA 15MN COWD-19 FAMILY MERCYS OF S, PATHEA 15MN COWD-19 FAMILY MURSE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-		2	0	0	0	0			
HICP-SYS OF S/L PATHEA ISMM COVID-19 FAMILY MEDICINE PARTITIONER P	HHCP-SVS OF S/L PATH,EA 15MN	CLEFT HARD PALATE	PEDIATRICS	1	0	0	0	0			
HICP-SYS OF S.P. PATHEA 15MN CITICAL ILLINES MYOPATHY PHYSICAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH,EA 15MN	CONGENITAL HYPOTONIA	PEDIATRICS	1	1	1	0	0			
PRACTITIONER	HHCP-SVS OF S/L PATH,EA 15MN	COVID-19		1	0	0	0	0			
HICE-SYS OF S/L PATHEA ISMN DELAYED MILESTONE IN CHILDHOOD ANIX MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH,EA 15MN	COVID-19		2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DELAYED MILESTONE IN CHILDHOOD FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH FA 15MN	CRITICAL ILLNESS MYOPATHY		1	n	n	n	0			\vdash
HICP-SYS OF 5/L PATH,EA 15MM DELAYED MILESTONE IN CHILDHOOD PEDIATRICS 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DELAYED MILESTONE IN CHILDHOOD PHYSICIAN ASSISTANT 0 1 1 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED FAMILY MEDICINE 9 4 3 0 0 1 1 HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DISTARY COUNSELING AND SURVEILLANCE FAMILY MEDICINE 2 1 1 1 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DILATED CARDIOMYOPATHY FAMILY MEDICINE 2 1 1 1 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DISPACED BICKONDYLAR FRACTURE OF LEFT TIBIA, INIT FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DOWN SYNDROME, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DOWN SYNDROME, UNSPECIFIED FEDIATRICS 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DYSPHAGIA, ORD-HARNGEAL PHASE PEDIATRICS 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DYSPHAGIA, ORD-HARNGEAL PHASE PEDIATRICS 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPR				2	1	1	0	0			
HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 1 HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF \$/L PATHLEA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED SOCIAL WORK 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1	1	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED HHCP-SVS OF S/L PATH,EA 15MN DISTARY COUNSELING AND SURVEILLANCE FAMILY MEDICINE FAMILY MEDICINE FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED MEDICINE HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED MEDICINE HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED SOCIAL WORK 2 0 0 0 0 0 0 0 0 1 HHCP-SVS OF S/L PATH,EA 15MN DISTARY COUNSELING AND SURVEILLANCE HHCP-SVS OF S/L PATH,EA 15MN DISTARY COUNSELING AND SURVEILLANCE HHCP-SVS OF S/L PATH,EA 15MN DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 1 HHCP-SVS OF S/L PATH,EA 15MN DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT FAMILY MEDICINE 1 0 0 0 0 0 1 HHCP-SVS OF S/L PATH,EA 15MN DOWN SYNDROME, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 1 HHCP-SVS OF S/L PATH,EA 15MN DOWN SYNDROME, UNSPECIFIED PEDIATRICS 1 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DOWN SYNDROME, UNSPECIFIED PEDIATRICS 1 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DYSPHAGIA, ORAL PHASE PEDIATRICS 1 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS 1 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EVENESSIVE LANGUAGE DISORDER PEDIATRICS 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN ESOPHAGEAL VARICES WITH BLEEDING FAMILY MEDICINE 1 0 0 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN ESOPHAGEAL VARICES WITH BLEEDING FAMILY MEDICINE 1 0 0 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN ESOPHAGEAL VARICES WITH BLEEDING FAMILY MEDICINE 1 0 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN ESOPHAGEAL VARICES WITH BLEEDING FAMILY MEDICINE 1 0 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN ESOPHAGEAL VARICES WITH BLEEDING FAMILY MEDICINE 1 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0				9	4	3	0	1			
MEDICINE	HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED SOCIAL WORK 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED		2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DIETARY COUNSELING AND SURVEILLANCE FAMILY MEDICINE 7 AMILY MEDICINE	HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED		32	2	2	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	SOCIAL WORK	2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH FA 15MN	DIFTARY COUNSELING AND SURVEILLANCE	FAMILY MEDICINE	2	1	1	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DOWN SYNDROME, UNSPECIFIED FAMILY MEDICINE 0 1 1 0 0 0 0 1 1 1 1 0 0 0 0 1 1 1 1				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DOWN SYNDROME, UNSPECIFIED PEDIATRICS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1	1	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DYSPHAGIA, ORAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS D				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN DYSPHAGIA, OROPHARYNGEAL PHASE PEDIATRICS 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN ECTODERMAL DYSPLASIA (ANHIDROTIC) PEDIATRICS 1 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1	·			0	1	1	0	0			
HHCP-SVS OF S/L PATH,EA 15MN EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS PEDIATRICS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN ESOPHAGEAL VARICES WITH BLEEDING FAMILY MEDICINE 1 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·		1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER FAMILY MEDICINE 1 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN EXPRESSIVE LANGUAGE DISORDER PEDIATRICS 3 1 1 0 0 0				1	0	0	0	0			
	· · · ·			3	1	1	0	0			
		EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED		1	0	0	0	0			

Processor Code Processor						Medical	Experimental &	Network	Total	Total	
MICHARD DISTANTIAL SAME MALES THERE (CRIED) MICHARD MICHAR						Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
MISSAGE PARTICIA SANDA PERDE PARTICIPATE PARTICI	·			Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PRINCES OF STANDARD STANDARD PRINCES PRI		, ,		0	1	1	0	0			
MINORADIN OF A PARTIAL SHAWN	. ,	, ,		0	1	1	0	0			
MINESPECTOR FARTHALD STAND				9	0	0	0	0			
STREET S	·			1	0	0	0	0			
MIRCADE SERVICES 1985 19	HHCP-SVS OF S/L PATH,EA 15MN	GASTROSTOMY STATUS		1	0	0	0	0			
MIRCAS OF SC PARTIES 15MM	HHCP-SVS OF S/L PATH FA 15MN	GENERALIZED EDEMA		1	0	0	0	0			-
MINESPACE OF MARTHALA LIAMN				1	0	n	0	n			_
MICHOPS OF SERVENTIAL STAME	·	·		6	0	0	0	0			-
NECF-950 OF \$1, PAPILA LIMIN				2	1	1	0	0			-
HICKOR OF SI PATHUA ISMM	111161 515 61 5/E171111/E1 2511111	TELEVIS CONTROLLO VINCO CENERAL IN TROPINO CENERAL INCOMPONIONE	Transcriber Medicate		-	1					
MICHOS DE SA RATILA 238M	HHCP-SVS OF S/L PATH,EA 15MN	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	PHYSICAL MEDICINE	2	0	0	0	0			
MICHOS DE SA RATILA 238M	HHCP-SVS OF S/L PATH.EA 15MN	HYDROCEPHALUS, UNSPECIFIED	PEDIATRICS	2	0	0	0	0			
MICH-SAS OF SIX PATILAG 15MN		· · · · · · · · · · · · · · · · · · ·		1	0	0	0	0			
MIRCP-95 OF \$14 ARTHALS SAMN				1	0	0	0	0			
MICHASO S S MATERIA SISSIN O. 0.	HHCP-SVS OF S/L PATH,EA 15MN	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT		1	0	0	0	0			
HIGC-93 OF SQ. PARTILLA SIMM				4	0	0	0	0			
MICHO-955 OF \$1 APRILEA 15MM			SURGERY, ORTHOPEDIC	3	0	0	0	0			
HIGP-955 OF \$1, PATHEA 15MM	HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED		1	0	0	0	0			
HIGP-955 OF \$1, PATHEA 15MM	HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			
HICK-SYS OF S.Y. PATHER J. SIMN MALIGNANT REOPLASS OF BRAIN, LYASPECHED MILES OF S.Y. PATHER J. SIMN MALIGNANT REOPLASS OF BRAIN, LYASPECHED MILES OF S.Y. PATHER J. SIMN MALIGNANT REOPLASS OF BRAIN, LYASPECHED MILES OF S.Y. PATHER J. SIMN METABOLIC ENCEPTHAL PATHER MILES OF S.Y. PATHER J. SIMN METABOLIC ENCEPTHAL PATHER MILES OF S.Y. PATHER J. SIMN MILE		MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED		1	0	0	0	0			
HICK-SYS OF \$1, PATH, \$4 35MN MAUGHANT NEOPLASM OF ENDOCERVIX MICHAELY SYS OF \$1, PATH, \$4 35MN MAUGHANT NEOPLASM OF HEAD, FACE AND NECK MICHAELY SYS OF \$1, PATH, \$4 35MN MICHAELY SYS OF \$1, PATH, \$1 35MN MICHAELY SYS OF \$1, PATH, \$2 35MN MICHAELY SYS OF \$1, PATH, \$2 35MN MICHAELY SYS OF \$1, PATH, \$2 35MN MICHAELY SYS OF	HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	PHYSICAL MEDICINE	3	0	0	0	0			
MECROSCO SA, PATH, EA 15MM MALSONATT NEOPLASM OF HEAD, FACE AND NECK ONCOLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
HICK-SS OF SEL PATHER A SIMM	HHCP-SVS OF S/L PATH,EA 15MN	MALIGNANT NEOPLASM OF ENDOCERVIX	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
HICK-SS OF SEL PATHER A SIMM	HHCP-SVS OF S/L PATH FA 15MN	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	ONCOLOGY	1	0	n	0	n			_
HICK-SYG OF \$/L PATH_EA ISMN				1	0	0	0	0			
HINCP-SYS OF SYL PATHER 15MN MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER OTDLARYNGOLOGY DIAMNICON OF SYL PATHER 15MN MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER OTDLARYNGOLOGY DIAMNICON OF SYL PATHER 15MN MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER PEDIATRICS 6 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			-
HICK-SYS OF S/L PATHEA ISMN MED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER OTOLANY/SOLOGY HICK-SYS OF S/L PATHEA ISMN MED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER PEDIATRICS OTOLANY/SOLOGY OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY OTOLANY/SOLOGY OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY PEDIATRICS OTOLANY/SOLOGY OTOLANY/SOLOGY PEDIATRICS				1	0	0	0	0			_
MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER PEDIATRICS 6 1 1 0 0 0 0 0 1 1 1		11 11 11		1	0	0	0	0			\vdash
HICK-SVS OF S/L PATH,EA 15MN MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE GERIARIZE MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			OTOLARYNGOLOGY	-			•				
HICP-SVS OF \$/L PATHLEA ISMN MUSCLE WEAKNESS (GENERALIZED) FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				6	1	1	0	0			
HHCP-SVS OF S/L PATH,EA 15MN MUSCLE WEAKNESS (GENERALIZED) MITERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFED HHCP-SVS OF S/L PATH,EA 15MN NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFED INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF \$/L PATH,EA 15MN NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. ,	, ,		1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) HHCP-SVS OF S/L PATH,EA 15MN OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF \$/L PATH,EA 15MN OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) HHCP-SVS OF \$/L PATH,EA 15MN OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) PHYSICAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· ·		1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) PHYSICAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		, ,, ,		2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER ACQUIRED DEFORMITY OF HEAD SURGERY, NEUROLOGICAL 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·			1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER ACQUIRED DEFORMITY OF HEAD SURGERY, NEUROLOGICAL HHCP-SVS OF S/L PATH,EA 15MN OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. ,	, ,,		1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER CEREBRAL PALSY PEDIATRIC HHCP-SVS OF S/L PATH,EA 15MN OTHER CEREBRAL PALSY PEDIATRIC HHCP-SVS OF S/L PATH,EA 15MN OTHER CEREBRAL PALSY PEDIATRIC HHCP-SVS OF S/L PATH,EA 15MN OTHER CEREBRAL PALSY PEDIATRICS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER CEREBRAL PALSY PEDIATRIC GASTROENTEROLOGY HHCP-SVS OF S/L PATH,EA 15MN OTHER CEREBRAL PALSY PEDIATRICS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
GASTROENTEROLOGY				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER CEREBROVASCULAR DISEASE PHYSICAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH,EA 15MN	OTHER CEREBRAL PALSY		1	1	1	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER DELETIONS FROM THE AUTOSOMES PEDIATRIC NURSE PRACTITIONER HHCP-SVS OF S/L PATH,EA 15MN OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE PEDIATRICS 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·			1	0	0	0	0			
PRACTITIONER	HHCP-SVS OF S/L PATH,EA 15MN	OTHER CEREBROVASCULAR DISEASE	PHYSICAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE PEDIATRICS 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHCP-SVS OF S/L PATH,EA 15MN	OTHER DELETIONS FROM THE AUTOSOMES		1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER LACK OF COORDINATION PEDIATRICS 2 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN OTHER SYMBOLIC DYSFUNCTIONS PEDIATRICS 0 2 2 0 </td <td>HHCP-SVS OF S/L PATH,EA 15MN</td> <td>OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE</td> <td></td> <td>2</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>	HHCP-SVS OF S/L PATH,EA 15MN	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE		2	1	1	0	0			
HHCP-SVS OF S/L PATH,EA 15MN OTHER SYMBOLIC DYSFUNCTIONS PEDIATRICS 0 2 2 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN PATENT DUCTUS ARTERIOSUS PEDIATRICS 1 0<				2	0	0	0	0			\vdash
HHCP-SVS OF S/L PATH,EA 15MN PATENT DUCTUS ARTERIOSUS PEDIATRICS 1 0				0	2	2	0	0			\vdash
HHCP-SVS OF S/L PATH,EA 15MN PHONOLOGICAL DISORDER FAMILY MEDICINE 2 1 1 0 0 0 1 HHCP-SVS OF S/L PATH,EA 15MN PHONOLOGICAL DISORDER PEDIATRICS 6 0 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN PRESSURE ULCER OF SACRAL REGION, STAGE 3 PULMONARY DISEASE 0 1 1 0 0 0 0				1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN PHONOLOGICAL DISORDER PEDIATRICS 6 0 0 0 0 0 HHCP-SVS OF S/L PATH,EA 15MN PRESSURE ULCER OF SACRAL REGION, STAGE 3 PULMONARY DISEASE 0 1 1 0 0 0				2	1	1	0	0			\vdash
HHCP-SVS OF S/L PATH,EA 15MN PRESSURE ULCER OF SACRAL REGION, STAGE 3 PULMONARY DISEASE 0 1 1 0 0 0				6	0	0	0	0			\vdash
	·			0	1	1	0	0			\vdash
	HHCP-SVS OF S/L PATH,EA 15MN	PRETERM NEWBORN, GESTATIONAL AGE 36 COMPLETED WEEKS	NUTRITION	1	0	0	0	0			\vdash

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HHCP-SVS OF S/L PATH,EA 15MN	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	FAMILY MEDICINE	1	0	n	n Demais	n	Аррготса	Demea	by inc
HHCP-SVS OF S/L PATH,EA 15MN	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	NEONATAL-PERINATAL	2	0	0	0	0			$\vdash \vdash \vdash$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE TERM HE WESTING ONS. ESTINES WEEKS OF GESTIMON	MEDICINE	_	Ü	ŭ	ŭ				
HHCP-SVS OF S/L PATH,EA 15MN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	INTERNAL MEDICINE	2	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	NEUROLOGY	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	SICKLE-CELL TRAIT	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	NEUROLOGY	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	PEDIATRICS	1	2	2	0	0			<u> </u>
HHCP-SVS OF S/L PATH,EA 15MN	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	INTERNAL MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
HHCP-SVS OF S/L PATH,EA 15MN	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, SUBS	FAMILY MEDICINE	3	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRICS	3	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PHYSICAL MEDICINE	1	0	0	0	0			,
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	PHYSICAL MEDICINE	1	0	0	0	0			,
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED CONVULSIONS	PEDIATRICS	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED SPEECH DISTURBANCES	COUNSELING	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED SPEECH DISTURBANCES	FAMILY MEDICINE	1	0	0	0	0			
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED SPEECH DISTURBANCES	PEDIATRICS	1	0	0	0	0			1
HHS/HOSPICE OF LPN EA 15 MIN	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
HHS/HOSPICE OF LPN EA 15 MIN	CEREBRAL EDEMA	INTERNAL MEDICINE	1	0	0	0	0			\vdash
HHS/HOSPICE OF LPN EA 15 MIN	CERVICALGIA	PAIN MANAGEMENT	0	1	0	0	1			
HHS/HOSPICE OF LPN EA 15 MIN	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	ESSENTIAL (PRIMARY) HYPERTENSION	INFECTIOUS DISEASE	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	EXTENDED SPECTRUM BETA LACTAMASE (ESBL) RESISTANCE	INFECTIOUS DISEASE	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	MALIGNANT NEOPLASM OF PROSTATE	INFECTIOUS DISEASE	1	0	0	0	0			+
HHS/HOSPICE OF LPN EA 15 MIN	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	COUNSELING	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	INFECTIOUS DISEASE	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	NEONATAL JAUNDICE, UNSPECIFIED	COUNSELING	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	NEONATAL JAUNDICE, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	NON-PRESSURE CHRONIC ULCER OTH PRT LEFT FOOT W UNSP SEVERITY	COUNSELING	2	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	NON-PRESSURE CHRONIC ULCER OTH PRT LEFT FOOT W UNSP SEVERITY	PODIATRY	2	0	0	0	0			
HHS/HOSPICE OF LPN EA 15 MIN	OSTEOMYELITIS, UNSPECIFIED	INFECTIOUS DISEASE	1	0	0	0	0		 	+
HHS/HOSPICE OF LPN EA 15 MIN	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY, ORTHOPEDIC	1	0	0	0	0		 	+
HHS/HOSPICE OF LPN EA 15 MIN	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
HHS/HOSPICE OF LPN EA 15 MIN	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	ANCILLARY	0	1	0	0	1		 	+
HHS/HOSPICE OF LPN EA 15 MIN	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	1	0	0	0	0		 	+
HHS/HOSPICE OF LPN EA 15 MIN	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	INTERNAL MEDICINE	1	0	n	0	0			+
HHS/HOSPICE OF LPN EA 15 MIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
HHS/HOSPICE OF LPN EA 15 MIN	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	INTERNAL MEDICINE	3	0	0	0	0		-	+
HHS/HOSPICE OF RN EA 15 MIN	ABSCESS OF THE BREAST AND NIPPLE		3	0	0	0	0			
		SURGERY, PLASTIC	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN HHS/HOSPICE OF RN EA 15 MIN	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES ACQUIRED ABSENCE OF LARYNX	SURGERY, GENERAL ENDOCRINOLOGY AND	1	0	0	0	0			+
	·	METABOLISM	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	SURGERY, GENERAL	1	U	U	U	U			
HHS/HOSPICE OF RN EA 15 MIN	ACUTE EMBOLISM AND THROMBOSIS OF FEMORAL VEIN, BILATERAL	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	INTERNAL MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	PULMONARY DISEASE	1	0	0	0	0			

Product Cold Description						Medical	Experimental &	Network	Total	Total	
### MERCHARCE OF THE ALL SAME ### ACCURATE ON A CHARGE ACTION CONCRETON AND A CHARGE ACTION CON				Total UM	Total UM						Approved
MINISTRATE OF SIGN 2 IS MAIN MINIST	•	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
### MERCONNECT OF HIR ALL SOND ### ADDRESS AND SOND AND S	· ·	i i		2	0	0	0	0			
MINISTRATE OF THE ALD BOMN	· ·	,		1	0	0	0	0			
MINISTRATE OF THE A.S. MAN MACROSTIC OF THE A.S. MAN	· ·	,		1	0	0	0	0			
MONTROPICE OF RIVERS IN TAKE MONTROPICE OF RIVERS IN TAKE MANUSCRIPTOR MANUSCRIPTOR	·			1	0	0	0	0			
MACHINERY OF BUT AS SAME AND SOUTH	HHS/HOSPICE OF RN EA 15 MIN	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	INTERNAL MEDICINE	1	0	0	0	0			
MADAM_DUSPECTED N. TERMA_MEDIONE 1	·			1	0	0	0	0			
MARCHARDED OF IN ALS 15 MM ANTERIORS OF SINN ANTE	HHS/HOSPICE OF RN EA 15 MIN	ANAL FISSURE, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			
MINISTREPART OF PRINT AS SHAM ARTHROSCREED OF PRINT AS SHAM	HHS/HOSPICE OF RN EA 15 MIN	ANEMIA, UNSPECIFIED	INTERNAL MEDICINE	3	0	0	0	0			
MINISTROPECT OF RIGHT AS SAME AND AND AND AND AND AND AND AND AND AND	HHS/HOSPICE OF RN EA 15 MIN	ANESTHESIA OF SKIN	FAMILY MEDICINE	1	0	0	0	0			
MISHINGARDED OF REAL 25 MIN	HHS/HOSPICE OF RN EA 15 MIN	ANESTHESIA OF SKIN	SOCIAL WORK	1	0	0	0	0			
MINISTRACESPEC OF IN EA 15 MIN	HHS/HOSPICE OF RN EA 15 MIN	ATHEROSCLEROSIS OF CABG, UNSP, W UNSP ANGINA PECTORIS	INTERNAL MEDICINE	1	0	0	0	0			
MISH/CHEFFE OF IN EA 25 MIN	HHS/HOSPICE OF RN EA 15 MIN	AURAL VERTIGO, BILATERAL	INTERNAL MEDICINE	1	0	0	0	0			
MINESPRINGED FOR PAYA 15 MIN DIRECTOR DESCRIPTION PROPERTY MINESPRINGED FOR PAYA 15 MIN	HHS/HOSPICE OF RN EA 15 MIN	AUTISTIC DISORDER	INTERNAL MEDICINE	0	1	0	0	1			
MINESPRICES OF RIVE A.S SAMN	HHS/HOSPICE OF RN EA 15 MIN	BELL'S PALSY	FAMILY MEDICINE	2	0	0	0	0			
MERICADERIC OF RIVE ALS SMIN CELLULTIS OF BACK [ANY PART DECEPT BUTTOCK] MITERIAL MEDICINE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	BURN OF UNSPECIFIED BODY REGION, UNSPECIFIED DEGREE	FAMILY MEDICINE	1	0	0	0	0			
MEMPLOSPICE OF RIVE AS S MIN CELLULTS OF SACE (ANY PART SCEPT BUTTOCK) PITSCAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CARCINOMA IN SITU OF PROSTATE	INFECTIOUS DISEASE	1	0	0	0	0			
NERPANDEC OF RIN EA 15 MIN CELLUTIS OF LETT FINGER NITEMAL MEDICINE 1 0 0 0 0 0 NERPANDEC OF RIN EA 15 MIN CELLUTIS OF RIGHT LUPRER LIMB NITEMAL MEDICINE 1 0 0 0 0 1 NERPANDEC OF RIN EA 15 MIN CELLUTIS OF RIGHT LUPRER LIMB NITEMAL MEDICINE 0 1 0 0 0 1 NERPANDEC OF RIN EA 15 MIN CELLUTIS OF RIGHT LUPRER LIMB POTATION NITEMAL MEDICINE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF BACK [ANY PART EXCEPT BUTTOCK]	INTERNAL MEDICINE	2	0	0	0	0			
MECHANDRIC OF RINK A 15 MM	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF BACK [ANY PART EXCEPT BUTTOCK]	PHYSICAL MEDICINE	1	0	0	0	0			
HEAPH/OSPICE OF INTEL 3 SMM	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF LEFT FINGER	INTERNAL MEDICINE	1	0	0	0	0			
HIGH/DISPICE OF INE A 15 MIN	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF RIGHT LOWER LIMB	INTERNAL MEDICINE	1	0	0	0	0			
HISPACOSPICE OF RINE A 15 MIN CELLULITS, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CELLULITS, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CELLULITS, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBI MINE OF LULIUS SUSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBI MINE OF LULIUS SUSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBI MINE OF LULIUS SUSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBI MINE OF LULIUS SUSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN CERBIAL RINARCHON, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN MERA/HOSPICE OF RINE A 15 MIN CHOST PAIN, UNSPECIFIED MERA/HOSPICE OF RINE A 15 MIN MERA/H	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF RIGHT UPPER LIMB	INTERNAL MEDICINE	0	1	0	0	1			
MEDICINE HIS/HOSPICE OF RIN EA 15 MIN CELLULITIS, UNSPECIFED NITENAL MEDICINE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS OF RIGHT UPPER LIMB	PEDIATRICS	0	1	0	0	1			
HISPATOSPICE OF RIVE A.S. SMIN CELLULITS, UNSPECIFIED SOCIAL WORK CELLUTIS, UNSPECIFIED SOCIAL WORK CELLUTIS, UNSPECIFIED SOCIAL WORK CERRAL SMIN CERRI NATE OF TUNNS OCLS OR STRINGS OF LEFT MID CERRE ART HISPATOSPICE OF RIVE A.S. SMIN CERRI NATE OF TUNNS OCLS OR STRINGS OF LEFT MID CERRE ART HISPATOSPICE OF RIVE A.S. SMIN CERRIAL EDEMA	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS, UNSPECIFIED		2	0	0	0	0			
HIS/HOSPICE OF IN EA 15 MIN CERES INFECE DIT UNSPECIALE DAT UNSPECIALE OF THE MID CERES ART HIS/HOSPICE OF IN EA 15 MIN CERES INFECE DIT UNSPECIALE OF THE MID CERES ART HIS/HOSPICE OF IN EA 15 MIN CERESTAL DEFINATION, UNSPECIALED FAMILY MEDICINE 1.000000000000000000000000000000000000	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS, UNSPECIFIED		2	0	0	0	0			
HIS/HOSPICE OF RIVE A 15 MIN CERBINAL MERC D'T UNSPOCCIS OR STENOS OF LEFT MID CERB ART HIS/HOSPICE OF RIVE A 15 MIN CERBIAL INFARCTION, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CELLULITIS, UNSPECIFIED	SOCIAL WORK	2	0	0	0	0			
HIS/HOSPICE OF RN EA 15 MIN CEREBAL INFANCTION, UNSPECIFIED FAMILY MEDICINE FAMILY MEDIC	HHS/HOSPICE OF RN EA 15 MIN	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CEREBRAL INFARCTION, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART	PHYSICAL MEDICINE	1	0	0	0	0			
HIS/HOSPICE OF RN EA 15 MIN CERBRAL INFARCTION, UNSPECIFIED NTERNAL MEDICINE 1 0 0 0 0 1 NTERNAL MEDICINE 1 0 0 0 0 1 NTERNAL MEDICINE 1 0 0 0 0 1 NTERNAL MEDICINE 1 0 0 0 0 1 NTERNAL MEDICINE 1 0 0 0 0 1 NTERNAL MEDICINE 1 0 0 0 0 0 1 NTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CEREBRAL EDEMA	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHEST PAIN, UNSPECIFIED CARDIOVASCULAR DISASE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CEREBRAL INFARCTION, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHEST PAIN, UNSPECIFIED CARDIOVASCULAR DISEASE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CEREBRAL INFARCTION, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HES/HOSPICE OF RN EA 15 MIN CHEST PAIN, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CERVICALGIA	PAIN MANAGEMENT	0	1	0	0	1			
HHS/HOSPICE OF RN EA 15 MIN CHEST PAIN, UNSPECIFIED RHEUMATOLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, GENERAL CHEST PAIN, UNSPECIFIED SURGERY, CHEST PAIN, MEDICINE CHEST PAIN, UNSPECIFIED SURGERY, PLASTIC CHEST PAIN, UNSPECIFIED SURGERY, PLASTIC CHEST PAIN, UNSPECIFIED SURGERY, PLASTIC CHEST PAIN, UNSPECIFIED SURGERY, PLASTIC CHEST PAIN, WEDICINE CHEST PAIN, UNSPECIFIED SURGERY, PLASTIC CHEST PAIN, WEDICINE CHEST PAIN, UNSPECIFIED SURGERY, PLASTIC CHEST PAIN, WEDICINE CHEST PAIN, WEDI	HHS/HOSPICE OF RN EA 15 MIN	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHEST PAIN, UNSPECIFIED SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHEST PAIN, UNSPECIFIED	INTERNAL MEDICINE	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHEST PAIN, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC KIDNEY DISEASE, STAGE 1 FAMILY MEDICINE 1 0 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE) PULMONARY DISEASE 2 0 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN CHRONIC PULMONARY EDEMA FAMILY MEDICINE 1 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN CHRONIC PULMONARY EDEMA FAMILY MEDICINE 1 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN CHRONIC PULMONARY EDEMA FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN CHRONIC PULMONARY HYPERTENSION INTERNAL MEDICINE 1 0 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM SURGERY, PLASTIC 4 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF BUTTOCK OBSTETRICS/GYNECOLOGY HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF BUTTOCK OBSTETRICS/GYNECOLOGY HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION DEHYDRATION DEHYDRATION DEHYDRATION DIATED ALS MIN DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISPERO FI ON DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISPERO FI ON DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISPERO FI ON DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISPERO FI ON DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISPERO FI ON DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISPERO FI ON DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISPERO FI ON DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHEST PAIN, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE) PULMONARY DISEASE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC PAIN SYNDROME FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN CHRONIC PULMONARY EDEMA FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION HHS/HOSPICE OF RN EA 15 MIN CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM SURGERY, PLASTIC HHS/HOSPICE OF RN EA 15 MIN CONGENITAL HYPOTONIA CUTANEOUS ABSCESS OF BUTTOCK OBSTETRICS/GYNECOLOGY HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF BUTTOCK OBSTETRICS/GYNECOLOGY HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF LEFT FOOT FAMILY MEDICINE 1 0 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION FAMILY MEDICINE 1 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION DEHYDRATION FAMILY MEDICINE 1 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISORDER OF KIDNEY AND URETER, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0			FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC PAIN SYNDROME FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN CHRONIC PULMONARY EDEMA FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION HHS/HOSPICE OF RN EA 15 MIN CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM SURGERY, PLASTIC HHS/HOSPICE OF RN EA 15 MIN CONGENITAL HYPOTONIA CUTANEOUS ABSCESS OF BUTTOCK OBSTETRICS/GYNECOLOGY HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF BUTTOCK OBSTETRICS/GYNECOLOGY HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF LEFT FOOT FAMILY MEDICINE 1 0 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION FAMILY MEDICINE 1 0 0 0 0 1 HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION DEHYDRATION FAMILY MEDICINE 1 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISORDER OF KIDNEY AND URETER, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	PULMONARY DISEASE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM SURGERY, PLASTIC 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHRONIC PULMONARY EDEMA	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM SURGERY, PLASTIC 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF BUTTOCK OBSTETRICS/GYNECOLOGY HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF LEFT FOOT FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				4	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN CUTANEOUS ABSCESS OF LEFT FOOT FAMILY MEDICINE HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION DEHYDRATION DEHYDRATION DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· ·		· ·	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION DEHYDRATION DEHYDRATION DEHYDRATION DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION DEHYDRATION DEHYDRATION DEHYDRATION DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHS/HOSPICE OF RN EA 15 MIN	CUTANEOUS ABSCESS OF LEFT FOOT	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN DEHYDRATION DILATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 HHS/HOSPICE OF RN EA 15 MIN DISORDER OF KIDNEY AND URETER, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN DIATED CARDIOMYOPATHY FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN DISORDER OF KIDNEY AND URETER, UNSPECIFIED INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·			1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN DISP FX OF BODY OF LEFT CALCANEUS, INIT FOR CLOS FX INTERNAL MEDICINE 1 0 0 0 0			-	1	0	0	0	0			
	·	·		1	0	0	0	0			1
	HHS/HOSPICE OF RN EA 15 MIN	DISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	INTERNAL MEDICINE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved by IRO
HHS/HOSPICE OF RN EA 15 MIN	DISPLACED COMMINUTED FRACTURE OF SHAFT OF RIGHT TIBIA, INIT	FAMILY MEDICINE	1	O	O	O	O Delliais	Approved	Dellieu	by INO
HHS/HOSPICE OF RN EA 15 MIN	DISPLACED COMMINUTED FRACTURE OF SHAFT OF RIGHT TIBIA, INIT	SURGERY, ORTHOPEDIC	1	0	n	0	n			-
HHS/HOSPICE OF RN EA 15 MIN	DISPLACED PILON FRACTURE OF RIGHT TIBIA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	2	0	0	0	0			-
HHS/HOSPICE OF RN EA 15 MIN	DISPURION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	COUNSELING	1	0	0	0	0			-
THIS/HOSPICE OF KIN EA 15 WHIN	DISKOPTION OF EXTERNAL OPENATION (SORGICAL) WOOND, NEC, INTI	COONSELING	1	U	U	o o	ľ			
HHS/HOSPICE OF RN EA 15 MIN	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, SUBS	COUNSELING	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, SUBS	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, SUBS	SURGERY, PLASTIC	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DIZZINESS AND GIDDINESS	COUNSELING	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DIZZINESS AND GIDDINESS	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	FAMILY MEDICINE	8	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	INFECTIOUS DISEASE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			†
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
THIS/TIOSTICE OF THE EA IS WITH	ENCOUNTER FOR ATTENTION TO GASTROSTOWN	NOSE, AND THROAT)	ľ		o .		Ů			
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	4	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	END STAGE RENAL DISEASE	INTERNAL MEDICINE	4	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	END STAGE RENAL DISEASE	UROLOGY	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ESOPHAGITIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ESSENTIAL (PRIMARY) HYPERTENSION	INFECTIOUS DISEASE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	EXTENDED SPECTRUM BETA LACTAMASE (ESBL) RESISTANCE	INFECTIOUS DISEASE	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	FAMILIAL DYSAUTONOMIA [RILEY-DAY]	PEDIATRIC CARDIOLOGY	1	0	0	0	0			†
HHS/HOSPICE OF RN EA 15 MIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	INTERNAL MEDICINE	1	0	0	0	0			†
HHS/HOSPICE OF RN EA 15 MIN	FEVER, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	FLUID OVERLOAD, UNSPECIFIED	FAMILY MEDICINE	3	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	FLUID OVERLOAD, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	GANGRENE, NOT ELSEWHERE CLASSIFIED	ENDOCRINOLOGY AND	1	0	0	0	0			
,		METABOLISM	Ī	ľ	1					
HHS/HOSPICE OF RN EA 15 MIN	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HEART FAILURE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HEMORRHAGE OF ANUS AND RECTUM	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HYP HRT & CHR KDNY DIS W HRT FAIL AND W STG 5 CHR KDNY/ESRD	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HYPERGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HYPEROSMOLALITY AND HYPERNATREMIA	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	HYPEROSMOLALITY AND HYPERNATREMIA	INTERNAL MEDICINE	1	0	0	0	0			†
HHS/HOSPICE OF RN EA 15 MIN	HYPERTENSIVE CRISIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	НҮРОХЕМІА	ENDOCRINOLOGY AND METABOLISM	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT	PHYSICAL MEDICINE	4	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	ILLNESS, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			++
HHS/HOSPICE OF RN EA 15 MIN	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN HHS/HOSPICE OF RN EA 15 MIN	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	SURGERY, PLASTIC	1	0	0	0	0			+
nns/nospice of kin ea 13 iviiin	INFECT/INFLIVI REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INT	SURGERT, PLASTIC	I _T	U	ľ	v	v	<u> </u>		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HHS/HOSPICE OF RN EA 15 MIN	INFECTION OF OBSTETRIC SURGICAL WOUND, DEEP INCISIONAL SITE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0	7.66.000	Demeu	zy me
HHS/HOSPICE OF RN EA 15 MIN	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	1	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	IRON DEFICIENCY ANEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	LEFT VENTRICULAR FAILURE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	LIVER TRANSPLANT STATUS	PEDIATRIC SURGERY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	LOCALIZED ADIPOSITY	SURGERY, PLASTIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	INTERNAL MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	LUNG TRANSPLANT STATUS	PHYSICAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	PHYSICIAN ASSISTANT	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF GALLBLADDER	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF PROSTATE	INFECTIOUS DISEASE	1	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF RECTUM	SURGERY, GENERAL	1	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY, GENERAL	2	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	FAMILY MEDICINE	1	0	0	0	0			+
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	MULTIPLE SCLEROSIS	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NAUSEA WITH VOMITING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NAUSEA WITH VOMITING, UNSPECIFIED	INTERNAL MEDICINE	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NEUROSYPHILIS, UNSPECIFIED	CLINICAL NEUROPHYSIOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NON-PRESSURE CHRONIC ULCER OF UNSP ANKLE W FAT LAYER EXPOSED	INTERNAL MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NON-PRESSURE CHRONIC ULCER OF UNSP ANKLE W FAT LAYER EXPOSED	PEDIATRICS	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NON-PRESSURE CHRONIC ULCER OTH PRT LEFT FOOT W UNSP SEVERITY	SURGERY, GENERAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	5	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, PLASTIC	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OSTEOMYELITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OSTEOMYELITIS, UNSPECIFIED	INFECTIOUS DISEASE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT ANKLE AND FOOT	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	SURGERY, PLASTIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	INTERNAL MEDICINE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HHS/HOSPICE OF RN EA 15 MIN	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY MEDICINE	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	OTHER ACQUIRED DEFORMITY OF HEAD	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	FAMILY MEDICINE	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT	FAMILY NURSE	2	0	0	0	0			
		PRACTITIONER								<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT	INFECTIOUS DISEASE	4	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	OTHER ASTHMA	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	OTHER ASTHMA	PHYSICAL MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	OTHER HEREDITARY ATAXIAS	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER PARTIAL INTESTINAL OBSTRUCTION	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	SURGERY, PLASTIC	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, NEUROLOGICAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, PLASTIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PAIN IN LEFT ARM	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PAIN IN LEFT FOOT	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PAIN IN LEFT FOOT	PODIATRY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PARAPLEGIA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PARAPLEGIA, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PARKINSON'S DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PARTIAL TRAUMATIC AMPUTATION OF LEFT FOOT, LEVEL UNSP, INIT	PHYSICAL MEDICINE	5	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PERFORATION OF INTESTINE (NONTRAUMATIC)	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PERITONEAL ABSCESS	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PERITONEAL ABSCESS	SURGERY, GENERAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PERSONAL HISTORY OF COLONIC POLYPS	RADIATION ONCOLOGY	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	PULMONARY DISEASE	1	0	0	0	0			↓
HHS/HOSPICE OF RN EA 15 MIN	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	2	0	0	0	0			↓
HHS/HOSPICE OF RN EA 15 MIN	POSTPROCEDURAL URETHRAL STRICTURE, MALE, OVERLAPPING SITES	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	PRESENCE OF AORTOCORONARY BYPASS GRAFT	PAIN MANAGEMENT	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY, ORTHOPEDIC	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PRESSURE ULCER OF SACRAL REGION, STAGE 3	PULMONARY DISEASE	0	1	1	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	INTERNAL MEDICINE	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	PULMONARY FIBROSIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	RADICULOPATHY, CERVICAL REGION	PHYSICAL MEDICINE	2	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	RADICULOPATHY, LUMBAR REGION	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
HHS/HOSPICE OF RN EA 15 MIN	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SEC AND UNSP MALIG NEOPLASM OF INGUINAL AND LOWER LIMB NODES	SURGERY, GENERAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SEPSIS DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	ANCILLARY	0	1	0	0	1			1
HHS/HOSPICE OF RN EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	2	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	SNORING	NEUROLOGY	1	0	0	0	0			1
HHS/HOSPICE OF RN EA 15 MIN	SPASMODIC TORTICOLLIS	PHYSICAL MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HHS/HOSPICE OF RN EA 15 MIN	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	INFECTIOUS DISEASE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	ANESTHESIOLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TODD'S PARALYSIS (POSTEPILEPTIC)	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TRACHEOSTOMY STATUS	PEDIATRICS	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPCF AS ACUTE OR CHRONIC	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	NURSE PRACTITIONER	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	FAMILY MEDICINE	7	0	0	0	0	-		
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	FAMILY MEDICINE	1	0	0	0	0	-		1
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH RETOACIDOSIS WITHOUT COMA	INTERNAL MEDICINE	2	0	0	0	0	-		
· ·			3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	FAMILY NURSE	4	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	PRACTITIONER NEUROLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	INTERNAL MEDICINE	1	0	0	0	0	-		1
HIS/HOSPICE OF KIN EX 15 WIIN	TIPE 2 DIABETES W UNSP DIABETIC RETINOPATHT W WACCLAR EDEWIA	INTERNAL WIEDICINE	1	U	U	O .	U			
HHS/HOSPICE OF RN EA 15 MIN	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	PULMONARY DISEASE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	SURGERY, GENERAL	1	n	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	SURGERY, ORTHOPEDIC	2	0	0	0	0	-		
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	SURGERY, NEUROLOGICAL	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	FAMILY MEDICINE	1	0	0	0	0	-		
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, GENERAL	1	0	0	0	0	-		
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HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	5	0	0	0	0			ļ
HHS/HOSPICE OF RN EA 15 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, PLASTIC	5	0	0	0	0			ļ
HHS/HOSPICE OF RN EA 15 MIN	UNSP INJURY AT UNSP LEVEL OF CERVICAL SPINAL CORD, INIT	FAMILY MEDICINE	1	0	U	0	U			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	PHYSICAL MEDICINE	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED ACUTE APPENDICITIS	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED ASTHMA, UNCOMPLICATED	PEDIATRICS	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED HYDRONEPHROSIS	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED JAUNDICE	PEDIATRIC SURGERY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED MULTIPLE INJURIES, INITIAL ENCOUNTER	INTERNAL MEDICINE	3	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	INTERNAL MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	NEUROLOGY	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UNSTEADINESS ON FEET	FAMILY MEDICINE	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	UPPER ABDOMINAL PAIN, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	URINARY TRACT INFECTION, SITE NOT SPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	VARICOSE VEINS OF R LOW EXTREM W ULCER OTH PART OF LOWER LEG	ONCOLOGY	2	0	0	0	0			
HHS/HOSPICE OF RN EA 15 MIN	VARICOSE VEINS OF R LOW EXTREM W ULCER OTH PART OF LOWER LEG	SURGERY, PLASTIC	3	0	0	0	0			
HUS/HOSDICE OF DALEA 15 MIN	VECICOINTECTINAL FICTULA	FAMILY MEDICINE	1	0	0	0	0	 		
HHS/HOSPICE OF RN EA 15 MIN	VESICOINTESTINAL FISTULA	FAMILY MEDICINE	1	0	0	0	0	-		
HHS/HOSPICE OF RN EA 15 MIN	WEAKNESS		1	U	U	0	U			
HHS/HOSPICE OF RN EA 15 MIN	WEAKNESS	INTERNAL MEDICINE	1	U	U	U	U			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HI FREQ CHEST WALL OSCIL SYS	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	INTERNAL MEDICINE	0	1	1	0	0			
HI FREQ CHEST WALL OSCIL SYS	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	PULMONARY DISEASE	1	0	0	0	0			
HI FREQ CHEST WALL OSCIL SYS	DISORDERS OF DIAPHRAGM	GERONTOLOGICAL NURSE PRACTITIONER	0	1	1	0	0			
HI FREQ CHEST WALL OSCIL SYS	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
HI FREQ CHEST WALL OSCIL SYS	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	PEDIATRICS	1	0	0	0	0			
HI FREQ CHEST WALL OSCIL SYS	LUNG TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			
HI FREQ CHEST WALL OSCIL SYS	OTHER DISORDERS OF LUNG	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
HI FREQ CHEST WALL OSCIL SYS	OTHER SEIZURES	PEDIATRIC PULMONOLOGY	0	1	1	0	0			
HI FREQ CHEST WALL OSCIL SYS	PECTUS CARINATUM	PEDIATRIC SURGERY	1	0	0	0	0			1
HI FREQ CHEST WALL OSCIL SYS	PNEUMONIA, UNSPECIFIED ORGANISM	PEDIATRIC PULMONOLOGY	0	1	1	0	0			
HIGH ACTIVITY KNEE FRAME	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	PHYSICAL MEDICINE	0	1	1	0	0			
HIGH FREQ,OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	BRONCHIECTASIS, UNCOMPLICATED	DME	1	1	1					
HIGH FREQ,OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	DME		1	1					
HIGH FREQ,OSCILL AIR-PULSE GENERATOR, INCL HOSES & VEST	CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	DME	1							
	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL									
HIGH FREQ,OSCILL AIR-PULSE GENERATOR, INCL HOSES & VEST	SYSTEM	DME	1							<u> </u>
HIGH FREQ,OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	PULMONARY FIBROSIS, UNSPECIFIED	DME	1							
HIT ALPHA-1-PROTEINAS DIEM	ALPHA-1-ANTITRYPSIN DEFICIENCY	FAMILY MEDICINE	1	0	0	0	0			
HIT ALPHA-1-PROTEINAS DIEM	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASE	1	0	0	0	0			
HIT ANTIBIOTIC Q12H DIEM	CUTANEOUS ABSCESS OF GROIN	INFECTIOUS DISEASE	1	0	0	0	0			
HIT ANTIBIOTIC Q12H DIEM	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HIT ANTIBIOTIC Q12H DIEM	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT	FAMILY MEDICINE	1	0	0	0	0			
HIT ANTIBIOTIC Q24H DIEM	ANAL FISSURE, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HIT ANTIBIOTIC Q24H DIEM	BACTEREMIA	NEPHROLOGY	1	0	0	0	0			
HIT ANTIBIOTIC Q24H DIEM	HYPOTENSION, UNSPECIFIED	ANESTHESIOLOGY	1	0	0	0	0			
HIT ANTIBIOTIC Q24H DIEM	NEUROSYPHILIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HIT ANTIBIOTIC Q24H DIEM	PULMONARY MYCOBACTERIAL INFECTION	FAMILY MEDICINE	1	0	0	0	0			
HIT ANTIBIOTIC Q24H DIEM	SEPSIS, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
HIT ANTIBIOTIC Q8H DIEM	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HIT ANTIBIOTIC Q8H DIEM	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	INFECTIOUS DISEASE	1	0	0	0	0			
HIT ANTIBIOTIC Q8H DIEM	FEVER, UNSPECIFIED	INFECTIOUS DISEASE	1	0	0	0	0			
HIT ANTIBIOTIC Q8H DIEM	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			
HIT ANTIBIOTIC Q8H DIEM	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	INFECTIOUS DISEASE	1	0	0	0	0			
HIT ANTI-TNF PER DIEM	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
HIT CONT ANTICOAG DIEM	PERFORATION OF INTESTINE (NONTRAUMATIC)	INTERNAL MEDICINE	1	0	0	0	0			
HIT CONT ANTIEMETIC DIEM	10 WEEKS GESTATION OF PREGNANCY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HIT CONT ANTIEMETIC DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	FAMILY MEDICINE	1	0	0	0	0			T
HIT CONT ANTIEMETIC DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
HIT CONT ANTIEMETIC DIEM	VOMITING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HIT CONT PAIN PER DIEM	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HIT CONT PAIN PER DIEM	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HIT ENTERAL PUMP DIEM	ADULT FAILURE TO THRIVE	INTERNAL MEDICINE	0	1	1	0	0			1
HIT HYDRA TOTAL DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HIT HYDRA TOTAL DIEM	MILD HYPEREMESIS GRAVIDARUM	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HIT HYDRA TOTAL DIEM	VOMITING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0	Арргосси	Demeu	Буто
HIT IMMUNOTHERAPY DIEM	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W	ALLERGY/IMMUNOLOGY	2	0	0	0	0			+
HIT IMMUNOTHERAPY DIEM	HYPERIMMUNOGLOB CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	2	0	0	0	n			+
HIT IMMUNOTHERAPT DIEM	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN		1	0	0	0	n			+
THE INVINIONO THE INFERENCE	CONT VARIABININIONOBEL W PREDOM ABINET OF B-CELE NOWS & FONCTIV	ALLENGITININIONOLOGI	ľ	o .	o .	o .	o			
HIT IMMUNOTHERAPY DIEM	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	PSYCHIATRY	1	0	0	0	0			
HIT IMMUNOTHERAPY DIEM	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY	0	1	1	0	0			1
HIT IMMUNOTHERAPY DIEM	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	2	1	1	0	0			1
HIT IMMUNOTHERAPY DIEM	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	HEALTH DEPARTMENT	1	0	0	0	0			1
HIT IMMUNOTHERAPY DIEM	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			1
HIT IMMUNOTHERAPY DIEM	GASTROSTOMY STATUS	PEDIATRIC INFECTIOUS DISEASE	1	0	0	0	0			
HIT IMMUNOTHERAPY DIEM	MULTIPLE SCLEROSIS	NEUROLOGY	0	1	1	0	0			+
HIT IMMUNOTHERAPY DIEM	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	2	1	1	0	0			+
HIT IMMUNOTHERAPY DIEM	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	0			+
HIT IMMUNOTHERAPT DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	6	0	0	0	0			+
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ONCOLOGY	1	0	0	0	0			+
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PEDIATRIC ALLERGY &	1	0	0	0	0			+
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	IMMUNOLOGY	1	U	U	U	U			
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PEDIATRIC INFECTIOUS	1	0	0	0	0			
		DISEASE								
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PHYSICIAN ASSISTANT	2	0	0	0	0			
HIT IMMUNOTHERAPY DIEM	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	RHEUMATOLOGY	2	0	0	0	0			1
HIT IMMUNOTHERAPY DIEM	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			T
HIT IMMUNOTHERAPY DIEM	OTHER SPECIFIED IMMUNODEFICIENCIES	ALLERGY/IMMUNOLOGY	1	0	0	0	0			1
HIT IMMUNOTHERAPY DIEM	OTHER SPECIFIED POLYNEUROPATHIES	NEUROLOGY	2	1	1	0	0			1
HIT INTERIM CATH CARE	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	PULMONARY DISEASE	1	0	0	0	0			1
HIT INTERIM CATH CARE	HYPEROSMOLALITY AND HYPERNATREMIA	HEMATOLOGY	1	0	0	0	0			
HIT LONGTERM INFUSION DIEM	UNSP INFECTION DUE TO CENTRAL VENOUS CATHETER, INIT ENCNTR	CARDIOVASCULAR DISEASE	2	0	0	0	0			
HIT NOC PER DIEM	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	GASTROENTEROLOGY	1	0	0	0	0			
HIT NOC PER DIEM	AMYOTROPHIC LATERAL SCLEROSIS	NEUROLOGY	3	0	0	0	0			+
HIT NOC PER DIEM	ARTHROPATHIC PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			+
HIT NOC PER DIEM	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	ONCOLOGY	1	0	0	0	0			+
HIT NOC PER DIEM	COVID-19	PEDIATRICS	2	0	0	0	0			+
HIT NOC PER DIEM	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	NURSE PRACTITIONER	1	0	0	0	0			+
HIT NOC PER DIEM	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	PULMONARY DISEASE	1	0	0	0	0			+
HIT NOC PER DIEM	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	4	0	0	0	0			+
HIT NOC PER DIEM	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	PEDIATRIC	1	0	0	0	0			
HIT NOC PER DIEM	DEHYDRATION	GASTROENTEROLOGY OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
HIT NOC PER DIEM	FAILURE TO THRIVE (CHILD)	PEDIATRIC	9	0	0	0	0			+
HIT NOC PER DIEM	FAMILIAL HYPOPHOSPHATEMIA	GASTROENTEROLOGY PEDIATRIC NEPHROLOGY	1	0	0	0	0			+
HIT NOC PER DIEM	FEMALE INFERTILITY OF UTERINE ORIGIN	REPRODUCTIVE	1	0	0	0	0			+
HII NOC PER DIEM	FEMALE INFERTILITY OF OTERINE ORIGIN	ENDOCRINOLOGY/INFERTILI	1	0	0	U	0			
HIT NOC PER DIEM	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			†
HIT NOC PER DIEM	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	INTERNAL MEDICINE	1	0	0	0	0			†
HIT NOC PER DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			<u> </u>
HIT NOC PER DIEM	INFECTION OF AMPUTATION STUMP, LEFT UPPER EXTREMITY	COUNSELING	1	0	0	0	0			+
HIT NOC PER DIEM	INFECTION OF AMPUTATION STUMP, LEFT UPPER EXTREMITY	INTERNAL MEDICINE	1	0	0	0	0			+
HIT NOC PER DIEM	INTESTINAL MALABSORPTION, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			+
HIT NOC PER DIEM	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	1	0	0	0	0			+

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HIT NOC PER DIEM	KIDNEY TRANSPLANT STATUS	NEPHROLOGY	4	0	0	0	0			
HIT NOC PER DIEM	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			<u> </u>
HIT NOC PER DIEM	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
HIT NOC PER DIEM	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	U	0			'
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	1	0	0	0	0			
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	1	0	0	0	0			\vdash
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	HEMATOLOGY	1	0	0	0	0			\vdash
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	HEMATOLOGY	1	0	0	0	0			
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			+
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
HIT NOC PER DIEM	MILD HYPEREMESIS GRAVIDARUM	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HIT NOC PER DIEM	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]	PEDIATRICS	1	0	0	0	0			
HIT NOC PER DIEM	MULTIPLE SCLEROSIS	NEUROLOGY	5	0	0	0	0			
HIT NOC PER DIEM	MULTIPLE SCLEROSIS	NURSE PRACTITIONER	5	0	0	0	0			
HIT NOC PER DIEM	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	0			
HIT NOC PER DIEM	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	0			
HIT NOC PER DIEM	OSTEOMYELITIS, UNSPECIFIED	INFECTIOUS DISEASE	1	0	0	0	0			
HIT NOC PER DIEM	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	NEUROLOGY	1	0	0	0	0			
HIT NOC PER DIEM	OTHER CHRONIC PANCREATITIS	SURGERY, GENERAL	0	1	1	0	0			
HIT NOC PER DIEM	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	GASTROENTEROLOGY	0	1	1	0	0			
HIT NOC PER DIEM	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	INTERNAL MEDICINE	1	0	0	0	0			
HIT NOC PER DIEM	OTHER SPECIFIED DISEASES OF PANCREAS	SURGERY, GENERAL	1	0	0	0	0			
HIT NOC PER DIEM	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	2	0	0	0	0			
HIT NOC PER DIEM	PARKINSON'S DISEASE	NEUROLOGY	1	0	0	0	0			
HIT NOC PER DIEM	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	PULMONARY DISEASE	1	0	0	0	0			
HIT NOC PER DIEM	PYOGENIC ARTHRITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HIT NOC PER DIEM	RECURRENT PREGNANCY LOSS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HIT NOC PER DIEM	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	3	0	0	0	0			
HIT NOC PER DIEM	SARCOID ARTHROPATHY	RHEUMATOLOGY	1	0	0	0	0			,
HIT NOC PER DIEM	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	1	0	0	0	0			,
HIT NOC PER DIEM	SEPSIS, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
HIT NOC PER DIEM	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HIT NOC PER DIEM	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			\vdash
HIT NOC PER DIEM	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTH COMPLICATION	FAMILY MEDICINE	1	0	0	0	0			
HIT NOC PER DIEM	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	3	0	0	0	0			+
HIT PAIN IMP PUMP DIEM	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	23	1	0	0	1			
HIT PAIN IMP PUMP DIEM	HEART FAILURE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			\vdash
HIT PAIN IMP PUMP DIEM	MULTIPLE SCLEROSIS	FAMILY MEDICINE	3	0	0	0	0			
HIT PAIN IMP PUMP DIEM	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE	1	0	0	0	0			
HIT PAIN IMP PUMP DIEM	OTHER CHRONIC PAIN	ANESTHESIOLOGY	4	0	0	0	0			
HIT PAIN IMP PUMP DIEM	OTHER CHRONIC PAIN	FAMILY MEDICINE	2	0	0	0	0			\vdash
HIT PAIN IMP PUMP DIEM	OTHER CHRONIC PAIN	PAIN MANAGEMENT	2	0	0	0	0			+
HIT PAIN IMP PUMP DIEM	OTHER CHRONIC PAIN	PHYSICAL MEDICINE	1	0	0	0	0			† †
HIT PAIN IMP PUMP DIEM	OTHER DYSPHAGIA	INTERNAL MEDICINE	1	0	0	0	0			
HIT PAIN IMP PUMP DIEM	OTHER DYSPHAGIA	PHYSICAL MEDICINE	1	0	0	0	0			†
HIT PAIN IMP PUMP DIEM	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	7	0	0	0	0			†
HIT PAIN IMP PUMP DIEM	SOLITARY PULMONARY NODULE	PAIN MANAGEMENT	1	0	0	0	0			t
HIT PAIN IMP PUMP DIEM	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PREVENTIVE	2	0	0	0	0			
HIT PAIN IMP PUMP DIEM	TRISOMY 18, UNSPECIFIED	MEDICINE/PUBLIC HEALTH PEDIATRICS	1	0	0	0	0			+
HIT PAIN IMP PUMP DIEM	UNSPECIFIED ABDOMINAL PAIN	PAIN MANAGEMENT	1	0	0	0	0			+
THE PART IN TOWN DIEW	ONSI EGILLED ADDONINAL FAIN	AIN WANAGEMENT	<u> -</u>	<u> </u>	<u> </u>	٥	, ·	l		1

		Section Control	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description HIT PAIN IMP PUMP DIEM	Diagnosis Code Description	Provider Specialty PHYSICAL MEDICINE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HIT PAIN IMP POMP DIEM HIT SYMPATHOMIM DIEM	URINARY TRACT INFECTION, SITE NOT SPECIFIED CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR DISEASE	4	0	0	0	0			
	, ,	CARDIOVASCULAR DISEASE	1	U	U	U	U			
HIT SYMPATHOMIM DIEM	HEART FAILURE, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
HIT TPN 1 LITER DIEM	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	PEDIATRIC REHABILITATION	1	0	0	0	0			
		MEDICINE								
HIT TPN 1 LITER DIEM	CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS	GASTROENTEROLOGY	1	0	0	0	0			
HIT TPN 1 LITER DIEM	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
HIT TPN 1 LITER DIEM	FAILURE TO THRIVE (CHILD)	PEDIATRIC GASTROENTEROLOGY	2	0	0	0	0			
HIT TPN 1 LITER DIEM	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	SURGERY, COLON AND	1	0	0	0	0			
HIT TPN 1 LITER DIEM	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	RECTAL SURGERY, GENERAL	1	0	0	0	0			+
HIT TPN 1 LITER DIEM	NAUSEA WITH VOMITING, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			+
HIT TPN 1 LITER DIEM	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	SURGERY, GENERAL	1	0	0	0	0	-		+
HIT TPN 1 LITER DIEM		SURGERY, GENERAL	1	0	0	0	0	-		+
	OTHER SPECIFIED DISEASES OF PANCREAS	· ·	1	0	0	0	0			
HIT TPN 1 LITER DIEM	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	NEPHROLOGY	4	U	U	0	U	-		
HIT TPN 1 LITER DIEM	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	ONCOLOGY	2	0	0	0	0			
HIT TPN 2 LITER DIEM	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	FAMILY MEDICINE	2	0	0	0	0			
HIT TPN 2 LITER DIEM	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	INTERNAL MEDICINE	1	0	0	0	0			
HIT TPN 2 LITER DIEM	CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS	GASTROENTEROLOGY	1	0	0	0	0			
HIT TPN 2 LITER DIEM	ENCOUNTER FOR ATTN TO OTH ARTIF OPENINGS OF DIGESTIVE TRACT	NURSE PRACTITIONER	1	0	0	0	0			
HIT TPN 2 LITER DIEM	FAILURE TO THRIVE (CHILD)	PEDIATRIC GASTROENTEROLOGY	3	0	0	0	0			
HIT TPN 2 LITER DIEM	FEVER, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	SURGERY, COLON AND	1	0	0	0	0			1
		RECTAL								
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			1
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	HEMATOLOGY	1	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	ONCOLOGY	1	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	SURGERY, GENERAL	1	0	0	0	0			
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	HEMATOLOGY	1	0	0	0	0			1
HIT TPN 2 LITER DIEM	MODERATE PROTEIN-CALORIE MALNUTRITION	GASTROENTEROLOGY	1	0	0	0	0			+
HIT TPN 2 LITER DIEM	MODERATE PROTEIN-CALORIE MALNUTRITION	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
HIT TPN 2 LITER DIEM	SEPSIS, UNSPECIFIED ORGANISM	PEDIATRIC	1	0	0	0	0			1
LUT TOU O LUTED DUTA	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY								├
HIT TPN 2 LITER DIEM		FAMILY MEDICINE	1	-	0	0	0			
HIT TPN 2 LITER DIEM	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	2	0	0	0	0			
HIT TPN 2 LITER DIEM	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	PEDIATRIC GASTROENTEROLOGY	2	0	0	0	0			
HIT TPN 3 LITER DIEM	COMPLEX REGIONAL PAIN SYNDROME I OF LOWER LIMB, BILATERAL	FAMILY MEDICINE	2	0	0	0	0			<u> </u>
HIT TPN 3 LITER DIEM	COMPLEX REGIONAL PAIN SYNDROME I OF LOWER LIMB, BILATERAL	PEDIATRICS	1	0	0	0	0			
HIT TPN 3 LITER DIEM	NAUSEA WITH VOMITING, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HIT TPN 3 LITER DIEM	POSTSURGICAL MALABSORPTION, NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	3	0	0	0	0			
HIT TPN 3 LITER DIEM	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	1	0	0	0	0			
HIT TPN OVER 3L DIEM	CARDIAC ARREST, CAUSE UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
HIT TPN OVER 3L DIEM	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	NEPHROLOGY	3	0	0	0	0			
HIZENTRA INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	3	0	0	0	0			1
HIZENTRA INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY	1	0	0	0	0			
HIZENTRA INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	HEALTH DEPARTMENT	1	0	0	0	0			†
HIZENTRA INJECTION	DI GEORGE'S SYNDROME	PEDIATRIC ALLERGY &	1	0	0	0	0			1
		IMMUNOLOGY								<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HIZENTRA INJECTION	GASTROSTOMY STATUS	PEDIATRIC INFECTIOUS DISEASE	1	0	0	0	0			
HIZENTRA INJECTION	HEREDITARY HYPOGAMMAGLOBULINEMIA	FAMILY MEDICINE	1	0	0	0	0			+
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	2	0	0	0	0			+
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ANCILLARY	1	0	0	0	0			+
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PEDIATRIC INFECTIOUS	1	0	0	0	0			
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	DISEASE PEDIATRICS	1	0	0	0	0			+
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PHYSICIAN ASSISTANT	1	0	0	0	0			+
HIZENTRA INJECTION	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	RHEUMATOLOGY	1	0	0	0	0			+
HIZENTRA INJECTION	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	ALLERGY/IMMUNOLOGY	1	0	0	0	0			1
HIZENTRA INJECTION	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	INFECTIOUS DISEASE	1	0	0	0	0			1
HIZENTRA INJECTION	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	FAMILY MEDICINE	1	0	0	0	0			
HLA I & II TYPING HR	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
HLA I & II TYPING HR	COVID-19	HEMATOLOGY	2	0	0	0	0			
HLA I & II TYPING HR	SICKLE-CELL DISEASE WITHOUT CRISIS	HEMATOLOGY	1	0	0	0	0			
HLA TYPING A B OR C	HYPEROSMOLALITY AND HYPERNATREMIA	ONCOLOGY	1	0	0	0	0			
HLA TYPING A B OR C	ILLNESS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
HLA TYPING A B OR C	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			1
HLA TYPING DR/DQ	HYPEROSMOLALITY AND HYPERNATREMIA	ONCOLOGY	1	0	0	0	0			1
HLA TYPING DR/DQ	ILLNESS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
HLA TYPING DR/DQ	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
Hodgkins Lymphoma	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	INTERNAL MEDICINE	1							
Hodgkins Lymphoma	Other Hodgkin lymphoma, lymph nodes of multiple sites	RADIATION ONCOLOGY	1							
HOME HEALTH AIDE OR CERTIFIE	DISPLACED PILON FX R TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	0	1	1	0	0			
HOME HEALTH AIDE OR CERTIFIE	HEMIPLGA FOLLOWING NTRM INTCRBL HEMOR AFF LEFT NONDOM SIDE	FAMILY MEDICINE	2	0	0	0	0			
HOME HEALTH AIDE OR CERTIFIE	MALIGNANT NEOPLASM OF CEREBELLUM	PHYSICAL MEDICINE	1	0	0	0	0			+
HOME HEALTH AIDE OR CERTIFIE	NON-PRESSURE CHRONIC ULCER OTH PRT LEFT FOOT W UNSP SEVERITY	SURGERY, GENERAL	1	0	0	0	0			
HOME HEALTH AIDE OR CERTIFIE	OSTEOMYELITIS, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			+
HOME HEALTH AIDE OR CERTIFIE	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	FAMILY MEDICINE	1	0	0	0	0			+
HOME INFUSION EACH ADDTL HR	ALPHA-1-ANTITRYPSIN DEFICIENCY	PULMONARY DISEASE	1	0	0	0	0			+
HOME INFUSION EACH ADDTL HR	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	2	0	0	0	0			+
HOME INFUSION EACH ADDTL HR	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
HOME INFUSION EACH ADDTL HR	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	INTERNAL MEDICINE	1	0	0	0	0			†
HOME INFUSION EACH ADDTL HR	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	1	0	0	0	0			1
HOME INFUSION EACH ADDTL HR	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
HOME INFUSION EACH ADDTL HR	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	1	0	0	0	0			
HOME INFUSION EACH ADDTL HR	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			1
HOME INFUSION EACH ADDTL HR	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	1	n	n	0	n			+
HOME INFUSION EACH ADDTL HR	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	PEDIATRIC	1	0	0	0	0			+
		GASTROENTEROLOGY	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	1
HOME INFUSION EACH ADDTL HR	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	1	0	0	0	0			
HOME INFUSION EACH ADDTL HR	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	PULMONARY DISEASE	1	0	0	0	0			
HOME INFUSION EACH ADDTL HR	POMPE DISEASE	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION EACH ADDTL HR	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	1	0	0	0	0			1
HOME INFUSION/VISIT 2 HRS	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	PEDIATRIC ALLERGY &	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	ACQUIRED ABSENCE OF LEFT FOOT	IMMUNOLOGY FAMILY MEDICINE	1	0	0	0	0		1	+
HOME INFUSION/VISIT 2 HRS	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HOME INFUSION/VISIT 2 HRS	ALPHA-1-ANTITRYPSIN DEFICIENCY	PULMONARY DISEASE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	ANAL FISSURE, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	BACTEREMIA	INFECTIOUS DISEASE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	CELLULITIS OF RIGHT LOWER LIMB	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	FEVER, UNSPECIFIED	INFECTIOUS DISEASE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	HEART TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	INTERNAL MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	ONCOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	HYPEROSMOLALITY AND HYPERNATREMIA	INFECTIOUS DISEASE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	HEMATOLOGY	2	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	HEMATOLOGY	2	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	2	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	MULTIPLE SCLEROSIS	PHYSICAL MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	NEUROSYPHILIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT	INTERNAL MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT	PODIATRY	2	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	PULMONARY DISEASE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	PNEUMONIA, UNSPECIFIED ORGANISM	HEMATOLOGY	1	0	0	0	0	-		\vdash
HOME INFUSION/VISIT 2 HRS	POMPE DISEASE	FAMILY MEDICINE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	PUERPERAL SEPTIC THROMBOPHLEBITIS	INFECTIOUS DISEASE	1	0	0	0	0	-		\vdash
HOME INFUSION/VISIT 2 HRS	PULMONARY MYCOBACTERIAL INFECTION	COUNSELING	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	PULMONARY MYCOBACTERIAL INFECTION	INFECTIOUS DISEASE	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	1	0	0	0	0			-
HOME INFUSION/VISIT 2 HRS	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	FAMILY MEDICINE	1	0	0	0	0			+
HOME INFUSION/VISIT 2 HRS	SECONDARY MALIGNANT NEOF LESM OF LEFT LUNG	HEMATOLOGY	1	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	SEPSIS, UNSPECIFIED ORGANISM	CARDIOVASCULAR DISEASE	2	0	0	0	0			
HOME INFUSION/VISIT 2 HRS	SEPSIS, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	n	0	n	1		+
HOME INFUSION/VISIT 2 HRS	SEPSIS, UNSPECIFIED ORGANISM	INFECTIOUS DISEASE	1	0	0	0	n	-		
HOME INFUSION/VISIT 2 HRS	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
LIONAE INICICIONI (VICIT 2 LIBC	LIDINIADY TRACT INTECTION CITE NOT COSCISION	INITEDNIAL MACRICINE	1	0	0	0	0	-		
HOME INFUSION/VISIT 2 HRS HOME INFUSION/VISIT 2 HRS	URINARY TRACT INFECTION, SITE NOT SPECIFIED URINARY TRACT INFECTION. SITE NOT SPECIFIED	INTERNAL MEDICINE SOCIAL WORK	1	0	0	0	0			├ ──
HOME INFUSION/VISIT 2 HRS HOME MGMT GEST HYPERTENSION	UNSPECIFIED MATERNAL HYPERTENSION, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0	-		
HOIVE INGINI GEST HTPEKTENSION	UNSPECIFIED IMATERINAL HTYERTENSION, UNSPECIFIED TRIMESTER	OBSTRIKICS/GTINECULUGY		U	U	U	U			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4										
CHAN	ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	Respiratory Therapy	1							
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4										
CHAN	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory Therapy	1							
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4										
CHAN	ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS	Respiratory Therapy	1							
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4										
CHAN	HYPERSOMNIA, UNSPECIFIED	Respiratory Therapy	1	1	1					
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4				_						
CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	93	2	2					
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4	OTHER HARFROMANIA	D								
CHAN	OTHER HYPERSOMNIA	Respiratory Therapy	1							
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4	CLEED ADMEA LINICOECIEIED	Dannington. Theren.	15							
CHAN HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy	15							-
CHAN	CLEED DISORDED LINISDECIFIED	Dosniratory Thorany	1							
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy	1							-
CHAN	SNORING	Posniratory Thorany	c							
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4	SNORING	Respiratory Therapy	ь							-
CHAN	SOMNOLENCE	Dosniratory Thorany	2							
	SNORING	Respiratory Therapy INTERNAL MEDICINE	1	0	0	0	0			-
HOME SLEEP TEST/TYPE 2 PORTA HOME SLEEP TEST/TYPE 3 PORTA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	PULMONARY DISEASE	1	0	0	0	0			
HOWE SLEEP TEST/TIPE S PORTA	INIGRAINE W/O AORA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	POLIVIONANT DISEASE	1	U	U	o .	U			
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	3	0	0	0	0			
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PEDIATRICS	1	0	0	0	0			
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0			
HOME SLEEP TEST/TYPE 3 PORTA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		2	0	0	0	0			
HOME VENT INVASIVE INTERFACE	CARDIAC ARREST, CAUSE UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	PULMONARY DISEASE	0	1	1	0	0			
HOME VENT NON-INVASIVE INTER	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	PULMONARY DISEASE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	ACUTE RESPIRATORY DISTRESS	FAMILY MEDICINE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	FAMILY MEDICINE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	AMYOTROPHIC LATERAL SCLEROSIS	PULMONARY DISEASE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	CENTRILOBULAR EMPHYSEMA	BEHAVIORAL NURSE	0	1	1	0	0			
HOME VENT NON-INVASIVE INTER	CENTRILOBULAR EMPHYSEMA	INTERNAL MEDICINE	0	1	1	0	0			
HOME VENT NON-INVASIVE INTER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	FAMILY MEDICINE	1	1	1	0	0			
HOME VENT NON-INVASIVE INTER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	INTERNAL MEDICINE	2	1	1	0	0			
HOME VENT NON-INVASIVE INTER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	CRITICAL CARE MEDICINE	3	0	0	0	0			
HOME VENT NON-INVASIVE INTER	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	PULMONARY DISEASE	1	0	0	0	0			<u> </u>
HOME VENT NON-INVASIVE INTER	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	BEHAVIORAL NURSE	2	0	0	0	0			
HOME VENT NON-INVASIVE INTER	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	EAMILY NUIDSE	1	0	0	0	0			\vdash
HOIVIE VEINT INOIN-INVASIVE INTEK	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	FAMILY NURSE PRACTITIONER	1	ľ	U	ا	U			
HOME VENT NON-INVASIVE INTER	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	2	0	0	0	0			
	·									
HOME VENT NON-INVASIVE INTER	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	PULMONARY DISEASE	3	0	0	0	0			
HOME VENT NON INVASIVE INTER	DEDENDENCE ON DESCRIPATOR (VENTUATOR) STATUS	DEDIATRIC DIVINAGNOLOGGY	1	1	1	0	0			
HOME VENT NON-INVASIVE INTER	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	PEDIATRIC PULMONOLOGY	1	1	1	U .	U			
HOME VENT NON-INVASIVE INTER	DISORDERS OF DIAPHRAGM	PULMONARY DISEASE	1	0	0	0	0			\vdash
HOME VENT NON-INVASIVE INTER	DORSALGIA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			\vdash
HOME VENT NON-INVASIVE INTER	HEART FAILURE, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
HOME VENT NON-INVASIVE INTER	LUNG TRANSPLANT STATUS	PULMONARY DISEASE	1	0	0	0	0			\vdash
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					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
HOME VENT NON-INVASIVE INTER	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	FAMILY MEDICINE	Approvais	Deniais 1	Deniais 1	Deniais	O	Approved	Denied	by IKO
HOME VENT NON-INVASIVE INTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			+
HOME VENT NON-INVASIVE INTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PEDIATRIC PULMONOLOGY	0	1	1	0	0			
HOME VENT NON-INVASIVE INTER	OSTEOGENESIS IMPERFECTA	NEONATAL-PERINATAL	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	OTHER DISORDERS OF LUNG	MEDICINE PEDIATRIC PULMONOLOGY	1	1	1	0	0			
LIGHT VENT NON INVACINE INTER	OTHER DISCORDERS OF HIMS	DEDIATRICS	0	4	4	0				₩
HOME VENT NON-INVASIVE INTER HOME VENT NON-INVASIVE INTER	OTHER DISORDERS OF LUNG OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	PEDIATRICS FAMILY MEDICINE	0	1	1	0	0			
HOME VENT NON-INVASIVE INTER	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASE	2	0	0	0	0			
HOME VENT NON-INVASIVE INTER	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	FAMILY MEDICINE	1	0	0	0	0			
HOME VENT NON-INVASIVE INTER	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	PEDIATRICS	1	0	0	0	0			+
HOME VENT NON-INVASIVE INTER	SCOLIOSIS, UNSPECIFIED	PULMONARY DISEASE	2	0	0	0	0			
HOME VENT NON-INVASIVE INTER	SLEEP APNEA, UNSPECIFIED	PEDIATRIC PULMONOLOGY	1	0	0	0	0			\vdash
HOWE VENT NON-INVASIVE INTER	SLEEP APNEA, UNSPECIFIED	PEDIATRIC POLINIONOLOGY	1	U	U	U	U			
HOME VISIT EST PATIENT	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	1	0	0	0	0			
HOME VISIT FOR HEMODIALYSIS	ACUTE KIDNEY FAILURE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
HOME VISIT FOR HEMODIALYSIS	DEPENDENCE ON RENAL DIALYSIS	NEPHROLOGY	1	0	0	0	0			
HOME VISIT FOR HEMODIALYSIS	DEPENDENCE ON RENAL DIALYSIS	PSYCHOLOGY	1	0	0	0	0			
HOME VISIT FOR HEMODIALYSIS	END STAGE RENAL DISEASE	NEPHROLOGY	1	1	1	0	0			
HOME VISIT FOR HEMODIALYSIS	EPIGASTRIC PAIN	NEPHROLOGY	1	0	0	0	0			
HOME VISIT NEW PATIENT	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	1	0	0	0	0			
HOME VISIT RESP THERAPY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			
HOME VISIT RESP THERAPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	PULMONARY DISEASE	1	0	0	0	0			
HOME VISIT RESP THERAPY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	SOCIAL WORK	1	0	0	0	0			
HOME VISIT RESP THERAPY	GESTATIONAL HTN W/O SIGNIFICANT PROTEINURIA, THIRD TRIMESTER	PULMONARY DISEASE	1	0	0	0	0			
HOME VISIT RESP THERAPY	HYPERSOMNIA, UNSPECIFIED	PULMONARY DISEASE	4	0	0	0	0			
HOME VISIT RESP THERAPY	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	COUNSELING	1	0	0	0	0			
HOME VISIT RESP THERAPY	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	INFECTIOUS DISEASE	1	0	0	0	0			
HOME VISIT RESP THERAPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	4	0	0	0	0			
HOME VISIT RESP THERAPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	28	0	0	0	0			
HOME VISIT RESP THERAPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	3	0	0	0	0			
HOME VISIT RESP THERAPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	45	0	0	0	0			
HOME VISIT RESP THERAPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	12	0	0	0	0			
HOME VISIT RESP THERAPY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	0	0	0	0			
HOME VISIT RESP THERAPY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	PULMONARY DISEASE	1	0	0	0	0			
HOME VISIT RESP THERAPY	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	SOCIAL WORK	1	0	0	0	0			
HOME VISIT RESP THERAPY	OTHER BENIGN NEUROENDOCRINE TUMORS	PULMONARY DISEASE	1	0	0	0	0			
HOME VISIT RESP THERAPY	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	CRITICAL CARE MEDICINE	1	0	0	0	0			
HOME VISIT RESP THERAPY	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	PULMONARY DISEASE	1	0	0	0	0			
HOME VISIT RESP THERAPY	PRIMARY CENTRAL SLEEP APNEA	PULMONARY DISEASE	1	0	0	0	0			
HOME VISIT RESP THERAPY	SHORTNESS OF BREATH	PULMONARY DISEASE	1	0	0	0	0			
HORIZANT	Polymyositis, organ involvement unspecified	Physician							1	
HORIZANT 300 MG TABLET ER	N/A	INTERNAL MEDICINE		2	2					
HORIZANT 300 MG TABLET ER	N/A	NURSE PRACTITIONER	1							
HORIZANT 300 MG TABLET ER	N/A	Other Provider		1	1					
HORIZANT 600 MG TABLET ER	N/A	NEUROLOGY	1							
HORIZANT 600 MG TABLET ER	N/A	NURSE PRACTITIONER	1							
HORIZANT 600 MG TABLET ER	N/A	Other Provider	3	5	2	3				
HORIZANT ER	Polyneuropathy, unspecified	NEUROLOGY							1	
		CARDIOVASCULAR								
HORIZANT ER 300 MG TABLET	N/A	DISEASE		1	1					1
HORIZANT ER 300 MG TABLET	N/A	PAIN MANAGEMENT	1							
HORIZANT ER 300 MG TABLET	Restless legs syndrome	FAMILY MEDICINE		1	1					
HORIZANT ER 300 MG TABLET	Restless legs syndrome	Other Provider	1							

					Medical	Experimental &	Network	Total	Total	
Providence Code Providenting	Discounts On the Department	Donaldon Considera	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HORIZANT ER 600 MG TABLET HORIZANT ER 600 MG TABLET	N/A POLYNEUROPATHY, UNSPECIFIED	PAIN MANAGEMENT NEUROLOGY	1	2	2					-
HORIZANT ER 600 MG TABLET	Restless legs syndrome	FAMILY MEDICINE	1	2	2					
HORIZANT ER 600 MG TABLET	Restless legs syndrome	INTERNAL MEDICINE	1	1	1					
HORIZANT ER 600 MG TABLET	Restless legs syndrome Restless legs syndrome	Other Provider	1	1	1					_
HORIZANT ER 600 MG TABLET	Restless legs syndrome	SPORTS MEDICINE	1							_
HORIZANT ER 600 MG TABLET	Type 2 diabetes mellitus without complications	GENERAL PRACTICE	_	2	2					-
HOSP BED SEMI-ELECTR W/ MATT	ESOPHAGEAL VARICES WITH BLEEDING	INTERNAL MEDICINE	1	0	0	0	0			_
HOSP BED SEMI-ELECTR W/ MATT	HYPOTENSION, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HOSP BED SEMI-ELECTR W/ MATT	MOTOR NEURON DISEASE, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
HOSP BED SEMI-ELECTR W/ MATT	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	INTERNAL MEDICINE	1	0	0	0	0			—
NOS. SES SEMI ELECTIVITY MARTIN	CHI SHIII TOHIS AND SHOUS INVOLVING THE INCOCCESSALLE TAE SHOTE IN	in the interior to	-		ŭ					
HOSP BED SEMI-ELECTR W/ MATT	OTHER CEREBRAL PALSY	INTERNAL MEDICINE	1	0	0	0	0			
HOSP BED SEMI-ELECTR W/ MATT	SHORTNESS OF BREATH	INTERNAL MEDICINE	1	0	0	0	0			
HOSP GRADE ELEC BREAST PUMP	RADICULOPATHY, LUMBAR REGION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	2	0	0	0	0			—
HOSPICE CARE, IN THE HOME, P	AMYOTROPHIC LATERAL SCLEROSIS	FAMILY MEDICINE	5	0	0	0	0			1
HOSPICE CARE, IN THE HOME, P	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			-
HOSPICE CARE, IN THE HOME, P	HEART DISEASE, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			-
HOSPICE CARE, IN THE HOME, P	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	VASCULAR NEUROLOGY	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	HYP HRT & CHR KDNY DIS W HRT FAIL AND STG 1-4/UNSP CHR KDNY	HOSPICE AND PALLIATIVE	2	0	n	0	0			
HOSTICE CARE, IN THE HOME, I	THE THE GENERAL DIS WHITE FALL AND STOLE 4, ONSI CHIERDRE	MEDICINE	_		o .		O			
HOSPICE CARE, IN THE HOME, P	INTRAHEPATIC BILE DUCT CARCINOMA	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	SPEECH THERAPY	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF CARDIA	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	FAMILY MEDICINE	3	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	ONCOLOGY	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF FRONTAL LOBE	NEUROLOGY	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	FAMILY MEDICINE	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	INTERNAL MEDICINE	3	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	FAMILY MEDICINE	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	FAMILY MEDICINE	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	OPTOMETRY	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	INTERNAL MEDICINE	5	0	0	0	0			
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	INTERNAL MEDICINE	2	0	0	0	0			\vdash
HOSPICE CARE, IN THE HOME, P	MYOSITIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE CONTINUOUS HOME CARE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			\vdash
HOSPICE CONTINUOUS HOME CARE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	FAMILY MEDICINE	1	0	0	0	0			\vdash
HOSPICE OR HOME HLTH IN HOME	BROWN-SEQUARD SYNDROME	FAMILY MEDICINE	10	0	0	0	0			\vdash
HOSPICE OR HOME HETT IN HOME	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	1	0	0	0	0			\vdash
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
HOSPICE OR HOME HETH IN HOME	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	PSYCHOLOGY	1	0	0	0	0			+
HOSPICE OR HOME HETH IN HOME	MALIGNANT NEOPLASM OF COLON, ONSPECIFIED MALIGNANT NEOPLASM OF ENDOMETRIUM	INTERNAL MEDICINE	1	0	0	0	0			+
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	HOSPICE AND PALLIATIVE	1	0	0	0	0			+
HOSPICE ON HOIME HETH IN HOIME	IMALIGNANT NEOFLASIN OF OVERLAFFING SITES OF COLON	MEDICINE	1	U	U	U	U			
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS	HOSPICE AND PALLIATIVE MEDICINE	1	0	0	0	0			
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF PAROTID GLAND	INTERNAL MEDICINE	3	0	0	0	0			†
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF RIGHT OVARY	FAMILY MEDICINE	4	0	0	0	0			
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	2	0	0	0	0			†
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	INTERNAL MEDICINE	1	0	0	0	0			
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
HOSPICE OR HOME HLTH IN HOME	OTHER CIRRHOSIS OF LIVER	FAMILY MEDICINE	3	0	0	0	0	-		
HOSPICE OR HOME HITH IN HOME	SECONDARY MALIGNANT NEOPLASM OF BRAIN	PULMONARY DISEASE	2	0	0	0	0	-		+
HOSPICE ROUTINE HOME CARE	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			+
HOSPICE ROUTINE HOME CARE	ESOPHAGEAL VARICES WITH BLEEDING	INTERNAL MEDICINE	1	0	0	0	n			+
HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	4	0	0	0	0			
HOSPICS BOUTING HOME CARS	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	4	0	0	0	0			
HOSPICE ROUTINE HOME CARE HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF THYROID GLAND MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE FAMILY MEDICINE	1	0	0	0	0			
HOSPICE ROUTINE HOME CARE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
LIDDTDV DDCT CA DI ATD DCODDDC	FARALLY LUCTORY OF MALICALANT MEODI ACAA OF DICECTIVE OR CANC	EARAILY AMERICIAIE	0	4		0	0			
HRDTRY BRST CA-RLATD DSORDRS HRDTRY CARDMYPY GENE PANEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE MIDWIFERY	0	1	1	0	0			
HRDTRY CARDMYPY GENE PANEL HRDTRY CARDMYPY GENE PANEL	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED OTHER CARDIOMYOPATHIES	PEDIATRICS	0	1	1	0	0			
HRDTRY CARDMYPY GENE PANEL HRDTRY CARDMYPY GENE PANEL	OTHER CARDIOMYOPATHIES OTHER CARDIOMYOPATHIES	SOCIAL WORK	0	1	1	0	0			+
HRDTRY CARDMYPY GENE PANEL	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			+
HRDTRY PERPH NEURPHY PANEL	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	NEUROLOGY	0	1	1	0	0			+
HRDTRY PERPH NEURPHY PANEL	HEREDITARY MOTOR AND SENSORY NEUROPATHY	NEUROLOGY	0	2	2	0	0			
HT INJ ANTICOAG DIEM	HEART TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			+
HT INJ ANTIEMETIC DIEM	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			+
HT INJ ANTIEMETIC DIEM	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	PEDIATRIC	1	0	0	0	0			
LIT IALL ANTIGNACTIC DIGNA	OTHER DERMATON WORLD'S ORGAN INWOLVENENT UNICESSIED	GASTROENTEROLOGY	4	0	0	0	0			
HT INJ ANTIEMETIC DIEM HT INJ HORMONE DIEM	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED OTHER GENERAL SYMPTOMS AND SIGNS	RHEUMATOLOGY OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HT INJ HORMONE DIEM	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
HT MUSCLE IMAGE SPECT MU	Paroxysmal atrial fibrillation	Other Provider						1		1
HT MUSCLE IMAGE SPECT MU	Precordial pain	Other Provider							1	
		CARDIOVASCULAR							-	
HT MUSCLE IMAGE SPECT MULT	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	SURGERY	1							
HT MUSCLE IMAGE SPECT MULT	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	HOSPITAL	2							
HT MUSCLE IMAGE SPECT MULT	ADMODMAL DECLIET OF CADDIOVASCULAR FUNCTION STUDY LINES	HOSPITAL	1							
HT MUSCLE IMAGE SPECT MULT	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG	HOSPITAL	1			-				+
HT MUSCLE IMAGE SPECT MULT	PCTRS	HOSPITAL	1							
HT MUSCLE IMAGE SPECT MULT	CARDIAC MURMUR, UNSPECIFIED	HOSPITAL	1			1				+
HT MUSCLE IMAGE SPECT MULT	CHEST PAIN, UNSPECIFIED CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
HT MUSCLE IMAGE SPECT MULT	CHEST PAIN, UNSPECIFIED	HOSPITAL	1		-			-		+
HT MUSCLE IMAGE SPECT MULT	DYSPNEA, UNSPECIFIED	HOSPITAL	1			+				+
HT MUSCLE IMAGE SPECT MULT	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	CARDIOVASCULAR DISEASE	0	1	1	0	0	 		+
	ENCOUNTER FOR THE ROCEDURAE CARDIOVASCULAR EXAMINATION	C. MDIO VASCOLAN DISEASE	ľ	[<u> </u>	Ĭ				

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR									
HT MUSCLE IMAGE SPECT MULT	EXAMINATION	HOSPITAL	2							
HT MUSCLE IMAGE SPECT MULT	END STAGE RENAL DISEASE	CARDIOLOGY,	1	0	0	0	0			
HT MUSCLE IMAGE SPECT MULT	END STAGE RENAL DISEASE	INTERVENTIONAL CARDIOVASCULAR DISEASE	1	0	0	0	0			
HT MUSCLE IMAGE SPECT MULT	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
HT MUSCLE IMAGE SPECT MULT	ESSENTIAL (PRIMARY) HYPERTENSION	HOSPITAL	1							
HT MUSCLE IMAGE SPECT MULT	HYPERLIPIDEMIA, UNSPECIFIED	CARDIOVASCULAR SURGERY	1							
HT MUSCLE IMAGE SPECT MULT	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR SURGERY	1							
		CARDIOVASCULAR								
HT MUSCLE IMAGE SPECT MULT	N/A	SURGERY	4	ļ	ļ					 _
HT MUSCLE IMAGE SPECT MULT	N/A	HOSPITAL	1							+
HT MUSCLE IMAGE SPECT MULT HT MUSCLE IMAGE SPECT MULT	OBESITY, UNSPECIFIED OTHER ABNORMALITIES OF BREATHING	HOSPITAL CARDIOVASCULAR DISEASE	1	0	0	0	0			
HT MUSCLE IMAGE SPECT MULT	OTHER ABNORMALITIES OF BREATHING	CARDIOVASCULAR	1	U	U	0	0			
HT MUSCLE IMAGE SPECT MULT	OTHER FORMS OF DYSPNEA	SURGERY	1							
HT MUSCLE IMAGE SPECT MULT	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	HOSPITAL	1							
HT MUSCLE IMAGE SPECT MULT	PALPITATIONS	HOSPITAL	1							\vdash
HT MUSCLE IMAGE SPECT MULT	SHORTNESS OF BREATH	CARDIOLOGY,	1	0	0	0	0			
		INTERVENTIONAL								
HT MUSCLE IMAGE SPECT MULT	SHORTNESS OF BREATH	CARDIOVASCULAR SURGERY	1							
HUMALOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other Provider	1							+
HUMALOG 100 UNIT/ML VIAL	Type 2 diabetes mellitus with hyperglycemia	Other Provider Other Provider	1							\vdash
	, , , , , , , , , , , , , , , , , , , ,	ENDOCRINOLOGY AND								
HUMALOG 100 UNIT/ML VIAL	Type 2 diabetes mellitus without complications	METABOLISM	1							
HUMALOG 100 UNITS/ML KWIKPEN	N/A	Other Provider	1							
HUMALOG 100 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
HUMALOG 100 UNITS/ML KWIKPEN	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1							
	21/2	ENDOCRINOLOGY AND								
HUMALOG 100/ML UNITS HUMALOG 100/ML UNITS	N/A N/A	METABOLISM Other Provider	1							+
HUMALOG 200 UNIT/ML KWIKPEN	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							+
HUMALOG KWIKPEN U-100 100/ML INSULN PEN	N/A	INTERNAL MEDICINE	1							+
		ENDOCRINOLOGY AND	_							
HUMALOG KWIKPEN U-200 200/ML (3) INSULN PEN	N/A	METABOLISM		1	1					
HUMATROPE	Hypopituitarism	Other Provider						1		
HUMATROPE	Hypopituitarism	Physician						1		
HUMATROPE	Short stature (child)	Other Provider							1	
		PEDIATRIC								
HUMATROPE	Short stature (child)	ENDOCRINOLOGY		1	ļ				4	
HUMATROPE 12 MG CARTRIDGE	Hyponituitarism	ENDOCRINOLOGY AND METABOLISM		1	1			1		
HUMATROPE 12 MG CARTRIDGE HUMATROPE 12 MG CARTRIDGE	Hypopituitarism Hypopituitarism	Other Provider	2	1	1			1		++
NO. IN THE LET WO CHATTRIDGE	1.145 predictions	PEDIATRIC	-	1	1					+
HUMATROPE 12 MG CARTRIDGE	Hypopituitarism	ENDOCRINOLOGY	1							
	0 F 11 11 1	ENDOCRINOLOGY AND								
HUMATROPE 12 MG CARTRIDGE	N/A	METABOLISM	1							
HUMATROPE 12 MG CARTRIDGE	N/A	INTERNAL MEDICINE		1	1					

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HUMATROPE 12 MG CARTRIDGE	N/A	Other Provider	1							
		PEDIATRIC								
HUMATROPE 12 MG CARTRIDGE	N/A	ENDOCRINOLOGY	8	2	2					
		PEDIATRIC								
HUMATROPE 12 MG CARTRIDGE	Short stature (child)	ENDOCRINOLOGY	2	2	2					
		PEDIATRIC								
HUMATROPE 12 MG CARTRIDGE	TURNERS SYNDROME UNSPECIFIED	ENDOCRINOLOGY	1							
		PEDIATRIC								
HUMATROPE 24 MG CARTRIDGE	Hypopituitarism	ENDOCRINOLOGY	3							
		ENDOCRINOLOGY AND								
HUMATROPE 24 MG CARTRIDGE	N/A	METABOLISM	1							
		PEDIATRIC								
HUMATROPE 24 MG CARTRIDGE	N/A	ENDOCRINOLOGY	4							
		PEDIATRIC								
HUMATROPE 24 MG CARTRIDGE	Short stature (child)	ENDOCRINOLOGY		1	1					
HUMATROPE 6 MG CARTRIDGE	Hypopituitarism	Other Provider		1	1					
		PEDIATRIC								
HUMATROPE 6 MG CARTRIDGE	Hypopituitarism	ENDOCRINOLOGY	3							
		ENDOCRINOLOGY AND								
HUMATROPE 6 MG CARTRIDGE	N/A	METABOLISM	3							
HUMATROPE 6 MG CARTRIDGE	N/A	INTERNAL MEDICINE		1	1					
HUMATROPE 6 MG CARTRIDGE	N/A	Other Provider	1							
		PEDIATRIC								
HUMATROPE 6 MG CARTRIDGE	N/A	ENDOCRINOLOGY	2	1	1					
		PEDIATRIC								
HUMATROPE 6 MG CARTRIDGE	Short stature (child)	ENDOCRINOLOGY		1	1					
HUMIDIFIER HEATED USED W PAP	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	CARDIOLOGY,	1	0	0	0	0			
	· ·	INTERVENTIONAL								
HUMIDIFIER HEATED USED W PAP	CHEST PAIN, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	CHRONIC IDIOPATHIC CONSTIPATION	PULMONARY DISEASE	1	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	ENCOUNTER FOR IMMUNIZATION	PULMONARY DISEASE	1	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PULMONARY DISEASE	3	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	HEMORRHAGE OF ANUS AND RECTUM	PULMONARY DISEASE	1	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	ILLNESS, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PULMONARY DISEASE	1	0	0	0	0			
			1							
HUMIDIFIER HEATED USED W PAP	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	PULMONARY DISEASE	1	0	0	0	0			
HUMIDIFIER HEATED USED W PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	1	0	0	0	0			+
HUMIDIFIER HEATED USED W PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	EMERGENCY MEDICINE	0	1	0	0	1	-		+
HUMIDIFIER HEATED USED W PAP			12	1	0	0	0			+
HUMIDIFIER HEATED USED W PAP HUMIDIFIER HEATED USED W PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE INTERNAL MEDICINE	13	0	0	0	0	 		+
			11	0	0	0	0	-		+
HUMIDIFIER HEATED USED W PAP HUMIDIFIER HEATED USED W PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE SOCIAL WORK	64	0	0	0	0	-		+
	, ,, ,		ь	0	0	0	0			+
HUMIDIFIER HEATED USED W PAP	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	PULMONARY DISEASE	1	U	U	ľ	U			
HUMIDIFIER HEATED USED W PAP	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	PULMONARY DISEASE	1	0	0	0	0	-		+
HUMIDIFIER HEATED USED W PAP	PAIN IN RIGHT WRIST	INTERNAL MEDICINE	1	0	0	0	0	-		+
HUMIDIFIER HEATED USED W PAP	PERSONAL HISTORY OF COLONIC POLYPS	PULMONARY DISEASE	1	0	0	0	0	t		+
HUMIDIFIER HEATED USED W PAP	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	INTERNAL MEDICINE	1	0	0	0	0			+
HUMIDIFIER HEATED USED W PAP	PRECORDIAL PAIN	FAMILY MEDICINE	1	0	0	0	0	 		+
HUMIDIFIER HEATED USED W PAP	RADICULOPATHY, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0	-		++
HUMIDIFIER HEATED USED W PAP	SYNCOPE AND COLLAPSE	CRITICAL CARE MEDICINE	1	0	0	0	0	-		+
HUMIDIFIER HEATED USED W PAP HUMIDIFIER HEATED USED W PAP			1	0	0	0	0	-		+
	TROCHANTERIC BURSITIS, RIGHT HIP	PULMONARY DISEASE	1	0	0	0	0	-		+
HUMIDIFIER HEATED USED W PAP	TROCHANTERIC BURSITIS, RIGHT HIP	SOCIAL WORK	1	U	U	0	U	1		+
HUMIDIFIER HEATED USED W PAP	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	PULMONARY DISEASE	I _T	U	U	Įν	U	l		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HUMIDIFIER NONHEATED W PAP	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0	Аррготси	Demeu	by mo
HUMIRA	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	-				•	1		
HUMIRA	Crohn's disease of small intestine without complications	GASTROENTEROLOGY						1		+
TIONIIIA	eronn's disease of small intestine without complications	PEDIATRIC								+
HUMIRA	Ulcerative colitis, unspecified, without complications	RHEUMATOLOGY						1		
HUMIRA (CF) PEN	Rheumatoid arthritis, unspecified	RHEUMATOLOGY						1		+
HUMIRA 20 MG/0.4 ML SYRINGE	Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	1					1		+
TIONINA 20 MG/0.4 ME STRINGE	Ankylosing spondynus of unspecified sites in spine	PEDIATRIC	1							+
HUMIRA 20 MG/0.4 ML SYRINGE	Ulcerative (chronic) rectosigmoiditis without complications	GASTROENTEROLOGY						1		
HUMIRA 20MG/0.4ML SYRINGEKIT	N/A	GASTROENTEROLOGY	1							+
TIOWIRA ZOWIG/O:4IVIL STRINGERTI	IN/A	FAMILY NURSE	1							+
HUMIRA 40 MG/0.8 ML SYRINGE	Crohn's disease, unspecified, without complications	PRACTITIONER	1							
HUMIRA 40 MG/0.8 ML SYRINGE	N/A	Other Provider	1							+
HUMIRA 40 MG/0.8 ML SYRINGE	N/A	RHEUMATOLOGY	1							+
HUMIRA 40 MG/0.8 ML SYRINGE HUMIRA 40 MG/0.8 ML SYRINGE	Psoriasis vulgaris	DERMATOLOGY	1							+
-	<u> </u>		1							+
HUMIRA 40MG/0.4ML PEN IJ KIT	N/A	DERMATOLOGY	3							+
HUMIRA 40MG/0.4ML PEN IJ KIT	N/A	GASTROENTEROLOGY	2							+
HUMIRA 40MG/0.4ML PEN IJ KIT	N/A	Other Provider	2							
HUMIRA 40MG/0.4ML PEN IJ KIT	N/A	RHEUMATOLOGY	1							
HUMIRA 40MG/0.4ML SYRINGEKIT	N/A	GASTROENTEROLOGY	1							
HUMIRA 40MG/0.8ML PEN IJ KIT	N/A	Other Provider	1							
HUMIRA 40MG/0.8ML SYRINGEKIT	N/A	GASTROENTEROLOGY	1							
HUMIRA 40MG/0.8ML SYRINGEKIT	N/A	OBSTETRICS/GYNECOLOG Y	2							
HUMIRA 40MG/0.8ML SYRINGEKIT	N/A	PHYSICIAN ASSISTANT	2							
HUMIRA 40MG/0.8ML SYRINGEKIT	N/A	RHEUMATOLOGY	1							
HUMIRA 80MG/0.8ML PEN IJ KIT	N/A	GASTROENTEROLOGY	1							
HUMIRA PEN 40 MG/0.8 ML	Crohn's disease of large intestine without complications	GASTROENTEROLOGY	1							
	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED									
HUMIRA PEN 40 MG/0.8 ML	COMPLICATIONS	GASTROENTEROLOGY	1							
HUMIRA PEN 40 MG/0.8 ML	Crohn's disease, unspecified, without complications	Other Provider	1							
HUMIRA PEN 40 MG/0.8 ML	Hidradenitis suppurativa	DERMATOLOGY	1							
HUMIRA PEN 40 MG/0.8 ML	N/A	RHEUMATOLOGY	1	1	1					
HUMIRA PEN 40 MG/0.8 ML	Psoriasis vulgaris	DERMATOLOGY	3							
HUMIRA PEN 40 MG/0.8 ML	Psoriasis vulgaris	Other Provider	2							
HUMIRA PEN 40 MG/0.8 ML	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	Internal Medicine	1							†
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	N/A	DERMATOLOGY	10							†
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	N/A	GASTROENTEROLOGY	6							1
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	N/A	OPHTHALMOLOGY	2							1
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	N/A	Other Provider	2	1	1					†
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	N/A	PHYSICIAN ASSISTANT	2		-					1
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	N/A	RHEUMATOLOGY	25	4	4					+
HUMIRA PEN CROHN'S-UC-HS 40MG/0.8ML PEN IJ KIT	N/A	DERMATOLOGY	1	· ·	· .					+
HUMIRA PEN CROHN'S-UC-HS 40MG/0.8ML PEN IJ KIT	N/A	GASTROENTEROLOGY	1							+
TOTAL CANDING OF 115 FOR IGNORED EN 11 KIT	1370	PEDIATRIC	-							+
HUMIRA PEN CROHN'S-UC-HS 40MG/0.8ML PEN IJ KIT	N/A	GASTROENTEROLOGY	1							
HUMIRA PEN PSOR-UVEITS-ADOL HS 40MG/0.8ML PEN IJ KIT	N/A	DERMATOLOGY	1							+
HUMIRA PEN PS-UV-ADOL HS 40 MG	Psoriasis vulgaris	DERMATOLOGY	1							+
HUMIRA PEN PS-UV-ADOL HS 40 MG	Psoriasis vulgaris	Other Provider	1							+
HUMIRA(CF)	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	1						- 1	+
HUMIRA(CF)		INTERNAL MEDICINE	1		-			4	1	+
HUMIRA(CF)	Infection of intervertebral disc (pyogenic), site unspecified		1		-			1		+
HUMIRA(CF) 20MG/0.2ML SYRINGEKIT	Other juvenile arthritis, unspecified site N/A	Physician	1					1		+
	,	Rheumatology	1							+
HUMIRA(CF) 40 MG/0.4 ML SYRING	Ankylosing spondylitis of unspecified sites in spine	Other Provider	1							+
HUMIRA(CF) 40 MG/0.4 ML SYRING	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	1		-					
HUMIRA(CF) 40 MG/0.4 ML SYRING	N/A	Other Provider	1		L			l .		1

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
HUMIRA(CF) 40 MG/0.4 ML SYRING	Psoriasis vulgaris	DERMATOLOGY	1	Delliais	Delliais	Delliais	Delliais	Approveu	Dellieu	by INO
HUMIRA(CF) 40 MG/0.4 ML SYRING	Psoriasis vulgaris	Other Provider	1							
TIOWIRA(CF) 40 WIG/0.4 WIL STRING	Rheumatoid arthritis with rheumatoid factor of multiple sites	Other Flovider	1							
HUMIRA(CF) 40 MG/0.4 ML SYRING	without organ or systems involvement	Other Provider	1							
TIOWIKA(CF) 40 MG/0.4 ML STRING	Rheumatoid arthritis with rheumatoid factor of multiple sites	Other Flovider	1							
HUMIRA(CF) 40 MG/0.4 ML SYRING	without organ or systems involvement	RHEUMATOLOGY	1							
HUMIRA(CF) 40 MG/0.4 ML SYRING	Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	1	1	1					
HUMIRA(CF) 40 MG/0.4 ME STRING HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	N/A	DERMATOLOGY	6	1	1					
HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	N/A	GASTROENTEROLOGY	2							
HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	N/A	Other Provider	2							
TOWNA(CI) 40WG/0.4WE STRINGERT	11/4	PEDIATRIC								
HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	N/A	RHEUMATOLOGY	1							
HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	N/A	PHYSICIAN ASSISTANT	1							
HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	N/A	RHEUMATOLOGY	6							
TOWNINGER / HOWING CHINE STRINGER	IN/A	PEDIATRIC	<u> </u>		-			-		
HUMIRA(CF) PEDIATRIC CROHN'S 80 MG-40MG SYRINGEKIT	N/A	RHEUMATOLOGY		1	1					
HOWINA(CI) I EDIATRIC CROTIN 3 80 Mid-40Mid 3 MiNdERT	11/7	PEDIATRIC	-	_	_					
HUMIRA(CF) PEDIATRIC CROHN'S 80MG/0.8ML SYRINGEKIT	N/A	GASTROENTEROLOGY	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY	2							
HUMIRA(CF) PEN 40 MG/0.4 ML	Arthropathic psoriasis, unspecified	NURSE PRACTITIONER	1		-			-		
HUMIRA(CF) PEN 40 MG/0.4 ML	Arthropathic psoriasis, unspecified	Other Provider	2		-			-		
HUMIRA(CF) PEN 40 MG/0.4 ML	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	4	1	1					
HUMIRA(CF) PEN 40 MG/0.4 ML	Crohn's disease, unspecified, without complications	GASTROENTEROLOGY	1	-	-					
HUMIRA(CF) PEN 40 MG/0.4 ML	Hidradenitis suppurativa	DERMATOLOGY	3							
HUMIRA(CF) PEN 40 MG/0.4 ML	Hidradenitis suppurativa	Other Provider	2							
HUMIRA(CF) PEN 40 MG/0.4 ML	N/A	Internal Medicine	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	N/A	OPHTHALMOLOGY	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	N/A	Other Provider	2							
		PEDIATRIC								
HUMIRA(CF) PEN 40 MG/0.4 ML	N/A	GASTROENTEROLOGY	2							
		PEDIATRIC								
HUMIRA(CF) PEN 40 MG/0.4 ML	N/A	RHEUMATOLOGY	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	N/A	RHEUMATOLOGY	4							
		PEDIATRIC								
HUMIRA(CF) PEN 40 MG/0.4 ML	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	Other general symptoms and signs	Other Provider	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	Psoriasis vulgaris	DERMATOLOGY	5							
HUMIRA(CF) PEN 40 MG/0.4 ML	Psoriasis vulgaris	Other Provider	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	Psoriasis vulgaris	RHEUMATOLOGY	1							
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
HUMIRA(CF) PEN 40 MG/0.4 ML	without organ or systems involvement	INTERNAL MEDICINE	1							
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
HUMIRA(CF) PEN 40 MG/0.4 ML	without organ or systems involvement	Other Provider	1							
1111A 11DA (CT) DENI 40 A4C (O 4 A4)	Rheumatoid arthritis with rheumatoid factor of multiple sites	DUELINANTOLOGY								
HUMIRA(CF) PEN 40 MG/0.4 ML	without organ or systems involvement	RHEUMATOLOGY	3							
HUMIRA(CF) PEN 40 MG/0.4 ML	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	2							
HUMIRA(CF) PEN 40 MG/0.4 ML	Rheumatoid arthritis, unspecified	Other Provider	1							
HUMIRA(CF) PEN 40 MG/0.4 ML	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	4	1	1	 				
HUMIRA(CF) PEN 40 MG/0.4 ML	SARCOIDOSIS UNSPECIFIED	NURSE PRACTITIONER	1	-	<u> </u>	 	1	 		
TO THE TO HIS OF THE	S. M.CO.D. ON OF ECHTED	PEDIATRIC	+		-	<u> </u>		-		
HUMIRA(CF) PEN 40 MG/0.4 ML	Ulcerative (chronic) rectosigmoiditis without complications	GASTROENTEROLOGY	1							
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	DERMATOLOGY	26							
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	GASTROENTEROLOGY	21							
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	INTERNAL MEDICINE	1							
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	NEUROLOGY	1							
TOWNING(CF) FLIN HUNING/U.HINIL FEIN IJ KIT	IIV/A	INTOUCOUL	1,	L	l		l	l		<u> </u>

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	NURSE PRACTITIONER	1							ļ!
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	Other Provider	29	2	2					ļ!
		PEDIATRIC								'
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	GASTROENTEROLOGY	5							'
		PEDIATRIC NURSE								
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	PRACTITIONER	1							
		PEDIATRIC								'
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	RHEUMATOLOGY	1							
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	PHYSICIAN ASSISTANT	4							
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	N/A	RHEUMATOLOGY	43	6	6					
HUMIRA(CF) PEN CRHN-UC-HS 80MG	Crohn's disease, unspecified, without complications	GASTROENTEROLOGY	1							
HUMIRA(CF) PEN CRHN-UC-HS 80MG	Hidradenitis suppurativa	DERMATOLOGY	2							
HUMIRA(CF) PEN CRHN-UC-HS 80MG	Hidradenitis suppurativa	Other Provider	1							
HUMIRA(CF) PEN CRHN-UC-HS 80MG	N/A	GASTROENTEROLOGY	5							
HUMIRA(CF) PEN CRHN-UC-HS 80MG	N/A	Other Provider	1							
		PEDIATRIC								
HUMIRA(CF) PEN CRHN-UC-HS 80MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	1							1
HUMIRA(CF) PEN CRHN-UC-HS 80MG	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	2							
HUMIRA(CF) PEN CROHN'S-UC-HS 80MG/0.8ML PEN IJ KIT	N/A	DERMATOLOGY	3							
HUMIRA(CF) PEN CROHN'S-UC-HS 80MG/0.8ML PEN IJ KIT	N/A	GASTROENTEROLOGY	3							
HUMIRA(CF) PEN CROHN'S-UC-HS 80MG/0.8ML PEN IJ KIT	N/A	Other Provider	4							1
		PEDIATRIC								1
HUMIRA(CF) PEN CROHN'S-UC-HS 80MG/0.8ML PEN IJ KIT	N/A	GASTROENTEROLOGY	2							'
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG-40MG PEN IJ KIT	N/A	DERMATOLOGY	4	1	1					
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG-40MG PEN IJ KIT	N/A	RHEUMATOLOGY	1	_						
HUMIRA(CF) PEN PS-UV-AHS 80-40	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	1							
HUMIRA(CF) PEN PS-UV-AHS 80-40	Hidradenitis suppurativa	Other Provider	1							+
HUMIRA(CF) PEN PS-UV-AHS 80-40	Psoriasis vulgaris	DERMATOLOGY	2							
HUMULIN 70-30 VIAL	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
HUMULIN N 100/ML VIAL	N/A	INTERNAL MEDICINE	1							+
HUMULIN R 500 UNIT/ML KWIKPEN	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
HOWGEN K 300 OWI / WE KWIKI EN	Type 2 diasetes meintas with Hypergrycemia	ENDOCRINOLOGY AND	+							
HUMULIN R U-500 500/ML VIAL	N/A	METABOLISM	1							
HYALGAN OR SUPARTZ INJ DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ANESTHESIOLOGY	2	1	1	n	n			
HYALGAN OR SUPARTZ INJ DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ENDOCRINOLOGY AND	0	1	1	0	n			+
THAEGAN ON SOLAME IN BOSE	DIEATENAET KIMAKT OSTEGAKTIKTIS OF KNEE	METABOLISM	Ů	-	_					
HYALGAN OR SUPARTZ INJ DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	0	2	2	0	0			
HYALGAN OR SUPARTZ INJ DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PAIN MANAGEMENT	0	1	1	0	0			
HYALGAN OR SUPARTZ INJ DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	RHEUMATOLOGY	0	1	1	0	0			
HYALGAN OR SUPARTZ INJ DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	0	3	3	0	0			
HYALGAN OR SUPARTZ INJ DOSE	GENERALIZED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	1	0	0	0	0			
HYALGAN OR SUPARTZ INJ DOSE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	PAIN MANAGEMENT	0	1	1	0	0			
HYALGAN OR SUPARTZ INJ DOSE	PAIN IN LEFT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
HYALGAN OR SUPARTZ INJ DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PSYCHOLOGY, CHILD	0	1	1	0	0			
HYALGAN OR SUPARTZ INJ DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	4	4	0	0			t
HYALGAN OR SUPARTZ INJ DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	0	1	1	0	0			t
HYALGAN OR SUPARTZ INJ DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	INTERNAL MEDICINE	0	1	1	0	0			†
HYALGAN OR SUPARTZ INJ DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	RHEUMATOLOGY	0	1	1	0	0			\vdash
HYALGAN OR SUPARTZ INJ DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	2	2	0	0			
HYALOMATRIX	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	NURSE PRACTITIONER	0	1	1	0	0			\vdash
HYDROCODONE	Chronic pain syndrome	PAIN MANAGEMENT	1			-	-		1	+
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	N/A	FAMILY MEDICINE	+	1	1	+			-	+
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	N/A	PAIN MANAGEMENT	2	1	_					+
HYDROCODONE BIT-IBUPROFEN 7.5-200 MG TABLET	N/A	Other Provider	1							+
HYDROCODONE W/ACETAMINOPHEN 10MG-325MG TABLET	N/A	Other Provider Other Provider	1		-	1	-		-	+
HYDROCODONE W/ACETAMINOPHEN 7.5-325 MG TABLET	N/A	Other Provider Other Provider	1			1				+
TITUROCODONE W/ACETAWIINOPHEN 7.5-325 MG TABLET	IN/A	Other Provider	lτ	l	l		l .	l	l	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HYDROCODONE-ACETAMIN	Chronic pain syndrome	PAIN MANAGEMENT						1		
HYDROCODONE-ACETAMIN 10-325 MG	Arthrodesis status	SURGERY, ORTHOPEDIC	1							
HYDROCODONE-ACETAMIN 10-325 MG	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	Other Provider	1							
HYDROCODONE-ACETAMIN 10-325 MG HYDROCODONE-ACETAMIN 10-325 MG	Cervicalgia	FAMILY MEDICINE Other Provider	1							
HYDROCODONE-ACETAMIN 10-325 MG	Cervicalgia Chronic pain syndrome	NEUROLOGY	1							+
HYDROCODONE-ACETAMIN 10-325 MG	Chronic pain syndrome Chronic pain syndrome	Other Provider	4	1	1					+
HYDROCODONE-ACETAMIN 10-325 MG	Chronic pain syndrome	PAIN MANAGEMENT	3	1	1					+
HYDROCODONE-ACETAMIN 10-325 MG	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	FAMILY MEDICINE	1							
HYDROCODONE-ACETAMIN 10-325 MG	Low back pain	Other Provider	1							
HYDROCODONE-ACETAMIN 10-325 MG	N/A	FAMILY MEDICINE	1							
HYDROCODONE-ACETAMIN 10-325 MG	N/A	INTERNAL MEDICINE	1	1	1					
HYDROCODONE-ACETAMIN 10-325 MG	N/A	Other Provider	5							
		PHYSICAL MEDICINE AND								
HYDROCODONE-ACETAMIN 10-325 MG	N/A	REHABILITATION	1							<u> </u>
HYDROCODONE-ACETAMIN 10-325 MG	N/A	PODIATRY	1							<u> </u>
HYDROCODONE-ACETAMIN 10-325 MG	Other chronic pain	Other Provider	1							
		PHYSICAL MEDICINE AND								
HYDROCODONE-ACETAMIN 10-325 MG	Other chronic pain	REHABILITATION	1							
HYDROCODONE-ACETAMIN 10-325 MG	Other intervertebral disc degeneration, lumbar region	FAMILY MEDICINE	1							—
HYDROCODONE-ACETAMIN 10-325 MG	Other intervertebral disc displacement, lumbar region	FAMILY MEDICINE	1							—
HYDROCODONE-ACETAMIN 10-325 MG	Pain in left knee	SURGERY, ORTHOPEDIC	1							
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN UNSPECIFIED KNEE	Other Provider	1							
HYDROCODONE-ACETAMIN 10-325 MG	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	Other Provider		1	1					
HYDROCODONE-ACETAMIN 10-325 MG	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY, ORTHOPEDIC	1							<u> </u>
HYDROCODONE-ACETAMIN 10-325 MG	PLANTAR FASCIAL FIBROMATOSIS	Other Provider	1							
HYDROCODONE-ACETAMIN 10-325 MG	Postlaminectomy syndrome, not elsewhere classified	PAIN MANAGEMENT	1	1	1					
HYDROCODONE-ACETAMIN 10-325 MG	Radiculopathy, lumbar region	FAMILY MEDICINE	1							
HYDROCODONE-ACETAMIN 10-325 MG	Radiculopathy, lumbar region	NEUROLOGY	1							
HYDROCODONE-ACETAMIN 10-325 MG	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	Other Provider	1							—
HYDROCODONE-ACETAMIN 10-325 MG	Unknown	GYNECOLOGY (NO OB)	1							
HYDROCODONE-ACETAMIN 5-325 MG	ACUTE PAIN DUE TO TRAUMA	OBSTETRICS/GYNECOLOG	1							
HTDROCODONE-ACETAIVIIN 5-323 IVIG	Chronic migraine without aura, intractable, without status	PHYSICAL MEDICINE AND	1							+
HYDROCODONE-ACETAMIN 5-325 MG	migrainosus	REHABILITATION	1							
HYDROCODONE-ACETAMIN 5-325 MG	Chronic pain syndrome	FAMILY MEDICINE	1							+
HYDROCODONE-ACETAMIN 5-325 MG	Chronic pain syndrome	PAIN MANAGEMENT	2							†
HYDROCODONE-ACETAMIN 5-325 MG	DORSALGIA UNSPECIFIED(72148)	FAMILY MEDICINE		1	1					
HYDROCODONE-ACETAMIN 5-325 MG	Impacted teeth	Other Provider	2							
		SURGERY, ORAL AND								
HYDROCODONE-ACETAMIN 5-325 MG	Impacted teeth	MAXILLOFACIAL	1							
HYDROCODONE-ACETAMIN 5-325 MG	N/A	Other Provider	2							
HYDROCODONE-ACETAMIN 5-325 MG	N/A	SURGERY, PLASTIC	1							
		OBSTETRICS/GYNECOLOG								
HYDROCODONE-ACETAMIN 5-325 MG	OTH NONINFLAMM D/O OVARY FALLOP TUBE & DROAD LIG	Υ	1							
	OTHER ACUTE POSTPROCEDURAL PAIN(27570), Unknown(27570									
),Unknown(29884),OTHER ACUTE POSTPROCEDURAL PAIN(29884	OBSTETRICS/GYNECOLOG								
HYDROCODONE-ACETAMIN 5-325 MG),	Υ	2							
	OTHER ACUTE POSTPROCEDURAL PAIN(27570),Unknown(27570									
LIVER OCCUPANT ACCTANAIN COCCU),Unknown(29884),OTHER ACUTE POSTPROCEDURAL PAIN(29884		L							
HYDROCODONE ACETAMIN 5-325 MG), Other interpretable disable and a second in the second	UROLOGY	1		-					+
HYDROCODONE-ACETAMIN 5-325 MG	Other intervertebral disc degeneration, lumbar region	Other Provider	1		1	1				+
HYDROCODONE-ACETAMIN 5-325 MG	Other intervertebral disc degeneration, lumbosacral region	Other Provider	1	1						

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HYDROCODONE-ACETAMIN 5-325 MG	Postlaminectomy syndrome, not elsewhere classified	Other Provider	2							
HYDROCODONE-ACETAMIN 5-325 MG	RADICULOPATHY CERVICAL REGION(72141)	INTERNAL MEDICINE		1	1					
LIVEROCOPONE ACETANAINE 225 MC	Rheumatoid arthritis with rheumatoid factor of multiple sites	DUELINANTOLOGY	1							
HYDROCODONE-ACETAMIN 5-325 MG	without organ or systems involvement	RHEUMATOLOGY	1							
	Unknown(64493),Unknown(64493),SPONDYLOSIS W/O									
	MYELOPATH/RADICULOPATHY LUMB RGN(64493),SPONDYLOSIS									
	W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493									
),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB									
HYDROCODONE-ACETAMIN 5-325 MG	RGN(64494),SPONDYLOSIS W/O MYELOPATH/RADICU	PAIN MANAGEMENT	1							
HYDROCODONE-ACETAMIN 7.5-325	Chronic pain syndrome	GENERAL PRACTICE	1							
HYDROCODONE-ACETAMIN 7.5-325	Chronic pain syndrome	Other Provider	2							
HYDROCODONE-ACETAMIN 7.5-325	MYALGIA	FAMILY MEDICINE	1							
HYDROCODONE-ACETAMIN 7.5-325	N/A	Other Provider	3							
THE NOCODENE NCETAININ 7.5 325	liya .	Other Frovider	,							
HYDROCODONE-ACETAMIN 7.5-325	N/A	SURGERY, ORTHOPEDIC		1	1					
	1-4	zzzz, oo. Ebic		_	_					
HYDROCODONE-ACETAMIN 7.5-325	Other cervical disc displacement, unspecified cervical region	PAIN MANAGEMENT	1							
HYDROCODONE-ACETAMIN 7.5-325	Pain in left knee	FAMILY MEDICINE	1							
HYDROCODONE-ACETAMIN 7.5-325	Radiculopathy, lumbar region	PAIN MANAGEMENT	1							
			_							
	Unknown(64493),Unknown(64493),SPONDYLOSIS W/O									
	MYELOPATH/RADICULOPATHY LUMB RGN(64493),SPONDYLOSIS									
	W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493									
),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB	PHYSICAL MEDICINE AND								
HYDROCODONE-ACETAMIN 7.5-325	RGN(64494),SPONDYLOSIS W/O MYELOPATH/RADICU	REHABILITATION	1							
HYDROCODONE-ACETAMINOP 10MG-325MG TABLET	N/A	Other Provider	3							
HYDROCODONE-ACETAMINOP 10MG-325MG TABLET	N/A	PAIN MANAGEMENT	1							
HYDROCODONE-ACETAMINOP 10MG-325MG TABLET	N/A	PODIATRY	1							
		OBSTETRICS/GYNECOLOG								
HYDROCODONE-ACETAMINOP 5 MG-325MG TABLET	N/A	Υ	1							
HYDROCODONE-ACETAMINOP 7.5-325 MG TABLET	N/A	NEUROLOGY	1							
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	FAMILY MEDICINE	13	1	1					
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	INTERNAL MEDICINE	8	4	4					
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	NEUROLOGY	2							
		OCCUPATIONAL								
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	MEDICINE	1							
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	ONCOLOGY	3							
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	Other Provider	23	5	5					
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	PAIN MANAGEMENT	5							
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	PEDIATRICS		1	1					
		PHYSICAL MEDICINE AND								
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	REHABILITATION	3	1	1					
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	RHEUMATOLOGY	3							
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	SPORTS MEDICINE		3	3					
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	SURGERY, GENERAL	1							
		l		l.	1.					
HYDROCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	SURGERY, ORTHOPEDIC	22	1	1					
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	FAMILY MEDICINE	8							
		FAMILY NURSE								
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	PRACTITIONER	1	<u> </u>	ļ. —					
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	INTERNAL MEDICINE	5	1	1					
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	NEUROLOGY	1	<u> </u>						
LIVER OCCUPANTE A CETTA A MINORIUM TO THE CONTROL OF THE CONTROL O	11/4	OBSTETRICS/GYNECOLOG		<u> </u>						
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	ONCOLOCY.	1	1	1					
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	ONCOLOGY	2		L					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	Other Provider	10							
		OTOLADVAICOLOGY /FAD								
HYDROCODONE ACETAMINOPHEN E MC 22EMC TARLET	N/A	OTOLARYNGOLOGY (EAR,	1							
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A N/A	NOSE, AND THROAT) PAIN MANAGEMENT	1	1	1					
HTDROCODONE-ACETAINIINOPHEN 5 INIG-525INIG TABLET	IN/A	PHYSICAL MEDICINE AND	Z	1	1					
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	REHABILITATION	2							
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	PODIATRY	2	1	1					
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	RHEUMATOLOGY	1	_	1					\vdash
THE ROCCE FOR THE STATE OF THE SESSION OF THE SESSI		SURGERY, COLON AND	-							\vdash
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	RECTAL	1							
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	SURGERY, GENERAL	1							
			-							
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	SURGERY, ORTHOPEDIC	3							
HYDROCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	SURGERY, THORACIC	1							
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	FAMILY MEDICINE	10	1	1					
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	NEUROLOGY	1							
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	Other Provider	6	1	1					
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	PAIN MANAGEMENT	3							
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	PEDIATRICS	1							
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	SURGERY, ORTHOPEDIC	3	1	1					
HYDROCODONE-ACETAMINOPHEN 7.5-325/15 SOLUTION	N/A	ONCOLOGY	1							
		OTOLARYNGOLOGY (EAR,								
HYDROCODONE-ACETAMINOPHEN 7.5-325/15 SOLUTION	N/A	NOSE, AND THROAT)	2							
HYDROCODONE-CHLORPHEN ER SUSP	Cough	INTERNAL MEDICINE		1	1					
HYDROCODONE-CHLORPHEN ER SUSP	Cough	ONCOLOGY	1							
HYDROCODONE-CHLORPHEN ER SUSP	SECONDARY MALIGNANT NEOPLASM OF BONE	Other Provider	2							
HYDROCODONE-CHLORPHENIRAMNE ER 10-8MG/5ML SUS.12H SR	N/A	FAMILY MEDICINE	1	1	1					
HYDROCODONE-CHLORPHENIRAMNE ER 10-8MG/5ML SUS.12H SR	N/A	INTERNAL MEDICINE	3	1	1					
HYDROCODONE-CHLORPHENIRAMNE ER 10-8MG/5ML SUS.12H SR	N/A	ONCOLOGY	1	1	1					
HYDROCODONE-CHLORPHENIRAMNE ER 10-8MG/5ML SUS.12H SR	N/A	Other Provider	1	1	1					
HYDROCODONE-CHLORPHENIRAMNE ER 10-8MG/5ML SUS.12H SR	N/A	PHYSICIAN ASSISTANT		1	1					
HYDROCODONE-CHLORPHENIRAMNE ER 10-8MG/5ML SUS.12H SR	N/A	PULMONARY DISEASE	1							ļ
HYDROCORTISONE BUTYRATE 0.1 % LOTION	N/A	DERMATOLOGY	1							
HYDROCORTISONE SODIUM SUCC I	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	HEMATOLOGY	3	0	0	0	0			
HYDROCORTISONE SODIUM SUCC I	IRON DEFICIENCY ANEMIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
HYDROCORTISONE SODIUM SUCC I	SUBMUCOUS LEIOMYOMA OF UTERUS	HEMATOLOGY	1	0	0	0	0			
HYDROMET 5-1.5 MG/5 SYRUP	N/A	FAMILY MEDICINE	3							
HYDROMORPHONE 4 MG TABLET	N/A	INTERNAL MEDICINE	1							
HYDROMORPHONE 4 MG TABLET	NEURALGIA AND NEURITIS UNSPECIFIED	PAIN MANAGEMENT	1	-	-					
HYDROMORPHONE 8 MG TABLET	Chronic pain syndrome	Other Provider	1							\vdash
HYDROMORPHONE HCL 2 MG TARLET	N/A	OBSTETRICS/GYNECOLOG	1	1	1					
HYDROMORPHONE HCL 2 MG TABLET	N/A N/A	DAIN MANNACEMENT	1	1	1					++
HYDROMORPHONE HCL 4 MG TABLET	IN/A	PAIN MANAGEMENT PHYSICAL MEDICINE AND	1	1	1					\vdash
HYDROMORPHONE HCL 4 MG TABLET	N/A	REHABILITATION	1							
THE ROMONI HONE TICE 4 ING TABLET		METABLITATION	1							\vdash
HYDROMORPHONE HCL ER 12 MG TAB	Spinal stenosis, lumbar region with neurogenic claudication	Other Provider	1							
		- and tronder	1-	1	1					

Procedure Code Doucliption											
Importance Colored 200 No. 194				Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Importance Description D		Diagnosis Code Description		Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PRINCENTOCHOCOLOUS 2004 05 70				1							<u> </u>
PRINCENCYCHOROGUNE 2016 MC 1948 N.A.	·			1							
PREPROVEDERGOOUNE 200 MS TAB. MA. MILE MATERIAL PLANT MATERIAL PROVINCE AND A METAL P				1	1	1					
PRODUCTICHOQUINE 200 MS TAB	HYDROXYCHLOROQUINE 200 MG TAB	·	NURSE PRACTITIONER	1							
INDIGENOMINE 200 MG TAB	HYDROXYCHLOROQUINE 200 MG TAB		Other Provider	2							
### SPACESTATE OF TABLET ### SPACESTATE OF	HYDROXYCHLOROQUINE 200 MG TAB	N/A	RHEUMATOLOGY	4							
INFORDING CHILDROQUINE 200 MG TAB	HYDROXYCHLOROQUINE 200 MG TAB	POLYARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	1							
RECUMATOLOGY 2		Rheumatoid arthritis with rheumatoid factor of multiple sites									
PRODUCTICHOROQUINE 200 MG 748	HYDROXYCHLOROQUINE 200 MG TAB	without organ or systems involvement	Other Provider	1							
HYPROXYCHI, DROQUINE 200 MG TAB		Rheumatoid arthritis with rheumatoid factor of multiple sites									
INFORMOTICH DOCUME 20 MS 1748	HYDROXYCHLOROQUINE 200 MG TAB	without organ or systems involvement	RHEUMATOLOGY	2							
INDEDITYCHICHORQUINE 200 MG TAB INDEDITYCHICAGO 1	HYDROXYCHLOROOLIINE 200 MG TAB	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHELIMATOLOGY	1							
INDROXYCHLOROQUINE 200 MG TAB SEAR SPONDTOLOSE W/M PATE(DATE) MG				2					-		
INDROXYCHIOROQUINE 200 MB TAB				1					-		
INDROXYCHI.ORQUINE 20 MG TAB				1							
INDRODYCHICROQUINE 20 MG TAB				1							
INDROXYCHIGROQUINE 200 MG TAB				2							1
HYDROXYCHIORQUINE 200 MG TAB				1							1
INDROXYCHIOROQUINE SULFATE 200 MG TABLET				1							
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET				5							
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	-			1	2	2					
PRACTITIONER PRIMARY	HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	N/A		3	2	2					
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET											
WORDOXYCHLOROQUINE SULFATE 200 MG TABLET											
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET N/A	HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	N/A		1							
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET											
HYDROXYCHIOROQUINE SULFATE 200 MG TABLET N/A	HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	N/A	PRACTITIONER	1							
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	· · · · · · · · · · · · · · · · · · ·	·		2							
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET				12							
HYDROXYCHLOROQUINE SULFATE 200 MG TABLET N/A OBSTETRICS/GYNECOLOG HYDROXYPROGEST 250 MG/ML VIAL N/A N/A N/A N/A N/A N/A N/A N	HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	N/A	PHYSICIAN ASSISTANT	3							
NA OBSTETRICS/GYNECOLOG 1	HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	N/A	PULMONARY DISEASE	1							
HYDROXYPROGEST 250 MG/ML VIAL N/A Supervision of pregnancy with history of pre-term labor, unspecified MATERNAL AND FETAL Hydroxyprogesterone trimester OBSTETRICS/GYNECOLOG HYDROXYPROGESTERONE CAPROATE 250 MG/ML VIAL N/A Y HYLATOPICPLUS CREAM (G) N/A HYLATOPICPLUS CREAM (G) N/A DERMATOLOGY 1 1 1 0 0 0 HYMOVIS INJECTION 1 MG BILATERAL PRIMARY OSTEDARTHRITIS OF KNEE PAIN MANAGEMENT HYMOVIS INJECTION 1 MG BILATERAL PRIMARY OSTEDARTHRITIS OF KNEE PAIN MANAGEMENT HYMOVIS INJECTION 1 MG PAIN IN RIGHT KNEE FAMILY MEDICINE HYMOVIS NIPCTION 1 MG PAIN IN RIGHT KNEE FAMILY MEDICINE HYDROXYPROGESTERONE ACQUIRED ABSENCE OF BILATERAL BREATS AND NIPPLES HYPERBARIC OXYGEN THERAPY ACQUIRED ABSENCE OF BILATERAL BREATS AND NIPPLES HYPERBARIC OXYGEN THERAPY CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LIEU WEXTRM HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY DIABETES MELLITUS DUE TO UNDERLIVING CONDITION W FOOT ULCER HYPERBARIC OXYGEN THERAPY EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE TO OTHER INDIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY REPOSURE THE MACROAD TO THE	HYDROXYCHLOROQUINE SULFATE 200 MG TABLET	N/A	RHEUMATOLOGY	51							
Supervision of pregnancy with history of pre-term labor, unspecified MATERNAL AND FETAL MEDICINE HYDROXYPROGESTERONE CAPROATE 250 MG/ML VIAL N/A HYLATOPICPLUS CREAM (G) N/A HYLATOPI	LIVED DOWN DECEST 250 MG /MI MAN	N/A	OBSTETRICS/GYNECOLOG		4	4					
Hydroxyprogesterone	HYDROXYPROGEST 250 MG/ML VIAL	· '	Y	1	1	1					
HYDROXYPROGESTERONE CAPROATE 250 MG/ML VIAL											
HYDROXYPROGESTERONE CAPROATE 250 MG/ML VIAL N/A N/A DERMATOLOGY 1 1 1 0 0 0 1 1 1 0 0	Hydroxyprogesterone	trimester								1	
HYLATOPICPLUS CREAM (G) N/A BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PAIN MANAGEMENT 1 1 0 0 0 HYMOVIS INJECTION 1 MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PAIN MANAGEMENT 1 1 0 0 0 HYMOVIS INJECTION 1 MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE RHEUMATOLOGY 0 1 1 1 0 0 0 HYMOVIS INJECTION 1 MG PAIN IN RIGHT KNEE FAMILY MEDICINE 0 1 1 1 0 0 0 HYOLO MYOTOMY & SUSPENSION OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OTOLARYNGOLOGY (EAR, 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			OBSTETRICS/GYNECOLOG								
HYMOVIS INJECTION 1 MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PAIN MANAGEMENT O 1 1 1 0 0 0 HYMOVIS INJECTION 1 MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE RHEUMATOLOGY O 1 1 1 0 0 0 0 HYMOVIS INJECTION 1 MG PAIN IN RIGHT KNEE FAMILY MEDICINE O 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·		Υ	3							
HYMOVIS INJECTION 1 MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE RHEUMATOLOGY 0 1 1 1 0 0 0 HYMOVIS INJECTION 1 MG PAIN IN RIGHT KNEE FAMILY MEDICINE 0 1 1 1 0 0 0 HYDID MYOTOMY & SUSPENSION OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OTOLARYMGOLOGY (EAR, 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· '		1	1	1					
HYMOVIS INJECTION 1 MG PAIN IN RIGHT KNEE FAMILY MEDICINE O 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1	1	0	0			
HYOID MYOTOMY & SUSPENSION OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OTOLARYNGOLOGY (EAR, NOSE, AND THROAT) HYPERBARIC OXYGEN THERAPY ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES HYPICAL MEDICINE ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES HYPERBARIC OXYGEN THERAPY ACUTE KIDNEY FAILURE, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 0 HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER HYPERBARIC OXYGEN THERAPY DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER HYPERBARIC OXYGEN THERAPY EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC OXYGEN THERAPY GANGRENE, NOT ELSEWHERE CLASSIFIED INFECTIOUS DISEASE 1 0 0 0 0 HYPERBARIC OXYGEN THERAPY GANGRENE, NOT ELSEWHERE CLASSIFIED INFECTIOUS DISEASE 1 0 0 0 0 HYPERBARIC OXYGEN THERAPY GRANGARENE, NOT ELSEWHERE CLASSIFIED INFECTIOUS DISEASE 1 0 0 0 0 0 HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA FAMILY MEDICINE 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1	1	0	0			
NOSE, AND THROAT) HYPERBARIC OXYGEN THERAPY ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES PHYSICAL MEDICINE FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1	1	0	0			
HYPERBARIC OXYGEN THERAPY ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES PHYSICAL MEDICINE 1 0 0 0 0 0 0 0 1 1 1 1 1 0 0 0 0 0 0 0	HYOID MYOTOMY & SUSPENSION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY ACUTE KIDNEY FAILURE, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LIVERDE ANG CONCEAL THERADY	ACQUIDED ADCENCE OF DUATEDAY DOS 1000 100 1000 100		1			2	0	-		
HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER HYPERBARIC & UNDERSEA I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	U	U	U	U	-		
HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER HYPERBARIC & UNDERSEA MEDICINE HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 HYPERBARIC OXYGEN THERAPY DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER HYPERBARIC OXYGEN THERAPY EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC & UNDERSEA HYPERBARIC & UNDERSEA HYPERBARIC OXYGEN THERAPY GANGRENE, NOT ELSEWHERE CLASSIFIED INFECTIOUS DISEASE 1 0 0 0 0 HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA FAMILY MEDICINE 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	U -	U	U	U			<u> </u>
MEDICINE HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER FAMILY MEDICINE HYPERBARIC OXYGEN THERAPY DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER HYPERBARIC OXYGEN THERAPY EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC & UNDERSEA MEDICINE HYPERBARIC & UNDERSEA MEDICINE HYPERBARIC OXYGEN THERAPY GANGRENE, NOT ELSEWHERE CLASSIFIED INFECTIOUS DISEASE 1 0 0 0 0 0 HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA FAMILY MEDICINE 1 1 1 0 0 0				1	U	U	U	U			<u> </u>
HYPERBARIC OXYGEN THERAPY CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER FAMILY MEDICINE INTERNAL MEDICINE INTERNAL MEDICINE INTERNAL MEDICINE HYPERBARIC & UNDERSEA MEDICINE HYPERBARIC OXYGEN THERAPY GANGRENE, NOT ELSEWHERE CLASSIFIED HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HYPERBARIC UXYGEN THERAPY	CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER		1	U	U	U	U			
HYPERBARIC OXYGEN THERAPY EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA HYPERBARIC & UNDERSEA HYPERBARIC & UNDERSEA MEDICINE HYPERBARIC OXYGEN THERAPY GANGRENE, NOT ELSEWHERE CLASSIFIED INFECTIOUS DISEASE 1 0 0 0 0 0 HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA FAMILY MEDICINE 1 1 0 0 0	HYPERBARIC OXYGEN THERAPY	CRUSHING INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER		1	0	0	0	0			
MEDICINE MED	HYPERBARIC OXYGEN THERAPY	DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY GANGRENE, NOT ELSEWHERE CLASSIFIED INFECTIOUS DISEASE 1 0 0 0 0 0 HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA FAMILY MEDICINE 1 1 1 0 0 0	HYPERBARIC OXYGEN THERAPY	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA		1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY IRRADIATION CYSTITIS WITH HEMATURIA FAMILY MEDICINE 1 1 1 0 0	HYPERBARIC OXYGEN THERAPY	GANGRENE, NOT ELSEWHERE CLASSIFIED		1	0	0	0	0			
				1	1	1	0	0			1
IHYPERBARIC UXYGEN THERAPY IMALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP. IFAMILY MEDICINE 11 10 10 10 10 10 1 1 1	HYPERBARIC OXYGEN THERAPY	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	FAMILY MEDICINE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HYPERBARIC OXYGEN THERAPY	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W NECROSIS OF BONE	INTERNAL MEDICINE	0	1	1	0	0			
HYPERBARIC OXYGEN THERAPY	OTH DISRD OF THE SKIN, SUBCU RELATED TO RADIATION	HYPERBARIC & UNDERSEA MEDICINE	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	FAMILY MEDICINE	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	FAMILY MEDICINE	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	NURSE PRACTITIONER	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	PHYSICAL MEDICINE	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	COUNSELING	4	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	FAMILY MEDICINE	2	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	HYPERBARIC & UNDERSEA MEDICINE	4	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	INTERNAL MEDICINE	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	PHYSICAL MEDICINE	1	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	PHYSICIAN ASSISTANT	6	0	0	0	0			
HYPERBARIC OXYGEN THERAPY	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	FAMILY MEDICINE	0	1	1	0	0			†
HYPERBARIC OXYGEN THERAPY	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	HYPERBARIC & UNDERSEA	0	1	1	0	0			
HYPERBARIC OXYGEN THERAPY	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER	MEDICINE FAMILY MEDICINE	1	0	n	0	0			+
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	FAMILY MEDICINE	4	0	n	0	0			
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INFECTIOUS DISEASE	1	0	n	0	0			+
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	2	0	n	0	0			+
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	0	1	0	0	1			+
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT OLCER	SURGERY, VASCULAR	2	0	0	0	0			
HYPERTHERMIA TREATMENT	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	SURGERY, GENERAL	1	0	0	0	0			
HYQVIA 100MG IMMUNEGLOBULIN	COM VARIAB IMMUNODEF W PREDOM ABRILT OF B-CELL NUMS & FUNCTN		1	0	0	0	0			+
<u> </u>		· ·	1	-	-		-			
HYQVIA 100MG IMMUNEGLOBULIN	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN		1	0	0	0	0			
HYQVIA 100MG IMMUNEGLOBULIN	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	1	1	1	0	0			
HYQVIA 100MG IMMUNEGLOBULIN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
HYQVIA 100MG IMMUNEGLOBULIN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
HYQVIA 100MG IMMUNEGLOBULIN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	HEMATOLOGY	1	0	0	0	0			
HYSINGLA ER 30 MG TAB ER 24H	N/A	Other Provider		1	1					
HYSINGLA ER 30 MG TABLET	N/A SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN(64633	Other Provider	1							<u> </u>
HYSINGLA ER 30 MG TABLET	1	PAIN MANAGEMENT	1							1
HYSINGLA ER 80 MG TABLET	N/A	PAIN MANAGEMENT	1							
HYSTEROSCOPE PROCEDURE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
					_	_	_			
HYSTEROSCOPE PROCEDURE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
HYSTEROSCOPE PROCEDURE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	TY SOCIAL WORK	1	0	0	0	0		-	+
HYSTEROSCOPY ABLATION	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HYSTEROSCOPY ABLATION	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	7	0	0	0	0			
HYSTEROSCOPY ABLATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			
HYSTEROSCOPY ABLATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	FAMILY MEDICINE	1	0	n	0	n			+
HYSTEROSCOPY ABLATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	8	0	0	0	0			
HYSTEROSCOPY ABLATION	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			<u> </u>
LIVETED OCCODY ADJATION	DELVIC AND DEDINIFAL DAIN	EARAU VAAEDICINE								
HYSTEROSCOPY ABLATION	PELVIC AND PERINEAL PAIN	FAMILY MEDICINE	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	OBSTETRICS/GYNECOLOGY	1	0	0	U	U			<u> </u>
HYSTEROSCOPY BIOPSY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			
HYSTEROSCOPY BIOPSY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	SOCIAL WORK	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
HYSTEROSCOPY BIOPSY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	SURGERY, ORTHOPEDIC	1	0	0	0	0			2,
HYSTEROSCOPY BIOPSY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	GYNECOLOGY (NO OB)	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	11	0	0	0	0			
HYSTEROSCOPY BIOPSY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	SOCIAL WORK	3	0	0	0	0			
HYSTEROSCOPY BIOPSY	ACUTE APPENDICITIS WITH LOC PERITONITIS, W/O PERF OR GANGR	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ENCOUNTER FOR FERTILITY TESTING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ENCOUNTER FOR FERTILITY TESTING	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ENCOUNTER FOR PROCREATIVE MANAGEMENT, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	FAMILY MEDICINE	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
HYSTEROSCOPY BIOPSY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	FAMILY MEDICINE	3	0	0	0	0			
HYSTEROSCOPY BIOPSY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	8	0	0	0	0			
HYSTEROSCOPY BIOPSY	FEMALE INFERTILITY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	HEMORRHAGE OF ANUS AND RECTUM	GYNECOLOGY (NO OB)	1	0	0	0	0			l l
HYSTEROSCOPY BIOPSY	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	IRREGULAR MENSTRUATION, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	1	1	0	0			
HYSTEROSCOPY BIOPSY	LEIOMYOMA OF UTERUS, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	MALIGNANT NEOPLASM OF ENDOCERVIX	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	MALIGNANT NEOPLASM OF ENDOMETRIUM	FAMILY MEDICINE	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	MALIGNANT NEOPLASM OF ENDOMETRIUM	INTERNAL MEDICINE	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	MALIGNANT NEOPLASM OF ENDOMETRIUM	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	NONINFLAMMATORY DISORD OF OVARY, FALLOP & BROAD LIGMT, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			l l
HYSTEROSCOPY BIOPSY	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HYSTEROSCOPY BIOPSY	OVULATION BLEEDING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	PNEUMONIA, UNSPECIFIED ORGANISM	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	POLYCYSTIC OVARIAN SYNDROME	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
HYSTEROSCOPY BIOPSY	POLYP OF CERVIX UTERI	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY BIOPSY	POLYP OF CORPUS UTERI	FAMILY MEDICINE	3	0	0	0	0			
HYSTEROSCOPY BIOPSY	POLYP OF CORPUS UTERI	OBSTETRICS/GYNECOLOGY	15	0	0	0	0			
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			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
HYSTEROSCOPY BIOPSY	POLYP OF CORPUS UTERI	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	2	0	0	0	0			
HYSTEROSCOPY BIOPSY	POLYP OF CORPUS UTERI	SOCIAL WORK	4	0	0	0	0			1
HYSTEROSCOPY BIOPSY	POSTMENOPAUSAL BLEEDING	OBSTETRICS/GYNECOLOGY	12	0	0	0	0			
HYSTEROSCOPY BIOPSY	SNORING	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
HYSTEROSCOPY BIOPSY	UNSPECIFIED OVARIAN CYST, LEFT SIDE	FAMILY MEDICINE	1	0	0	0	0			+
HYSTEROSCOPY DX SEP PROC	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
HYSTEROSCOPY DX SEP PROC	UNSPECIFIED ABDOMINAL PAIN	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
HYSTEROSCOPY REMOVE FB	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INIT	FAMILY MEDICINE	2	0	0	0	0			1
HYSTEROSCOPY REMOVE FB	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INIT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY REMOVE FB	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, SUBS	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			1
HYSTEROSCOPY REMOVE FB	IRREGULAR MENSTRUATION, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY REMOVE MYOMA	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	GYNECOLOGY (NO OB)	2	0	0	0	0			+
HYSTEROSCOPY REMOVE MYOMA	EPIGASTRIC PAIN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
HYSTEROSCOPY REMOVE MYOMA	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			-
HYSTEROSCOPY REMOVE MYOMA	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY REMOVE MYOMA	HEMORRHAGE OF ANUS AND RECTUM	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY REMOVE MYOMA	POSTMENOPAUSAL BLEEDING	GYNECOLOGY (NO OB)	1	0	0	0	0			+
HYSTEROSCOPY REMOVE MYOMA	POSTMENOPAUSAL BLEEDING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
HYSTEROSCOPY REMOVE MYOMA	SUBMUCOUS LEIOMYOMA OF UTERUS	GYNECOLOGY (NO OB)	1	0	0	0	0			+
HYSTEROSCOPY REMOVE MYOMA	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	9	0	0	0	0			
										+
IBRANCE 100 MG CAPSULE	Malignant neoplasm of overlapping sites of left female breast	INTERNAL MEDICINE	1							
IBRANCE 100 MG TABLET	N/A	NURSE PRACTITIONER	1							
IBRANCE 100 MG TABLET	N/A	Other Provider	1							
IBRANCE 125 MG CAPSULE	Malignant neoplasm of unspecified site of unspecified female breast	Other Provider	1							
IBRANCE 125 MG CAPSULE	Malignant neoplasm of upper-outer quadrant of left female breast	ONCOLOGY	1							
IBRANCE 125 MG CAPSULE	N/A	ONCOLOGY	1							+
			1							
IBRANCE 125 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	ONCOLOGY	1							+
IBRANCE 125 MG TABLET	Malignant neoplasm of unspecified site of unspecified female breast	Other Provider		1	1					
IBRANCE 125 MG TABLET	N/A	INTERNAL MEDICINE	1							
IBRANCE 125 MG TABLET	N/A	ONCOLOGY	1							
IBRANCE 75 MG CAPSULE	N/A	Other Provider	1							
ICATIBANT 30 MG/3 ML SYRINGE	N/A	ALLERGY/IMMUNOLOGY	1							
ICG ANGIOGRAPHY UNI/BI	COVID-19	SURGERY, PLASTIC	1	0	0	0	0			
ICLUSIG 15 MG TABLET	N/A	ONCOLOGY	1							
ICOSAPENT ETHYL 1 G CAPSULE	N/A	FAMILY MEDICINE	1	1	1					$\perp $
ICOSAPENT ETHYL 1 G CAPSULE	N/A	INTERNAL MEDICINE		2	2					
ICOSAPENT ETHYL 1 G CAPSULE	N/A	Other Provider		4	4					
ICOSAPENT ETHYL 1 GRAM CAPSULE	Mixed hyperlipidemia	ENDOCRINOLOGY AND METABOLISM	1							

			T-1-1104	T-1-1104	Medical	Experimental &	Network	Total	Total	
Duncadous Cada Danariation	Discussis Code Description	Dunidas Canalaltu	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved
Procedure Code Description ICOSAPENT ETHYL 1 GRAM CAPSULE	Diagnosis Code Description	Provider Specialty FAMILY MEDICINE	Approvais	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IRO
ICOSAPENT ETHTL 1 GRAW CAPSULE	Pure hyperglyceridemia Pure hyperglyceridemia	INTERNAL MEDICINE	1	1	1					-
IDHIFA 100 MG TABLET	N/A	ONCOLOGY	1							
IFOSFAMIDE INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			-
IFOSFAMIDE INJECTION	IMALIGNANT NEOFLASINI OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL WEDICINE	1	U	U	O	U			
		PEDIATRIC								
ILARIS 150 MG/ML VIAL	N/A	RHEUMATOLOGY	1	1	1					
·		PEDIATRIC SPORTS								1
ILARIS 150 MG/ML VIAL	N/A	MEDICINE	2							
ILARIS 150 MG/ML VIAL	N/A	RHEUMATOLOGY	1							
ILEOSTOMY/JEJUNOSTOMY	MALIGNANT NEOPLASM OF LEFT OVARY	SURGERY, GENERAL	1	0	0	0	0			
ILIAC REVASC	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	SURGERY, VASCULAR	1	0	0	0	0			
ILIAC REVASC	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	BEHAVIORAL NURSE	1	0	0	0	0			
ILIAC REVASC	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	RADIOLOGY	1	0	0	0	0			
	Atherosclerosis of native arteries of extremities with intermittent	CARDIOVASCULAR								
ILIAC REVASC	claudication, bilateral legs	DISEASE							1	
ILIAC REVASC	ATHEROSCLEROSIS OF OTHER ARTERIES	CARDIOVASCULAR DISEASE	1	0	0	0	0			
				_			_			
ILIAC REVASC	ATHSCL NATIVE ART OF LEFT LEG WITH ULCER OTH PRT LOW LEG	SURGERY, VASCULAR	1	0	0	0	0			
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	SURGERY, VASCULAR	1	0	0	0	0			
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	3	0	0	0	0			
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	1	1	0	0			
	,	INTERVENTIONAL								
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	2	0	0	0	0			
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, RIGHT LEG	SURGERY, VASCULAR	0	1	1	0	0			-
ILIAC REVASC	ATHSCL NATIVE ARTERIES OF EXTRIM W INTRIMIT CLAOD, RIGHT LEG ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	SURGERY, VASCULAR	1	0	0	0	0			-
ILIAC REVASC	COMPRESSION OF VEIN	SOCIAL WORK	0	1	1	0	0			\vdash
ILIAC REVASC	COMPRESSION OF VEIN	VASCULAR &	0	1	1	0	0			-
ILIAC REVASC	COMPRESSION OF VEIN	INTERVENTIONAL RADIOLOGY	U		1	Ü	U			
ILIAC REVASC	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR &	2	0	0	0	0			
		INTERVENTIONAL								
		RADIOLOGY		_	_		_			
ILIAC REVASC	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ILIAC REVASC	OTH COMPLICATION OF VASCULAR DIALYSIS CATHETER, INIT ENCNTR	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ILIAC REVASC	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ILIAC REVASC	PARTIAL TRAUMATIC AMPUTATION OF LEFT FOOT, LEVEL UNSP, INIT	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
		CAMBIO VASCOLAM BISEASE	-		ŭ					
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	5	0	0	0	0			
ILIAC REVASC	Peripheral vascular disease, unspecified	Physician							1	-
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	PSYCHOLOGY	1	1	1	0	0			-
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			+
ILLIAC NE VASC	TERRIT MENAL VASCOBAR DISEASE, ONSI EGITIED	SONGENT, CANDIO VASCOLAN		1	1		O			
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, THORACIC	1	0	0	0	0			
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	2	2	0	0			
ILIAC REVASC	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR &	0	1	1	0	0			
		INTERVENTIONAL								
WIAC DEVACE	TVDE 2 DIAD WITH DDOLLE DIAD DTNOD WITHOUT AAACH 12 525111 C	RADIOLOGY		0	0		0			
ILIAC REVASC	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	CARDIOVASCULAR DISEASE	1	U	U	U	U			
ILIAC REVASC	TYPE 2 DIABETES MELLITUS W DIABETIC NEUROPATHIC ARTHROPATHY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
ILIAC REVASC	Venous insufficiency (chronic) (peripheral)	Other Provider		L					1	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ILIAC REVASC	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR &	0	1	1	0	0			
	· · · · · · · · · · · · · · · · · · ·	INTERVENTIONAL								
HIAC DELVACO ADD ON	ATUCCI MATIVE ADTEDIC OF EVEDEANTIES WILLICEDATION	RADIOLOGY	2		0	2	0			├
ILIAC REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	O	0			
ILIAC REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	1	1	0	0			
		INTERVENTIONAL								
ILIAC REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
ILIAC REVASC ADD-ON	COMPRESSION OF VEIN	SOCIAL WORK	0	1	1	0	0			+
ILIAC REVASC ADD-ON	COMPRESSION OF VEIN	VASCULAR &	0	1	1	0	0			1
		INTERVENTIONAL								
HIAC DELVACO ADD ON	CANCERNE MOTEUCEWHERE CLASSIFIED	RADIOLOGY	2		0	2	0			┼
ILIAC REVASC ADD-ON	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL	2	U	U	U	U			
		RADIOLOGY								
ILIAC REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	5	0	0	0	0			
ILIAC REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
ILIAC REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERT, CARDIOVASCULAR	U	1	1	U	U			
ILIAC REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			
ILIAC REVASC W/STENT	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	BEHAVIORAL NURSE	1	0	0	0	0			
				_	_					
ILIAC REVASC W/STENT	ACUTE EMBLSM AND THOMBOS UNSP DEEP VN UNSP PROX LOW EXTRM	RADIOLOGY	1	0	0	0	0			
ILIAC REVASC W/STENT	ACUTE EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	SURGERY, VASCULAR	1	0	0	0	0			+
ILIAC REVASC W/STENT	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	SURGERY, VASCULAR	1	0	0	0	0			1
ILIAC REVASC W/STENT	ATHSCL NATIVE ART OF LEFT LEG WITH ULCER OTH PRT LOW LEG	SURGERY, VASCULAR	1	0	0	0	0			
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	SURGERY, VASCULAR	1	0	0	0	0			
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	1	1	0	0			
ILIAC REVASC W/STENT	ATTISCE WATTVE ARTERIES OF EXTRIVITY W GANGRENE, ONSP EXTREMITY	INTERVENTIONAL	U	1	1	U	U			
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOLOGY,	2	0	0	0	0			
		INTERVENTIONAL								
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	3	0	0	0	0			+
ILIAC REVASC W/STENT	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	SURGERY, VASCULAR	1	0	0	0	0			+
ILIAC REVASC W/STENT	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR &	2	0	0	0	0			
		INTERVENTIONAL								
HIAC DEVACE WESTENT	OTH DIABETES W DIABETIC PERIPHERAL ANGIOPATHY W/O GANGRENE	RADIOLOGY	1	0	0	0	0			
ILIAC REVASC W/STENT	OTH DIABETES W DIABETIC PERIPHERAL ANGIOPATHY W/O GANGRENE	CARDIOVASCULAR DISEASE	1	U	U	U	U			
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	6	0	0	0	0			
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	2	0	0	0	0			+
ILIAC REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR &	0	1	1	0	0			+
		INTERVENTIONAL								
W. M. C. D. S. M. CO. M. (OTTEN)	CTRICTURE OF ARTERY	RADIOLOGY								
ILIAC REVASC W/STENT	STRICTURE OF ARTERY	SURGERY, VASCULAR	1	0	0	0	0	 		+
ILIAC REVASC W/STENT ILIAC REVASC W/STENT ADD-ON	UNSP ATHSCL AUTOLOGOUS VEIN BYPASS OF THE EXTRM, LEFT LEG ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	SURGERY, VASCULAR CARDIOVASCULAR DISEASE	2	0	0	0	0	-		+
ILING REVASC W/STENT ADD-ON	ATTISCE INATIVE ARTERIES OF EXTREMITIES W OLCERATION	CAUDIO ASCOLAR DISEASE	-	o .	0					
ILIAC REVASC W/STENT ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	1	1	0	0			
WAR DE LACOUR FOR THE CO.		INTERVENTIONAL								├
ILIAC REVASC W/STENT ADD-ON	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL	2	U	U	U	U			
		RADIOLOGY								
ILIAC REVASC W/STENT ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	4	0	0	0	0			
		1					l .			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ILIAC REVASC W/STENT ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
ILIAC REVASC W/STENT ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			
ILIAC REVASC W/STENT ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR &	0	1	1	0	0			
·	,	INTERVENTIONAL								
		RADIOLOGY								<u> </u>
ILUMYA	Psoriasis vulgaris	Other Provider						1	1	<u> </u>
ILUMYA	Psoriasis vulgaris	PHYSICIAN ASSISTANT							1	<u> </u>
ILUMYA 100 MG/ML SYRINGE	Psoriasis vulgaris	Other Provider		1	1					<u> </u>
IMATINIB MESYLATE 100 MG TAB	N/A	ONCOLOGY	1							
IMATINIB MESYLATE 100 MG TABLET	N/A	ONCOLOGY	1							
IMATINIB MESYLATE 100 MG TABLET	N/A	Other Provider	1							<u> </u>
IMATINIB MESYLATE 400 MG TAB	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	ONCOLOGY	1							<u> </u>
IMATINIB MESYLATE 400 MG TAB	N/A	INTERNAL MEDICINE	1							<u> </u>
IMATINIB MESYLATE 400 MG TAB	N/A	ONCOLOGY	2							
IMATINIB MESYLATE 400 MG TABLET	N/A	HEMATOLOGY	1							<u> </u>
IMATINIB MESYLATE 400 MG TABLET	N/A	ONCOLOGY	4							
IMBRUVICA 280 MG TABLET	N/A	ONCOLOGY	1							<u> </u>
	Chronic lymphocytic leukemia of B-cell type not having achieved									
IMBRUVICA 420 MG TABLET	remission(71260)	ONCOLOGY	1							<u> </u>
IMBRUVICA 420 MG TABLET	N/A	HEMATOLOGY	1							<u> </u>
IMBRUVICA 420 MG TABLET	N/A	ONCOLOGY	1							<u> </u>
IMIQUIMOD 3.75 % CRM MD PMP	N/A	FAMILY MEDICINE	1							
IMIQUIMOD 3.75 % CRM MD PMP	N/A	Other Provider		1	1					<u> </u>
IMIQUIMOD 5% CREAM PACKET	N/A	DERMATOLOGY	1							
IMITREX 50 MG TABLET	N/A	PHYSICIAN ASSISTANT		1	1					
IMMUNE GLOBULIN, POWDER	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	2	0	0	0	0			
IMMUNOHISTO ANTB ADDL SLIDE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
IMMUNOLOGY PROCEDURE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	ONCOLOGY	0	1	1	0	0			
IMMUNOLOGY PROCEDURE	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	1	1	0	0			
IMMUNOLOGY PROCEDURE	RECURRENT PREGNANCY LOSS	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	1	1	0	0			
IMMUNOLOGY PROCEDURE	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
IMMUNOLOGY PROCEDURE	UNSP ABNORMAL FINDINGS ON ANTENATAL SCREENING OF MOTHER	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	1	0	1	0			
IMP NEUROSTI PLS GN ANY	Chronic pain syndrome	Other Provider							1	
IMP NEUROSTI PLS GN ANY TYPE	CHRONIC PAIN SYNDROME	COUNSELING	1	2	0	2	0			
IMP NEUROSTI PLS GN ANY TYPE	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	1	3	1	2	0			
IMP NEUROSTI PLS GN ANY TYPE	OTHER CHRONIC PAIN	PODIATRY	0	1	0	1	0			
IMPCT TH REMV PART BONY	Fracture of tooth (traumatic), initial encounter for closed fracture	Physician							1]
IMPLANT COCHLEAR DEVICE	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	OTOLARYNGOLOGY (EAR,	1	0	0	0	0		_	
	,,,.,.,	NOSE, AND THROAT)	<u> </u>							<u></u>
IMPLANT COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	2	2	0	0			
IMPLANT COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	PEDIATRIC OTOLARYNGOLOGY	1	0	0	0	0			
IMPLANT COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	SURGERY, HEAD AND NECK	1	0	0	0	0			
IMPLANT COCHLEAR DEVICE	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
IMPLANT HORMONE PELLET(S)	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	UROLOGY	4	0	0	0	0			
IMPLANT HORMONE PELLET(S)	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	UROLOGY	3	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
IMPLANT HORMONE PELLET(S)	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	UROLOGY	1	0	0	0	0			1
IMPLANT HORMONE PELLET(S)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	UROLOGY	2	0	0	0	0			1
IMPLANT HORMONE PELLET(S)	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	UROLOGY	1	0	0	0	0			
IMPLANT HORMONE PELLET(S)	PERSONAL HISTORY OF COLONIC POLYPS	UROLOGY	9	0	0	0	0			
IMPLANT HORMONE PELLET(S)	TESTICULAR HYPOFUNCTION	ENDOCRINOLOGY AND	1	0	0	0	0			
		METABOLISM								
IMPLANT HORMONE PELLET(S)	TESTICULAR HYPOFUNCTION	FAMILY MEDICINE	2	0	0	0	0			
IMPLANT HORMONE PELLET(S)	TESTICULAR HYPOFUNCTION	NURSE PRACTITIONER	1	0	0	0	0			
IMPLANT HORMONE PELLET(S)	TESTICULAR HYPOFUNCTION	UROLOGY	40	2	2	0	0			
IMPLANT NEUROELECTRODES	Chronic pain syndrome	Other Provider						1		1
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE	0	1	1	0	0			
IMPLANT NEUROELECTRODES	FREQUENCY OF MICTURITION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
IMPLANT NEUROELECTRODES	FREQUENCY OF MICTURITION	UROLOGY	2	0	0	0	0			
IMPLANT NEUROELECTRODES	MIXED INCONTINENCE	UROLOGY	5	0	0	0	0			
IMPLANT NEUROELECTRODES	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	UROLOGY	2	0	0	0	0			
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; OTHER									
IMPLANT NEUROELECTRODES	CHRONIC POSTPROCEDURAL PAIN	PAIN MANAGEMENT	1							
IMPLANT NEUROELECTRODES	OTHER CHRONIC PAIN	PODIATRY	0	1	0	1	0			
IMPLANT NEUROELECTRODES	OTHER CHRONIC POSTPROCEDURAL PAIN	PAIN MANAGEMENT		1	1			1		
IMPLANT NEUROELECTRODES	OTHER MUSCLE SPASM	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
IMPLANT NEUROELECTRODES	OTHER NEUROMUSCULAR DYSFUNCTION OF BLADDER	UROLOGY	1	0	0	0	0			
IMPLANT NEUROELECTRODES	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	1	0	0	0	0			
IMPLANT NEUROELECTRODES	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE	0	1	0	0	1			
IN PART REGROEECTRODES	TOSTERIMINECTOM TOTAL MOTE ESSENTIAL CERSSITIES	THISICAL WEDICHTE	Ü	1	U	0	-			
IMPLANT NEUROELECTRODES	RADICULOPATHY LUMBAR REGION; CHRONIC PAIN SYNDROME	FAMILY PRACTICE	1							1
IMPLANT NEUROELECTRODES	RETENTION OF URINE, UNSPECIFIED	UROLOGY	1	1	1	0	0			
IMPLANT NEUROELECTRODES	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	FAMILY MEDICINE	0	1	0	1	0			
IMPLANT NEUROELECTRODES	Sacroillitis, not elsewhere classified	Other Provider	U	1	U	1	U		2	
IMPLANT NEUROELECTRODES	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PSYCHIATRY	0	1	0	1	0			<u> </u>
IMPLANT NEUROELECTRODES	STRESS INCONTINENCE (FEMALE) (MALE)	UROLOGY	2	0	0	0	0			<u> </u>
IMPLANT NEUROELECTRODES	URGE INCONTINENCE URGE INCONTINENCE		1	0	0	0	0			<u> </u>
		GYNECOLOGY (NO OB)	1	0	0	0	0			<u> </u>
IMPLANT NEUROELECTRODES	URGE INCONTINENCE	UROLOGY	2	0	0	0	0			+
IMPLANT NEUROELECTRODES	URGENCY OF URINATION	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE	2	1	1	U	0			
		SURGERY OBSTETRICS/GYNECOLOG								
IMPLANT NEUROELECTRODES	Urgency of urination	Υ						1		
IMPLANT NEUROELECTRODES	URGENCY OF URINATION	UROLOGY	1	0	0	0	0			<u> </u>
IMPLANT NEUROSTIM ARRAYS	DYSTONIA, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
IMPLANT NEUROSTIM ARRAYS	ESSENTIAL TREMOR	SURGERY, NEUROLOGICAL	1	0	0	0	0			
IMPLANT NEUROSTIM ARRAYS	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W/O STAT EPI	FAMILY MEDICINE	1	0	0	0	0			
IMPLANT NEUROSTIM ARRAYS	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W/O STAT EPI	SURGERY, NEUROLOGICAL	1	0	0	0	0			
IMPLANT NEUROSTIM ARRAYS	PARKINSON'S DISEASE	SURGERY, NEUROLOGICAL	2	0	0	0	0			
IMPLANT SPINAL CANAL CAT	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY, ORTHOPEDIC						1		
IMPLANT SPINAL CANAL CATH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			<u> </u>
	OTHER CHRONIC POSTPROCEDURAL PAIN; POSTLAMINECTOMY									1
IMPLANT SPINE INFUSION PUMP	SYNDROME NEC	SURGERY-NEUROLOGY	1							<u> </u>
IMPLANT TEMPLE BONE W/STIMUL	CHOLESTEATOMA OF MASTOID, LEFT EAR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
Implantable neurostimulator pulse generator, dual array,	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; OTHER									
rechargeable, includes extension	CHRONIC POSTPROCEDURAL PAIN	PAIN MANAGEMENT	1						1	1
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	2	0	0	0	0			
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	3	0	0	0	0			
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
										<u> </u>

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IMPLANTABLE TISSUE MARKER	N/A	HOSPITAL	2	Demais	Demais	Demais	Delliais	Approved	Deilleu	by INO
IMPLANTABLE TISSUE MARKER	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	OBSTETRICS/GYNECOLOGY	1	0	0	n	0			+
							_			
Implantation, revision or repositioning of tunneled intrathecal or										
epidural catheter, for long-term medication administration via an										
external pump or implantable reservoir/infusion pump;with	OTHER CHRONIC POSTPROCEDURAL PAIN; POSTLAMINECTOMY									
laminectomy	SYNDROME NEC	SURGERY-NEUROLOGY	1							
IMPLT NEUROSTIM ELCTR EACH	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	0	1	1	0	0			
IMPLT NEUROSTIM ELCTR EACH	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE	0	1	1	0	0			
IMPLT NEUROSTIM ELCTR EACH	FREQUENCY OF MICTURITION	UROLOGY	1	0	0	0	0			
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; OTHER									
Implt neurostim elctr each	CHRONIC POSTPROCEDURAL PAIN	PAIN MANAGEMENT	1							
Implt neurostim elctr each	OTHER CHRONIC POSTPROCEDURAL PAIN	PAIN MANAGEMENT		1	1			1		
IMPLT NEUROSTIM ELCTR EACH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	1	0	0	0	0			
IMPLT NEUROSTIM ELCTR EACH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE	0	1	0	0	1			
Implt neurostim elctr each	RADICULOPATHY LUMBAR REGION; CHRONIC PAIN SYNDROME	FAMILY PRACTICE	1							
IMPLT NEUROSTIM ELCTR EACH	RETENTION OF URINE, UNSPECIFIED	UROLOGY	1	0	0	0	0			
IMPLT NEUROSTIM ELCTR EACH	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	FAMILY MEDICINE	0	1	0	1	0			
IMPLT NEUROSTIM ELCTR EACH	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PSYCHIATRY	0	1	0	1	0			
IMPLT NEUROSTIM ELCTR EACH	URGENCY OF URINATION	FEMALE PELVIC MEDICINE	1	0	0	0	0			
		AND RECONSTRUCTIVE								
		SURGERY								
IMPLT NROSTM PLS GEN DUA	Radiculopathy, lumbar region	PAIN MANAGEMENT							1	
IMPLT NROSTM PLS GEN DUA NON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	1	0	0	0	0			
IMPLT NROSTM PLS GEN DUA REC	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE	0	1	0	0	1			
IMPLT NROSTM PLS GEN SNG NON	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	PEDIATRICS	1	0	0	0	0			
IMPLT NROSTM PLS GEN SNG NON	RETENTION OF URINE, UNSPECIFIED	UROLOGY	1	0	0	0	0			
IMPLT NROSTM PLS GEN SNG NON	URGENCY OF URINATION	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE	1	0	0	0	0			
IMPLTJ NTRSTRML CRNL RNG SEG	KERATOCONUS, STABLE, BILATERAL	SURGERY OPHTHALMOLOGY	1	0	0	n	0			+
IMPLTJ NTRSTRML CRNL RNG SEG	KERATOCONUS, UNSPECIFIED, BILATERAL	OPHTHALMOLOGY	1	0	0	0	0			
IMPLTJ NTRSTRML CRNL RNG SEG	KERATOCONUS, UNSTABLE, BILATERAL	OPHTHALMOLOGY	0	1	1	0	0			+
IMPOYZ 0.025 % CREAM (G)	N/A	Other Provider	1	1	1	U	0			+
IMPOYZ 0.025 % CREAM (G)	N/A	PHYSICIAN ASSISTANT	1	1	1					+
IMPOYZ 0.025% CREAM		DERMATOLOGY	1							
IMPOYZ 0.025% CREAM	Atopic dermatitis, unspecified	Other Provider	1	1	1					
IMPOYZ 0.025% CREAM	Atopic dermatitis, unspecified	Other Provider		1	1					+
IMPOYZ 0.025% CREAM	Cellulitis of right lower limb	PHYSICIAN ASSISTANT		1	1					+
	Idiopathic urticaria			1	1					
IMPOYZ 0.025% CREAM	N/A	Other Provider	1	1	1	 				+
IMPOYZ 0.025% CREAM	N/A Provincis vulgaris	Other Provider	1	1	1					+
IMPOYZ 0.025% CREAM	Psoriasis vulgaris	Other Provider	1	1	1	0	0			+
IN GEMCITABINE HCL NOS 200MG	HYPOXEMIA	HEMATOLOGY	1	0	0	0	0			+
IN GEMCITABINE HCL NOS 200MG	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	1	U	U	U	U			+
IN GEMCITABINE HCL NOS 200MG	N/A	HEMATOLOGY/ONCOLOG	1							
IN GEMCITABINE HCL NOS 200MG	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			+
INBRIJA 42 MG INHALATION CAP	Parkinson's disease	NEUROLOGY	1	-	-	-				+
INC FOR VAGUS N ELECT IMPL	CHEST PAIN, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	0	1	0			+
INTO SAL PAGOS IN ELECT IN E	Chest man, ones con teo	NOSE, AND THROAT)			Ĭ	1	Ĭ			
INC FOR VAGUS N ELECT IMPL	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	PEDIATRICS	1	0	0	0	0			1
INC FOR VAGUS N ELECT IMPL	Obstructive sleep apnea (adult) (pediatric)	Other Provider							1	
INC FOR VAGUS N ELECT IMPL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	5	0	0	0	0			
NIC FOR VACUE NELECTION		OTOLARYNGOLOGY (EAR,								
INC FOR VAGUS N ELECT IMPL	Sleep disorders	NOSE, AND THROAT)					l	l	1	<u> </u>

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INCIS 1 VERTEBRAL SEG LUMBAR	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCIS 1 VERTEBRAL SEG LUMBAR	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INCIS 1 VERTEBRAL SEG LUMBAR	HEAT SYNCOPE, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INCIS 1 VERTEBRAL SEG LUMBAR	NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCIS 1 VERTEBRAL SEG LUMBAR	NEUROMUSCULAR SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	1	0	0	0	0			
INCIS 1 VERTEBRAL SEG LUMBAR	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INCIS 1 VERTEBRAL SEG LUMBAR	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCIS 1 VERTEBRAL SEG LUMBAR	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INCIS 1 VERTEBRAL SEG THORAC	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INCIS ADDL SPINE SEGMENT	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCIS ADDL SPINE SEGMENT	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCIS ADDL SPINE SEGMENT	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INCIS ADDL SPINE SEGMENT	NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCIS ADDL SPINE SEGMENT	NEUROMUSCULAR SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	2	0	0	0	0			
INCIS ADDL SPINE SEGMENT	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INCIS ADDL SPINE SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCIS ADDL SPINE SEGMENT	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INCIS ADDL SPINE SEGMENT	SPONDYLOLYSIS, LUMBAR REGION	FAMILY MEDICINE	1	0	0	0	0			
INCIS W/DISCECTOMY CERVICAL	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INCIS W/DISCECTOMY LUMBAR	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INCIS W/DISCECTOMY LUMBAR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INCISE BLADDER/DRAIN URETER	CALCULUS OF URETER	UROLOGY	1	0	0	0	0			
INCISE FINGER TENDON SHEATH	OTH CONGEN MALFORM OF UPPER LIMB(S), INC SHOULDER GIRDLE	SOCIAL WORK	1	0	0	0	0			
INCISE FINGER TENDON SHEATH	OTH CONGEN MALFORM OF UPPER LIMB(S), INC SHOULDER GIRDLE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCISE FINGER TENDON SHEATH	TRIGGER FINGER, RIGHT MIDDLE FINGER	SURGERY, PLASTIC	1	0	0	0	0			
INCISE FINGER TENDON SHEATH	TRIGGER FINGER, UNSPECIFIED FINGER	SURGERY, PLASTIC	1	0	0	0	0			
INCISE SKULL (PRESS RELIEF)	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INCISE SKULL FOR BRAIN WOUND	TRIGEMINAL NEURALGIA	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INCISE SKULL/BRAIN BIOPSY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	PEDIATRICS	1	0	0	0	0			
INCISE SKULL/BRAIN SURGERY	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INCISE SKULL/BRAIN SURGERY	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INCISE SPINE NRV >2 SEGMNTS	SPASTIC DIPLEGIC CEREBRAL PALSY	PEDIATRIC NEUROLOGY	1	0	0	0	0			
INCISE THIGH TENDON & FASCIA	ILIOTIBIAL BAND SYNDROME, LEFT LEG	SURGERY, ORTHOPEDIC	0	1	1	0	0			
Incision and drainage, deep abscess, bursa, or hematoma, thigh or										
knee region	CONTUSION OF LEFT THIGH INITIAL ENCOUNTER	ORTHOPEDIC SURGERY		1	1					
INCISION OF BREAST LESION	ABSCESS OF THE BREAST AND NIPPLE	SURGERY, GENERAL	1	0	0	0	0			
INCISION OF METATARSAL	FLAT FOOT [PES PLANUS] (ACQUIRED), RIGHT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INCISION OF TENDON SHEATH	UNSP FRACTURE OF NAVICULAR BONE OF LEFT WRIST, INIT	SURGERY, PLASTIC	1	0	0	0	0			
INCISION OF TONGUE FOLD	ANKYLOGLOSSIA	FAMILY MEDICINE	1	0	0	0	0			
INCISION OF TONGUE FOLD	ANKYLOGLOSSIA	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
INCISION OF WINDPIPE	CEREBRAL INFARCTION, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
INCISION OF WINDPIPE	DYSPHAGIA, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
INCISION OF WINDPIPE	MALIGNANT NEOPLASM OF BORDER OF TONGUE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
INCISION OF WINDPIPE	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIP	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or										
bone abscess)	Staphylococcal arthritis, right hip	ORTHOPEDIC SURGERY	1							
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	NEUROLOGY	1	1	1	0	0			
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	OPHTHALMOLOGY	2	0	0	0	0			
INCOBOTULINUMTOXIN A	MYALGIA, OTHER SITE	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
INCOBOTULINUMTOXIN A	OTHER DYSTONIA	COUNSELING	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
December Seds December	Discourt Code Description	Post Mar Constallar	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description INCOBOTULINUMTOXIN A	Diagnosis Code Description OTHER DYSTONIA	Provider Specialty NEUROLOGY	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS	NEUROLOGY	11	0	0	0	0			+
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS SPASMODIC TORTICOLLIS	PAIN MANAGEMENT	1	0	0	0	0			
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS	PHYSICAL MEDICINE	1	0	0	0	0			+
INDERAL XL 80 MG CAP ER 24H	N/A	FAMILY MEDICINE	1	U	0	0	U			+
INFLECTRA 100 MG VIAL	Crohn's disease of small intestine without complications	GASTROENTEROLOGY	1	1	1					+
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	FAMILY MEDICINE	2	1	1	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	ALLERGY/IMMUNOLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	RHEUMATOLOGY	5	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	FAMILY MEDICINE	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	GASTROENTEROLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	RHEUMATOLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	RHEUMATOLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	COUNSELING	2	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	HEMATOLOGY	4	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	NEUROLOGY	1	1	1	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	10	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	BEHCET'S DISEASE	RHEUMATOLOGY	0	1	1	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	CARDIOMYOPATHY, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W ABSCESS	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W ABSCESS	PEDIATRIC	1	0	0	0	0			
		GASTROENTEROLOGY								
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	GASTROENTEROLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	GASTROENTEROLOGY	3	1	1	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	PEDIATRIC GASTROENTEROLOGY	3	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	RHEUMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	GASTROENTEROLOGY	1	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	ADOLESCENT MEDICINE	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	COUNSELING	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	FAMILY MEDICINE	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	GASTROENTEROLOGY	9	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	HEMATOLOGY	3	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	PEDIATRIC GASTROENTEROLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	PSYCHOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	RHEUMATOLOGY	1	1	1	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	FAMILY MEDICINE	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	ASSOCIATION	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	GASTROENTEROLOGY	4	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	INTERNAL MEDICINE	0	1	1	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	NURSE PRACTITIONER	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	FAMILY NURSE PRACTITIONER	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	3	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	HEMATOLOGY	3	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Other	1							

Procedure Code Description INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	Diagnosis Code Description CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATION CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Provider Specialty PULMONARY DISEASE GASTROENTEROLOGY GASTROENTEROLOGY GASTROENTEROLOGY COUNSELING RHEUMATOLOGY COUNSELING GASTROENTEROLOGY PEDIATRIC GASTROENTEROLOGY COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	Total UM Approvals 1 1 1 1 1 1 3 1 1 1 1 1 1	Total UM Denials 0 0 0 0 0 0 0 0 0 0 0 0 0	Necessity Denials 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Investigational Denials 0 0 0 0 0 0 0 0 0 0 0	Adequacy Denials 0 0 0 0 0 0 0 0 0 0 0 0	Approved	Appeals Denied	Approved by IRO
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INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY COUNSELING RHEUMATOLOGY COUNSELING GASTROENTEROLOGY PEDIATRIC GASTROENTEROLOGY COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	2 1 1 1 3 1	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0	0			
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	COUNSELING RHEUMATOLOGY COUNSELING GASTROENTEROLOGY PEDIATRIC GASTROENTEROLOGY COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	1 1 1 3 1	0 0 0 0 0	0 0 0 0 0	0 0 0 0	0			
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	RHEUMATOLOGY COUNSELING GASTROENTEROLOGY PEDIATRIC GASTROENTEROLOGY COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0	0 0 0 0	0 0 0	0			
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	COUNSELING GASTROENTEROLOGY PEDIATRIC GASTROENTEROLOGY COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	1 3 1	0 0	0 0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY PEDIATRIC GASTROENTEROLOGY COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	PEDIATRIC GASTROENTEROLOGY COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	1	0	0	•	ŭ			1
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	COUNSELING GASTROENTEROLOGY INTERNAL MEDICINE	1			0	0			
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY INTERNAL MEDICINE	11	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	INTERNAL MEDICINE		n	0	0	0			-
INFLIXIMAB NOT BIOSIMIL 10MG INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS		1	n	0	0	0			-
INFLIXIMAB NOT BIOSIMIL 10MG		PEDIATRIC	3	n	0	0	0			-
	control of the state of the sta	GASTROENTEROLOGY			O		O			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA	GASTROENTEROLOGY	1	0	0	0	0			
	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	GASTROENTEROLOGY	5	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	HEMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	COUNSELING	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	FAMILY MEDICINE	5	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	19	2	1	0	1			
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	PEDIATRIC	3	0	0	0	0			
Existing the Following Letting	chomics biserise, onsi ecimes, without commentations	GASTROENTEROLOGY		ľ						
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	PEDIATRICS	1	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	RHEUMATOLOGY	3	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	CRYSTALLINE DEPOSITS IN VITREOUS BODY, LEFT EYE	OPHTHALMOLOGY	4	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	DIPLOPIA	HEMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	RHEUMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	FEVER, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	HIDRADENITIS SUPPURATIVA	PEDIATRIC GASTROENTEROLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	INFLAMMATORY POLYARTHROPATHY	RHEUMATOLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	4	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	LEIOMYOMA OF UTERUS, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	NURSE PRACTITIONER	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	PEDIATRIC GASTROENTEROLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	RHEUMATOLOGY	5	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER PSORIATIC ARTHROPATHY	RHEUMATOLOGY	6	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER SPECIFIED DISEASES OF INTESTINE	PEDIATRIC	1	0	0	0	0			
		HEMATOLOGY/ONCOLOGY		-	-	-	-			
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	RHEUMATOLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	PERIORBITAL CELLULITIS	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIASIS VULGARIS	INFECTIOUS DISEASE	1	n Delliais	n Delliais	O Demais	O Demais	Арргочец	Dellieu	by INC
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIASIS, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIATIC ARTHRITIS MUTILANS	RHEUMATOLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	PSORIATIC SPONDYLITIS	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	PYODERMA GANGRENOSUM	DERMATOLOGY	1	1	1	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	FAMILY MEDICINE	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	HEMATOLOGY	3	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	INTERNAL MEDICINE	1	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	18	1	1	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	FAMILY MEDICINE	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	HEMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	RHEUMATOLOGY	14	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, UNSP ANK/FT	RHEUMATOLOGY	3	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	RHEUMATOLOGY	3	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	RHEUMATOLOGY	2	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT WRIST	RHEUMATOLOGY	1	1	1	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	7	1	1	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	SARCOID ARTHROPATHY	RHEUMATOLOGY	1	0	0	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	SARCOIDOSIS OF OTHER SITES	RHEUMATOLOGY	0	1	1	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	SARCOIDOSIS, UNSPECIFIED	RHEUMATOLOGY	0	1	1	0	0			+
INFLIXIMAB NOT BIOSIMIL 10MG	TOXIC GASTROENTERITIS AND COLITIS	PEDIATRIC	1	0	0	0	0			+
IN EXAMPLE NOT SIGNING TOMO	TO ME GISTING ENTERING YARD COLLING	GASTROENTEROLOGY	1	ŭ	ľ					
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	HEMATOLOGY	3	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	COUNSELING	1	0	0	0	0			1
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	RHEUMATOLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	7	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	HEMATOLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS W UNSP COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	16	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	PEDIATRICS	0	1	1	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	SOCIAL WORK	1	0	0	0	0			
INFLIXIMAB NOT BIOSIMIL 10MG	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	CONSTIPATION, UNSPECIFIED	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	GAS PAIN	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	PERSONAL HISTORY OF COLONIC POLYPS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	3	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	9	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND	4	0	0	0	0			
		METABOLISM								+
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
INFUS INSULIN PUMP NON NEEDL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND	1	0	0	0	0			
		METABOLISM								
INFUSION INSULIN PUMP NEEDLE	DYSPHAGIA, UNSPECIFIED	ENDOCRINOLOGY AND	1	0	0	0	0			
INGREZZA	Tourotto's disorder	METABOLISM						1		
INGREZZA INGREZZA 40 MG CAPSULE	Tourette's disorder N/A	NEUROLOGY Other Provider	1					1		+
INGREZZA 40 MG CAPSULE	· ·	Other Provider	1	1						+
INGREZZA 80 MG CAPSULE	N/A N/A	FAMILY MEDICINE Other Provider	1							+
INITIAL HOSPITAL CARE	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	PEDIATRIC	1	0	0	0	0			+
INTIAL HOSPITAL CARE	ACUTE INTELOBIASTIC LEUNEINIA, NOT HAVING ACHIEVED NEIVIISSION	HEMATOLOGY/ONCOLOGY		0	U	O	0			
INITIAL HOSPITAL CARE	ACUTE RESPIRATORY DISTRESS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
INITIAL HOSPITAL CARE	ADULT FAILURE TO THRIVE	INTERNAL MEDICINE	1	0	0	0	0			
INITIAL HOSPITAL CARE	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT ACHIEVE REMISSION	HEMATOLOGY	1	0	0	0	0			
INITIAL HOSPITAL CARE	COVID-19	INTERNAL MEDICINE	1	0	0	0	0			
INITIAL HOSPITAL CARE	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	ONCOLOGY	1	0	0	0	0			
INITIAL HOSPITAL CARE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	ONCOLOGY	1	0	0	0	0			
INITIAL HOSPITAL CARE	END STAGE RENAL DISEASE	SURGERY, GENERAL	1	0	0	0	0			
INITIAL HOSPITAL CARE	FEEDING DIFFICULTIES	PEDIATRIC	1	0	0	0	0			
AUTHAL LICENSEA CARE		GASTROENTEROLOGY								
INITIAL HOSPITAL CARE	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	SURGERY, GENERAL	1	0	0	0	0			
INITIAL HOSPITAL CARE	LIVER TRANSPLANT STATUS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
INITIAL HOSPITAL CARE	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
INITIAL HOSPITAL CARE	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	HEMATOLOGY	2	0	0	0	0			
INITIAL HOSPITAL CARE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	1	0	0	0	0			
INITIAL HOSPITAL CARE	SEPSIS, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
INITIAL HOSPITAL CARE	SICKLE-CELL DISEASE WITHOUT CRISIS	HEMATOLOGY	1	0	0	0	0			
INJ BIMATOPROST ITC IMP1MCG	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
INJ CRIZANLIZUMAB-TMCA 5MG	SICKLE-CELL THALASSEMIA WITHOUT CRISIS	HEMATOLOGY	1	0	0	0	0			
INJ CUVITRU, 100 MG	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	ALLERGY/IMMUNOLOGY	3	1	1	0	0			
INJ CUVITRU, 100 MG	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	2	0	0	0	0			
INJ CUVITRU, 100 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	5	0	0	0	0			
INJ CUVITRU, 100 MG	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	ALLERGY/IMMUNOLOGY	3	0	0	0	0			
INJ DUPUYTREN CORD W/ENZYME	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	SURGERY, ORTHOPEDIC	2	0	0	0	0			
INJ ENOXAPARIN SODIUM	CONGENITAL POSTERIOR URETHRAL VALVES	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
INJ FAM-TRASTU DERU-NXKI 1MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	2	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ACCESSORY BREAST	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA COMPLICATING PREGNANCY, THIRD TRIMESTER	HEMATOLOGY	2	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			1
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ANEMIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	ONCOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	FAMILY MEDICINE	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	HEMATOLOGY	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INJ FERRIC CARBOXYMALTOS 1MG	DYSPHAGIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	ONCOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	HEMATOLOGY	2	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	END STAGE RENAL DISEASE	HEMATOLOGY	2	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	END STAGE RENAL DISEASE	ONCOLOGY	2	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	FAMILY MEDICINE	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	HEMATOLOGY	2	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	HEMATOLOGY	4	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	HEMATOLOGY	3	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	GENERALIZED ABDOMINAL PAIN	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	1	0	0	0	0			-
INJ FERRIC CARBOXYMALTOS 1MG	HYDROCELE, UNSPECIFIED	HEMATOLOGY	3	0	0	0	0			-
INJ FERRIC CARBOXYMALTOS 1MG	HYPOKALEMIA	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ILLNESS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG INJ FERRIC CARBOXYMALTOS 1MG	INTESTINAL MALABSORPTION, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			\vdash
INJ FERRIC CARBOXYMALTOS 1MG	,		1	0	0	0	0			
	INTRAMURAL LEIOMYOMA OF LITERUS	HEMATOLOGY	1	0	0	0	0			┼──
INJ FERRIC CARBOXYMALTOS 1MG	INTRAMURAL LEIOMYOMA OF UTERUS	ONCOLOGY	13	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	FAMILY MEDICINE		0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	HEMATOLOGY	36	0	0	0	0			<u> </u>
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	ONCOLOGY	11	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA, UNSPECIFIED	FAMILY MEDICINE	4	0	0	0	0			<u> </u>
INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA, UNSPECIFIED	HEMATOLOGY	10	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	NAUSEA WITH VOMITING, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	OTHER IRON DEFICIENCY ANEMIAS	FAMILY MEDICINE	3	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	OTHER IRON DEFICIENCY ANEMIAS	HEMATOLOGY	3	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	PAROXYSMAL ATRIAL FIBRILLATION	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, UNSP TRIMESTER	FAMILY MEDICINE	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	SUBMUCOUS LEIOMYOMA OF UTERUS	HEMATOLOGY	5	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	SUBMUCOUS LEIOMYOMA OF UTERUS	ONCOLOGY	2	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, INIT	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	HEMATOLOGY	1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	0	0	0	0			
INJ FERRIC CARBOXYMALTOS 1MG	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY	1	0	0	0	0			
INJ FILGRASTIM EXCL BIOSIMIL	APLASTIC ANEMIA, UNSPECIFIED	PEDIATRIC HEMATOLOGY/ONCOLOGY	0	1	1	0	0			
IN I FU COACTINA EVOL DIOCINAL	PAICOUNITED FOR ANTINEORIACTIC CUES ACTUS	HENNATOLOGY:								
INJ FILGRASTIM EXCL BIOSIMIL	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	HEMATOLOGY	2	0	0	0	0			<u> </u>
INJ FOLLITROPIN ALFA 75 IU	FEMALE INFERTILITY, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	4	0	0	0	0			
INJ FOLLITROPIN ALFA 75 IU	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	10	0	0	0	0			
INJ FOLLITROPIN BETA 75 IU	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	2	0	0	0	0			
INJ FORAMEN EPIDURAL ADD-ON	; Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	1							
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ANESTHESIOLOGY	2							<u> </u>
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	1							<u> </u>
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	PAIN MANAGEMENT	3							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·		AMBULATORY SURGERY								
INJ FORAMEN EPIDURAL ADD-ON	N/A	CENTER	4							
INJ FORAMEN EPIDURAL ADD-ON	N/A	PAIN MANAGEMENT	1							
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	3							
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; SPONDYLOSIS									
	W/O MYELOPATH/RADICULOPATHY LUMB RGN; RADICULOPATHY									
INJ FORAMEN EPIDURAL ADD-ON	LUMBAR REGION	PAIN MANAGEMENT	1							
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	1							
	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION;									
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY		1	1					
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	1							
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	2							
		PHYSICAL MEDICINE &								
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	REHABILITATION	1							
	RADICULOPATHY LUMBAR REGION; OTH INTERVERTEBRAL DISC	PHYSICAL MEDICINE &								
INJ FORAMEN EPIDURAL ADD-ON	DISPLACEMENT LUMBAR RGN	REHABILITATION		2	2					
	RADICULOPATHY LUMBAR REGION; RA WITH RHEUMATOID FACTOR									
	UNSPECIFIED; FUSION OF SPINE LUMBAR REGION; OTHER									
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	1							
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	1							
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	5							
		AMBULATORY SURGERY								
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY, LUMBAR REGION	CENTER	1							
	SPONDYLOLYSIS LUMBAR REGION; LOW BACK PAIN;									
	RADICULOPATHY LUMBAR REGION; OTH INTERVERTEBRAL DISC									
INJ FORAMEN EPIDURAL ADD-ON	DISPLACEMENT LS REGION	PAIN MANAGEMENT	1							
INJ FORAMEN EPIDURAL ADD-ON	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	1							
INJ FORAMEN EPIDURAL L/S	; Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	1							
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	ANESTHESIOLOGY	2							
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN; OTH	PHYSICAL MEDICINE &								
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	REHABILITATION	1							
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	1							
		PHYSICAL MEDICINE &								
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	REHABILITATION	1	1	1					
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	ANESTHESIOLOGY	1							
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	PAIN MANAGEMENT	3							
		PHYSICAL MEDICINE &								
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	REHABILITATION	2							
		AMBULATORY SURGERY								
INJ FORAMEN EPIDURAL L/S	N/A	CENTER	5							
INJ FORAMEN EPIDURAL L/S	N/A	PAIN MANAGEMENT	1							
		PHYSICAL MEDICINE &								
INJ FORAMEN EPIDURAL L/S	OSSEOUS STENOSIS NEURAL CANAL OF LUMBAR REGION	REHABILITATION	1		<u> </u>	<u> </u>				L
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	3							
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; SPONDYLOSIS									
	W/O MYELOPATH/RADICULOPATHY LUMB RGN; RADICULOPATHY									
INJ FORAMEN EPIDURAL L/S	LUMBAR REGION	PAIN MANAGEMENT	1							
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	3							
	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									
	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; INTERVERTEBRAL	PHYSICAL MEDICINE &								
INJ FORAMEN EPIDURAL L/S	DISC D/O W/RADICULOPATHY LUMB RGN; LOW BACK PAIN	REHABILITATION	1							
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	1							
·	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION;		1							
		1		•	1	i				1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJ FORAMEN EPIDURAL L/S	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY	1							
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	1							†
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	1	1	1					1
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	2	1	1					1
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	7	1				-		+
IN TOTALINET ET IDOTAL L/3	INADICOLOT ATTT EURIDAN NEGION	PHYSICAL MEDICINE &	1	1						+
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	REHABILITATION	2	1	1			1		
INS FORAMEN EFIDORAL L/3	RADICULOPATHY LUMBAR REGION; OTH INTERVERTEBRAL DISC	PHYSICAL MEDICINE &	3	1	1			- 1		+
INLL FOR ANAEN EDIDLIDAL LIS	DISPLACEMENT LUMBAR RGN	REHABILITATION		2	2					
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION; OTH SPONDYLOSIS	PHYSICAL MEDICINE &	+	2	2			-		+
INLEGRANEN EDIDLIDAL LIS			1							
INJ FORAMEN EPIDURAL L/S	W/RADICULOPATHY LUMBAR REGION; LOW BACK PAIN	REHABILITATION	1							
	RADICULOPATHY LUMBAR REGION; RA WITH RHEUMATOID FACTOR	R								
	UNSPECIFIED; FUSION OF SPINE LUMBAR REGION; OTHER		L							
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	ANESTHESIOLOGY	1							
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	1	ļ	ļ					
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	1							
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	5	ļ	ļ					<u> </u>
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION; LOW BACK PAIN	FAMILY PRACTICE	1							
		AMBULATORY SURGERY								
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY, LUMBAR REGION	CENTER	1							
		SURGERY,								
INJ FORAMEN EPIDURAL L/S	Radiculopathy, lumbar region	NEUROLOGICAL							1	L
	SPONDYLOLYSIS LUMBAR REGION; LOW BACK PAIN; RADICULOPATHY LUMBAR REGION; OTH INTERVERTEBRAL DISC									
INJ FORAMEN EPIDURAL L/S	DISPLACEMENT LS REGION	PAIN MANAGEMENT	1							
INJ FORAMEN EPIDURAL L/S	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	1	1						+
INJ FORAMEN EFIDORAE L/3 INJ GANIRELIX ACETAT 250 MCG	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE	2	0	0	0	0			+
IN GANINELIA ACETAT 230 MCG	TEMPLETIN ENTETT, ONSFERRIED	ENDOCRINOLOGY/INFERTILI	2			o .				
INJ IRINOTECAN LIPOSOME 1 MG	N/A	HEMATOLOGY/ONCOLOG Y	1							
INJ IVIG PRIVIGEN 500 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	PEDIATRIC RHEUMATOLOGY	1	0	0	0	0			
INJ IVIG PRIVIGEN 500 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	4	0	0	0	0			†
INJ IVIG PRIVIGEN 500 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	2	0	0	0	0			†
INJ IVIG PRIVIGEN 500 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	2	0	0	0	0			†
INJ IVIG PRIVIGEN 500 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			†
INJ IVIG PRIVIGEN 500 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Other	1							1
INJ IVIG PRIVIGEN 500 MG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	0			1
INJ IVIG PRIVIGEN 500 MG	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	FAMILY MEDICINE	2	0	0	0	0			1
INJ IVIG PRIVIGEN 500 MG	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	0	-		+
INJ IVIG PRIVIGEN 500 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	1	0	0	0	0			+
INJ IVIG PRIVIGEN 500 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	FACILITY	1	lo lo	10	0	0	 		+
INJ IVIG PRIVIGEN 500 MG	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	INTERNAL MEDICINE	1	n	n	0	n	-		+
INJ IVIG PRIVIGEN 500 MG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	1	lo lo	n	0	0	 		+
INJ IVIG PRIVIGEN 500 MG	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	RHEUMATOLOGY	2	0	0	0	0	 		+
INJ IVIG PRIVIGEN 500 MG	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	0	1	1	0	0	-		+
INJ IVIG PRIVIGEN 500 MG INJ IVIG PRIVIGEN 500 MG	SYSTEMIC SCLEROSIS, UNSPECIFIED	RHEUMATOLOGY	1	1	1	0	0	 		+
INJ IVIG PRIVIGEN 500 MG	UNSPECIFIED IRIDOCYCLITIS		1	0	0	0	0			+
		HEMATOLOGY	1	0	0	0	0			+
INJ LEVOLEUCOVORIN NOS 0.5MG	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0	-		+
INJ LEVOLEUCOVORIN NOS 0.5MG	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	HEMATOLOGY	1	U	U	0	U	-		+
INJ LEVOLEUCOVORIN NOS 0.5MG	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	2	U	U	0	U			₩
INJ LUSPATERCEPT-AAMT 0.25MG	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	INTERNAL MEDICINE	1	U	U	U	U -	<u> </u>		
INJ MAGNESIUM SULFATE	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	U	U	U	U			
INJ MENOTROPINS 75 IU	FEMALE INFERTILITY, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	4	U	U	U	U			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INJ MENOTROPINS 75 IU	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	6	0	0	0	0			
		TV								
INJ MVASI 10 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	1	0	0	0	0			
INJ MVASI 10 MG	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
INJ MVASI 10 MG	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJ PARAVERT F JNT C/T 1 LEV	CERVICALGIA	ANESTHESIOLOGY	1	0	0	0	0			1
		PHYSICAL MEDICINE AND								
INJ PARAVERT F JNT C/T 1 LEV	Cervicalgia	REHABILITATION							1	i
INJ PARAVERT F JNT C/T 1 LEV	N/A	PAIN MANAGEMENT	1							1
INJ PARAVERT F JNT C/T 1 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, THORACIC REGION	FAMILY MEDICINE	1	0	0	0	0			
INJ PARAVERT F JNT C/T 2 LEV	CERVICALGIA	ANESTHESIOLOGY	1	0	0	0	0			+
INJ PARAVERT F JNT C/T 2 LEV	N/A	PAIN MANAGEMENT	1			ŭ .				+
INJ PARAVERT F JNT C/T 3 LEV	CERVICALGIA	ANESTHESIOLOGY	1	0	0	0	0			+
INJ PARAVERT F JNT C/T 3 LEV	N/A	PAIN MANAGEMENT	1			ŭ .				+
INJ PARAVERT F JNT L/S 1 LEV	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	LOCALIZED SWELLING, MASS AND LUMP, NECK	PAIN MANAGEMENT	2	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	MALIGNANT NEOPLASM OF PROSTATE	PAIN MANAGEMENT	1	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	MUSCLE SPASM OF BACK	PAIN MANAGEMENT	1	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	N/A	PAIN MANAGEMENT	2			<u> </u>				+
INJ PARAVERT F JNT L/S 1 LEV	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PAIN MANAGEMENT	2	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	OTHER CHRONIC PAIN	PAIN MANAGEMENT	3	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	5	0	0	0	0			+
INJ PARAVERT F JNT L/S 1 LEV	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	FAMILY MEDICINE	1	0	0	0	0			
INJ PARAVERT F JNT L/S 1 LEV	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	1	0	0	0	0			+
INJ PARAVERT F JNT L/S 2 LEV	N/A	PAIN MANAGEMENT	2							1
INJ PARAVERT F JNT L/S 2 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	ANESTHESIOLOGY	1	0	0	0	0			
INJ PARAVERT F JNT L/S 3 LEV	N/A	PAIN MANAGEMENT	2							+
INJ PARAVERT F JNT L/S 3 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	ANESTHESIOLOGY	1	0	0	0	0			<u> </u>
INJ PEGFILGRASTIM-BMEZ 0.5MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	1	0	0	0	0			+
INJ PEMBROLIZUMAB	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	HEMATOLOGY	4	0	0	0	0			1
INJ PEMBROLIZUMAB	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	FAMILY MEDICINE	1	0	0	0	0			+
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	HEMATOLOGY	1	0	0	0	0			1
INJ PEMBROLIZUMAB	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	HEMATOLOGY	2	0	0	0	0			1
INJ PEMBROLIZUMAB	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			†
INJ PEMBROLIZUMAB	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	HEMATOLOGY	1	0	0	0	0			
INJ PEMBROLIZUMAB	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			1
INJ POTASSIUM CHLORIDE	GENERALIZED EDEMA	ONCOLOGY	1	0	0	0	0			
INJ POTASSIUM CHLORIDE	HYPERGLYCEMIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
INJ RETACRIT NON-ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	NEPHROLOGY	1	0	0	0	0			1
INJ RETACRIT NON-ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	ONCOLOGY	2	0	0	0	0			1
INJ RETACRIT NON-ESRD USE	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	NEPHROLOGY	1	0	0	0	0			
INJ RETACRIT NON-ESRD USE	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			
INJ RETACRIT NON-ESRD USE	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	NEPHROLOGY	1	0	0	0	0			
INJ RETACRIT NON-ESRD USE	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			+
INJ RUXIENCE, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	PEDIATRIC	1	0	0	0	0			
		HEMATOLOGY/ONCOLOGY								
INJ RUXIENCE, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	HEMATOLOGY	1	0	0	0	0			1
INJ RUXIENCE, 10 MG	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			1
INJ RUXIENCE, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	COUNSELING	2	0	0	0	0			1

Procedure Code Description Provider Specialty	Approved by IRO
NR BURENCE, 10 MG	by IRO
NO RUXIENCE, 10 MG	
IN TRASTUZUMAB EXCL BIOSIMI	
INJ TRASTUZUMAB EXCL BIOSIMI MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
NJ TRASTUZUMAB EXCL BIOSIMI MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
INJ TRASTUZUMAB EXCL BIOSIMI SECONDARY MALIGNANT NEOPLASM OF BREAST HEMATOLOGY 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
INJ TRIAMCINOLONE ACE XR 1MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE GENERAL PRACTICE 0 2 2 2 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE GENERAL PRACTICE 0 2 2 2 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PHYSICAL MEDICINE 0 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PYSCHOLOGY 0 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PSYCHOLOGY 0 1 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC 0 4 4 4 0 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE INTERNAL MEDICINE 0 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE FAMILY MEDICINE 0 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE FAMILY MEDICINE 0 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE SPORTS MEDICINE 0 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE SPORTS MEDICINE 0 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE SURGERY, ORTHOPEDIC 1 5 5 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SURGERY, ORTHOPEDIC 1 5 5 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SURGERY, ORTHOPEDIC 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SPORTS MEDICINE ON 1 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SPORTS MEDICINE ON 1 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SPORTS MEDICINE ON 1 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SPORTS MEDICINE ON 1 1 1 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SPORTS MEDICINE ON 1 1 1 0 0 0 0 INJ TRIAMCINOLONE ACE XR 1MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SPORTS M	
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INJ TRUXIMA 10 MG	
INJ TRUXIMA 10 MG RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV RHEUMATOLOGY 1 0 0 0 0	
INJ TRUXIMA 10 MG RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED RHEUMATOLOGY 1 0 0 0 0	
INJ TRUXIMA 10 MG RHEUMATOID ARTHRITIS, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0	
INJ TRUXIMA 10 MG RHEUMATOID ARTHRITIS, UNSPECIFIED RHEUMATOLOGY 2 0 0 0 0 0	
INJ TRUXIMA 10 MG SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED RHEUMATOLOGY 0 1 1 0 0	
INJ, ADO-TRASTUZUMAB EMT 1MG Malignant neoplasm of lower-outer quadrant of left female breast HEMATOLOGY	1
INJ, BROLUCIZUMAB-DBILL 1 MG EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS OPHTHALMOLOGY 1 0 0 0	+
INJ, BROLUCIZUMAB-DBILL, 1 MG EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS OPHTHALMOLOGY 1 0 0 0	+
INJ, BROLUCIZUMAB-DBLL, 1 MG TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE OPHTHALMOLOGY 1 0 0 0	+
INJ, DUROLANE 1 MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE GENERAL PRACTICE 0 1 1 1 0 0	+
INI, DUROLANE 1 MG BILATERIA PRIMARY OSTEOARTHRITIS OF KNEE PAIN MANAGEMENT 0 1 1 0 0	+
INI, DUROLANE 1 MG BILATERAL PRIMARY OSTEOARTHRITS OF KNEE RHEUMATOLOGY 0 4 4 0 0	+
INI, DUROLANE 1 MG BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC 0 6 6 0 0	+
INI, DUROLANE 1 MIG UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE SURGERY, ORTHOPEDIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+
INJ, DUROLANE 1 MG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SORGERT, ORTHOPEDIC 0 1 0 0 1	+
INIJ, DUROLANE I MIG UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE SURGERY, ORTHOPEDIC 0 3 3 0 0	+
INI, ETECALCETIDE, 0.1 MG END STAGE REAL DISEASE INTERNAL MEDICINE 1 0 0 0	+
INJ, ETELCALCETIDE, 0.1 MG END STAGE RENAL DISEASE INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+
INJ, ETELCALCETIDE, 0.1 MG END STAGE RENAL DISEASE NEPHROLOGY 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+
INJ, ETELCALCETIDE, 0.1 MG SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN NEPHROLOGY 2 2 2 0 0	'
INJ, ETELCALCETIDE, 0.1 MG TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE NEPHROLOGY 2 0 0 0 0	
INJ, ETEPLIRSEN, 10 MG DUCHENNE OR BECKER MUSCULAR DYSTROPHY PEDIATRIC NEUROLOGY 1 0 0 0	
INJ, NUSINERSEN, 0.1MG OTHER INHERITED SPINAL MUSCULAR ATROPHY PEDIATRIC NEUROLOGY 2 0 0 0 0	
INJ, NUSINERSEN, 0.1MG SPINAL MUSCULAR ATROPHY, UNSPECIFIED NEUROLOGY 2 1 1 0 0	
INJ, RIMABOTULINUMTOXINB SPASMODIC TORTICOLLIS PAIN MANAGEMENT 1 0 0 0 0	
INJ, RIMABOTULINUMTOXINB SPASMODIC TORTICOLLIS PHYSICAL MEDICINE 1 0 0 0 0	
INJ. EPTINEZUMAB-JJMR 1 MG CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR INTERNAL MEDICINE 1 0 0 0 0	
INJ. EPTINEZUMAB-JJMR 1 MG CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR NEUROLOGY 1 1 1 0 0 0	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJ. EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	NEUROLOGY	1	0	0	0	0			
INJ. EPTINEZUMAB-JJMR 1 MG	MIGRAINE WITH AURA. INTRACTABLE. WITH STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			1
INJ. EPTINEZUMAB-JJMR 1 MG	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	1	0	0	0	0			
INJ. ROMOSOZUMAB-AQQG 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ENDOCRINOLOGY AND	1	0	0	0	0			
INJ. ROMOSOZUMAB-AQQG 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	METABOLISM RHEUMATOLOGY	1	0	0	0	0			
INJ. TEPROTUMUMAB-TRBW 10 MG	THYROTOXICOCIC W DIFFLICE COLTED W/O THYROTOXIC CRICIC	ODUTUALAGOOCY	1	0	0	0	0			4
INJ., APREPITANT, 1 MG	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	OPHTHALMOLOGY HEMATOLOGY	1	0	0	0	0			
	4		1	U	U	U	U			
INJ., APREPITANT, 1 MG	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	NURSE PRACTITIONER	1	0	0	0	0			
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF RIGHT OVARY	COUNSELING	2	0	0	0	0			
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	2	0	0	0	0			
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
INJ., APREPITANT, 1 MG	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	HEMATOLOGY	1	0	0	0	0			1
INJ., BENRALIZUMAB, 1 MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	FAMILY MEDICINE	1	0	0	0	0			
INJ., BENRALIZUMAB, 1 MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	ASSOCIATION	1	n	0	0	0			+
INJ., BENRALIZUMAB, 1 MG	EOSINOPHILIA	INTERNAL MEDICINE	1	0	0	0	0			+
INJ., BENRALIZUMAB, 1 MG	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	CRITICAL CARE MEDICINE	2	0	0	0	0			
INJ., BENRALIZUMAB, 1 MG	MODERATE PERSISTENT ASTHINA WITH (ACUTE) EXACERBATION MODERATE PERSISTENT ASTHINA WITH (ACUTE) EXACERBATION	HEMATOLOGY	1	0	0	0	0			-
INJ., BENRALIZUMAB, 1 MG	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	PULMONARY DISEASE	1	0	0	0	0			-
INJ., BENRALIZUMAB, 1 MG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			<u> </u>
INJ., BENRALIZUMAB, 1 MG	OTHER GENERAL SYMPTOMS AND SIGNS	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			4
INJ., BENRALIZUMAB, 1 MG	PULMONARY EOSINOPHILIA, NOT ELSEWHERE CLASSIFIED	HEMATOLOGY	1	0	0	0	0			-
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY/IMMUNOLOGY	1	0	0	0	0			<u> </u>
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	FAMILY MEDICINE	1	0	0	0	0			-
			1	0	0	0	0			<u> </u>
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	PULMONARY DISEASE	3	0	0	0	0			<u> </u>
INJ., BENRALIZUMAB, 1 MG INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	ALLERGY/IMMUNOLOGY CRITICAL CARE MEDICINE	4	0	0	0	0			-
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED SEVERE PERSISTENT ASTHMA, UNCOMPLICATED		1	0	0	0	0			<u> </u>
INJ., BENRALIZUMAB, 1 MG INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	FAMILY MEDICINE PULMONARY DISEASE	1	0	0	0	0			<u> </u>
INJ., IBALIZUMAB, 1 MG	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	COUNSELING	3	0	0	0	0			<u> </u>
INJ., IBALIZUMAB-UIYK, 10 MG			1	0	0	0	0			4
INJ., KANJINTI, 10 MG	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	INFECTIOUS DISEASE HEMATOLOGY	1	0	0	0	0			
INJ., KANJINTI, 10 MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJ., RAVULIZUMAB-CWVZ 10 MG	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	ONCOLOGY	2	0	0	0	0			
INJ., RAVULIZUMAB-CWVZ 10 MG	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	PULMONARY DISEASE	2	0	0	0	0		 	
INJ., RITUXIMAB, 10 MG	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	RHEUMATOLOGY	-	0	0	0	0		 	
			1	0	0	0	0			
INJ., RITUXIMAB, 10 MG INJ., RITUXIMAB, 10 MG	ARTERITIS, UNSPECIFIED CASTLEMAN DISEASE	RHEUMATOLOGY HEMATOLOGY	0	1	1	0	0			<u> </u>
			1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	2	0	0	0	0			
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	HEMATOLOGY	2	0	0	0	0		<u> </u>	
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	ONCOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	HEMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES	HEMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	HEMORRHAGE OF ANUS AND RECTUM	HEMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	HEMATOLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJ., RITUXIMAB, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	INTERNAL MEDICINE	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	LYMPHOCYTOSIS (SYMPTOMATIC)	HEMATOLOGY	0	1	1	0	0			
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	FAMILY MEDICINE	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	NEUROLOGY	1	1	1	0	0			
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	PEDIATRIC NEUROLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	MYALGIA, UNSPECIFIED SITE	FAMILY MEDICINE	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	0	1	1	0	0			
INJ., RITUXIMAB, 10 MG	N/A	HEMATOLOGY/ONCOLOG	1							
INJ., RITUXIMAB, 10 MG	NEUROMYELITIS OPTICA [DEVIC]	HEMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	NEUROMYELITIS OFTICA [DEVIC]	NEUROLOGY	4	0	0	0	0			-
INJ., RITUXIMAB, 10 MG	OTH GRANULOMATOUS DISORDERS OF THE SKIN, SUBCU	HEMATOLOGY	1	0	0	0	0			-
INJ., RITUXIMAB, 10 MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR OF R SHOULDER	RHEUMATOLOGY	1	0	0	0	0			
,										
INJ., RITUXIMAB, 10 MG	PEMPHIGUS VULGARIS	HEMATOLOGY	2	0	0	0	0			
INJ., RITUXIMAB, 10 MG	POLYMYOSITIS WITH RESPIRATORY INVOLVEMENT	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	FAMILY NURSE	1	0	0	0	0			
		PRACTITIONER								
INJ., RITUXIMAB, 10 MG	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RAPIDLY PROGR NEPHRITIC SYNDROME W UNSP MORPHOLOGIC CHANGES		1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	COUNSELING	0	1	1	0	0			
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	4	4	4	0	0			
INJ., RITUXIMAB, 10 MG	RHEU HEART DISEASE W RHEUMATOID ARTHRITIS OF UNSP ANK/FT	HEMATOLOGY	2	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	INFECTIOUS DISEASE	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	RHEUMATOLOGY	2	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	COUNSELING	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	5	1	1	0	0			
INJ., RITUXIMAB, 10 MG	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSP SITE	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	SICCA SYNDROME WITH OTHER ORGAN INVOLVEMENT	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	UNSP NEPHRITIC SYNDROME W DIFFUSE MEMBRANOUS GLOMRLNEPH	NEPHROLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	UNSP NEPHRITIC SYNDROME W DIFFUSE MEMBRANOUS GLOMRLNEPH	PEDIATRIC NEPHROLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	UNSP NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES	NEPHROLOGY	2	0	0	0	0			
INJ., RITUXIMAB, 10 MG	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	2	0	0	0	0			
INJ., RITUXIMAB, 10 MG	UNSPECIFIED DACRYOADENITIS, RIGHT LACRIMAL GLAND	RHEUMATOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	VASCULITIS LIMITED TO THE SKIN, UNSPECIFIED	RHEUMATOLOGY	0	1	1	0	0			
INJ., RITUXIMAB, 10 MG	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	ONCOLOGY	1	0	0	0	0			
INJ., RITUXIMAB, 10 MG	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	HEMATOLOGY	2	0	0	0	0			
INJ., TILDRAKIZUMAB, 1 MG	PSORIASIS VULGARIS	FAMILY MEDICINE	0	1	1	0	0			
INJ., TRIPTORELIN XR 3.75 MG	GENDER IDENTITY DISORDER OF CHILDHOOD	PEDIATRICS	1	0	0	0	0			
INJ., VELCADE 0.1 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	3	0	0	0	0			
INJ., VELCADE 0.1 MG	ANEMIA, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
INJ., VELCADE 0.1 MG	ESSENTIAL (PRIMARY) HYPERTENSION	HEMATOLOGY	2	0	0	0	0			
INJ., VELCADE 0.1 MG	MULTIPLE MYELOMA IN RELAPSE	HEMATOLOGY	1	0	0	0	0			
INJ., VELCADE 0.1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	4	0	0	0	0			
INJ., VELCADE 0.1 MG	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	ONCOLOGY	1	0	0	0	0			
INJECT EPIDURAL PATCH	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	1	0	0	0	0			
INJECT EPIDURAL PATCH	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	FAMILY MEDICINE	1	0	0	0	0			

			Taballina	Tabalina	Medical	Experimental &	Network	Total	Total	
Dunandana Cada Danninkian	Diagnosia Coda Description	Dunidas Canalalas	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INJECT FOR SPINE DISK X- INJECT FOR SPINE DISK X-	Low back pain	Other Provider						1	1	
INJECT FOR SPINE DISK X-	N/A	Physician								
INIECT EOD CDINE DICK A	Spondylasis without myolopathy or radiculanathy, lumbar ragion	Physician							1	
INJECT FOR SPINE DISK X- INJECT SACROILIAC JOINT	Spondylosis without myelopathy or radiculopathy, lumbar region DISLOCATION OF RADIOCARPAL JOINT OF RIGHT WRIST, INIT ENCNTR	Physician PAIN MANAGEMENT	2	0	0	0	0		т_	
INJECT SACKOILIAC JOINT	DISLOCATION OF RADIOCARFAE JOINT OF RIGHT WRIST, INTERCENTE	PAIN WANAGEWENT	2	U	U	U	U			
INJECT SACROILIAC JOINT	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	PAIN MANAGEMENT	1	0	0	0	0			
INJECT SACROILIAC JOINT	OTHER SPECIFIED POSTPROCEDURAL STATES	PAIN MANAGEMENT	1	0	0	0	0			
INJECT SACROILIAC JOINT	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	5	0	0	0	0			
INJECT SACROILIAC JOINT	STEM CELLS TRANSPLANT STATUS	ONCOLOGY	1	0	0	0	0			
INJECT SKIN LESIONS <td>BURN OF UNSPECIFIED BODY REGION, UNSPECIFIED DEGREE</td> <td>FAMILY MEDICINE</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>	BURN OF UNSPECIFIED BODY REGION, UNSPECIFIED DEGREE	FAMILY MEDICINE	1	0	0	0	0			
INJECT SKIN LESIONS >7	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, PLASTIC	1	0	0	0	0			
INJECT TRIGGER POINTS 3/>	MYALGIA OF MASTICATION MUSCLE	DENTISTRY	0	1	0	0	1			
INJECT TRIGGER POINTS 3/>	MYALGIA OF MASTICATION MUSCLE	PSYCHOLOGY	0	1	0	0	1			
INJECTION EYE DRUG	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	1	0	0	0	0			
INJECTION EYE DRUG	N/A	OPHTHALMOLOGY	3							
	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R	,								
INJECTION EYE DRUG	EYE	OPHTHALMOLOGY	1							
INJECTION EYE DRUG	VITREOUS HEMORRHAGE, BILATERAL	OPHTHALMOLOGY	1							
INJECTION EYE DRUG	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	1		-					
INJECTION FOR BLADDER X-RAY	ACUTE CYSTITIS WITHOUT HEMATURIA	UROLOGY	1	n	0	n	n			
INJECTION FOR HIP X-RAY	CONGENITAL DISLOCATION OF RIGHT HIP, UNILATERAL	FAMILY MEDICINE	1	n	0	0	n			
INJECTION FOR MYELOGRAM	CERVICALGIA	SURGERY, NEUROLOGICAL	1	n	0	0	n			
INJECTION FOR MYELOGRAM	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
	RADICOLOFATHT, CERVICAL REGION	SUNGENT, NEUROLUGICAL	1	U	0	U	U			
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	1							
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	3							
Injection procedure for sacroiliac joint, arthrography and/or										
anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	7							
Injection procedure for sacroiliac joint, arthrography and/or										
anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH SAC & amp; SC	PAIN MANAGEMENT	1							
Injection procedure for sacroiliac joint; provision of anesthetic,	, , , , , , , , , , , , , , , , , , , ,									
steroid and/or other therapeutic agent, with or without										
arthrography (when performed in ASC)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	1							
	Varicose veins of bilateral lower extremities with other		-							
INJECTION THERAPY OF VEI	complications	Other Provider						1		
INJECTION THERAPY OF VEI	Varicose veins of bilateral lower extremities with pain	Other Provider						1		
INJECTION THERAPY OF VEI	Varicose veins of bilateral lower extremites with pair	SURGERY, VASCULAR						1		
INJECTION THERAPY OF VEI	Venous insufficiency (chronic) (peripheral)	SURGERY, VASCULAR			-			1	1	
INJECTION TREATMENT OF EYE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	1	n	0	n	0	1		
INJECTION TREATMENT OF PETE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	ANESTHESIOLOGY	1	0	0	0	0			
INSECTION TREATMENT OF NERVE	INVERVENTEDIAL DISC DISORDERS W RADICULOPATRI, LUIVIBAR REGION	MINESTRESIOEOGT	1	o .	0		ď			
INJECTION TREATMENT OF NERVE	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
Injection(s), anesthetic agent(s) and/or steroid; nerves innervating										
the sacroiliac joint, with image guidance (ie, fluoroscopy or										
computed tomography)	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT		1	1					
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image										
guidance (fluoroscopy or CT), cervical or thoracic; single level	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	2							
Busines (man-shopy of er), cervical of thorace, single level	The state of the	WATAGENERY								
Injection(s) diagnostic or therapeutic agent, paravertehral facet										
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image										
guidance (fluoroscopy or CT), cervical or thoracic; single level	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	1							
Burdance (made succept of city, cervicul of choracic, shighe level	TO TO TO THE TENTON ENERGION	MAINGENER	1-	1	1		l			1

Injection(i), diagnatic or therapsin agent, parovertional facet (page-page-page) prof or ever's inventoring that jurish years (page-page-page-page) prof (in ever's inventoring that jurish years) prof (in page-page-page-page-page-page-page-page-	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
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published for floroscopy of CT, convol or thoroscopy of CT											
injection(), diagnostic or thrappeatic agent, posweretorial facet (cyppophyreal) joint for inverve inverved the list joint with image audinors (Blucoscapy or CI), excitate the branch supple laboration of the production of the pr		RADICULOPATHY CERVICAL REGION		1							
progeophysion joint for merous innovating that jointly with image goodware (fluorescoper of the product good in private of the product good in private of the product good in private of the private good in private of the private good in good in the private good in good in the private good in good in the good in the good in the good in the good i	guidance (nuoroscopy or Cr), cervical or thoracic, single level	RADICOLOFATTI CERVICAL REGION	KLIIABILITATION	1							
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Ingestion(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), cervical or thoracis; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), cervical or thoracis; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, paravertebral facet (page-ophyseal) joint (or nerves innervating that joint) with image audiance (fluoroscopy or CT), turbad or sacral; single level Application(s), diagnostic or therapeutic agent, p	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,									
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toggapophyseal joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), evined to frozence; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), evined to frozence; single level proportions) with the mage guidance (fluoroscopy or CT), lumbar or secral; single level proportions) with mage guidance (fluoroscopy or CT), lumbar or secral; single level proportions) with mage guidance (fluoroscopy or CT), lumbar or secral; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or secral; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or secral; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or secral; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or secral; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or secral; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or secral; single level proportions), diagnostic or therapeutic agent, paravertebral facet (organophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or secral; single level proportions).	guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	7	1	1					
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Sendonic (fluoroscopy or CT), cervical or thorapecis single level injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (incore news innervating that joint) with image guidance (fluoroscopy or CT), cervical or thorapecis single level injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (incore news innervating that joint) with image guidance (fluoroscopy or CT), tervical or thorapecis single level injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (into from envers innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (into from envers innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (into from envers innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SenoNDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN ANESTHESIOLOGY 7 Injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (into from envers innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SenoNDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN ANESTHESIOLOGY 7 Injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (into from envers innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SenoNDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; UNS Injection(s), diagnostic or therapeutic agent, paravertebral facet (expapen)yeas) (into from envers innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SenoNDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; UNS SenoNDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; UNS SenoNDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; UNS Injection(s), diagnostic or therapeutic			PHYSICAL MEDICINE &								
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Expanding only comparison of the previous of the product of the											
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Intervence Int	guidance (fluoroscopy or CT), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	REHABILITATION	1							
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Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN PAIN MANAGEMENT 1 1 1 1 1 1 1 1 1 1 1 1 1											
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guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN PAIN MANAGEMENT											
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guidance (fluoroscopy or CT), lumbar or sacral; single level INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION PAIN MANAGEMENT Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level INFLAMMATORY SPONDYLOPATHY LUMBAR REGION PAIN MANAGEMENT 1 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN ANESTHESIOLOGY 3	Injection(s), diagnostic or therapeutic agent, paravertebral facet										
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LUMB RGN; UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION PAIN MANAGEMENT 1 1 SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN ANESTHESIOLOGY 3											
(zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level INFLAMMATORY SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION PAIN MANAGEMENT 1 1 1 1 1 1 1 1 1 1 1 1 1	guidance (fluoroscopy or CT), lumbar or sacral; single level	INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	1							
(zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level INFLAMMATORY SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION PAIN MANAGEMENT 1 1 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN ANESTHESIOLOGY 3	Injection(s) diagnostic or therapeutic agent, paravortehral facet										
guidance (fluoroscopy or CT), lumbar or sacral; single level INFLAMMATORY SPONDYLOPATHY LUMBAR REGION PAIN MANAGEMENT 1 1 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN ANESTHESIOLOGY 3		SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN-LINS									
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN ANESTHESIOLOGY 3			PAIN MANAGEMENT		1	1					
(zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN ANESTHESIOLOGY 3											
guidance (fluoroscopy or CT), lumbar or sacral; single level SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN ANESTHESIOLOGY 3											
Injection(s), diagnostic or therapeutic agent, paravertebral facet	guidance (fluoroscopy or CT), lumbar or sacral; single level	SPUNDYLUSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	3							
Impostorios) and production of the supposition of t	Injection(s) diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image											
guidance (fluoroscopy or CT), lumbar or sacral; single level UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION PAIN MANAGEMENT 1 1		UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT		1	1				1	

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Unjection(s) diagnostic or thorangutic agent, paravortobral facet										
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image										
guidance, cervical or thoracic; second level	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	2							
guidance, cervical or thoracic, second level	TAIN IN THORAGESTINE	I AIN WANAGEWENT								
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image										
guidance, cervical or thoracic; second level	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image		PHYSICAL MEDICINE &								
guidance, cervical or thoracic; second level	RADICULOPATHY CERVICAL REGION	REHABILITATION	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image										
guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	3							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image										
guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	GENERAL PRACTICE	2							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image										
guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	7	1	1					
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image		PHYSICAL MEDICINE &								
guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	REHABILITATION	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
(zygapophyseal) joint (or nerves innervating that joint) with image	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN;	PHYSICAL MEDICINE &								
guidance, cervical or thoracic; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	REHABILITATION	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint with image guidance (fluoroscopy or CT), lumbar or sacral;										
third and any additional level(s)	LOW BACK PAIN	PAIN MANAGEMENT	2							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint with image guidance (fluoroscopy or CT), lumbar or sacral;										
third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	6							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint with image guidance (fluoroscopy or CT), lumbar or sacral;										
third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	4							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint with image guidance (fluoroscopy or CT), lumbar or sacral;										
third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	3							
Injection(s), diagnostic or therapeutic agent, paravertebral facet	INTERVEDTED AL DISC D'O W/DADISHI ODATHWAS TO	1								
joint (or nerves innervating that joint) with image guidance	INTERVENTEBRAL DISC D/O W/RADICULOPATHY LS RGN;	OPTHODEDIC CURCES:								
(fluoroscopy or CT), lumbar or sacral; second level	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1	-						\vdash
Injection(s), diagnostic or therapeutic agent, paravertebral facet			1							
joint (or nerves innervating that joint) with image guidance	LOW BACK BAIN	DAINI MAANIA CENAENT								
(fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PAIN MANAGEMENT	2							\vdash
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance	SDONIDVI OSIS W/O MYELODATH/DADICHI ODATHVI HARD BONI	ANIESTHESIOLOGY	_							
(fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	/	 						₩
Injection(s), diagnostic or therapeutic agent, paravertebral facet			1							
joint (or nerves innervating that joint) with image guidance	SDONIDVI OSIS W/O MYELODATH/DADICHI ODATHVI HARD BONI	DAINI MANIA CENAENT	_	1	1				4	
(fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	1'	1-	1	l		i	1	

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Injection(s), diagnostic or therapeutic agent, paravertebral facet	SPONDYLOSIS MAZO MAYELODATILADA DISCULODATILAZIONA DE CALLOTILA									
joint (or nerves innervating that joint) with image guidance	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; OTH	DAINI MAANIA CEMENIT	1							
(fluoroscopy or CT), lumbar or sacral; second level	INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN; UNS									
joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT		1	1					
Injection(s), diagnostic or therapeutic agent, paravertebral facet	IN BUILDING STONE TEOTATTI EOMBAR REGION	TAIN WANTED		1	1					
joint (or nerves innervating that joint) with image guidance										
(fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	3							
Injection(s), diagnostic or therapeutic agent, paravertebral facet	STOTE TEOSIS TITO INTELESTITUTION DISCELLATION ESTICAL	7.112511125102001								
joint (or nerves innervating that joint) with image guidance										
(fluoroscopy or CT), lumbar or sacral; second level	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT		1	1				1	
,		_			_					
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance, cervical										
or thoracic; third and any additional level(s)	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	2							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance, cervical										
or thoracic; third and any additional level(s)	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance, cervical		PHYSICAL MEDICINE &								
or thoracic; third and any additional level(s)	RADICULOPATHY CERVICAL REGION	REHABILITATION	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance, cervical										
or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	3							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance, cervical										
or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	GENERAL PRACTICE	2							
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance, cervical										
or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	7	1	1					
Injection(s), diagnostic or therapeutic agent, paravertebral facet										
joint (or nerves innervating that joint) with image guidance, cervical		PHYSICAL MEDICINE &								
or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	REHABILITATION	1							
Injection(s), diagnostic or therapeutic agent, paravertebral facet	SPONDYLOGIS W/O MAYELODATH/DADISHLODATHY THOO DSN	DUNGICAL MAEDICINE O								
joint (or nerves innervating that joint) with image guidance, cervical	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN;	PHYSICAL MEDICINE &	4							
or thoracic; third and any additional level(s)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	REHABILITATION	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not	OTH INTERVENTER AL DISC DECENTION AND A DECION	ANIECTUECIOLOCY	2							
including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	2							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not	OTH INTERVEDTERRAL DISC DECENTLINARAR RECION	DAINI MANNA CEMENIT								
including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not	OTH INTERVEDTERRAL DISC DISDLACEMENT THOS RECION	ANIESTHESIOLOGY	1							
including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	ANESTHESIOLOGY	1			-				
Injection(s), of diagnostic or therapeutic substance(s) (eg,		PHYSICAL MEDICINE &								
anesthetic, antispasmodic, opioid, steroid, other solution), not	OTH SPONDYLOSIS W/PADICITI OPATHY CERVICAL RECION			1	1					
including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	REHABILITATION	1	1+	l T					<u>. </u>

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not	CTUED CUDONIC DAIN, DADICUI ODATUVI UMADAD DECUON	DAIN AAANA CEAAFAIT								
including neurolytic substances	OTHER CHRONIC PAIN; RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	3							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,	POSTLAMINECTOMY SYNDROME NEC; SPINAL STENOSIS THORACIC									
anesthetic, antispasmodic, opioid, steroid, other solution), not	REGION; SCIATICA UNSPECIFIED SIDE; OTH INTERVERTEBRAL DISC									
including neurolytic substances	DEGEN LUMBAR REGION	PAIN MANAGEMENT	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	2							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	6							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE &								
including neurolytic substances	RADICULOPATHY CERVICAL REGION	REHABILITATION	6	1	1					
Injection(s), of diagnostic or therapeutic substance(s) (eg,	TO DESCRIPTION OF THE SECOND	TET // BIET // TOTA	ļ .	-	-					
anesthetic, antispasmodic, opioid, steroid, other solution), not										
	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	4							
including neurolytic substances	RADICOLOFATITI LOWIBAR REGION	ANESTTIESIOLOGI	4							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not	DADICHI ODATHIY I HADAD DECION	CENEDAL DRACTICE								
including neurolytic substances	RADICULOPATHY LUMBAR REGION	GENERAL PRACTICE	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	RADICULOPATHY LUMBAR REGION	NEUROLOGY	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	4	1	1					
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	2	1	1					
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE &								
including neurolytic substances	RADICULOPATHY LUMBAR REGION	REHABILITATION	3							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE AND								
including neurolytic substances	RADICULOPATHY LUMBAR REGION	REHABILITATION	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	RADICULOPATHY LUMBAR REGION	PHYSICIAN	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE &								
including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	REHABILITATION	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	2							
Injection(s), of diagnostic or therapeutic substance(s) (eg,			-							
	SPINAL STENOSIS CERVICAL REGION; RADICULOPATHY CERVICAL									
anesthetic, antispasmodic, opioid, steroid, other solution), not	REGION	PAIN MANAGEMENT	1							
including neurolytic substances		FAIN IVIANAUEIVIENT	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,	SPINAL STENOSIS LUMBOSACRAL REGION; SCIATICA UNSPECIFIED									
anesthetic, antispasmodic, opioid, steroid, other solution), not	SIDE; OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION;	DAIN AAAN A CEAAFA:-	L							
including neurolytic substances	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	lτ	ı	l			l		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE &								
including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	REHABILITATION	2							1
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;	PHYSICAL MEDICINE &								
including neurolytic substances	RADICULOPATHY CERVICAL REGION	REHABILITATION		1	1					
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE &								
including neurolytic substances	SPRAIN LIGAMENTS OF CERVICAL SPINE SEQUELA	REHABILITATION		1	1					
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not										
including neurolytic substances	Unknown	PAIN MANAGEMENT	1							
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE &								
including neurolytic substances	Unknown	REHABILITATION		1	1			1		
Injection(s), of diagnostic or therapeutic substance(s) (eg,										
anesthetic, antispasmodic, opioid, steroid, other solution), not		PHYSICAL MEDICINE &								
including neurolytic substances	Unknown; Unknown	REHABILITATION	1							
INJECTION, ALEMTUZUMAB	MULTIPLE SCLEROSIS	NEUROLOGY	1	1	1	0	0			1
						-	-			1
Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	PAIN MANAGEMENT	2							
INJECTION, BUROSUMAB-TWZA 1M	FAMILIAL HYPOPHOSPHATEMIA	PEDIATRIC NEPHROLOGY	Δ	0	0	0	0			+
INJECTION, CARFILZOMIB, 1 MG	DYSPNEA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
INJECTION, CARFILZOMIB, 1 MG	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	HEMATOLOGY	1	0	0	0	0			+
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY	2	0	0	0	0			
			2	0	0	0	0			+
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	2	0	0	0	0			+
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	2	U	U	U	U			+
		HEMATOLOGY/ONCOLOG								
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Υ	2							+
INJECTION, CARFILZOMIB, 1 MG	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	HEMATOLOGY	1	0	0	0	0			+
INJECTION, DARATUMUMAB 10 MG	EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			
INJECTION, DARATUMUMAB 10 MG	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	HEMATOLOGY	1	0	0	0	0			+
INJECTION, EDARAVONE, 1 MG	AMYOTROPHIC LATERAL SCLEROSIS	NEUROLOGY	2	0	0	0	0			+
INJECTION, EDARAVONE, 1 MG	AMYOTROPHIC LATERAL SCLEROSIS	PULMONARY DISEASE	0	1	1	0	0			+
INJECTION, ELOTUZUMAB, 1MG	IMMUNE THROMBOCYTOPENIC PURPURA	HEMATOLOGY	1	0	0	0	0			+
INJECTION, ELOTUZUMAB, 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Other	1	U	0	O .	U			+
INJECTION, EDTINEZUMAB-JJMR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	NEUROLOGY	1	0	0	0	0			
INJECTION, FETINEZOWAG-JIWK	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			
INJECTION, FOLFHILA	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	ONCOLOGY	1	0	0	0	0			+
			2	0	0	0	0			+
INJECTION, FULPHILA	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	2	U	U	U	U			
INJECTION, FULPHILA	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	FAMILY MEDICINE	1	0	0	0	0			1
INJECTION, FULPHILA	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	INTERNAL MEDICINE	1	0	0	0	0			1
INJECTION, FULPHILA	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	ONCOLOGY	2	0	0	0	0			
INJECTION, FULPHILA	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	ONCOLOGY	1	0	0	0	0			+
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			+
indiction, rota mex	I THE CONTROL OF THE	011002001	Ī							
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	1	0	0	0	0			
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	HEMATOLOGY	2	0	0	0	0			
INJECTION, FULPHILA	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
		HEMATOLOGY/ONCOLOG								
INJECTION, FULPHILA	N/A	Υ	1							
INJECTION, FULPHILA	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	HEMATOLOGY	1	0	0	0	0			
INJECTION, FULPHILA	PNEUMONIA, UNSPECIFIED ORGANISM	HEMATOLOGY	2	0	0	0	0			
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJECTION, FULVESTRANT	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	2	0	O Demais	O	O Demais	Approved	Defiled	by INO
		011002001		ŭ	Ü	o a	ŭ			
INJECTION, FULVESTRANT	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJECTION, FULVESTRANT	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
INJECTION, FULVESTRANT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, INFLECTRA	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	0	1	1	0	0			
INJECTION, INFLECTRA	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			1
INJECTION, MEPOLIZUMAB, 1MG	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
INJECTION, MEPOLIZUMAB, 1MG	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	FAMILY MEDICINE	1	0	0	0	0			
INJECTION, MEPOLIZUMAB, 1MG	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	PEDIATRIC ALLERGY & IMMUNOLOGY	1	0	0	0	0			
INJECTION, MEPOLIZUMAB, 1MG	OTHER GENERAL SYMPTOMS AND SIGNS	NURSE PRACTITIONER	1	0	0	0	0			1
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY/IMMUNOLOGY	2	0	0	0	0			1
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	HEMATOLOGY	1	0	0	0	0			†
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	SOCIAL WORK	1	0	0	0	0			†
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	ALLERGY/IMMUNOLOGY	3	0	0	0	0			1
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	CRITICAL CARE MEDICINE	1	0	0	0	0	-		+
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	FAMILY MEDICINE	1	0	0	0	0			+
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	SOCIAL WORK	1	0	0	0	0			+
INJECTION, MEPOLIZUMAB, 1MG	SNORING	PULMONARY DISEASE	2	0	0	0	0			+
INJECTION, MEPOLIZUMAB, 1MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	FAMILY MEDICINE	1	0	0	0	0			+
			2	0	0	0	0	-		+
INJECTION, MEPOLIZUMAB, 1MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	HEMATOLOGY	2	0	0	0	0			+
INJECTION, MEPOLIZUMAB, 1MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			
INJECTION, NIVOLUMAB	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	ONCOLOGY	1	0	0	0	0			
INJECTION, NIVOLUMAB	DEHYDRATION	HEMATOLOGY	1	0	0	0	0			
INJECTION, NIVOLUMAB	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	ONCOLOGY	1	0	0	0	0			
INJECTION, NIVOLUMAB	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	SOCIAL WORK	1	0	0	0	0			
INJECTION, NIVOLUMAB	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	HEMATOLOGY	1	0	0	0	0			
INJECTION, NIVOLUMAB	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	HEMATOLOGY	1	0	0	0	0			
INJECTION, NIVOLUMAB	MESOTHELIOMA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
INJECTION, NIVOLUMAB	SOLITARY PULMONARY NODULE	ONCOLOGY	2	0	0	0	0			
INJECTION, NIVOLUMAB	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	HEMATOLOGY	2	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	HEMATOLOGY	1	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	FAMILY MEDICINE	2	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	FAMILY NURSE	1	0	0	0	0			
AUSCRICK CORFUNITION AND AND	A MUNICIPAL E COLUMN CO	PRACTITIONER	1							
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	HEMATOLOGY	4	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	INFECTIOUS DISEASE	1	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	NEUROLOGY	55	2	2	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	NURSE PRACTITIONER	1	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	ONCOLOGY	2	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	PEDIATRIC NEUROLOGY	1	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	PHYSICIAN ASSISTANT	2	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	SLEEP MEDICINE	2	0	0	0	0			
INJECTION, OCRELIZUMAB, 1 MG	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	0	1	1	0	0			
INJECTION, PEGFILGRASTIM 6MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	FAMILY MEDICINE	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	5	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	ONCOLOGY	2	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	DIFFUSE LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES	ONCOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	HYPOKALEMIA	HEMATOLOGY	2	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	НУРОХЕМІА	ONCOLOGY	0	1	1	0	0			
INJECTION, PEGFILGRASTIM 6MG	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	1	0	0	0	0			+
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJECTION, PEGFILGRASTIM 6MG		ONCOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	PEDIATRIC	1	0	0	0	n			+
		HEMATOLOGY/ONCOLOGY								
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	3	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	3	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	ONCOLOGY	1	0	0	0	0			
		HEMATOLOGY/ONCOLOG								
INJECTION, PEGFILGRASTIM 6MG	N/A	Υ	1							
INJECTION, PEGFILGRASTIM 6MG	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HEMATOLOGY	1	0	0	0	0			
INJECTION, PEGFILGRASTIM 6MG	UNSPECIFIED JAUNDICE	HEMATOLOGY	2	0	0	0	0			
INJECTION, PERTUZUMAB, 1 MG	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, PERTUZUMAB, 1 MG	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, PERTUZUMAB, 1 MG	SECONDARY MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, RAMUCIRUMAB	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
INJECTION, RENFLEXIS	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, RENFLEXIS	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, RESLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
INJECTION, RUCONEST	DEFECTS IN THE COMPLEMENT SYSTEM	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	2	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	2	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	BURKITT LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			+
INJECTION, UDENYCA 0.5 MG	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
INJECTION, UDENYCA 0.5 MG	LOCALIZED SWELLING, MASS AND LUMP, HEAD	ONCOLOGY	1	0	0	0	0			
INJECTION, ODENTCA 0.5 MG	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			†
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY	1	0	0	0	0			†
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOFLASM OF COLON, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0	-	 	+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	2	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	OTHER SHOCK	ONCOLOGY	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	PRSNL HX OF MALIG NEOPLM OF RECTUM, RECTOSIG JUNCT, AND ANUS	HEMATOLOGY	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, INIT	FAMILY MEDICINE	1	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
INJECTION, UDENYCA 0.5 MG	UNSPECIFIED JAUNDICE	HEMATOLOGY	2	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	GASTROENTEROLOGY	7	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	FAMILY MEDICINE	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	RHEUMATOLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	GASTROENTEROLOGY	2	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	5	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	RHEUMATOLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	GASTROENTEROLOGY	0	1	1	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	HEMATOLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	PSYCHOLOGY	0	1	1	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	4	0	0	0	0			
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	HEMATOLOGY	1	0	0	0	0			
INJECTION, VEDOLIZOMAB	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	7	0	0	0	0			
INJECTION, VEDOLIZUMAB	LEFT SIDED COLITIS WITHOUT COMPLICATIONS LEFT SIDED COLITIS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	7	0	0	0	0			
INJECTION, VEDOLIZUMAB	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	GASTROENTEROLOGY	1	1	1	0	0			
INJECTION, VEDOLIZUMAB	OTHER UNCERATIVE COLITIS WITH RECTAL BLEEDING	GASTROENTEROLOGY	0	1	1	0	0			
INJECTION, VEDOLIZUMAB	OTHER OLCERATIVE COLITIS WITH RECITAL BLEEDING OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	<i>C</i>	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	INFECTIOUS DISEASE	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	GASTROENTEROLOGY	4	0	1	0	0			
INJECTION, VEDOLIZUMAB INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	HEMATOLOGY	4	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	PEDIATRIC	1	1	1	0	0			
INJECTION VEDOUTIIMAD	LUCEDATIVE (CURONIC) DANCOUTE NATE UNICE COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	GASTROENTEROLOGY	10	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	10	0	0	0	U			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	RHEUMATOLOGY	1	U	U	U	U			
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTH COMPLICATION	FAMILY MEDICINE	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	INFECTIOUS DISEASE	2	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED WITH FISTULA	GASTROENTEROLOGY	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	NURSE PRACTITIONER	1	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	14	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	HEMATOLOGY	2	0	0	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	PEDIATRIC GASTROENTEROLOGY	1	1	1	0	0			
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	RHEUMATOLOGY	1	0	0	0	0			
INJECTION, ZARXIO	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	4	0	0	0	0			

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INJECTION, ZARXIO	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	1	0	0	0	0			
INJECTION, ZARXIO	COVID-19	ONCOLOGY	1	0	0	0	0			
INJECTION, ZARXIO	FEVER, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INJECTION, ZARXIO	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	3	0	0	0	0			
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	3	0	0	0	0			
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
INJECTION, ZARXIO	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
INJECTION, ZARXIO	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	ONCOLOGY	1	0	0	0	0			
INJECTION, ZARXIO	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY	1	0	0	0	0			
INJECTION, ZARXIO	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	1	0	0	0	0			†
INJECTION, ZARXIO	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			1
INJECTION, ZARXIO	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			†
INJECTION, ZARXIO	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	HEMATOLOGY	2	0	0	0	0			†
INJECTION, ZARXIO	NEUTROPENIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
INJECTION, ZARXIO	OTHER NEUTROPENIA	HEMATOLOGY	2	0	0	0	0			+
INJECTION, ZARXIO	POSTMASTECTOMY LYMPHEDEMA SYNDROME	HEMATOLOGY	1	0	0	0	0			1
INJECTION, ZARXIO	UNSPECIFIED ABDOMINAL PAIN	DERMATOLOGY	1	0	0	0	0	-		+
INJECTION, ZARXIO	UNSPECIFIED JAUNDICE	HEMATOLOGY	2	0	0	0	0	-		+
INJECTION,ONABOTULINUMTOXINA	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	PEDIATRIC	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	ANAL FISSURE, UNSPECIFIED	OTOLARYNGOLOGY SURGERY, COLON AND	4	0	0	0	0			++
INJECTION, ON ABOTOLINOWITO AINA	ANAL HISSONE, ONSPECIFIED	RECTAL	1	o .	o .	o .	o .			1
INJECTION,ONABOTULINUMTOXINA	ANAL FISSURE, UNSPECIFIED	SURGERY, GENERAL	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	ANESTHESIA OF SKIN	UROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	BEHCET'S DISEASE	SURGERY, GENERAL	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	BELL'S PALSY	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	BELL'S PALSY	SURGERY, PLASTIC	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	4	0	0	0	0			1
INJECTION,ONABOTULINUMTOXINA	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	NEUROLOGY	3	0	0	0	0			1
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	NEUROLOGY	9	1	1	0	0			†
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	OPHTHALMOLOGY	4	1	1	0	0			1
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	PSYCHIATRY	1	0	0	0	0			†
INJECTION,ONABOTULINUMTOXINA	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	NEUROLOGY	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CELLULITIS OF LEFT LOWER LIMB	NEUROLOGY	1	0	0	0	0			+
INJECTION, ON ABOTULINUM TOXINA	CEREBRAL INFARCTION, UNSPECIFIED	NEUROLOGY	4	0	0	0	0			\vdash
INJECTION,ONABOTULINUMTOXINA	CEREBRAL PALSY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0	 	 	+
INJECTION,ONABOTULINUMTOXINA	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	NEUROLOGY	3	0	0	0	0			+
INJECTION, ON ABOTULINUM TOXINA	CERVICALGIA CERVICALGIA	ANESTHESIOLOGY	1	0	0	0	0	 	 	+
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	NEUROLOGY	13	1	1	0	0			1
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	NEUROMUSCULOSKELETAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	PHYSICAL MEDICINE	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	COUNSELING	1	0	0	0	0			
INJECTION, ON ABOTULINUM TOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	FAMILY MEDICINE	5	0	0	0	0			\vdash
INJECTION, ON ABOTULINUM TOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	INTERNAL MEDICINE	2	1	1	0	0	 	 	\vdash
INJECTION, ON ABOTULINUM TOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	NEUROLOGY	87	13	13	0	0			\vdash
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	OTOLARYNGOLOGY (EAR,	0	1	1	0	0	 	 	+
		NOSE, AND THROAT)								

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INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PAIN MANAGEMENT	3	0	0	0	0			1
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PEDIATRIC NEUROLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PHYSICAL MEDICINE	7	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	PSYCHIATRY	3	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	NEUROLOGY	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	SURGERY, PLASTIC	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	ANESTHESIOLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	COUNSELING	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	FAMILY MEDICINE	1	1	0	1	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	NEUROLOGY	40	13	13	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	PAIN MANAGEMENT	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	PEDIATRIC NEUROLOGY	5	2	2	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	PSYCHIATRY	1	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	SPORTS MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	SURGERY, PLASTIC	0	1	1	0	0			+
INJECTION, ON ABOTULINUM TOXINA	CHRONIC PAIN SYNDROME	FAMILY MEDICINE	1	0	0	0	0		 	+
INJECTION, ON ABOTULINUM TOXINA	CHRONIC FAIN STRUBIONE CHRONIC SINUSITIS, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			+
INJECTION, ON ABOTULINUM TOXINA	CLONIC HEMIFACIAL SPASM, LEFT	NEUROLOGY	0	1	1	0	0			+
INJECTION, ON ABOTULINUM TOXINA	CLONIC HEMIFACIAL SPASM, RIGHT	BEHAVIORAL NURSE	1	0	0	0	0			+
·	CLONIC HEMIFACIAL SPASM, RIGHT CLONIC HEMIFACIAL SPASM, RIGHT	NEUROLOGY	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	·		1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, RIGHT	OPHTHALMOLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	NEUROLOGY	0	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	U	U	U	U			1
INJECTION,ONABOTULINUMTOXINA	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	NEUROLOGY	1	0	0	n	0			+
INJECTION,ONABOTULINUMTOXINA	CONTRACTURE OF MUSCLE, LEFT LOWER LEG	PAIN MANAGEMENT	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	CONTRACTURE OF MUSCLE, UNSPECIFIED SITE	SURGERY, PLASTIC	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	COVID-19	FAMILY MEDICINE	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	NEUROLOGY	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	DISORDER OF FACIAL NERVE, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	DISORDER OF URINARY SYSTEM, UNSPECIFIED	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	DISORIENTATION, UNSPECIFIED	NEUROLOGY	2	1	1	n	0			+
INJECTION, ON A BOTULINUM TOXINA	DIZZINESS AND GIDDINESS	FAMILY MEDICINE	1	0	0	0	0			+
INJECTION, ON ABOTULINUM TOXINA	DYSPNEA, UNSPECIFIED	NEUROLOGY	3	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	DYSTONIA, UNSPECIFIED	COUNSELING	1	0	0	0	0			+
INJECTION, ON ABOTULINUM TOXINA	DYSTONIA, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
INJECTION, ON ABOTOLING WITOMINA	DISTONIA, ONSFECITED	NOSE, AND THROAT)	*	o .	o .	o .	o			1
INJECTION,ONABOTULINUMTOXINA	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	NEUROLOGY	2	0	0	0	0			1
INJECTION, ON A BOTULINUM TOXINA	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	UROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	UROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PHYSICAL MEDICINE	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	FREQUENCY OF MICTURITION	FAMILY MEDICINE	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	FREQUENCY OF MICTURITION	FEMALE PELVIC MEDICINE	3	0	0	0	0			+
THE CHARLEST CENTOWN OATHWA	negother of willownon	AND RECONSTRUCTIVE SURGERY	3	Ü	Ü	o de la companya de l	o .			
INJECTION,ONABOTULINUMTOXINA	FREQUENCY OF MICTURITION	UROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	GASTROPARESIS	PEDIATRICS	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	GENETIC TORSION DYSTONIA	NEUROLOGY	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PSYCHIATRY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	IDIOPATHIC NONFAMILIAL DYSTONIA	NEUROLOGY	1	0	0	0	0			<u> </u>
INJECTION,ONABOTULINUMTOXINA	IDIOPATHIC OROFACIAL DYSTONIA	PSYCHIATRY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0		1	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJECTION, ON ABOTULINUM TOXINA	LARYNGEAL SPASM	OTOLARYNGOLOGY (EAR,	2	0	0	0	0	Approved	Deffied	by INO
		NOSE, AND THROAT)								
INJECTION,ONABOTULINUMTOXINA	LARYNGEAL SPASM	PEDIATRIC OTOLARYNGOLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	LOW BACK PAIN	PHYSICAL MEDICINE	0	1	0	1	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	10	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PSYCHIATRY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	DERMATOLOGY	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	NEUROLOGY	39	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	PHYSICAL MEDICINE	1	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	65	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	PAIN MANAGEMENT	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	PHYSICAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	3	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PHYSICAL MEDICINE	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	NEUROLOGY	6	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	PAIN MANAGEMENT	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	ANESTHESIOLOGY	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	FAMILY MEDICINE	1	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	NEUROLOGY	17	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	2	2	0	0			
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	0	0	0	0			1
INJECTION,ONABOTULINUMTOXINA	MIXED INCONTINENCE	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MIXED INCONTINENCE	UROLOGY	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MUSCLE SPASM OF BACK	PAIN MANAGEMENT	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	MYALGIA, OTHER SITE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	UROLOGY	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	NEW DAILY PERSISTENT HEADACHE (NDPH)	PEDIATRIC NEUROLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
December Calls December	Discourt Cuts Departure	Described Constitutes	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description INJECTION,ONABOTULINUMTOXINA	Diagnosis Code Description OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Provider Specialty NEUROLOGY	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INJECTION, ON ABOTULINUM TOXINA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	UROLOGY	4	0	0	0	0			
INJECTION, ON ABOTULINUM TOXINA	OCCIPITAL NEURALGIA	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	NEUROLOGY	1	0	0	0	0			
INJECTION, ON A BOTULINUM TOXINA	OTH DISKD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE OTH EXTRARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER CARDIOMYOPATHIES	NEUROLOGY	1	0	0	0	0			
INJECTION, ON ABOTULINUM TOXINA INJECTION, ON ABOTULINUM TOXINA	OTHER CARDIOMYOPATHIES OTHER CEREBRAL PALSY	NEUROLOGY	1	0	0	0	0			
	OTHER CEREBRAL PALSY		1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALST	PEDIATRIC REHABILITATION MEDICINE	1	U	U	U	U			
INJECTION,ONABOTULINUMTOXINA	OTHER CHRONIC PAIN	NEUROLOGY	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER CHRONIC PAIN	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER DISEASES OF VOCAL CORDS	NEUROLOGY	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER DISEASES OF VOCAL CORDS	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
,		NOSE, AND THROAT)								
INJECTION,ONABOTULINUMTOXINA	OTHER DISEASES OF VOCAL CORDS	PEDIATRIC	1	0	0	0	0			
		OTOLARYNGOLOGY								
INJECTION,ONABOTULINUMTOXINA	OTHER DISORDERS OF FACIAL NERVE	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER DISORDERS OF FACIAL NERVE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	NOSE, AND THROAT) NEUROLOGY	4	n	n	0	n			
INJECTION, ON ABOTULINUM TOXINA	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	0	1	1	0	n			
INJECTION, ON A BOTULINUM TOXINA	OTHER GENERAL SYMPTOMS AND SIGNS OTHER GENERAL SYMPTOMS AND SIGNS	PEDIATRIC REHABILITATION	1	0	0	0	0			
INJECTION, ON ABOTOLINO WITO AINA	OTHER GENERAL STRIFTORIS AND SIGNS	MEDICINE		0	0	O	0			
INJECTION,ONABOTULINUMTOXINA	OTHER GENERAL SYMPTOMS AND SIGNS	PHYSICAL MEDICINE	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER INSTABILITY, RIGHT KNEE	NEUROLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	FAMILY MEDICINE	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	PAIN MANAGEMENT	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	PAIN MANAGEMENT	9	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	PHYSICAL MEDICINE	6	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER PARALYTIC STRABISMUS, RIGHT EYE	OPHTHALMOLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER SOMATOFORM DISORDERS	NEUROLOGY	0	1	0	1	0			
INJECTION,ONABOTULINUMTOXINA	OTHER SOMATOFORM DISORDERS	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER TICS OF ORGANIC ORIGIN	NEUROLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OTHER VIRAL PNEUMONIA	NEUROLOGY	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	FEMALE PELVIC MEDICINE	1	0	0	0	0			
		AND RECONSTRUCTIVE								
INJECTION ON A DOTHUNUA TOVINA	OVERACTIVE BLADDER	SURGERY	-	0	0	0	0			
INJECTION, ON A DOTAL IN INJECTION ON A DOTAL INVESTIGATION OF A DOTAL	OVERACTIVE BLADDER	UROLOGY	7	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	NEUROLOGY	3	0	0	0	0			-
INJECTION,ONABOTULINUMTOXINA	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	UROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	PAIN IN RIGHT WRIST	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	PARESTHESIA OF SKIN	PSYCHIATRY	1	U	U	U	U			
INJECTION, ON A DOTAL INVINATOR IN A	PARKINSON'S DISEASE	NEUROLOGY	1	U	U	U	U			ļ
INJECTION, ON A DOTAL IN INJECTION ON A DOTAL INVESTIGATION OF A DOTAL	PERSONAL HISTORY OF COLONIC POLYPS	DERMATOLOGY	1	0	0	0	U			
INJECTION,ONABOTULINUMTOXINA	PERSONAL HISTORY OF COLONIC POLYPS	PEDIATRICS	1	U	U	U	U			ļ
INJECTION, ONABOTULINUMTOXINA	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	FAMILY MEDICINE	1	0	0	0	0			
INJECTION ONABOTULINUMTOXINA	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	PERST MIGRAINE AURA W/O CEREBRAL INFRC, NTRCT, W STAT MIGR	NEUROLOGY	1	U	U	U	U			
INJECTION,ONABOTULINUMTOXINA	PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	NEUROLOGY	2	U	U	U	U			ļ
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	DERMATOLOGY	13	1	1	U	U			
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	DERMATOLOGY	4	U	U	U	U			<u> </u>
INJECTION,ONABOTULINUMTOXINA	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	1	U	U	Įυ	U	<u>l</u>	l	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INJECTION,ONABOTULINUMTOXINA	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	FAMILY MEDICINE	1	0	0	0	0			+
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	NEUROLOGY	13	5	5	0	0			+
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	PAIN MANAGEMENT	6	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	PHYSICAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	PSYCHIATRY	2	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	SURGERY, HAND	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	PEDIATRIC REHABILITATION MEDICINE	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	NEUROLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	NEUROLOGY	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIC CEREBRAL PALSY	PEDIATRIC NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PHYSICAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	TORTICOLLIS	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	TORTICOLLIS	PAIN MANAGEMENT	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	TREMOR, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	TRIGEMINAL NEURALGIA	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	TRISOMY 18, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	UROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	UROLOGY	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	NEUROLOGY	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	UNSPECIFIED RENAL COLIC	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	UNSPECIFIED SPEECH DISTURBANCES	NEUROLOGY	4	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	UNSTEADINESS ON FEET	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY	3	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	UROLOGY	3	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	URGENCY OF URINATION	GYNECOLOGY (NO OB)	2	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	PAIN MANAGEMENT	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	PAIN MANAGEMENT	0	1	1	0	0			
INJECTION,ONABOTULINUMTOXINA	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	FAMILY MEDICINE	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	NEUROLOGY	1	0	0	0	0			
INJECTION,ONABOTULINUMTOXINA	VITILIGO	OPHTHALMOLOGY	1	0	0	0	0			
INLYTA 5 MG TABLET	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	1							
INLYTA 5 MG TABLET	N/A	NURSE PRACTITIONER	1							
INLYTA 5 MG TABLET	N/A	ONCOLOGY	2							
INLYTA 5 MG TABLET	N/A	Other Provider	1							
Inpatient Detox	Alcohol dependence, uncomplicated	MH/SUD Inpatient							1	<u> </u>
Inpatient Detox	Sedative, hypnotic or anxiolytic dependence, uncomplicated	MH/SUD Inpatient	1						1	.
Inpatient Substance Use Disoder Treatment	Alcohol dependence, uncomplicated	MH/SUD Inpatient						1		
		CARDIOVASCULAR								1
INQOVI 35-100 MG TABLET	N/A	DISEASE	1							
INS ENDOVAS VENA CAVA FILTR	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
INS MARK ABD/PEL FOR RT PERQ	N/A	HOSPITAL	2							
INS MARK THOR FOR RT PERQ	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			

December Code Description	Discussio Code Description	Danvides Cassielle	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description INS TUN IP CATH FOR DIAL OPN	Diagnosis Code Description END STAGE RENAL DISEASE	Provider Specialty SURGERY, THORACIC	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INS TUN IP CATH FOR DIAL OPN	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	FAMILY MEDICINE	1	0	0	0	0			+
INS/REP SUBQ DEFIBRILLATOR	ISCHEMIC CARDIOMYOPATHY	INTERNAL MEDICINE	1	0	0	0	0			
INSEMINATION OF OOCYTES	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	0	1	0	0	1			+
INSEMINATION OF OCCITES	ENCOUNTER FOR ASSISTED REPRODUCTV PERTILITY PROCEDURE CICLE	ENDOCRINOLOGY/INFERTILI	U		0	O				
INSERT 1 ELECTRODE PM-DEFIB	VENTRICULAR FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	0	1	1	0	0			
INSERT ANT DRAINAGE DEVICE	GLAUCOMA SECONDARY TO OTH EYE DISORDERS, BI, STAGE UNSP	OPHTHALMOLOGY	1	0	0	0	0			
INSERT ANT DRAINAGE DEVICE	GLAUCOMA W INCREASED EPISCLERAL VENOUS PRESSURE, BILATERAL	OPHTHALMOLOGY	1	0	0	0	0			
INSERT ANT DRAINAGE DEVICE	OTHER SPECIFIED GLAUCOMA	OPHTHALMOLOGY	1	0	0	0	0			1
INSERT ANT DRAINAGE DEVICE	PIGMENTARY GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			1
INSERT ANT DRAINAGE DEVICE	PIGMENTARY GLAUCOMA, RIGHT EYE, MODERATE STAGE	OPHTHALMOLOGY	1	0	0	0	0			+
INSERT ANT DRAINAGE DEVICE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	OPHTHALMOLOGY	1	0	0	0	0			1
INSERT ANT DRAINAGE DEVICE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	1	1	0	1	0			+
INSERT ANT DRAINAGE DEVICE	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0	 	1	+
INSERT ANT DRAINAGE DEVICE	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, SEVERE STAGE PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			+
			1	0	0	0	0			
INSERT ANT SEGMENT DRAIN INT	AGE-RELATED NUCLEAR CATARACT, BILATERAL	OPHTHALMOLOGY	2	0	U	0	0			_
INSERT ANT SEGMENT DRAIN INT	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	OPHTHALMOLOGY	1	2	2	0	0			
INSERT ANT SEGMENT DRAIN INT	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	OPHTHALMOLOGY	0	1	1	0	0			↓
INSERT ANT SEGMENT DRAIN INT	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, BILATERAL	OPHTHALMOLOGY	2	0	0	0	0			
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	OPHTHALMOLOGY	2	2	2	0	0			
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, MODERATE STAGE	OPHTHALMOLOGY	1	0	0	0	0			1
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MILD STAGE	OPHTHALMOLOGY	1	0	0	0	0			
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	OPHTHALMOLOGY	3	0	0	0	0			1
INSERT DRUG IMPLANT DEVICE	ENCTR FOR INIT PRESCRIPTION OF IMPLNTBL SUBDERMAL CONTRACEP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT DRUG IMPLANT DEVICE	HYPERSOMNIA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT EYE SOCKET IMPLANT	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	OPHTHALMOLOGY	1	0	0	0	0			
INSERT EYE SOCKET IMPLANT	UNSP FRACTURE OF FACIAL BONES, INIT ENCNTR FOR OPEN FRACTURE	OPHTHALMOLOGY	1	0	0	0	0			
INSERT INTRACORPOREAL DEVICE	CEREBRAL INFARCTION, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
INSERT INTRACORPOREAL DEVICE	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSERT INTRACORPOREAL DEVICE	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	2	0	0	0	0			
INSERT INTRAUTERINE DEVICE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT INTRAUTERINE DEVICE	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT INTRAUTERINE DEVICE	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
INSERT INTRAUTERINE DEVICE	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT INTRAUTERINE DEVICE	EPIGASTRIC PAIN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT INTRAUTERINE DEVICE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
INSERT INTRAUTERINE DEVICE	PRESENCE OF (INTRAUTERINE) CONTRACEPTIVE DEVICE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT MESH/PELVIC FLR ADDON	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	COUNSELING	1	0	0	0	0			
INSERT MESH/PELVIC FLR ADDON	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	UROLOGY	1	0	0	0	0			
INSERT MESH/PELVIC FLR ADDON	CYSTOCELE, LATERAL	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
INSERT MESH/PELVIC FLR ADDON	MIXED INCONTINENCE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			

RIGHT MARTHANCE FLA ADDORS	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MORT MORPHISTER IS ARROPOR STEELS RECORDING CONTROL STEELS RECORDING	INSERT MESH/PELVIC FLR ADDON	PROLAPSE OF VAGINAL VAULT AFTER HYSTERECTOMY	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
MISTAT MANAPHEW FIRS ALCOON	INSERT MESH/PELVIC FLR ADDON	PROLAPSE OF VAGINAL VAULT AFTER HYSTERECTOMY	UROLOGY	1	0	0	0	0			
WINTER MADER NAME MANUFACE	INSERT MESH/PELVIC FLR ADDON			1	0	0	0	0			
MART PRIAD COMP TRANS PRIOS MECHANIC POSPARISHON ON THE TO ACT STANLAR MINISTRATION OF THE TO O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INSERT MESH/PELVIC FLR ADDON	STRESS INCONTINENCE (FEMALE) (MALE)		1	0	0	0	0			
MART PRIVATE COMP PRINS PRIOS MALE SECRET LOYS SUPPORT PRISS PRIN	INSERT MULTI-COMP PENIS PROS	END STAGE RENAL DISEASE	UROLOGY	1	0	0	0	0			+
MART PRIVATE COMP PRINS PRIOS MALE SECRET LOYS SUPPORT PRISS PRIN				1	0	0	0	0			\vdash
MART MINITORNEY PICKS PROS TYPE ZAMETES MELETUS WITH OTHER SECRETED COMPULATION MANUACOY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INSERT MULTI-COMP PENIS PROS		UROLOGY	1	1	1	0	0			
MISSET PELY MARTION DEVICE	INSERT MULTI-COMP PENIS PROS	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	UROLOGY	1	0	0	0	0			
NESSET PELVANDO DONCE NUMBER TERLA PRIAMED DONCE NUMBER TERLA PRIAMED DONCE NUMBER TERLA PRIAMED DONCE SCHOOLSS, MISSECRIFIED NUMBER TERLA PRIAMED DONCE SCHOOLSS, MISSECRIFIED NUMBER TERLA PRIAMED DONCE SUBJECT, MISSECRIFIED NUMBER TERLA PRIAMED DONCE SUBJECT, MISSECRIFIED NUMBER TERLA PRIAMED DONCE SUBJECT, MISSECRIFIED NUMBER TERLA PRIAMED DONCE SUBJECT, MISSECRIFIED NUMBER TERLA PRIAMED DONCE SUBJECT, MISSECRIFIED NUMBER TERLA PRIAMED DONCE SUBJECT, MISSECRIFIED NUMBER TRANSPORT DONCE SUBJECT, MISSECRIFIED SUBJECT, MISSEC	INSERT NON-TUNNEL CV CATH	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
MISSIFF PENTANDO DENCE	INSERT PELV FIXATION DEVICE	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MASSET PELY TRANSPORT DEVICE NEUROPHICAL SCOLLOSS, TROMACE REGION AMEN' MEDICINE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INSERT PELV FIXATION DEVICE	NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
MORTH PELY TRATION DEVICE	INSERT PELV FIXATION DEVICE	NEUROMUSCULAR SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	2	0	0	0	0			1
NEET PELV FRANTON DEVICE	INSERT PELV FIXATION DEVICE	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	0	0	0	0			
AGRAPH_ACATH AGRAPAU_COTTOS_STCONDARY TO CANTER CHAMOTHERAPY SURGERY, GENERAL 1	INSERT PELV FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
AGRAPH_ACATH AGRAPAU_COTTOS_STCONDARY TO CANTER CHAMOTHERAPY SURGERY, GENERAL 1	INSERT PELV FIXATION DEVICE	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			\vdash
MISSET PICVAD CATH				1	0	0	0	0			
INSERT PICVAD CATH	INSERT PICVAD CATH	COVID-19		1	0	0	0	0			
MASER PICVAD CATH	INSERT PICVAD CATH	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	SURGERY, GENERAL	1	0	0	0	0			
MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INSERT PICVAD CATH	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INSERT PICVAD CATH	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED SURGERY, GENERAL 1	INSERT PICVAD CATH	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
MASERT PICVAD CATH	INSERT PICVAD CATH	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
INSERT PICVAD CATH	INSERT PICVAD CATH	MALIGNANT NEOPLASM OF PANCREAS LINSPECIFIED	SURGERY GENERAL	1	0	0	0	n			+
NESET PICVAD CATH		· ·		1	0	0	0	0			+
NSERT PIEVAL CATH				1	0	0	0	0			\vdash
INSERT PLEURAL CATH				1	0	0	0	0			\vdash
INSERT PLEURAL CATH				1	0	0	0	0			
INSERT PIEURAL CATH				1	0	0	0	0			
INSERT SPINE FIXATION DEVICE ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		·		1	0	0	0	0			\vdash
INSERT SPINE FIXATION DEVICE ADDIESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL S	INSERT SPINE FIXATION DEVICE	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL		1	0	0	0	0			\vdash
INSERT SPINE FIXATION DEVICE ARTHRODESIS STATUS SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, NEUROLOGICAL INSERT SPINE F	INSERT SPINE FIXATION DEVICE	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH APDICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH APDICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH APDICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH APDICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH ADICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL SURGERY, N	INSERT SPINE FIXATION DEVICE	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL SURGERY, ORTHOPEDIC 1 0 0 0 0 0 INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC Z O O O O INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC Z O O O O INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC Z O O O O O O INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC Z O O O O O O O O O O O O	INSERT SPINE FIXATION DEVICE	ARTHRODESIS STATUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY, ORTHOPEDIC CERVICAL DISC DISORDER WITH MYELOPATHY SURGERY	INSERT SPINE FIXATION DEVICE	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL SUR	INSERT SPINE FIXATION DEVICE	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT CS-C6 LEVEL WITH MYELOPATHY SURGERY, ORTHOPEDIC 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			\vdash
INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT CS-C6 LEVEL WITH RADICULOPATHY SURGERY, NEUROLOGICAL 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION INSERT SPINE FIXATION DEVICE CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION SURGERY, ORTHOPEDIC 2 0 0 0 0 INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, NEUROLOGICAL INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 1 1 1 0 0 0 0				1	0	0	0	0			\vdash
INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, NEUROLOGICAL 1 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC 2 0 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 1 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPINE FIXATION DEVICE CONGENITAL SPIN				3	1	1	0	0			
INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC 2 0 0 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0	INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE CERVICALGIA SURGERY, ORTHOPEDIC 2 0 0 0 0 0 0 INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0 0	INSERT SPINE FIXATION DEVICE	CERVICAL GIA	SURGERY NEUROLOGICAL	1	1	1	0	0			+
INSERT SPINE FIXATION DEVICE CONGENITAL SPONDYLOLISTHESIS SURGERY, ORTHOPEDIC 3 1 1 0 0				2	0	0	0	0			+
			<u> </u>	3	1	1	0	0			+
				1	0	0	0	0			
INSERT SPINE FIXATION DEVICE DISEASE OF SPINAL CORD, UNSPECIFIED BEHAVIORAL NURSE 1 0 0 0 0	INSERT SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, LINSPECIFIED	REHAVIORAL MILIDSE	1	n	0	0	0			+

					Medical	Experimental &	Network	Total	Total	
Burneling Code Burnelinton	Discounts Only Description	Donald an Constitution	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description INSERT SPINE FIXATION DEVICE	Disease of Spinal Cord, UNSPECIFIED	Provider Specialty NEUROLOGY	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INSERT SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	1	0	1	0			+
INSERT SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE	DISPLACEMENT OF INTERNAL ORTH DEVICES, IMPLINT AND GRAFTS, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE	FOOT DROP, LEFT FOOT	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	1	1	0	0			+
INSERT SPINE FIXATION DEVICE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLUGICAL	1	1	1	U	U			
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	SURGERY, ORTHOPEDIC	3	2	2	0	0			
INSERT SPINE FIXATION DEVICE	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE	NEUROMUSCULAR SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	OSSEOUS AND SUBLUX STENOSIS OF INTVRT FORAMIN OF CERV REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			\vdash
INSERT SPINE FIXATION DEVICE	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	2	1	0	1	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	2	0	0	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	3	2	2	0	0			1
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	4	1	1	0	0			
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	5	5	0	0			
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	2	2	0	0			
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
INSERT SPINE FIXATION DEVICE	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	5	1	1	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	FAMILY MEDICINE	1	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	4	0	0	0	0			
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS, LUMBAR REGION	ANESTHESIOLOGY	0	1	1	0	0			
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS, LUMBAR REGION	COUNSELING	0	1	1	0	0			+
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INSERT SPINE FIXATION DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	3	2	1	0	 		+
INSERT SPINE FIXATION DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	2	5	5	0	0	 		+
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	6	1	1	0	0	-		+
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	4	2	2	0	0	-		+
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	COUNSELING	1	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	4	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	4	3	3	0	0	 		+
	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	<u> </u>	l ⁻	ļ ⁻	1	-	1		+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INSERT SPINE FIXATION DEVICE	SPINAL INSTABILITIES, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	FAMILY MEDICINE	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	10	1	1	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	14	4	4	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	4	4	4	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	NEUROLOGY	0	1	1	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	2	1	1	0	0			
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	7	3	3	0	0			†
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	PSYCHIATRY	1	0	0	0	0			+ + +
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	2	2	0	0			+ + +
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	9	1	1	0	0			+ + +
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	2	2	0	0			++
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	4	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTRESIS, SITE UNSPECIFIED SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	4	1	1	0	0			+
	·		1	1	1	0	0			+
INSERT SPINE FIXATION DEVICE INSERT SPINE FIXATION DEVICE	SPONDYLOLYSIS, LUMBOSACRAL REGION SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC	2	1	1	0	0			
INSERT SPINE FIXATION DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSERT SPINE FIXATION DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	3	3	0	0			
INSERT SPINE FIXATION DEVICE	STABLE BURST FRACTURE OF SECOND LUMBAR VERTEBRA, INIT	SURGERY, NEUROLOGICAL	1	0	0	n	0			+ + +
INSERT SPINE FIXATION DEVICE	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			+ + +
INSERT SPINE FIXATION DEVICE	UNSPECIFIED ATRIAL FIBRILLATION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
INSERT SPINE FIXATION DEVICE	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
INSERT TUNNELED CV CATH	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	4	0	0	0	0			+
INSERT TUNNELED CV CATH	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	1	0	0	0	0			+
INSERT TUNNELED CV CATH	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			+
INSERT TUNNELED CV CATH	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE	NEPHROLOGY	1	0	0	0	0			+
INSERT TUNNELED CV CATH	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			+
INSERT TUNNELED CV CATH	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	PEDIATRIC SURGERY	0	1	1	0	0			++
INSERT TUNNELED CV CATH	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	3	0	0	0	0			
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	ONCOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, INIT	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	UNSPECIFIED FALL, INITIAL ENCOUNTER	PEDIATRIC SURGERY	1	0	0	0	0			
INSERT TUNNELED CV CATH	UNSPECIFIED HYDRONEPHROSIS	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	UNSPECIFIED JAUNDICE	HEMATOLOGY	1	0	0	0	0			
INSERT TUNNELED CV CATH	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	HEMATOLOGY	1	0	0	0	0			
INSERT UTERI TANDEM/OVOIDS	N/A	HOSPITAL	1-	1	1			1	i	1

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Insertion of breast implant on same day of mastectomy (ie,	Diagnosis Code Description	Provider Specialty	Approvais	Delliais	Demais	Demais	Delliais	Approved	Deffieu	by inc
immediate)	Acquired absence of unspecified breast and nipple	GENERAL SURGERY	1							
Insertion of breast implant on same day of mastectomy (ie,										
immediate)	Acquired absence of unspecified breast and nipple	PLASTIC SURGERY	1							
Insertion of breast implant on same day of mastectomy (ie,										
immediate)	Malignant neoplasm of unsp site of unspecified female breast	GENERAL SURGERY	1							
Insertion of breast implant on same day of mastectomy (ie,										
immediate)	Malignant neoplasm of unsp site of unspecified female breast	PLASTIC SURGERY	1							
Insertion of interbody biomechanical device(s) (eg, synthetic cage,										
mesh) with integral anterior instrumentation for device anchoring										
(eg, screws, flanges), when performed, to intervertebral disc space	Comitableia	NEUDOCUDCEDV	1							
in conjunction with interbody arthrodesis, each inter	Cervicalgia	NEUROSURGERY	1							
Insertion of interbody biomechanical device(s) (eg, synthetic cage,										
mesh) with integral anterior instrumentation for device anchoring										
(eg, screws, flanges), when performed, to intervertebral disc space										
in conjunction with interbody arthrodesis, each inter	Enthesopathy, unspecified	NEUROSURGERY	1							
in conjunction with interbody artificuesis, each inter	Entresopatily, unspecified	NEOROSONGENT	-							
Insertion of interbody biomechanical device(s) (eg, synthetic cage,										
mesh) with integral anterior instrumentation for device anchoring										
(eg, screws, flanges), when performed, to intervertebral disc space										
in conjunction with interbody arthrodesis, each inter	Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY	1							
			1							
Insertion of interbody biomechanical device(s) (eg, synthetic cage,										
mesh) with integral anterior instrumentation for device anchoring										
(eg, screws, flanges), when performed, to intervertebral disc space										
in conjunction with interbody arthrodesis, each inter	Spinal stenosis, cervical region	NEUROSURGERY	1							
Insertion of intervertebral biomechanical device(s) (eg, synthetic										
cage, mesh, methylmethacrylate) to intervertebral disc space or										
vertebral body defect without interbody arthrodesis, each										
contiguous defect (List separately in addition to code for primary	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							
, ,										
Insertion of intervertebral biomechanical device(s) (eg, synthetic										
cage, mesh, methylmethacrylate) to intervertebral disc space or										
vertebral body defect without interbody arthrodesis, each										
contiguous defect (List separately in addition to code for primary	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							
Insertion of intervertebral biomechanical device(s) (eg, synthetic										
cage, mesh, methylmethacrylate) to intervertebral disc space or										
vertebral body defect without interbody arthrodesis, each										
contiguous defect (List separately in addition to code for primary	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
Insertion of intervertebral biomechanical device(s) (eg, synthetic										
cage, mesh, methylmethacrylate) to intervertebral disc space or										
vertebral body defect without interbody arthrodesis, each										
contiguous defect (List separately in addition to code for primary	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1							
INSJ AQUEOUS DRAIN DEV 1ST	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
INSJ AQUEOUS DRAIN DEV 1ST	LOW-TENSION GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
INSJ AQUEOUS DRAIN DEV 1ST	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, SEVERE STAGE	OPHTHALMOLOGY	0	1	0	1	0			
INSJ BIOMECHANICAL DEVICE	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	ARTHRODESIS STATUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			<u> </u>
INSJ BIOMECHANICAL DEVICE	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	SURGERY, ORTHOPEDIC	2	0	0	0	0	 		+
TO STORES THE DEVICE	CENTIONE DISC DISCRETE AT CS CO LEVEL WITH WITE COPATITI	SS. SERT, ORTHOLEDIC		<u> </u>	<u>ı </u>	<u> </u>	<u> </u>	l		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER, UNSP, UNSPECIFIED CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	CERVICALGIA	SURGERY, NEUROLOGICAL	0	1	1	0	0			1
INSJ BIOMECHANICAL DEVICE	CERVICALGIA	SURGERY, ORTHOPEDIC	2	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	2	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	BEHAVIORAL NURSE	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	3	1	0	1	0			1
INSJ BIOMECHANICAL DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, ORTHOPEDIC	2	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	FOOT DROP, LEFT FOOT	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	LOW BACK PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	LOW BACK PAIN	SURGERY, ORTHOPEDIC	1	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	SURGERY, NEUROLOGICAL	1	1	1	0	0			1
INSJ BIOMECHANICAL DEVICE	OSSEOUS AND SUBLUX STENOSIS OF INTVRT FORAMIN OF CERV REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	2	1	0	1	0			
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	3	2	2	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	7	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	Other cervical disc displacement, unspecified cervical region	SURGERY, ORTHOPEDIC						1		
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0	_		1
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			1
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	3	1	1	0	0			1
INSTRUMECHANICAL DEVICE		SURGERY,						1		
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE	Other spondylosis with myelopathy, cervical region OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	NEUROLOGICAL SURGERY, ORTHOPEDIC	1	0	0	0	0		-	+
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0	-		+
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE	· · · · · · · · · · · · · · · · · · ·	FAMILY MEDICINE	1	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			+
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC	2	0	0	0	0	-	-	+
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE			1	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
	OTHER SPONDYLOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	U	U	U	U	1	l	

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS, LUMBAR REGION	ANESTHESIOLOGY	Αμρι Ovais	1	1	O	n Delilais	Approved	Deilleu	by INO
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS, LUMBAR REGION OTHER SPONDYLOSIS, LUMBAR REGION	COUNSELING	0	1	1	0	n			+
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			+
INSJ BIOMECHANICAL DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	2	1	1	n			+
INSJ BIOMECHANICAL DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	1	3	3	0	n			+
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	4	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	6	1	1	0	0			+
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, LUMBAR REGION	COUNSELING	1	0	0	0	n			+
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	4	1	1	0	0			+
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			+
INSJ BIOMECHANICAL DEVICE	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	0	0	0	n			+
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	7	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	q	2	2	0	n			+
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	3	0	0	0	0			+
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	3	2	2	0	0			
		·	,	_	_	0	Ů			
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	NEUROLOGY	0	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	1	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	4	0	0	0	0			<u> </u>
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	PSYCHIATRY	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	6	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	5	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSJ BIOMECHANICAL DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			<u> </u>
INSJ BIOMECHANICAL DEVICE	STABLE BURST FRACTURE OF SECOND LUMBAR VERTEBRA, INIT	SURGERY, NEUROLOGICAL		0	0	0	0			
		<u> </u>	1	0	0	0	0			↓
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION UNSPECIFIED ATRIAL FIBRILLATION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INSJ BIOMECHANICAL DEVICE INSJ BIOMECHANICAL DEVICE		SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC	1	0	0	0	0			↓
	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT		1	0	0	0	0			↓
INSJ BREAST IMPLT SM D MAST	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	1	1	1	0	0			
INSJ BREAST IMPLT SM D MAST	COVID-19	SURGERY, PLASTIC	1	0	0	0	0			↓
INSJ BREAST IMPLT SM D MAST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	3	1	1	0	0			
INSJ BREAST IMPLT SM D MAST	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	2	1	1	0	0			+
INSJ BREAST IMPLT SM D MAST	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			+

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INSJ BREAST IMPLT SM D MAST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	SURGERY, GENERAL	1	0	0	0	0			
INSJ BREAST IMPLT SM D MAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	3	0	0	0	0			† ·
INSJ BREAST IMPLT SM D MAST	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	SURGERY, GENERAL	1	0	0	0	0			
INSJ CH WAL RESPIR ELTRD/RA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	0	0	0	0			
INSJ CHWAL RESPIR ELTRD/RA	Obstructive sleep apnea (adult) (pediatric)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)						1		
INSJ IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	1	1	0	0			
INSJ PICC 5 YR+ W/O IMAGING	PULMONARY MYCOBACTERIAL INFECTION	COUNSELING	1	0	0	0	0			<u> </u>
INSJ PICC 5 YR+ W/O IMAGING	PULMONARY MYCOBACTERIAL INFECTION	INFECTIOUS DISEASE	1	0	0	0	0			
INSJ PICC RS&I 5 YR+	MALIGNANT NEOPLASM OF PROSTATE	INFECTIOUS DISEASE	1	0	0	0	0			
INSJ STABLJ DEV W/O DCMPRN	Other chronic pain	Other Provider							1	
INSJ STABLJ DEV W/O DCMPRN	RADICULOPATHY, LUMBAR REGION	ANESTHESIOLOGY	0	1	0	1	0			i i
INSJ STABLJ DEV W/O DCMPRN	Radiculopathy, lumbar region	Other Provider							1	
INSJ STABLI DEV W/O DCMPRN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	FAMILY MEDICINE	0	2	2	0	0			
INSJ STABLJ DEV W/O DCMPRN	Spinal stenosis, lumbar region with neurogenic claudication	Other Provider							1	
INSJ STABLI DEV W/O DCMPRN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	PAIN MANAGEMENT	0	1	0	1	0			
INSJ STABLJ DEV W/O DCMPRN	Spinal stenosis, lumbar region with neurogenic claudication	Physician							1	
INSJ STABLI DEV W/O DCMPRN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	PSYCHIATRY	0	2	2	0	0		1	
INSJ SUBQ CAR RHYTHM MNTR	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOLOGY,	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	CARDIAC ARRHYTHMIA, UNSPECIFIED	INTERVENTIONAL CARDIAC	0	1	1	0	0			
INSJ SUBQ CAR RHYTHM MNTR	Cardiac arrhythmia, unspecified	ELECTROPHYSIOLOGY Other Provider							1	
INSJ SUBQ CAR RHYTHM MNTR	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	CARDIOVASCULAR DISEASE	2	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	CEREBRAL INFARCTION, UNSPECIFIED	CARDIAC	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	CEREBRAL INFARCTION, UNSPECIFIED	ELECTROPHYSIOLOGY CARDIOLOGY, INTERVENTIONAL	1	2	2	0	0			
INSJ SUBQ CAR RHYTHM MNTR	CEREBRAL INFARCTION, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	Muscular dystrophy, unspecified	Other Provider	<u> </u>	<u> </u>				1		
INSJ SUBQ CAR RHYTHM MNTR	N/A	HOSPITAL	1							
INSJ SUBQ CAR RHYTHM MNTR	OTHER CEREB INFRC DUE TO OCCLS OR STENOSIS OF SMALL ARTERY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	OTHER MALFORMATIONS OF CEREBRAL VESSELS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
INSJ SUBQ CAR RHYTHM MNTR	OTHER SPECIFIED COUNSELING	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	OTHER SPECIFIED HEART BLOCK	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	PAIN IN RIGHT SHOULDER	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	PALPITATIONS	CARDIAC ELECTROPHYSIOLOGY	1	2	1	1	0			
INSJ SUBQ CAR RHYTHM MNTR	Palpitations	Other Provider						2		
INSJ SUBQ CAR RHYTHM MNTR	PAROXYSMAL ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	2	1	1	0	0			
INSJ SUBQ CAR RHYTHM MNTR	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	6	6	0	0			

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INSJ SUBQ CAR RHYTHM MNTR	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	n Approvais	1	1	O Demais	O	Арргочец	Demeu	Бупко
INSJ SUBO CAR RHYTHM MNTR	PERMANENT ATRIAL FIBRILLATION	CARDIAC	1	0	0	0	0			
Mas soba continuon minin	- Entrante in the control of the con	ELECTROPHYSIOLOGY		ŭ	Ü		Ü			
INSJ SUBQ CAR RHYTHM MNTR	PRE-EXCITATION SYNDROME	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	CARDIOLOGY,	2	0	0	0	0			-
		INTERVENTIONAL								
INSJ SUBQ CAR RHYTHM MNTR	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	RADICULOPATHY, LUMBAR REGION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC	1	0	0	0	0			1
INSJ SUBQ CAR RHYTHM MNTR	SUPRAVENTRICULAR TACHYCARDIA	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	2	0	0	0	0			
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INSJ SUBQ CAR RHYTHM MNTR	SYNCOPE AND COLLAPSE	CARDIAC ELECTROPHYSIOLOGY	4	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	SYNCOPE AND COLLAPSE	CARDIOLOGY,	1	0	0	0	0			†
		INTERVENTIONAL			_		_			
INSJ SUBQ CAR RHYTHM MNTR	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	7	1	1	0	0			
INSJ SUBQ CAR RHYTHM MNTR	TACHYCARDIA, UNSPECIFIED	CARDIOVASCULAR DISEASE	0	2	2	0	0			
INSJ SUBQ CAR RHYTHM MNTR	TACHYCARDIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
INSJ SUBQ CAR RHYTHM MNTR	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC	0	1	1	0	0			+
	UNICEDIATE ATTACK	ELECTROPHYSIOLOGY								
INSJ SUBQ CAR RHYTHM MNTR	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
INSJ SUBQ CAR RHYTHM MNTR	UNSPECIFIED ATRIAL FIBRILLATION	COUNSELING	1	0	0	0	0			
INSJ SUBQ CAR RHYTHM MNTR	UNSPECIFIED ATRIAL FIBRILLATION	INTERNAL MEDICINE	2	0	0	0	0			†
INSJ SUBQ CAR RHYTHM MNTR	Unspecified atrial fibrillation	Other Provider							1	
INSJ SUBQ CAR RHYTHM MNTR	Unspecified atrial fibrillation	SURGERY, THORACIC							1	
INSJ SUBQ CAR RHYTHM MNTR	UNSPECIFIED ATRIAL FLUTTER	INTERNAL MEDICINE	0	1	1	0	0			
INSJ SUBQ CAR RHYTHM MNTR	VENTRICULAR TACHYCARDIA	CARDIAC	0	1	1	0	0			
		ELECTROPHYSIOLOGY								
INSJ/RPLCMT BRST IMPLT SEP D	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, GENERAL	1	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	5	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	0	2	2	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	LEIOMYOMA OF UTERUS, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, PLASTIC	1	0	0	0	0		<u> </u>	
INSJ/RPLCMT BRST IMPLT SEP D	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
INSJ/RPLCMT BRST IMPLT SEP D	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	13	1	1	0	0			†
INSJ/RPLCMT DEFIB W/LEAD(S)	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIAC	1	0	0	0	0	1	1	
INSJ/RPLCMT DEFIB W/LEAD(S)	ATYPICAL ATRIAL FLUTTER	ELECTROPHYSIOLOGY CARDIAC	1	0	0	0	0		 	+
		ELECTROPHYSIOLOGY	ļ							<u> </u>
INSJ/RPLCMT DEFIB W/LEAD(S)	ATYPICAL ATRIAL FLUTTER	PATHOLOGY, ANATOMIC	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	CARDIOMYOPATHY, UNSPECIFIED	CARDIAC ELECTROPHYSIOLOGY	1	1	1	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	CARDIOMYOPATHY, UNSPECIFIED	CARDIOVASCULAR DISEASE	2	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIAC	2	0	0	0	0			†
		ELECTROPHYSIOLOGY]		L		l .	<u> </u>

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INSJ/RPLCMT DEFIB W/LEAD(S)	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR DISEASE	2	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	DILATED CARDIOMYOPATHY	CARDIAC	2	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	DILATED CARDIOMYOPATHY	ELECTROPHYSIOLOGY CARDIOLOGY,	0	2	2	0	0			+
INSJ/RPLCMT DEFIB W/LEAD(S)	HEART FAILURE, UNSPECIFIED	INTERVENTIONAL CARDIOLOGY,	1	0	0	0	0			+
		INTERVENTIONAL					Ů			
INSJ/RPLCMT DEFIB W/LEAD(S)	ISCHEMIC CARDIOMYOPATHY	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	ISCHEMIC CARDIOMYOPATHY	CARDIOLOGY,	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	2	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	ISCHEMIC CARDIOMYOPATHY	INTERNAL MEDICINE	1	0	0	0	0			+
INSJ/RPLCMT DEFIB W/LEAD(S)	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	PEDIATRIC CARDIOLOGY	1	0	0	0	0			+
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER CARDIOMYOPATHIES	CARDIAC	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER CARDIOMYOPATHIES	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	3	0	0	0	0			+
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	SECONDARY HYPERTENSION, UNSPECIFIED	CARDIAC	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	SICK SINUS SYNDROME	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
INSJ/RPLCMT DEFIB W/LEAD(S)	SICK SINUS SYNDROME	INTERNAL MEDICINE	1	0	0	0	0			+
INSJ/RPLCMT DEFIB W/LEAD(S)	VENTRICULAR FIBRILLATION	CARDIAC	0	1	1	0	0			
		ELECTROPHYSIOLOGY								
INSJ/RPLCMT DEFIB W/LEAD(S)	VENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INSJ/RPLCMT DEFIB W/LEAD(S)	VOMITING, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
INSRT DRUG DEVICE FOR IOP	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	OPHTHALMOLOGY	0	1	1	0	0			
INSRT/REDO NEUROSTIM 1 ARRAY	ESSENTIAL TREMOR	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
INSRT/REDO NEUROSTIM 1 ARRAY	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	SURGERY, NEUROLOGICAL	1	0	0	0	0			
INSRT/REDO NEUROSTIM 1 ARRAY	PARKINSON'S DISEASE	SURGERY, NEUROLOGICAL	1	1	1	0	0			1
INSRT/REDO PERPH N GENER	Frequency of micturition	Other Provider						1		
INSRT/REDO PERPH N GENER	Retention of urine, unspecified	UROLOGY							1	L
INSRT/REDO PN/GASTR STIMUL	FREQUENCY OF MICTURITION	UROLOGY	1	0	0	0	0			
INSRT/REDO PN/GASTR STIMUL	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	UROLOGY	1	0	0	0	0			
INSRT/REDO PN/GASTR STIMUL	RETENTION OF URINE, UNSPECIFIED	UROLOGY	1	1	1	0	0			
INSRT/REDO PN/GASTR STIMUL	STRESS INCONTINENCE (FEMALE) (MALE)	UROLOGY	1	0	0	0	0			
INSRT/REDO PN/GASTR STIMUL	URGE INCONTINENCE	GYNECOLOGY (NO OB)	1	0	0	0	0			
INSRT/REDO PN/GASTR STIMUL	URGE INCONTINENCE	UROLOGY	1	0	0	0	0			
INSRT/REDO PN/GASTR STIMUL	URGENCY OF URINATION	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY	0	1	1	0	0			
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME; POSTLAMINECTOMY SYNDROME NEC	PHYSICIAN	1							
INCOT/DEDO COINE N CENEDATOS	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; OTHER	DAINI MAANIA CENAENIT	1							
INSRT/REDO SPINE N GENERATOR	CHRONIC POSTPROCEDURAL PAIN	PAIN MANAGEMENT	1	1	0	0	1	-		+
INSRT/REDO SPINE N GENERATOR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE	1	1	0	0	1	-		+
INSRT/REDO SPINE N GENERATOR	PRESENCE OF OTHER SPECIFIED FUNCTIONAL IMPLANTS	SURGERY, NEUROLOGICAL	1	U	U	0	0	-		
INSULIN ASPART FLEXPEN 100/ML (3) INSULN PEN	N/A	ENDOCRINOLOGY AND METABOLISM		1	1					
INSULIN ASPART FLEXPEN 100/ML (3) INSULN PEN	N/A	OBSTETRICS/GYNECOLOG Y		1	1					
INSULIN LISPRO 100 UNIT/ML PEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	INTERNAL MEDICINE		1	1					

Proceedings Code Description	Diametic Code Description	Dunyidas Canalalay	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INSULIN LISPRO 100 UNIT/ML VL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM		1	1					
INSULIN LISPRO 100 UNIT/ME VE INSULIN LISPRO 100/ML VIAL	N/A	FAMILY MEDICINE		1	1					+
INSULIN LISPRO 100/INL VIAL	N/A		-	1	1					+
INSULIN LISPRO KWIKPEN U-100 100/ML INSULN PEN	N/A	ENDOCRINOLOGY AND METABOLISM	1							
,	OTHER HEMORRHOIDS		2	0	0	0	0			+
INT HRHC TRANAL DARTLZJ 2+	OTHER HEMORRHOIDS	SURGERY, COLON AND RECTAL	3	U	U	U	U			
INT HRHC TRANAL DARTLZJ 2+	RESIDUAL HEMORRHOIDAL SKIN TAGS	SURGERY, COLON AND RECTAL	1	0	0	0	0			
INT HRHC TRANAL DARTLZJ 2+	SECOND DEGREE HEMORRHOIDS	SURGERY, COLON AND RECTAL	0	1	1	0	0			
INTEGRA DRT OR OMNIGRAFT	GAS GANGRENE	PODIATRY	1	0	0	0	0			
INTELENCE 200 MG TABLET	N/A	INFECTIOUS DISEASE	1							
INTENS CARDIAC REHAB NO EXER	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	COUNSELING	2	0	0	0	0			
INTENS CARDIAC REHAB NO EXER	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	INTERNAL MEDICINE	2	0	0	0	0			
INTENS CARDIAC REHAB NO EXER	PRESENCE OF PROSTHETIC HEART VALVE	CARDIOLOGY,	1	0	0	0	0			†
		INTERVENTIONAL								
INTENS CARDIAC REHAB W/EXERC	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	COUNSELING	2	0	0	0	0			
INTENS CARDIAC REHAB W/EXERC	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	INTERNAL MEDICINE	2	0	0	0	0			
INTENS CARDIAC REHAB W/EXERC	PRESENCE OF PROSTHETIC HEART VALVE	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
INTERDENTAL FIXATION	DISLOCATION OF JAW, LEFT SIDE, INITIAL ENCOUNTER	SURGERY, ORAL AND	1	0	0	0	0			
INTERDENTAL FIXATION	MANDIBULAR HYPOPLASIA	MAXILLOFACIAL SURGERY, ORAL AND	1	0	0	0	0			
INTERDENTAL FIVATION	ODCTDUCTIVE CLEED ADMEA (ADMIT) (DEDIATOIC)	MAXILLOFACIAL	0	2	2	0	4			
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	DENTISTRY	0	3	2	0	1			+
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	0	8	8	0	0			
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	2	2	1	0	1			
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	0	1	0	0	1			
INTERDENTAL FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
INTERDENTAL FIXATION	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	SURGERY, PLASTIC	0	1	1	0	0			
INTEREST ESCORT IN NON ER	APLASTIC ANEMIA, UNSPECIFIED	PEDIATRIC ALLERGY & IMMUNOLOGY	1	0	0	0	0			
INTEREST ESCORT IN NON ER	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	ONCOLOGY	1	0	0	0	0			
INTEREST ESCORT IN NON ER	END STAGE RENAL DISEASE	NEPHROLOGY	5	0	0	0	0			
INTEREST ESCORT IN NON ER	END STAGE RENAL DISEASE	SURGERY, GENERAL	1	0	0	0	0			
INTEREST ESCORT IN NON ER	HEPATIC FAILURE, UNSPECIFIED WITH COMA	SURGERY, GENERAL	1	0	0	0	0			
INTEREST ESCORT IN NON ER	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	SURGERY, GENERAL	2	0	0	0	0			
INTEREST ESCORT IN NON ER	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	COUNSELING	2	0	0	0	0			
INTEREST ESCORT IN NON ER	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	NEPHROLOGY	2	0	0	0	0			
INTEREST ESCORT IN NON ER	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
INTEREST ESCORT IN NON ER	LIVER CELL CARCINOMA	GASTROENTEROLOGY	1	0	0	0	0			
INTEREST ESCORT IN NON ER	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			
INTEREST ESCORT IN NON ER	NEPHROTIC SYNDROME W FOCAL AND SEGMENTAL GLOMERULAR LESIONS	INTERNAL MEDICINE	1	0	0	0	0			
INTEREST ESCORT IN NON ER	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
INTEREST ESCORT IN NON ER	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	2	0	0	0	0			
INTERFYL, 1 MG	CHONDROMALACIA PATELLAE, LEFT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH), MAXILLARY	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	0	1	0	0	1			
Internal spinal fixation by wiring of spinous processes (List										
separately in addition to code for primary procedure)	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1			1				
Internal spinal fixation by wiring of spinous processes (List	<u> </u>									
separately in addition to code for primary procedure)	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							
Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Internal spinal fixation by wiring of spinous processes (List										.,
separately in addition to code for primary procedure)	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1							
INTRAABDOMINAL PRESSURE TEST	FRACTURE OF CORPUS CAVERNOSUM PENIS, INITIAL ENCOUNTER	UROLOGY	1	0	0	0	0			
INTRAABDOMINAL PRESSURE TEST	FREQUENCY OF MICTURITION	UROLOGY	1	0	0	0	0			
INTRAABDOMINAL PRESSURE TEST	MIXED INCONTINENCE	UROLOGY	1	0	0	0	0			
INTRAABDOMINAL PRESSURE TEST	URINARY TRACT INFECTION, SITE NOT SPECIFIED	UROLOGY	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	ATRIAL SEPTAL DEFECT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	ATYPICAL ATRIAL FLUTTER	CARDIAC ELECTROPHYSIOLOGY	1	1	1	0	0			
INTRACARDIAC ECG (ICE)	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	OTHER PERSISTENT ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	6	0	0	0	0			
INTRACARDIAC ECG (ICE)	OTHER PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	5	0	0	0	0			
INTRACARDIAC ECG (ICE)	OTHER PERSISTENT ATRIAL FIBRILLATION	COUNSELING	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	OTHER PERSISTENT ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	PALPITATIONS	CARDIAC ELECTROPHYSIOLOGY	2	0	0	0	0			
INTRACARDIAC ECG (ICE)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	14	3	3	0	0			
INTRACARDIAC ECG (ICE)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	6	0	0	0	0			
INTRACARDIAC ECG (ICE)	PAROXYSMAL ATRIAL FIBRILLATION	FAMILY MEDICINE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	5	0	0	0	0			
INTRACARDIAC ECG (ICE)	PRE-EXCITATION SYNDROME	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	PRE-EXCITATION SYNDROME	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	RE-ENTRY VENTRICULAR ARRHYTHMIA	CARDIAC ELECTROPHYSIOLOGY	1	1	1	0	0			
INTRACARDIAC ECG (ICE)	RE-ENTRY VENTRICULAR ARRHYTHMIA	INTERNAL MEDICINE	2	0	0	0	0			
INTRACARDIAC ECG (ICE)	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	9	0	0	0	0			
INTRACARDIAC ECG (ICE)	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	5	0	0	0	0			
INTRACARDIAC ECG (ICE)	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	2	0	0	0	0			
INTRACARDIAC ECG (ICE)	TYPICAL ATRIAL FLUTTER	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	TYPICAL ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	5	0	0	0	0			
INTRACARDIAC ECG (ICE)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	UNSPECIFIED ATRIAL FLUTTER	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	UNSPECIFIED ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRACARDIAC ECG (ICE)	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIAC ELECTROPHYSIOLOGY	0	1	1	0	0			
INTERACAPPIAC FOC (ICE)	Wante to an and a dead to the	CARDIAC							_	
INTRACARDIAC ECG (ICE)	Ventricular premature depolarization	ELECTROPHYSIOLOGY	<u> </u>						1	1
INTRACARDIAC ECG (ICE)	VENTRICULAR PREMATURE DEPOLARIZATION	INTERNAL MEDICINE CARDIAC	1	U	0	0	0			
INTRACARDIAC ECG (ICE)	VENTRICULAR TACHYCARDIA	ELECTROPHYSIOLOGY	<u> </u>	J.	U	U	U			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
INTRACRANIAL COMPLETE STUDY	BONE MARROW TRANSPLANT STATUS	HEMATOLOGY	1	0	0	0	0			
INTRAFRACTION TRACK MOTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
INTRAOSSEOUS DES LUMB/SACRUM	LOW BACK PAIN	PHYSICAL MEDICINE	0	1	1	0	0			
INTRO CATH DIALYSIS CIRCUIT	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
INTRO CATH DIALYSIS CIRCUIT	OTH COMPLICATION OF VASCULAR PROSTH DEV/GRFT, INIT	NEPHROLOGY	1	0	0	0	0			
INTRO CATH DIALYSIS CIRCUIT	PERMANENT ATRIAL FIBRILLATION	NEPHROLOGY	1	0	0	0	0			
INTRO CATH DIALYSIS CIRCUIT	SEPSIS, UNSPECIFIED ORGANISM	NEPHROLOGY	1	0	0	0	0			
INTRO NDL ICATH UPR/LXTR ART	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	2	0	0	0	0			
INTRO NDL ICATH UPR/LXTR ART	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRO NDL ICATH UPR/LXTR ART	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	CARDIOVASCULAR DISEASE	1	0	0	0	0			
INTRON A 25 MILLION UNIT/2.5ML	Malignant neoplasm of rectum	Other Provider		1	1					
INTRVASC US NONCORONARY 1ST	END STAGE RENAL DISEASE	NEPHROLOGY	2	0	0	0	0			
INTRVASC US NONCORONARY 1ST	HYPOGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
INTRVASC US NONCORONARY 1ST	PAIN IN LEFT FOOT	NEPHROLOGY	1	0	0	0	0			
INTRVASC US NONCORONARY ADDL	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	NEPHROLOGY	1	0	0	0	0			
INTRVASC US NONCORONARY ADDL	END STAGE RENAL DISEASE	FAMILY MEDICINE	2	0	0	0	0			
INVEGA SUSTENNA 234 MG/1.5 ML	Schizoaffective disorder, bipolar type	Other Provider	1							
INVOKAMET 150-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE		1	1					
INVOKAMET 150-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider		1	1					-
INVOKAMET 150-1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	FAMILY MEDICINE		1	1					
INVOKAMET 150-1,000 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		2	2					
INVOKAMET 150-1000MG TABLET	N/A	FAMILY MEDICINE	1	2	2					
INVOKAMET 50-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
INVOKAMET XR 150-1,000 MG TAB	Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY AND METABOLISM		2	2					
INVOKAMET XR 150-1,000 MG TAB	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE		1	1					
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	INTERNAL MEDICINE		1	1					
INVOKAMET XR 150-1000MG TAB BP 24H	N/A	ENDOCRINOLOGY AND METABOLISM		1	1					
INVOKAMET XR 150-1000MG TAB BP 24H	N/A	FAMILY MEDICINE	1	3	3					
INVOKAMET XR 150-1000MG TAB BP 24H	N/A	INTERNAL MEDICINE	1	2	2					
INVOKAMET XR 50-500 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider		1	1					
INVOKANA	Type 1 diabetes mellitus with unspecified complications	Physician							1	ı
INVOKANA 100 MG TABLET	N/A	DIABETIC MEDICINE	1	1	1					
INVOKANA 100 MG TABLET	N/A	FAMILY MEDICINE	4	13	13					
INVOKANA 100 MG TABLET	N/A	INTERNAL MEDICINE		3	3					
INVOKANA 100 MG TABLET	N/A	NEPHROLOGY		1	1					
INVOKANA 100 MG TABLET	N/A	Other Provider		6	6					
INVOKANA 100 MG TABLET	N/A	PHYSICIAN ASSISTANT		2	2					
INVOKANA 100 MG TABLET	Type 2 disheter mellitur with hyperglycomia	ENDOCRINOLOGY AND METABOLISM		1	1					
INVOKANA 100 MG TABLET	Type 2 diabetes mellitus with hyperglycemia Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1	1	1	1		 	1	+
INVOKANA 100 MG TABLET		NURSE PRACTITIONER		1	1					+
INVOKANA 100 MG TABLET	Type 2 diabetes mellitus with hyperglycemia Type 2 diabetes mellitus without complications	FAMILY MEDICINE	 	1	1	1				+
INVOKANA 100 MG TABLET		PHYSICIAN ASSISTANT	1	1	1	1	1	-		+
	Type 2 diabetes mellitus without complications	ENDOCRINOLOGY AND		1	1					+
INVOKANA 300 MG TABLET	N/A	METABOLISM	3	3	3					<u> </u>
INVOKANA 300 MG TABLET	N/A	FAMILY MEDICINE FAMILY NURSE	1	7	7					
INVOKANA 300 MG TABLET	N/A	PRACTITIONER		1	1					1
INVOKANA 300 MG TABLET	N/A	INTERNAL MEDICINE	4	2	2					+

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
INVOKANA 300 MG TABLET INVOKANA 300 MG TABLET	N/A N/A	Other Provider PEDIATRICS	3	8	8					
INVOKANA 300 MG TABLET	N/A	PHYSICIAN ASSISTANT	1	2	2					
	,		1	4	1					
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	FAMILY MEDICINE		1	1					
INVOKANA 300 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1	1	1					
INVOKANA 300 MG TABLET INVOKANA 300 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider FAMILY MEDICINE		4	4					
INVOKANA 300 MG TABLET	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE		1	1					
	Type 2 diabetes mellitus without complications		1	1	1					-
INVOKANA 300 MG TABLET IO MAP OF SENT LYMPH NODE	Type 2 diabetes mellitus without complications MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Other Provider ONCOLOGY	1	0	0	0	0			-
IO WAP OF SENT ETWIPH NODE	INALIGINALLI NEOPLASIVI OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	U	U	O	U			
IONM IN OPERATNG ROOM 15 MIN	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
IONM IN OPERATNG ROOM 15 MIN	N/A	HOSPITAL	1							
IONM IN OPERATNG ROOM 15 MIN	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
IONM IN OPERATNG ROOM 15 MIN	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
IONM IN OPERATNG ROOM 15 MIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	BENIGN NEOPLASM OF PARATHYROID GLAND	PHYSICAL MEDICINE	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
IONM REMOTE/>1 PT OR PER HR	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
IPILIMUMAB INJECTION	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	ONCOLOGY	1	0	0	0	0			
IPILIMUMAB INJECTION	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	SOCIAL WORK	1	0	0	0	0			
IPILIMUMAB INJECTION	MESOTHELIOMA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
IPV, PERCUSSOR SYSTEM AND ACCESSORIES	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	DME		1	1					
IRINOTECAN INJECTION	MALIG NEOPLM OF CONN AND SOFT TISSUE OF HEAD, FACE AND NECK	PEDIATRICS	1	0	0	0	0			
IRINOTECAN INJECTION	MALIGNANT NEOPLASM OF BODY OF PANCREAS	ONCOLOGY	1	0	0	0	0			
IRINOTECAN INJECTION	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
IRINOTECAN INJECTION	OTHER SHOCK	ONCOLOGY	2	0	0	0	0			
ISENTRESS HD 600 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Other Provider	1							
ISLAND PEDICLE FLAP GRAFT	HYPOSPADIAS, PENOSCROTAL	UROLOGY	2	0	0	0	0			
ISLAND PEDICLE FLAP GRAFT	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	UROLOGY	1	0	0	0	0			
ISLAND PEDICLE FLAP GRAFT	UNSP OPN WND LEFT GREAT TOE W/O DAMAGE TO NAIL, SEQUELA	SURGERY, HAND	3	0	0	0	0			
ISOTRETINOIN 30 MG CAPSULE	N/A	DERMATOLOGY	1							
ISOTRETINOIN 30 MG CAPSULE	N/A	Other Provider	2							
ISOTRETINOIN 30 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	1							
ISOTRETINOIN 40 MG CAPSULE	Acne vulgaris	PHYSICIAN ASSISTANT		1	1					
ISOTRETINOIN 40 MG CAPSULE	N/A	DERMATOLOGY	5	2	2					
IVERMECTIN 1 % CREAM (G)	N/A	DERMATOLOGY	6							
IVERMECTIN 1 % CREAM (G)	N/A	FAMILY MEDICINE	2							
IVIG NON-LYOPHILIZED, NOS	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	2	0	0	0	0			
IVIG NON-LYOPHILIZED, NOS	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
IVIG NON-LYOPHILIZED, NOS	DERMATOPOLYMYOSITIS, UNSP, ORGAN INVOLVEMENT UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
IVIG NON-LYOPHILIZED, NOS	LUNG TRANSPLANT STATUS	PULMONARY DISEASE	1	0	0	0	0			
IVIG NON-LYOPHILIZED, NOS	MULTIPLE SCLEROSIS	NEUROLOGY	3	0	0	0	0			
IVIG NON-LYOPHILIZED, NOS	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	NEUROLOGY	2	1	1	0	0			
IVIG NON-LYOPHILIZED, NOS	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
IVIG NON-LYOPHILIZED, NOS	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	INTERNAL MEDICINE	1	0	0	0	0			
JADENU 180 MG TABLET	N/A	ONCOLOGY		1	1					

						Medical	Experimental &	Network	Total	Total	
	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
JAK2 GENE	Troccaire code Bestription	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	ONCOLOGY	1	0	0	0	0	/ ipproved	Demea	z, me
JAKAFI 10 M	G TABLET	N/A	Other Provider	1							1
JAKAFI 10 M		N/A	PHYSICIAN ASSISTANT	1							
JAKAFI 15 M	G TABLET	N/A	HEMATOLOGY	1							1
JAKAFI 20 M		N/A	HEMATOLOGY	1							1
JAKAFI 25 M		N/A	HEMATOLOGY	1							1
JAKAFI 25 M	G TABLET	N/A	Other Provider	1	1	1					1
JAKAFI 5 MG	TABLET	N/A	ONCOLOGY	2							1
JANUMET 50	-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
JANUMET 50	-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
JANUMET 50	-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1	1	1					
JANUMET 50	-1,000 MG TABLET	Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE	1							
JANUMET 50	-1000 MG TABLET	N/A	FAMILY MEDICINE	5							
			FAMILY NURSE								
			PRACTITIONER PRIMARY								
JANUMET 50	-1000 MG TABLET	N/A	CARE	1							
JANUMET 50	-1000 MG TABLET	N/A	Other Provider	1							
											1
JANUMET 50	-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	FAMILY MEDICINE	1							
	-500 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
JANUMET 50	-500 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider		2	2					
	MG-500MG TABLET	N/A	INTERNAL MEDICINE		1	1					
	100-1,000 MG TABLET	Other general symptoms and signs	Other Provider	1		_					1
	100-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Orthopedic Surgery	1							
	100-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider		1	1					1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,5075	ENDOCRINOLOGY AND			_					1
JANUMET XR	100-1000MG TBMP 24HR	N/A	METABOLISM	1							
	100-1000MG TBMP 24HR	N/A	FAMILY MEDICINE	3	2	2					1
			ENDOCRINOLOGY AND		<u> </u>	_					1
JANUMET XR	50-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1	1	1					
	, , , , , , , , , , , , , , , , , , , ,	7,5075	FAMILY NURSE			_					1
			PRACTITIONER PRIMARY								
JANUMET XR	50-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	CARE	1							
	50-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							+
	50-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER	1							+
	50-1,000 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1	1	1					1
	50-1,000 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	1	1	-					+
	50-1,000 MG TABLET	Type 2 diabetes melitus without complications	PHYSICIAN ASSISTANT	1							+
	50-1000 MG TBMP 24HR	N/A	FAMILY MEDICINE	1	1	1					+
		.,,,,	FAMILY NURSE	-	1	-					+
			PRACTITIONER PRIMARY								
IANUMET XR	50-1000 MG TBMP 24HR	N/A	CARE	1							
	50-1000 MG TBMP 24HR	N/A	INTERNAL MEDICINE	2	1				t		
	50-1000 MG TBMP 24HR	N/A	Other Provider	1			1				
	50-500 MG TABLET	N/A	FAMILY MEDICINE	1			1				
	50-500 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	-	1	1	†		 		+
	50-500 MG TABLET	Type 2 diabetes mellitus without complications Type 2 diabetes mellitus without complications	Other Provider	1	l*	-			t		
XIET XII		. The 2 diabetes memors without complications	ENDOCRINOLOGY AND	 	1	1	†		 		+
IANUMET YR	50MG-500MG TBMP 24HR	N/A	METABOLISM	1	2	2					
	50MG-500MG TBMP 24HR	N/A	FAMILY MEDICINE	2	1	1	†				†
SAINGIVIL I AN	. 555 500110 151111 241111	1975	ENDOCRINOLOGY AND	+	ř –	-	†		-		+
JANUVIA 100	MG TARIFT	N/A	METABOLISM	4	1	1					
JANUVIA 100		N/A	FAMILY MEDICINE	5	2	2	1		 		+
SAINO VIA 100	THIS TABLE!	17/5	FAMILY NURSE	J	-	_	1		 		+
			PRACTITIONER PRIMARY								
IANIIIVIA 100	MG TARIET	N/A	CARE	1							
JANUVIA 100	INIO IADLEI	N/A	CARE	14	<u> </u>	1	<u> </u>	<u> </u>	I		

December Code Description	Dispussio Godo Description	Descrides Consists.	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description JANUVIA 100 MG TABLET	Diagnosis Code Description N/A	Provider Specialty INTERNAL MEDICINE	Approvals	Denials 1	Denials 1	Denials	Denials	Approved	Denied	by IRO
JANUVIA 100 MG TABLET	N/A	Other Provider	2	1	1					-
JANUVIA 100 MG TABLET	N/A	PEDIATRICS		1	1					-
Without 100 Me 17/0221	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY	1 25 37 11 11 10 5		_	_					
JANUVIA 100 MG TABLET	DISEASE	NEPHROLOGY	1							
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	2							
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus with other specified complication	Other Provider	1							
		ADULT NURSE								
		PRACTITIONER PRIMARY								
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus without complications	CARE	1							
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1	1	1					
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE		2	2					
JANUVIA 100 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	1	2	2					
JANUVIA 25 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					
JANUVIA 25 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
JANUVIA 25 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1							
JANUVIA 25 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	1							
JANUVIA 50 MG TABLET	N/A	FAMILY MEDICINE	1	2	2					
JANUVIA 50 MG TABLET	N/A	INTERNAL MEDICINE	1							
JANUVIA 50 MG TABLET	N/A	Other Provider	4	1	1					
JANUVIA 50 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1	1	1					
JANUVIA 50 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
JANUVIA 50 MG TABLET	Type 2 diabetes mellitus without complications	CARE	1							
JANUVIA 50 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider		1	1					
		CARDIOVASCULAR								
JARDIANCE	N/A	DISEASE							1	<u> </u>
		CARDIOVASCULAR								
JARDIANCE 10 MG TABLET	N/A	DISEASE		1	1					<u> </u>
		ENDOCRINOLOGY AND								
JARDIANCE 10 MG TABLET	N/A	METABOLISM	5							<u> </u>
JARDIANCE 10 MG TABLET	N/A	FAMILY MEDICINE	5							
		FAMILY NURSE								
JARDIANCE 10 MG TABLET	N/A	PRACTITIONER	1							ļ
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
JARDIANCE 10 MG TABLET	N/A	CARE	2							.
JARDIANCE 10 MG TABLET	N/A	INTERNAL MEDICINE	4							.
JARDIANCE 10 MG TABLET	N/A	Other Provider	13							.
JARDIANCE 10 MG TABLET	N/A	PEDIATRICS	1							<u> </u>
JARDIANCE 10 MG TABLET	N/A	SPORTS MEDICINE	1							
JARDIANCE 10 MG TABLET	Other general symptoms and signs	FAMILY MEDICINE	1							<u> </u>
IARDIANCE 10 MC TARLET	TVDE 1 DIADETEC MELLITLIC MUTUL LIVEED CLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1							
JARDIANCE 10 MG TABLET	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA		1							
IARDIANCE 10 MC TARLET	Tuno 2 diabates mellitus with hyperglysemia	ENDOCRINOLOGY AND	2							
JARDIANCE 10 MG TABLET JARDIANCE 10 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	METABOLISM Other Broyider	1							
JAKUIANCE TO MIG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
IAPDIANCE 10 MG TARLET	Type 2 dishetes mellitus with other specified complication	ENDOCRINOLOGY AND	1							
JARDIANCE 10 MG TABLET	Type 2 diabetes mellitus with other specified complication	METABOLISM	1							++
IARDIANCE 10 MG TARLET	TYPE 2 DIAPETES MELLITUS WITH HAS DECISIED COMPLICATIONS	Other Provides	1							
JARDIANCE 10 MG TABLET JARDIANCE 10 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS Type 2 diabetes multiple without complications	Other Provider FAMILY MEDICINE	1	1	1					++
JARDIANCE 10 MG TABLET JARDIANCE 10 MG TABLET	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1	-	-					++
JANUIANCE 10 IVIO TADLET	Type 2 diabetes mellitus without complications	IN I ERIVAL IVIEDICINE	I _T	1	1	I		ı		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
JARDIANCE 10 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	1							
		ENDOCRINOLOGY AND								
JARDIANCE 25 MG TABLET	N/A	METABOLISM	3							
JARDIANCE 25 MG TABLET	N/A	FAMILY MEDICINE	11	1	1					
		FAMILY NURSE								
JARDIANCE 25 MG TABLET	N/A	PRACTITIONER		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
JARDIANCE 25 MG TABLET	N/A	CARE	2							
JARDIANCE 25 MG TABLET	N/A	INTERNAL MEDICINE	6							
JARDIANCE 25 MG TABLET	N/A	Other Provider	10	1	1					
JARDIANCE 25 MG TABLET	N/A	PHYSICIAN ASSISTANT	3							
		ENDOCRINOLOGY AND								
JARDIANCE 25 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1	1	1					
JARDIANCE 25 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	3							
JARDIANCE 25 MG TABLET	Type 2 diabetes mellitus with other specified complication	FAMILY MEDICINE	1	1	1					
JARDIANCE 25 MG TABLET	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	INTERNAL MEDICINE	1	ļ	ļ					<u> </u>
		FAMILY NURSE								
JARDIANCE 25 MG TABLET	Type 2 diabetes mellitus without complications	PRACTITIONER	1							
JARDIANCE 25 MG TABLET	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE		1	1					
JARDIANCE 25 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	1							
JATENZO 198 MG CAPSULE	N/A	INTERNAL MEDICINE	1	1	1					
JATENZO 237 MG CAPSULE	N/A	FAMILY MEDICINE	1	1	1					
JATENZO 237 MG CAPSULE	N/A	UROLOGY	1	2	2					1
JATENZO 237 MG CAPSULE	Testicular hypofunction	PHYSICIAN ASSISTANT	 	1	1					†
JAW ARTHROSCOPY/SURGERY	ADHESIONS AND ANKYLOSIS OF LEFT TEMPOROMANDIBULAR JOINT	SURGERY, ORAL AND	1	0	0	0	0			†
, , , , , , , , , , , , , , , , , , , ,		MAXILLOFACIAL								
JAW ARTHROSCOPY/SURGERY	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT	SURGERY, ORAL AND	1	0	0	0	0			
		MAXILLOFACIAL								
JAW ARTHROSCOPY/SURGERY	ARTICULAR DISC DISORDER OF RIGHT TEMPOROMANDIBULAR JOINT	SURGERY, ORAL AND	1	0	0	0	0			
IAMA A DTI I DOCCODY /CLID CEDY	LIMITED MANDIBULAR RANGE OF MOTION	MAXILLOFACIAL SUBCERY ORAL AND	0	1	0	0	1			+
JAW ARTHROSCOPY/SURGERY	LIMITED MANDIBULAR RANGE OF MOTION	SURGERY, ORAL AND MAXILLOFACIAL	U	1	U	U	1			
JAW ARTHROSCOPY/SURGERY	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	SURGERY, ORAL AND	0	1	1	0	0			1
	,	MAXILLOFACIAL		_	_		-			
JENTADUETO 2.5 MG-500 MG TAB	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		1	1					
		ENDOCRINOLOGY AND								
JENTADUETO 2.5-1000MG TABLET	N/A	METABOLISM		1	1					
JENTADUETO 2.5-1000MG TABLET	N/A	FAMILY MEDICINE		1	1					
JENTADUETO 2.5-1000MG TABLET	N/A	INTERNAL MEDICINE		5	5					
JENTADUETO 2.5-1000MG TABLET	N/A	Other Provider	1	2	2					
JENTADUETO 2.5-500 MG TABLET	N/A	FAMILY MEDICINE		1	1					
JENTADUETO 2.5-500 MG TABLET	N/A	Other Provider	†	2	2					
		ENDOCRINOLOGY AND		-	1					
JENTADUETO XR 2.5-1000MG TAB BP 24H	N/A	METABOLISM		1	1					
JENTADUETO XR 2.5-1000MG TAB BP 24H	N/A	FAMILY MEDICINE		2	2					+
JENTADUETO XR 2.5-1000MG TAB BP 24H	N/A	Other Provider	1	2	2					\vdash
JORNAY	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1	-	-				1	+
30.000	Attention-deficit hyperactivity disorder, predominantly inattentive	. 251111105							1	+
JORNAY PM		Other Provider						1		
	type		1	 	1			1		+
JORNAY PM 100 MG CPDR ER SP	N/A	Other Provider	1	 	 					+
JORNAY PM 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1	<u> </u>	<u> </u>					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
JORNAY PM 20 MG CAPSULE	type	Other Provider	1	<u> </u>	<u> </u>					+
	Attention-deficit hyperactivity disorder, predominantly inattentive			1.						
JORNAY PM 20 MG CAPSULE	type	PEDIATRICS	1	1	1					1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
JORNAY PM 20 MG CAPSULE	Attention deficit hyperactivity disorder uppnessified type	PEDIATRIC NEUROLOGY	1							
JORNAY PM 20 MG CAPSOLE JORNAY PM 20 MG CPDR ER SP	Attention-deficit hyperactivity disorder, unspecified type N/A	Other Provider	1	2	2					+
SOME THE 20 MIG OF BILENS!	Attention-deficit hyperactivity disorder, predominantly hyperactive	Other Frovider	-	,	3					+
JORNAY PM 40 MG CAPSULE	type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
JORNAY PM 40 MG CAPSULE	type	PEDIATRICS		2	2					
JORNAY PM 40 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	1							
JORNAY PM 40 MG CPDR ER SP	N/A	Other Provider	2	1	1					
JORNAY PM 40 MG CPDR ER SP	N/A	PEDIATRICS	1	1	1					
JORNAY PM 60 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
JORNAY PM 60 MG CPDR ER SP	N/A	Other Provider	4	1	1					
JORNAY PM 60 MG CPDR ER SP	N/A	PEDIATRICS	1							
JORNAY PM 80 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
JORNAY PM 80 MG CPDR ER SP	N/A	Other Provider	2							4
JORNAY PM 80 MG CPDR ER SP	N/A	PEDIATRICS	1							
ILIBLIA 10 % COL W/ADDI	N/A	ENDOCRINOLOGY AND METABOLISM								
JUBLIA 10 % SOL W/APPL JUBLIA 10 % SOL W/APPL	N/A	FAMILY MEDICINE	1	1	1					+
JUBLIA 10 % SUL W/APPL	IN/A	FAMILY NURSE		1	1					++
		PRACTITIONER PRIMARY								
JUBLIA 10 % SOL W/APPL	N/A	CARE		1	1					
JUBLIA 10 % SOL W/APPL	N/A	INTERNAL MEDICINE		2	2					++
JUBLIA 10 % SOL W/APPL	N/A	Other Provider	2	1	1					+
JUBLIA 10 % SOL W/APPL	N/A	PHYSICIAN ASSISTANT	2	1	1					++
JUBLIA 10 % SOL W/APPL	N/A	PODIATRY	2	2	2					+
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	DERMATOLOGY	_	1	1					+
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	FAMILY MEDICINE		1	1					++
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	INTERNAL MEDICINE		1	1					_
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Other Provider	1							_
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	PODIATRY	1							
JULUCA 50 MG-25MG TABLET	N/A	INFECTIOUS DISEASE	1							
JULUCA 50 MG-25MG TABLET	N/A	Other Provider		1	1					
JULUCA 50-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INFECTIOUS DISEASE	1							
JULUCA 50-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INTERNAL MEDICINE	1							
JYNARQUE 45 MG-15 MG TABLET	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	GERIATRIC MEDICINE	1							
JYNARQUE 45 MG-15 MG TABLET	N/A	GERIATRIC MEDICINE		1	1					
JYNARQUE 45 MG-15 MG TABLET	N/A	NEPHROLOGY	1							
JYNARQUE 45 MG-15MG TABLET SEQ	N/A	NEPHROLOGY	3							
K FLOW/FUNCT IMAGE W/DRUG	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	1	0	0	0	0			
K FLOW/FUNCT IMAGE W/O DRUG	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)	PEDIATRICS	1	0	0	0	0			
K FLOW/FUNCT IMAGE W/O DRUG	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)	PSYCHIATRY	1	0	0	0	0			
K FLOW/FUNCT IMAGE W/O DRUG	OTHER BENIGN NEUROENDOCRINE TUMORS	FAMILY MEDICINE	1	0	0	0	0			
K FLOW/FUNCT IMAGE W/O DRUG	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	1	0	0	0	0			
KAFO PLAS DOUB FREE KNEE MOL	MELENA	FAMILY MEDICINE	1	0	0	0	0			
KAFO PLAS DOUB FREE KNEE MOL	MELENA	INTERNAL MEDICINE	1	0	0	0	0			
KAFO SNG/DBL MECHANICAL ACT	MONOPLEGIA OF LOWER LIMB AFFECTING LEFT NONDOMINANT SIDE	FAMILY MEDICINE	0	1	1	0	0			
KALETRA 200MG-50MG TABLET	N/A	INFECTIOUS DISEASE	1	<u> </u>						
VALVEDECO AFO AAC TARLET	21/2	PEDIATRIC	L							
KALYDECO 150 MG TABLET	N/A	PULMONOLOGY	1							+
KALYDECO 75 MG GRAN PACK	N/A	PEDIATRIC PULMONOLOGY	1							
		CARDIOVASCULAR								
KAPSPARGO SPRINKLE 100 MG CAP SPR 24	N/A	DISEASE		1	1					
KAPSPARGO SPRINKLE 25 MG CAP SPR 24	N/A	FAMILY MEDICINE	2						-	
KAZANO 12.5-1,000 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
KAZANO 12.5-1000 TABLET	N/A	Other Provider		1	1					
KEPPRA 1000 MG TABLET	N/A	NEUROLOGY	2							
KEPPRA 500 MG TABLET	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	1							
NET THE SOUTH OF THE EAST	2.122.11000	FAMILY NURSE	-							+
KEPPRA XR 500 MG TAB ER 24H	N/A	PRACTITIONER	1							
KEPPRA XR 500 MG TAB ER 24H	N/A	NEUROLOGY	1							1
KERYDIN 5 % SOL W/APPL	N/A	DERMATOLOGY	1							+
KERYDIN 5 % SOL W/APPL	N/A	PODIATRY	1							1
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	Other Provider	2	3	3					1
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	PHYSICIAN ASSISTANT	T .	2	2					†
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	PODIATRY	1	_						1
KESIMPTA PEN 20MG/0.4ML PEN INJCTR	N/A	NEUROLOGY	1	1	1					†
		ENDOCRINOLOGY AND	_	_						1
KETOCONAZOLE 2% CREAM	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1							
KETOROLAC 10 MG TABLET	Headache	FAMILY MEDICINE	1	1	1					1
KETOROLAC TROMETHAMINE 10 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
KETOROLAC TROMETHAMINE 10 MG TABLET	N/A	Other Provider	1	2	2					1
VETOROLAG TROMETUANANIE 40 MC TARLET	21/4	DEDIATRIC NELIDOLOGY		2	_					
KETOROLAC TROMETHAMINE 10 MG TABLET	N/A	PEDIATRIC NEUROLOGY		2	2					
KETOTIFEN FUM 0.025% EYE DROPS	N/A	FAMILY MEDICINE		1	1					
KEVZARA 150MG/1.14 PEN INJCTR	N/A	RHEUMATOLOGY	1							
KEVZARA 150MG/1.14 SYRINGE	N/A	Other Provider	1	4						
KEVZARA 200 MG/1.14 ML PEN INJ	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	1	1	1					
KEVZARA 200MG/1.14 PEN INJCTR	N/A	RHEUMATOLOGY	3							
KEVZARA 200MG/1.14 SYRINGE	N/A	Other Provider	1			-				+
Kidney Cancer	Malignant neoplasm of left kidney, except renal pelvis	THERAPEUTIC RADIOLOGY	1							
KINERET 100 MG/0.67 ML SYRINGE	N/A	PEDIATRIC RHEUMATOLOGY	1							
KINERET 100 MG/0.67 ML SYRINGE	N/A	RHEUMATOLOGY	2							+
KINEKET 100 MG/0.07 ME STRINGE	Rheumatoid arthritis with rheumatoid factor of multiple sites	MILOWATOLOGI				-				+
KINERET 100 MG/0.67 ML SYRINGE	without organ or systems involvement	RHEUMATOLOGY	1							
KINERET 100 MIG/0.07 ME STRINGE	N/A	RHEUMATOLOGY	2							+
KIT GENE TARGETED SEQ ANALYS	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			+
KNEE ARTHROSCOPY/SURGERY	BUCKET-HNDL TEAR OF LAT MENSC, CURRENT INJURY, R KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
KNEE ARTHROSCOPY/SURGERY	Chondromalacia patellae, left knee	Other Provider	Î					1		1
KNEE ARTHROSCOPY/SURGERY	CHRONIC INSTABILITY OF KNEE, LEFT KNEE	FAMILY MEDICINE	2	0	0	0	0	_		+
KNEE ARTHROSCOPY/SURGERY	LOOSE BODY IN KNEE, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
KNEE ARTHROSCOPY/SURGERY	OSTEOCHONDRITIS DISSECANS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
KNEE ARTHROSCOPY/SURGERY	OTH COMP OF INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	FAMILY MEDICINE	1	0	0	0	0			†
KNEE ARTHROSCOPY/SURGERY	OTH MENISCUS DERANGEMENTS, UNSP LATERAL MENISCUS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, SOLS	FAMILY MEDICINE	1	0	0	0	0			+
KNEE ARTHROSCOPY/SURGERY	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	OTHER SPECIFIED JOINT DISORDERS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	OTHER SPECIFIED POSTPROCEDURAL STATES	FAMILY MEDICINE	1	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	PAROXYSMAL ATRIAL FIBRILLATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			$\overline{}$
KNEE ARTHROSCOPY/SURGERY	PRPH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, L KNEE, INIT	SURGERY, ORTHOPEDIC	0	4	0	0	4			+
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	4	0	0	0	0			$\overline{}$
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			+
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	FAMILY MEDICINE	2	0	0	0	0			+
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	SURGERY, ORTHOPEDIC	+		1	1		!	 	+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	FAMILY MEDICINE	2	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	3	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	FAMILY MEDICINE	1	0	0	0	0			
KNEE ARTHROSCOPY/SURGERY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	2	0	0	0	0			
KNEE EXT/FLEX W ACT RES CTRL	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
KNEE-SHIN SYS HYDRAUL STANCE	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	FAMILY MEDICINE	1	0	0	0	0			
KNEE-SHIN SYS HYDRAUL STANCE	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	PHYSICAL MEDICINE	0	1	1	0	0			
KNEE-SHIN SYS STANCE FLEXION	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	FAMILY MEDICINE	1	0	0	0	0			
KNEE-SHIN SYS STANCE FLEXION	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	ORTHOTICS AND PROSTHETICS	1	0	0	0	0			
KNEE-SHIN SYS STANCE FLEXION	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	PHYSICAL MEDICINE	0	1	1	0	0			1
KNEE-SHIN SYS STANCE FLEXION	COMPLETE TRAUMATIC AMP AT LEVEL BETW LEFT HIP AND KNEE, SUBS	INTERNAL MEDICINE	0	1	1	0	0			
KNEE-SHIN SYS STANCE FLEXION	END STAGE RENAL DISEASE	PHYSICAL MEDICINE	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE CST	CHRONIC INSTABILITY OF KNEE, LEFT KNEE	ORTHOPAEDIC TRAUMA	1	0	0	0	0			1
KO ADJ JNT POS R SUP PRE CST	OTH MENISCUS DERANGEMENTS, UNSP LATERAL MENISCUS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE CST	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			1
KO ADJ JNT POS R SUP PRE CST	PATELLOFEMORAL DISORDERS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			†
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	FAMILY MEDICINE	2	0	0	0	0			
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE CST	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE CST	UNSP FX RIGHT PATELLA, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	1	0	n	0	0			+
KO ADJ JNT POS R SUP PRE CST	UNSPECIFIED INFECTIOUS DISEASE	FAMILY MEDICINE	1	0	n	0	0			+
KO ADJ JNT POS R SUP PRE OTS	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			+
KO ADJ JNT POS R SUP PRE OTS	NONDISPLACED TRANSVERSE FRACTURE OF RIGHT PATELLA, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			+
KO ADJ JNT POS R SUP PRE OTS	OTH COMP OF INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	FAMILY MEDICINE	1	0	0	0	0			+
KO ADJ JNT POS R SUP PRE OTS	OTHE COMP OF INTERNAL ON THOPEDIC PROSTE DEVYGRET, INTI	FAMILY MEDICINE	1	0	0	0	0			₩
			1	0	0	0	0			+
KO ADJ JNT POS R SUP PRE OTS KO ADJ JNT POS R SUP PRE OTS	OTHER INSTABILITY, RIGHT KNEE OTHER SPECIFIED POSTPROCEDURAL STATES	ORTHOPAEDIC TRAUMA FAMILY MEDICINE	1	0	0	0	0			├
			1	0	0	0	0			├
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
KO ADJ INT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			├
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SPORTS MEDICINE	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE OTS	UNSPECIFIED DISLOCATION OF LEFT KNEE, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ADJ JNT POS R SUP PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
KO DEROT ANT CRUCIATE CUSTOM	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	CHRONIC IDIOPATHIC CONSTIPATION	SPORTS MEDICINE	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	CHRONIC INSTABILITY OF KNEE, LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			1
KO DOUBLE UPRIGHT PRE CST	COVID-19	SPORTS MEDICINE	1	0	0	0	0			1
KO DOUBLE UPRIGHT PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
KO DOUBLE UPRIGHT PRE CST	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	OTHER SPECIFIED POSTPROCEDURAL STATES	FAMILY MEDICINE	1	0	0	0	0			1
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			1
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			<u> </u>
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	SPRAIN OF POSTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SEQUELA	FAMILY MEDICINE	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	TOXIC ENCEPHALOPATHY	FAMILY MEDICINE	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ORTHOPAEDIC TRAUMA	1	0	0	0	0			1
KO DOUBLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0	İ		1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
KO DOUBLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO DOUBLE UPRIGHT PRE CST	UNSPECIFIED INJURY OF UNSPECIFIED LOWER LEG, INIT ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
KO DOUBLE UPRIGHT PREFAB OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO DOUBLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	ACUTE BRONCHOSPASM	FAMILY MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SPORTS MEDICINE	4	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	BRADYCARDIA, UNSPECIFIED	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	CHONDROMALACIA, LEFT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	DIARRHEA, UNSPECIFIED	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	DISP FX OF LATERAL CONDYLE OF R TIBIA, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SPORTS MEDICINE	2	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SPORTS MEDICINE	1	0	0	0	0			ļl
KO ELAS W/ CONDYLE PADS & JO	HYPERTROPHIC SCAR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	INSOMNIA, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	LATERAL EPICONDYLITIS, RIGHT ELBOW	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	MALIGNANT NEOPLASM OF PROSTATE	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPORTS MEDICINE	2	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	OTHER INSTABILITY, LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	OTHER INSTABILITY, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	OTHER SPECIFIED SOFT TISSUE DISORDERS	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN LEFT KNEE	FAMILY MEDICINE	5	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN LEFT KNEE	INTERNAL MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN LEFT KNEE	SPORTS MEDICINE	3	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN RIGHT KNEE	FAMILY MEDICINE	4	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN RIGHT KNEE	PHYSICAL MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN RIGHT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN RIGHT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PAIN IN RIGHT KNEE	SURGERY, ORTHOPEDIC	4	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PATELLOFEMORAL DISORDERS, LEFT KNEE	FAMILY MEDICINE	2	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PATELLOFEMORAL DISORDERS, LEFT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PATELLOFEMORAL DISORDERS, RIGHT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PATELLOFEMORAL DISORDERS, RIGHT KNEE	SPORTS MEDICINE	4	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	PERSONAL HISTORY OF COLONIC POLYPS	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SPORTS MEDICINE	2	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	INTERNAL MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	PHYSICIAN ASSISTANT	1	0	0	0	0			ļ
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			<u> </u>
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, SUBS	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF OTHER SPECIFIED PARTS OF RIGHT KNEE, SUBS ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, SUBS ENCNTR	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
KO ELAS W/ CONDYLE PADS & JO	STRAIN OF UNSP MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			

		Parallel Carallel	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
KO ELAS W/ CONDYLE PADS & JO KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS. LEFT KNEE	FAMILY MEDICINE INTERNAL MEDICINE	2	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	15	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	15	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, EEFT KNEE	FAMILY MEDICINE	6	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICIAN ASSISTANT	4	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PODIATRY	1	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PULMONARY DISEASE	1	0	0	0	n			+
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SPORTS MEDICINE	14	0	0	0	n			+
KO ELAS W/ CONDYLE PADS & JO	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	12	0	0	0	n			+
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED DISLOCATION OF LEFT KNEE, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED DISLOCATION OF LEFT PATELLA, SUBS ENCOTE	SPORTS MEDICINE	1	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			+
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	PEDIATRICS	1	0	0	0	n			+
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INJURY OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			+
NO LEAS W/ CONDILL PADS & 30	ONSPECIFIED INJOKT OF RIGHT LOWER EEG, SOBSEQUENT ENCOUNTER	SPORTS WEDICINE	1	o .	U	o .	U			
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			1
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPAEDIC SPORTS	1	0	0	0	0			1
		MEDICINE								ļ
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			ļ
KO ELAS W/ CONDYLE PADS & JO	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	ANESTHESIA OF SKIN	SPORTS MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SPORTS MEDICINE	2	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	CHONDROMALACIA PATELLAE, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT	FAMILY MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	HYPERSOMNIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	HYPERSOMNIA, UNSPECIFIED	SPORTS MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	SPORTS MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	SPORTS MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	OTHER INSTABILITY, RIGHT KNEE	FAMILY MEDICINE	3	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	OTHER INSTABILITY, RIGHT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	PAIN IN LEFT KNEE	SURGERY, ORTHOPEDIC	3	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	PAIN IN RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	PAIN IN RIGHT KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	PATELLAR TENDINITIS, RIGHT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	PATELLAR TENDINITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	PATELLOFEMORAL DISORDERS, LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			T
KO ELASTIC W/JOINTS PRE OTS	PATELLOFEMORAL DISORDERS, LEFT KNEE	SPORTS MEDICINE	3	0	0	0	0			T
KO ELASTIC W/JOINTS PRE OTS	PATELLOFEMORAL DISORDERS, RIGHT KNEE	SPORTS MEDICINE	5	0	0	0	0			
KO ELASTIC W/JOINTS PRE OTS	PATELLOFEMORAL DISORDERS, RIGHT KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	SPORTS MEDICINE	1	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	3	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	3	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED DISLOCATION OF LEFT PATELLA, SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED FRACTURE OF HEAD OF LEFT FEMUR, SEQUELA	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	SPORTS MEDICINE	2	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			1
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED INJURY OF UNSPECIFIED ANKLE, SUBS ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
KO ELASTIC W/JOINTS PRE OTS	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			+
KO ELASTIC WITH JOINTS	PATELLOFEMORAL DISORDERS, RIGHT KNEE	SPORTS MEDICINE	1	0	0	0	0			+
KO ELASTIC WITH JOINTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	SPORTS MEDICINE	1	0	0	0	n			+
KO ELASTIC WITH JOINTS KO ELASTIC WITH JOINTS	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	1	0	0	0	0			+
ING EDIGING WITH JOHN IS	C. MATERIAL I GOT TRACINATIO GOTEGARITIRITO, ELI I RIVELE	S. OILIS MILDICINE	1*	ı~	ı~	I~	~			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
KO IMMOB CANVAS LONG PRE OTS	CHRONIC CHOLECYSTITIS	FAMILY MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT	SPORTS MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	EFFUSION, LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SPORTS MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	JUVENILE OSTEOCHONDROSIS OF TIBIA TUBERCLE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	NONDISP FX OF LATERAL MALLEOLUS OF LEFT FIBULA, INIT	FAMILY MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	OTHER INSTABILITY, RIGHT KNEE	PEDIATRICS	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
KO IMMOB CANVAS LONG PRE OTS	PAIN IN LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	PAIN IN LEFT KNEE	PEDIATRICS	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	PAIN IN LEFT KNEE	SOCIAL WORK	1	0	0	0	0			1
KO IMMOB CANVAS LONG PRE OTS	PAIN IN RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			1
KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	FAMILY MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	SPORTS MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	STRAIN OF MSL/FASC/TND POST GRP AT THI LEV, LEFT THIGH, INIT	FAMILY MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	TORUS FRACTURE OF UPPER END OF LEFT FIBULA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED DISLOCATION OF LEFT KNEE, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED DISLOCATION OF LEFT KNEE, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	PEDIATRICS	1	0	0	0	0			†
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	PEDIATRICS	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	PSYCHIATRY	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
KO IMMOB CANVAS LONG PRE OTS	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	RHEUMATOLOGY	1	0	0	0	0			+
KO SINGLE UPRIGHT PRE CST	CHEST PAIN, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	CHRONIC IDIOPATHIC CONSTIPATION	SPORTS MEDICINE	1	0	0	0	0			+
KO SINGLE UPRIGHT PRE CST	INFECT/INFLM REACTION DUE TO OTH INTERNAL JOINT PROSTH, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	2	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	4	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	5	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	RHEUMATOLOGY	1	0	0	0	0			
KO SINGLE UPRIGHT PRE CST	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	FAMILY MEDICINE	1	0	0	0	0			
KO SINGLE UPRIGHT PREFAB OTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	1	0	0	0	0			
KO SINGLE UPRIGHT PREFAB OTS	OTHER INSTABILITY, RIGHT KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			†
KO SINGLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			
KO SINGLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	1	0	0	0	0			
KO SINGLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			
KO SINGLE UPRIGHT PREFAB OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO W ADJ FLEX/EXT ROTAT	Sprain of interphalangeal joint of right great toe, initial encounter	Physician							1	
KO W ADJ FLEX/EXT ROTAT	Sprain of lateral collateral ligament of right knee, initial encounter	Other Provider							1	
KO W ADJ FLEX/EXT ROTAT MOLD	BUCKET-HNDL TEAR OF LAT MENSC, CURRENT INJURY, R KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO W ADJ FLEX/EXT ROTAT MOLD	LOOSE BODY IN KNEE, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO W ADJ FLEX/EXT ROTAT MOLD	OSTEOCHONDRITIS DISSECANS, LEFT KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	SURGERY, ORTHOPEDIC	1	1	1	0	0			
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	0	2	2	0	0			
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF LATERAL COLLATERAL LIGAMENT OF RIGHT KNEE, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF POSTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
KO W/ADJ JT ROT CNTRL MOLDED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	COUNSELING	2	0	0	0	0			
KO W/ADJ JT ROT CNTRL MOLDED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	2	0	0	0	0			
KO W/ADJ JT ROT CNTRL MOLDED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PAIN MANAGEMENT	1	0	0	0	0			
KO W/ADJ JT ROT CNTRL MOLDED	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PHYSICAL MEDICINE	1	0	0	0	0			
KO W/ADJ JT ROT CNTRL MOLDED	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	1	0	0	0	0			
KOMBIGLYZE XR 2.5-1000MG TBMP 24HR	N/A	FAMILY MEDICINE	2	2	2					
KOMBIGLYZE XR 2.5-1000MG TBMP 24HR	N/A	INTERNAL MEDICINE	1							
KOMBIGLYZE XR 2.5-1000MG TBMP 24HR	N/A	Other Provider	1	2	2					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
KOMBIGLYZE XR 5 MG-500MG TBMP 24HR	N/A	CARE	1							
KOMBIGLYZE XR 5MG-1000MG TBMP 24HR	N/A	FAMILY MEDICINE	1							1
KOMBIGLYZE XR 5MG-1000MG TBMP 24HR	N/A	INTERNAL MEDICINE	1							
KORLYM	Cushing's syndrome, unspecified	INTERNAL MEDICINE							1	
KORLYM	Cushing's syndrome, unspecified	Other Provider							1	
KOSELUGO 10 MG CAPSULE	N/A	Other Provider	1							
KRAS GENE VARIANTS EXON 2	ANEMIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			†
KRYSTEXXA	Chronic gout, unspecified	PODIATRY							1	
KRYSTEXXA	Chronic gout, unspecified, with tophus (tophi)	PODIATRY							1	
KUVAN 100 MG POWD PACK	N/A	GENETICS	2							
KUVAN 100 MG TABLET	N/A	GENETICS	1					-		
KUVAN 100 MG TABLET	N/A	Other Provider	1							+
KUVAN 500 MG POWD PACK	N/A	GENETICS	2							+
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	SURGERY, COLON AND	<u>د</u>	0	0	0	0			+
L COLECTOWIT/COLOPROCTOSTOWIT	DVINCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	RECTAL	0	U	U	U	U			
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	SURGERY, GENERAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, COLON AND RECTAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, GENERAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY, COLON AND RECTAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	SURGERY, COLON AND RECTAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF RECTUM	FAMILY MEDICINE	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF RECTUM	SURGERY, COLON AND RECTAL	2	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF RECTUM	SURGERY, GENERAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY, COLON AND RECTAL	2	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	SURGERY, COLON AND RECTAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	RECTAL PROLAPSE	SURGERY, GENERAL	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	URINARY TRACT INFECTION, SITE NOT SPECIFIED	UROLOGY	1	0	0	0	0			
L COLECTOMY/COLOPROCTOSTOMY	VESICOINTESTINAL FISTULA	SURGERY, COLON AND RECTAL	1	0	0	0	0			
L HRT ARTERY/VENTRICLE ANGIO	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	CARDIOVASCULAR DISEASE	2	0	0	0	0			
L HRT ARTERY/VENTRICLE ANGIO	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	FAMILY MEDICINE	1	0	0	0	0			
L HRT ARTERY/VENTRICLE ANGIO	CHEST PAIN, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
L HRT ARTERY/VENTRICLE ANGIO	DYSPNEA, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
L VENTRIC PACING LEAD ADD-ON	ATRIOVENTRICULAR BLOCK, COMPLETE	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
L VENTRIC PACING LEAD ADD-ON	ATYPICAL ATRIAL FLUTTER	CARDIAC	1	0	0	0	0			+
		ELECTROPHYSIOLOGY								
L VENTRIC PACING LEAD ADD-ON	ATYPICAL ATRIAL FLUTTER	PATHOLOGY, ANATOMIC	1	0	0	0	0			
L VENTRIC PACING LEAD ADD-ON	CARDIOMYOPATHY, UNSPECIFIED	CARDIOVASCULAR DISEASE	2	0	0	0	0		İ	
L VENTRIC PACING LEAD ADD-ON	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
L VENTRIC PACING LEAD ADD-ON	CONGENITAL HEART BLOCK	PEDIATRIC CARDIOLOGY	1	0	0	0	0			1
L VENTRIC PACING LEAD ADD-ON	DILATED CARDIOMYOPATHY	CARDIAC	1	0	0	0	0	† · · · · · · · · · · · · · · · · · · ·		+
		ELECTROPHYSIOLOGY								
L VENTRIC PACING LEAD ADD-ON	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
L VENTRIC PACING LEAD ADD-ON	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	0	1	1	0	0			
L VENTRIC PACING LEAD ADD-ON	OTHER CARDIOMYOPATHIES	CARDIAC	1	0	0	0	0	\vdash		+
		ELECTROPHYSIOLOGY				<u> </u>	<u> </u>	<u> </u>	<u> </u>	
L VENTRIC PACING LEAD ADD-ON	SECONDARY HYPERTENSION, UNSPECIFIED	CARDIAC	0	1	1	0	0			
L VENTRIC PACING LEAD ADD-ON	VENTRICULAR FIBRILLATION	ELECTROPHYSIOLOGY CARDIAC	1	n	n	0	0		 	+
E VENTRICT ACING LEAD ADD ON	VENTRICODARTIBRICEATION	ELECTROPHYSIOLOGY	ľ		o .			ŀ		
LACER MOLDED TO PATIENT MODE	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT	PODIATRY	1	0	0	0	0	ı		
LACTATION CLASS	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	4	0	0	0	0			
LACTATION CLASS	NEONATAL DIFFICULTY IN FEEDING AT BREAST	REGISTERED NURSE	2	0	0	0	0	ı		
LAMICTAL 100 MG TABLET	N/A	NEUROLOGY	1					1		1
LAMICTAL 100 MG TABLET	N/A	Other Provider	1	1	1					1
LAMICTAL 200 MG TABLET	N/A	Other Provider	1	3	3			T .		1
LAMICTAL XR 200 MG TAB ER 24	N/A	NEUROLOGY	1					T .		1
		CLINICAL						1		1
LAMICTAL XR 300 MG TAB ER 24	N/A	NEUROPHYSIOLOGY	1			1		ŀ		
LAMICTAL XR START KIT (ORANGE)	N/A	Other Provider		1	1					-
								ŀ		
Laminectomy, facetectomy and foraminotomy (unilateral or bilatera						1		l l	İ	
with decompression of spinal cord, cauda equina and/or nerve						1		ŀ		
root[s], [eg, spinal or lateral recess stenosis]), single vertebral						1		ŀ		
segment; each additional segment, cervical, thoracic, or lu	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1			 				
								ŀ		
Laminectomy, facetectomy and foraminotomy (unilateral or bilatera						1		ŀ		
with decompression of spinal cord, cauda equina and/or nerve						1		l l	İ	
root[s], [eg, spinal or lateral recess stenosis]), single vertebral	Cainal authoroughly, the main main	NEUROCURCERY				1		ŀ		
segment; each additional segment, cervical, thoracic, or lu	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							
								ŀ		
Laminectomy, facetectomy and foraminotomy (unilateral or bilatera						1		ŀ		
with decompression of spinal cord, cauda equina and/or nerve						1		l l	İ	
root[s], [eg, spinal or lateral recess stenosis]), single vertebral			_			1		ŀ		
segment; each additional segment, cervical, thoracic, or lu	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1				 			+
Laminectomy, facetectomy and foraminotomy (unilateral or bilatera							1		1	
with decompression of spinal cord, cauda equina and/or nerve						1	1		1	
root[s], [eg, spinal or lateral recess stenosis]), single vertebral						1			1	
segment; each additional segment, cervical, thoracic, or lu	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1			1			1	
Laminectomy, facetectomy and foraminotomy (unilateral or bilatera										+
with decompression of spinal cord, cauda equina and/or nerve						1	1		1	
		1		1	1	1	1	, ,	1	1
root[s], [eg, spinal or lateral recess stenosis]), single vertebral						į į		l i		

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral										
with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral										
segment; thoracic	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							
<u> </u>	Other intervertebrar disc degeneration, lumbar region	NEURUSUNGENT	1							
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve										
root[s], [eg, spinal or lateral recess stenosis]), single vertebral										
segment; thoracic	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							
<u> </u>	Spirial entriesopatriy, trioracic region	NEURUSUNGENT	1							
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve										
root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral	Spirial Steriosis, lumbar region with neurogenic claudication	NEURUSUNGENT	1							
with decompression of spinal cord, cauda equina and/or nerve										
root[s], [eg, spinal or lateral recess stenosis]), single vertebral	Wales as a second front on a FT11 T12 contains init	NEUROSURGERY	4							
segment; thoracic LAMINOTOMY SINGLE LUMBAR	Wedge compression fracture of T11-T12 vertebra, init ARTHRODESIS STATUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	DISP FX OF LATERAL END OF RIGHT CLAVICLE, INIT FOR CLOS FX	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
	·	·	1	U	U	U	U			
LAMINOTOMY SINGLE LUMBAR	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OSSEOUS STENOSIS OF NEURAL CANAL OF LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	0	1	0			
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	1	1	0	0			
LAMINOTOMY SINGLE LUMBAR	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	RADICULOPATHY, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	1	1	1	0	0			
LAMINOTOMY SINGLE LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	0	2	2	0	0			
LAMINOTOMY SINGLE LUMBAR	SPINAL STENOSIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LAMINOTOMY SINGLE LUMBAR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	0	1	1	0	0			
LAMINOTOMY SINGLE LUMBAR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
LANREOTIDE INJECTION	OTH DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	ONCOLOGY	2	n	0	0	0			
LANREOTIDE INJECTION	OTHER MALIGNANT NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	1	n	0	0	0			
LANSOPRAZOLE 30 MG CAPSULE DR	N/A	FAMILY MEDICINE	1	U	U	0	0			
LANSOPRAZOLE 30 MG CAPSULE DR	N/A	INTERNAL MEDICINE	1							\vdash
LANSOPRAZOLE 30 MG CAPSULE DR	N/A	PULMONARY DISEASE	1							\vdash
LANSOPRAZOLE 30 MG CAPSULE LANSOPRAZOLE DR 30 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	FAMILY MEDICINE	-	2	2					\vdash
LANSOPRAZOLE DR 30 MG CAPSULE		NURSE PRACTITIONER	1							\vdash
LANSOPRAZOLE DR 30 MG CAPSULE LANSOPRAZOLE DR 30 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	Other Provider	1	-	-					\vdash
LANTUS 100 UNIT/ML VIAL	Heartburn Other general symptoms and signs	PHYSICIAN ASSISTANT	1	1	1	-				
LANTOS TOO CINIT/IVIL VIAL	Other general symptoms and signs	PHYSICIAN ASSISTANT PEDIATRIC	-	1	1	-				\vdash
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	PEDIATRICS		1	1					
LANTUS 100 UNIT/ML VIAL	Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	1							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
LANTUS 100 UNIT/ML VIAL	Type 2 diabetes mellitus with diabetic polyneuropathy	CARE		1	1					
		ENDOCRINOLOGY AND								
LANTUS 100/ML VIAL	N/A	METABOLISM		1	1					
LANTUS 100/ML VIAL	N/A	Other Provider		2	2					
LANTUS 100/ML VIAL	N/A	PAIN MANAGEMENT		1	1					
LANTUS SOLOSTAR	Type 1 diabetes mellitus with other diabetic kidney complication	INTERNAL MEDICINE		_	_				1	
LANTUS SOLOSTAR 100 UNIT/ML	N/A	FAMILY MEDICINE		2	2					
LANTHIC COLOCTAR 400 HAUT /A 41	To a 1 dish stee wellis, a without several setting.	PEDIATRIC								
LANTUS SOLOSTAR 100 UNIT/ML	Type 1 diabetes mellitus without complications	ENDOCRINOLOGY AND		1	1					+
LANTUS SOLOSTAR 100 UNIT/ML	Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY AND METABOLISM		1	1					
LANTUS SOLOSTAR 100 UNIT/ML	Type 2 diabetes melitus with hyperglycemia	FAMILY MEDICINE		1	1					
LANTUS SOLOSTAR 100 UNIT/ML	Type 2 diabetes melitus with hyperglycemia Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE		2	2					
LANTUS SOLOSTAR 100 UNIT/ML	Type 2 diabetes mellitus with other specified complication	Other Provider		1	1					
2 WY 66 56 265 // W 100 6 WY // WE	Type 2 diabetes memeas with other speamed complication	other Howard		_						
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	FAMILY MEDICINE		1	1					
,		ENDOCRINOLOGY AND			_					
LANTUS SOLOSTAR 100/ML (3) INSULN PEN	N/A	METABOLISM		6	6					
LANTUS SOLOSTAR 100/ML (3) INSULN PEN	N/A	FAMILY MEDICINE	1	15	15					
LANTUS SOLOSTAR 100/ML (3) INSULN PEN	N/A	INTERNAL MEDICINE	1	6	6					
LANTUS SOLOSTAR 100/ML (3) INSULN PEN	N/A	Other Provider		10	10					
		PEDIATRIC								
LANTUS SOLOSTAR 100/ML (3) INSULN PEN	N/A	ENDOCRINOLOGY	1							
LANTUS SOLOSTAR 100/ML (3) INSULN PEN	N/A	PHYSICIAN ASSISTANT		2	2					
LAP CLOSE ENTEROSTOMY	ENCOUNTER FOR ATTENTION TO COLOSTOMY	SURGERY, COLON AND	1	0	0	0	0			
LAP CLOSE ENTEROSTOMY	ENCOUNTER FOR ATTENTION TO COLOSTOMY	RECTAL SURGERY, GENERAL	1	n	0	0	0			-
LAP CLOSE ENTEROSTOMY	ENCOUNTER FOR ATTENTION TO LEOSTOMY	SURGERY, COLON AND	1	0	0	0	0			
		RECTAL					-			
LAP COLECTOMY PART W/ILEUM	BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSP PORTION	SURGERY, COLON AND	1	0	0	0	0			
LAD COLECTOMY DADT W/HEILIA	DENICAL NEODI ACAA OF ACCENIDING COLON	RECTAL CENTERAL					0			
LAP COLECTOMY PART W/ILEUM LAP COLECTOMY PART W/ILEUM	BENIGN NEOPLASM OF ASCENDING COLON BENIGN NEOPLASM OF COLON, UNSPECIFIED	SURGERY, GENERAL SURGERY, COLON AND	1	0	0	0	0			-
LAP COLECTOMY PART W/ILEOM	BENIGN NEOPLASIVI OF COLON, UNSPECIFIED	RECTAL	1	U	U	U	U			
LAP COLECTOMY PART W/ILEUM	BENIGN NEOPLASM OF TRANSVERSE COLON	SURGERY, COLON AND	1	0	0	0	0			
		RECTAL								
LAP COLECTOMY PART W/ILEUM	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
LAP COLECTOMY PART W/ILEUM	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	SURGERY, GENERAL	1	0	0	0	0			
LAP COLECTOMY PART W/ILEUM	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY, GENERAL	1	0	0	0	0			
LAP COLECTOMY PART W/ILEUM	MALIGNANT NEOPLASM OF CECUM	SURGERY, COLON AND RECTAL	4	ľ	U	U I	U			
LAP COLECTOMY PART W/ILEUM	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAP COLECTOMY PART W/ILEUM	OTHER SPECIFIED DISEASES OF INTESTINE	SURGERY, COLON AND	1	0	0	0	0			
LAP COLECTOMY PART W/ILEUM	POLYP OF COLON	RECTAL SURGERY, GENERAL	1	0	0	0	0			+
LAP COLOSTOMY LAP COLOSTOMY	ENDOMETRIOSIS, UNSPECIFIED	SURGERY, COLON AND	1	0	0	0	0			
LAF COLOSIONII	ENDOWLETNIOSIS, UNSPECIFIED	RECTAL	1	ľ	Ü	ľ	U			
LAP ENTERECTOMY	DVTRCLI OF SM INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, GENERAL	1	0	0	0	0			
LAP ENTERECTOMY	ENDOMETRIOSIS, UNSPECIFIED	SURGERY, COLON AND	1	0	0	0	0			
		RECTAL								
LAP ENTERECTOMY	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
LAP ENTERECTOMY	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	SURGERY, COLON AND	1	0	0	0	0	түргөгөг		
LAP GASTRIC BYPASS/ROUX-	Morbid (severe) obesity due to excess calories	Other Provider						2		+
	Other mechanical complication of other cardiac and vascular devices									
LAP GASTRIC BYPASS/ROUX-	and implants, initial encounter	SURGERY, GENERAL						1		
	Other mechanical complication of other gastrointestinal prosthetic									
LAP GASTRIC BYPASS/ROUX-	devices, implants and grafts, initial encounter	Other Provider						1		ļ
LAP GASTRIC BYPASS/ROUX-EN-Y	BODY MASS INDEX [BMI]40.0-44.9, ADULT	SURGERY, VASCULAR	1	0	0	0	0			<u> </u>
LAP GASTRIC BYPASS/ROUX-EN-Y	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0			
LAP GASTRIC BYPASS/ROUX-EN-Y	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	5	0	0	0	0			
LAP GASTRIC BYPASS/ROUX-EN-Y	HOURGLASS STRICTURE AND STENOSIS OF STOMACH	SURGERY, GENERAL	1	0	0	0	0			_
LAP GASTRIC BYPASS/ROUX-EN-Y	MECH COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT	SURGERY, GENERAL	2	0	0	0	0			_
LAP GASTRIC BYPASS/ROUX-EN-Y LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	COUNSELING FAMILY MEDICINE	1	0	0	0	0			+
LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	29	2	2	0	0			+
LAP GASTRIC BYPASS/ROUX-EN-Y	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	1	0	0	0	0			+
LAP GASTRIC BYPASS/ROUX-EN-Y	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	SURGERY, GENERAL	2	0	0	0	0			+
LAP GASTRIC BYPASS/ROUX-EN-Y	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0		 	+
LAP GASTRIC BYPASS/ROUX-EN-Y	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			+
LAP ING HERNIA REPAIR INIT	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	FAMILY MEDICINE	1	0	0	0	0			+
LAP ING HERNIA REPAIR INIT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	1	0	0	0	0			+
LAP ING HERNIA REPAIR INIT	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	PEDIATRIC SURGERY	2	0	0	0	0			+
LAP ING HERNIA REPAIR INIT	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	SURGERY, GENERAL	1	1	1	0	0			+
LAP INSERT TUNNEL IP CATH	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	SURGERY, THORACIC	1	0	0	0	0			
LAP INSERT TUNNEL IP CATH	END STAGE RENAL DISEASE	SURGERY, THORACIC	5	0	0	0	0			+
LAP INSERT TUNNEL IP CATH	SEPSIS, UNSPECIFIED ORGANISM	SURGERY, THORACIC	1	0	0	0	0			+
LAP MOBIL SPLENIC FL ADD-ON	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	SURGERY, COLON AND RECTAL	1	0	0	0	0			
LAP MOBIL SPLENIC FL ADD-ON	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY, COLON AND RECTAL	1	0	0	0	0			
LAP MOBIL SPLENIC FL ADD-ON	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	SURGERY, COLON AND	1	0	0	0	0			-
LAP MOBIL SPLENIC FL ADD-ON	OTHER SPECIFIED DISEASES OF INTESTINE	SURGERY, COLON AND	1	0	0	0	0			
LAP MOBIL SPLENIC FL ADD-ON	RECTAL PROLAPSE	RECTAL SURGERY, COLON AND	1	0	0	0	0			
LAP MOBIL SPLENIC FL ADD-ON	VESICOINTESTINAL FISTULA	RECTAL SURGERY, COLON AND	1	0	0	0	0			
LAP PARAESOPHAG HERN REPAIR	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	RECTAL SURGERY, GENERAL	2	0	n	n	0			+
LAP PARAESOPHAG HERN REPAIR	ESSENTIAL (PRIMARY) HYPERTENSION	SURGERY, GENERAL	1	0	0	0	0			+
LAP PARAESOPHAG HERN REPAIR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	SURGERY, GENERAL	0	1	1	0	0			+
LAP PARAESOPHAG HERN REPAIR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	1	0	0	0	0			+
LAP PARAESOPHAG HERN REPAIR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	1	0	0	0	0			+
LAP PART COLECTOMY W/STOMA	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAP REMOVAL OF RECTUM	MALIGNANT NEOPLASM OF RECTUM	SURGERY, COLON AND RECTAL	2	0	0	0	0			
LAP REMOVAL OF RECTUM	MALIGNANT NEOPLASM OF RECTUM	SURGERY, GENERAL	1	0	0	0	0			
LAP REMOVE RECTUM W/POUCH	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	SURGERY, COLON AND RECTAL	1	0	0	0	0			
LAP REVISE GASTR ADJ DEVICE	NAUSEA WITH VOMITING, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0			
LAP REVISION PERM IP CATH	SEPSIS, UNSPECIFIED ORGANISM	SURGERY, THORACIC	1	0	0	0	0		†	$\overline{}$
LAP RMVL GASTR ADJ ALL PARTS	ADULT HYPERTROPHIC PYLORIC STENOSIS	SURGERY, GENERAL	0	1	1	0	0			
LAP RMVL GASTR ADJ ALL PARTS	BARIATRIC SURGERY STATUS	SURGERY, GENERAL	3	0	0	0	0			T
LAP RMVL GASTR ADJ ALL PARTS	DISPLACEMENT OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT	SURGERY, GENERAL	1	0	0	0	0			1
LAP RMVL GASTR ADJ ALL PARTS	DYSPHAGIA, UNSPECIFIED	SURGERY, GENERAL	4	0	0	0	0			
LAP RMVL GASTR ADJ ALL PARTS	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	SOCIAL WORK	1	0	0	0	0			
LAP RMVL GASTR ADJ ALL PARTS	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	SURGERY, GENERAL	1	0	0	0	0			†

LAP RMVL GASTR ADJ ALL PARTS LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	Diagnosis Code Description EMA INTERTRIGO UNSPECIFIED D-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS D-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS DIAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE DIAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE DIAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE ACK PAIN COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT D (SEVERE) OBESITY DUE TO EXCESS CALORIES COMPLICATIONS OF GASTRIC BAND PROCEDURE ASTRIC SURGERY SYNDROMES NTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST CIFIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED	Provider Specialty SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL INTERNAL MEDICINE SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL	Total UM Approvals 1 1 2 1 1 2 6	Total UM Denials 0 0 0 0 0 0 0 0 0	Necessity Denials 0 0 0 0 0 0 0 0 0 0 0	Investigational Denials 0 0 0 0 0 0 0 0	Adequacy Denials 0 0 0 0 0 0 0 0	Appeals Approved	Appeals Denied	Approved by IRO
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LAP RMVL GASTR ADJ ALL PARTS LAP SEEVE GASTR CTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	D-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS D-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS D-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS DIVAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE DIVAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE ACK PAIN COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT D (SEVERE) OBESITY DUE TO EXCESS CALORIES COMPLICATIONS OF GASTRIC BAND PROCEDURE ASTRIC SURGERY SYNDROMES ASTRIC SURGERY SYNDROMES TYESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST CIPIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED	SURGERY, GENERAL SURGERY, GENERAL INTERNAL MEDICINE SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL	1 2 1 1 1 2 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0			ļ .
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LAP RMVL GASTR ADJ ALL PARTS LOW BAG LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP SUSSERVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	NAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE ACK PAIN COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT D (SEVERE) OBESITY DUE TO EXCESS CALORIES COMPLICATIONS OF GASTRIC BAND PROCEDURE ASTRIC SURGERY SYNDROMES NTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST CIFIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED	SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL	1 1 2 6	0 0 0	0 0	0	0			
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LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP SEEVE GASTR ADJ ALL PARTS LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT D (SEVERE) OBESITY DUE TO EXCESS CALORIES COMPLICATIONS OF GASTRIC BAND PROCEDURE ASTRIC SURGERY SYNDROMES NTESTINL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST CIPIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED	SURGERY, GENERAL SURGERY, GENERAL SURGERY, GENERAL	1 2 6	0	0					
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LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ DEVICE NAUSEA' LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY	COMPLICATIONS OF GASTRIC BAND PROCEDURE ASTRIC SURGERY SYNDROMES NTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST CIFIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED	SURGERY, GENERAL	6		0	0	0			<u> </u>
LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ DEVICE LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID MORBID	ASTRIC SURGERY SYNDROMES NTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST CIFIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED			0	0	0	0			
LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ DEVICE LAP RMVL GASTR ADJ DEVICE LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	NTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST CIFIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED	SURGERY, GENERAL	9	0	0	0	0			
LAP RMVL GASTR ADJ ALL PARTS LAP RMVL GASTR ADJ DEVICE LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID	CIFIED ABDOMINAL PAIN A WITH VOMITING, UNSPECIFIED		1	0	0	0	0			1
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY ESSENTIA LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID	A WITH VOMITING, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID		SURGERY, GENERAL	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MCTABOL LAP SLEEVE GASTRECTOMY MORBID	NIDLICED ODECITY	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LOW BAC LAP SLEEVE GASTRECTOMY LOW BAC LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY	INDUCED ORESITY	SURGERY, GENERAL	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY	NTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	SOCIAL WORK	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID	NTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	SURGERY, GENERAL	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID MORBID LAP SLEEVE GASTRECTOMY MORBID MORBID MORBID	ial (primary) hypertension	Other Provider						1		
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LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	SURGERY, GENERAL	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY LOW BAC LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	O-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY METABOU LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	SOMNIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID MORBID	ACK PAIN	SURGERY, GENERAL	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	OLIC SYNDROME	SURGERY, GENERAL	1	0	0	0	0			
LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (D (SEVERE) OBESITY DUE TO EXCESS CALORIES	COUNSELING	3	0	0	0	0			
LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (D (SEVERE) OBESITY DUE TO EXCESS CALORIES	FACILITY	0	1	1	0	0			
LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (D (SEVERE) OBESITY DUE TO EXCESS CALORIES	FAMILY MEDICINE	3	0	0	0	0			
LAP SLEEVE GASTRECTOMY Morbid (LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID	d (severe) obesity due to excess calories	Other Provider						5	1	
LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (d (severe) obesity due to excess calories	Physician							1	
LAP SLEEVE GASTRECTOMY MORBID LAP SLEEVE GASTRECTOMY Morbid (D (SEVERE) OBESITY DUE TO EXCESS CALORIES	SOCIAL WORK	15	0	0	0	0			
LAP SLEEVE GASTRECTOMY Morbid (D (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	173	15	15	0	0			
·	d (severe) obesity due to excess calories	SURGERY, GENERAL						3		
	Y, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
	JCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	2	0	0	0	0			
+	uctive sleep apnea (adult) (pediatric)	SURGERY, GENERAL						1		
	mechanical complication of other gastrointestinal prosthetic									
	s, implants and grafts, initial encounter	SURGERY, GENERAL						1		1
,	YPERCHOLESTEROLEMIA, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
	DIABETES MELLITUS WITHOUT COMPLICATIONS	SURGERY, GENERAL	2	0	0	0	0			
	DSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, GENERAL	1	0	0	0	0			
	CAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
·	CIFIED SPEECH DISTURBANCES	SURGERY, GENERAL	1	0	0	0	0			
	DARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	SURGERY, GENERAL	1	0	0	0	0			
LAPARO ABLATE RENAL CYST CYST OF R	F KIDNEY, ACQUIRED	UROLOGY	1	0	0	0	0			
LAPARO CHOLECYSTECTOMY/EXPLR MALIGNA	NANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	SURGERY, GENERAL	1	0	0	0	0			
LAPARO CHOLECYSTECTOMY/GRAPH CALCULU	LUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	FAMILY MEDICINE	1	0	0	0	0			
LAPARO CHOLECYSTECTOMY/GRAPH CHRONIC	IIC CHOLECYSTITIS	SURGERY, GENERAL	1	0	0	0	0			
	NANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	SURGERY, GENERAL	1	0	0	0	0			
•	HY OF KIDNEY (TERMINAL)	UROLOGY	0	1	1	0	0			
·	N NEOPLASM OF ASCENDING COLON	SURGERY, COLON AND	2	0	0	0	0			
		RECTAL SURGERY, COLON AND	1	0	0	-	0			
LAPARO PARTIAL COLECTOMY LAPARO PARTIAL COLECTOMY CONSTIPA	N NEOPLASM OF SIGMOID COLON	RECTAL SURGERY, GENERAL	-	0	0	0	0			<u> </u>

					Medical	Experimental &	Network	Total	Total	
Secretary Section Secretarity	Discourie Cale Description	Donaldon Constallar	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description LAPARO PARTIAL COLECTOMY	Diagnosis Code Description DVRTCLOS OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Provider Specialty SURGERY, COLON AND	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
LAPARO PARTIAL COLECTOWIY	DVRICLOS OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	RECTAL	1	U	U	U	U			
LAPARO PARTIAL COLECTOMY	DVTRCLI OF INTEST, PART UNSP, W PERF AND ABSCESS W/O BLEED	SURGERY, GENERAL	1	0	0	0	0			
LAPARO PARTIAL COLECTOMY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	SURGERY, COLON AND	3	0	0	0	0			
LADADO DADTIAL COLECTOMA	DUTTECH OF INTECT, DART HAICH WAS BEEF OR ADOCTOR WAS BUFFE	RECTAL			0	0				
LAPARO PARTIAL COLECTOMY LAPARO PARTIAL COLECTOMY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	SURGERY, GENERAL SURGERY, COLON AND	2	0	0	0	0			
LAPARO PARTIAL COLECTOMY	DVIRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	RECTAL	3	U	U	U	U			
LAPARO PARTIAL COLECTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, GENERAL	2	0	0	0	0			
LAPARO PARTIAL COLECTOMY	ENDOMETRIOSIS, UNSPECIFIED	SURGERY, COLON AND	1	0	0	0	0			
140400000000000000000000000000000000000		RECTAL					0			
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY, COLON AND RECTAL	1	0	0	0	0			
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF RECTUM	SURGERY, COLON AND	1	0	0	0	0			
		RECTAL								
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY, COLON AND RECTAL	1	0	0	0	0			
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY, GENERAL	2	0	0	0	0			+
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF TRANSVERSE COLON	SURGERY, COLON AND	1	0	0	0	0			+
		RECTAL								
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF TRANSVERSE COLON	SURGERY, GENERAL	1	0	0	0	0			
LAPARO PARTIAL COLECTOMY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	SURGERY, GENERAL	1	0	0	0	0			
LAPARO PARTIAL COLECTOMY	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	SURGERY, GENERAL	1	0	0	0	0			
LAPARO PARTIAL COLECTOMY	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	SURGERY, COLON AND RECTAL	1	0	0	0	0			
LAPARO PARTIAL COLECTOMY	VESICOINTESTINAL FISTULA	SURGERY, COLON AND	1	0	0	0	0			+
		RECTAL					_			
LAPARO PARTIAL COLECTOMY	VESICOINTESTINAL FISTULA	SURGERY, GENERAL	1	0	0	0	0			
LAPARO PARTIAL NEPHRECTOMY	DISORDER OF ADRENAL GLAND, UNSPECIFIED	UROLOGY	1	0	0	0	0			
LAPARO PARTIAL NEPHRECTOMY	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	UROLOGY	2	0	0	0	0			
LAPARO PARTIAL NEPHRECTOMY	MECH COMPL OF GASTROINTESTINAL PROSTH DEV/GRFT, INIT	UROLOGY	1	0	0	0	0			
LAPARO PARTIAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	1	0	0	0	0			
LAPARO PARTIAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	2	0	0	0	0			+
LAPARO PARTIAL NEPHRECTOMY LAPARO PROC ABDM/PER/OMENT	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INIT	UROLOGY OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
LAPARO PROC ABDINI/PER/OWENT	DISPLACEMENT OF INTRAOTERINE CONTRACEPTIVE DEVICE, INTI	OBSTETRICS/GYNECOLOGY	1	U	U	U	U			
LAPARO PROC ABDM/PER/OMENT	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAPARO PROC HERNIA REPAIR	BI FEMORAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	SURGERY, GENERAL	1	0	0	0	0			
LAPARO PROC HERNIA REPAIR	UNILATERAL INGUINAL HERNIA, W OBST, W/O GANGRENE, RECURRENT	SURGERY, GENERAL	1	0	0	0	0			
LAPARO PROC UTERUS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	GYNECOLOGY (NO OB)	1	0	0	0	0			
LAPARO PROC UTERUS	INCOMPETENCE OF CERVIX UTERI	OBSTETRICS/GYNECOLOGY	U	1	1	0	0			
LAPARO PROC UTERUS	POSTMENOPAUSAL BLEEDING	GYNECOLOGIC ONCOLOGY	0	1	1	0	0			
LAPARO RADICAL NEPHRECTOMY	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	UROLOGY	1	0	0	0	0			+
LAPARO RADICAL NEPHRECTOMY	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	UROLOGY	1	0	0	0	0			+
LAPARO RADICAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	UROLOGY	2	0	0	0	0			
LAPARO RADICAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	COUNSELING	1	0	0	0	0			
LAPARO RADICAL NEPHRECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	3	0	0	0	0			
LAPARO RADICAL NEPHRECTOMY	NEOPLASM OF UNSPECIFIED BEHAVIOR OF UNSPECIFIED KIDNEY	UROLOGY	1	0	0	0	0			
LAPARO RADICAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	7	0	0	0	0			
LAPARO RADICAL PROSTATECTOMY	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	1	0	0	0	0			
LAPARO RADICAL PROSTATECTOMY	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	3	0	0	0	0			
LAPARO RADICAL PROSTATECTOMY	MALIGNANT NEOPLASM OF PROSTATE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPARO RADICAL PROSTATECTOMY	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	36	0	0	0	0			
LAPARO RADICAL PROSTATECTOMY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	UROLOGY	1	0	0	0	0			
LAPARO REMOVE W/URETER	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
LAPARO-ASST VAG HYSTERECTOMY	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
LAPARO-MYOMECTOMY COMPLEX	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPE PROC STOM	ACUTE DILATATION OF STOMACH	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPE PROC STOM	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPE PROC STOM	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	SURGERY, GENERAL	1	1	1	0	0			
LAPAROSCOPE PROC STOM	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	2	2	0	0			
LAPAROSCOPE PROC STOM	DISEASE OF DIGESTIVE SYSTEM, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0			1
LAPAROSCOPE PROC STOM	DYSPHAGIA, UNSPECIFIED	SURGERY, GENERAL	2	0	0	0	0			1
LAPAROSCOPE PROC STOM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	SOCIAL WORK	1	0	0	0	0			
LAPAROSCOPE PROC STOM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	SURGERY, GENERAL	2	0	0	0	0			1
LAPAROSCOPE PROC STOM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	0	2	1	0	1			1
LAPAROSCOPE PROC STOM	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	SURGERY, GENERAL	1	0	0	0	0			1
LAPAROSCOPE PROC STOM	MECH COMPL OF INTERNAL PROSTH DEV/GRFT, INIT	SOCIAL WORK	0	1	1	0	0			1
LAPAROSCOPE PROC STOM	MECH COMPL OF INTERNAL PROSTH DEV/GRFT, INIT	SURGERY, GENERAL	1	1	1	0	0			1
LAPAROSCOPE PROC STOM	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SOCIAL WORK	1	0	0	0	0			†
LAPAROSCOPE PROC STOM	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	6	0	0	0	0			1
LAPAROSCOPE PROC STOM	Morbid (severe) obesity due to excess calories	SURGERY, GENERAL						2		+
LAPAROSCOPE PROC STOM	Other complications of gastric band procedure	Other Provider						1		1
LAPAROSCOPE PROC STOM	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	SOCIAL WORK	1	0	0	0	0	_		+
LAPAROSCOPE PROC STOM	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	SURGERY, GENERAL	1	1	1	0	0			+
LAPAROSCOPE PROC STOM	Other complications of gastric band procedure	SURGERY, GENERAL	Ť	-					1	,
LAPAROSCOPE PROC STOM	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	SURGERY, GENERAL	2	1	1	0	0		_	+
LAPAROSCOPE PROC STOM	OTHER PNEUMONIA, UNSPECIFIED ORGANISM	SOCIAL WORK	1	0	0	0	0			+
LAPAROSCOPE PROC STOM	OTHER PNEUMONIA, UNSPECIFIED ORGANISM	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPE PROC STOM	UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, INIT	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPE PROCEDURE LIVER	CHRONIC CHOLECYSTITIS	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPE PROCEDURE LIVER	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	INTERNAL MEDICINE	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	BENIGN CARCINOID TUMOR OF THE RECTUM	SURGERY, GENERAL	1	0	0	0	0			+
		FAMILY MEDICINE	2	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST		3	0	0	0	0			
	·	INTERNAL MEDICINE	2	U	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	PEDIATRIC SURGERY	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	SURGERY, GENERAL	9	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	FAMILY MEDICINE	2	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	SURGERY, GENERAL	11	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	FAMILY MEDICINE	4	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	INTERNAL MEDICINE	17	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	PEDIATRICS	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	SURGERY, GENERAL	22	0	0	0	0			1
LAPAROSCOPIC CHOLECYSTECTOMY	CEREBRAL INFARCTION, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	CHOLECYSTITIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	CHOLECYSTITIS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	CHOLESTEROLOSIS OF GALLBLADDER	INTERNAL MEDICINE	2	0	0	0	0			+
LAPAROSCOPIC CHOLECYSTECTOMY	CHOLESTEROLOSIS OF GALLBLADDER CHOLESTEROLOSIS OF GALLBLADDER	SURGERY, GENERAL	3	0	0	0	0			+
	THE TENSION OF GREEK BEEN	SURGERY, GENERAL	11	<u> </u>	-	ļ -	-			+

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
LAPAROSCOPIC CHOLECYSTECTOMY	DYSPNEA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0	търготов		
LAPAROSCOPIC CHOLECYSTECTOMY	DYSPNEA, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	EPIGASTRIC PAIN	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	HYPERSOMNIA, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	INTERNAL MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	NONDISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	FAMILY MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	OTHER SPECIFIED DISEASES OF GALLBLADDER	INTERNAL MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY LAPAROSCOPIC CHOLECYSTECTOMY	OTHER SPECIFIED DISEASES OF GALLBLADDER OTHER SPECIFIED DISEASES OF GALLBLADDER	SURGERY, GENERAL	2	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY LAPAROSCOPIC CHOLECYSTECTOMY	PERIUMBILICAL PAIN	PEDIATRIC SURGERY	1	0	0	0	0			
			1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	RIGHT UPPER QUADRANT PAIN	FAMILY MEDICINE	2	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	SNORING	INTERNAL MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	SNORING	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	UNSPECIFIED ACUTE APPENDICITIS	INTERNAL MEDICINE	1	0	0	0	0			
LAPAROSCOPIC CHOLECYSTECTOMY	UNSPECIFIED ACUTE APPENDICITIS	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPIC MYOMECTOMY	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPIC MYOMECTOMY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GYNECOLOGY (NO OB)	1	0	0	0	0			
LAPAROSCOPIC MYOMECTOMY	INTRAMURAL LEIOMYOMA OF UTERUS	FAMILY MEDICINE	1	0	0	0	0			
LAPAROSCOPIC MYOMECTOMY	INTRAMURAL LEIOMYOMA OF UTERUS	GYNECOLOGY (NO OB)	1	0	0	0	0			
LAPAROSCOPIC MYOMECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	0	1	1	0	0			
LAPAROSCOPIC MYOMECTOMY	SUBMUCOUS LEIOMYOMA OF UTERUS	GYNECOLOGY (NO OB)	1	0	0	0	0			
LAPAROSCOPIC NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	1	0	0	0	0			
LAPAROSCOPIC PROC	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY, COLON AND RECTAL	1	0	0	0	0			
LAPAROSCOPIC PROC	RECTAL PROLAPSE	SURGERY, COLON AND	1	0	0	0	0			
LAPAROSCOPY APPENDECTOMY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	RECTAL SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPY APPENDECTOMY	UNSPECIFIED ACUTE APPENDICITIS	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPY APPENDECTOMY	UNSPECIFIED APPENDICITIS UNSPECIFIED APPENDICITIS	INTERNAL MEDICINE	1	0	0	0	0			
			1	0	0	0	0			
LAPAROSCOPY APPENDECTOMY LAPAROSCOPY BIOPSY	UNSPECIFIED APPENDICITIS	SURGERY, GENERAL	2	0	0	0	0		-	-
	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
LAPAROSCOPY EXCISE LESIONS	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAPAROSCOPY EXCISE LESIONS	DYSMENORRHEA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY EXCISE LESIONS	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
LAPAROSCOPY EXCISE LESIONS	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY FUNDOPLASTY	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY MEDICINE	1	n	n	0	n			
LAPAROSCOPY FUNDOPLASTY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	1	0	0	0	0		1	
LAPAROSCOPY GASTROSTOMY	GASTRO-ESOFTIAGENE RELEGA DISEASE WITHOUT ESOFTIAGITIS	PEDIATRIC SURGERY	1	0	0	0	0			
LAPAROSCOPY LYMPH NODE BIOP	LOCALIZED ENLARGED LYMPH NODES	SURGERY, GENERAL	1	0	0	0	0			
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF ENDOMETRIUM	COUNSELING	1	0	0	0	0			
LAFANOSCOPT LTIVIPH NODE BIOP	IVIALIGINALI NEUFLASIVI UF ENDUIVIETKIUIVI	COUNSELING	*	v	v	v	v		l	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	1	0	0	0	0			+
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF FUNDUS UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	2	0	0	0	0			+
LAPAROSCOPY LYMPHADENECTOMY	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	1	0	0	0	0			+
LAPAROSCOPY LYMPHADENECTOMY	ENDOMETRIOSIS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			†
LAPAROSCOPY LYMPHADENECTOMY	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	GYNECOLOGIC ONCOLOGY	4	0	0	0	0			1
LAPAROSCOPY LYMPHADENECTOMY	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	COUNSELING	1	0	n	0	n			+
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	4	0	0	0	0			1
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	ONCOLOGY	1	0	n	0	0			+
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	11	0	0	0	0			+
LAPAROSCOPY LYMPHADENECTOMY	PELVIC AND PERINEAL PAIN	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			+
LAPAROSCOPY LYMPHADENECTOMY	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LAPAROSCOPT ETWIPHADENECTOWN	RIGHT LOWER QUADRAINT ABDOMINAL SWELLING, MASS AND EURIP	divectoric ovcologi	1	U	U	U	U			
LAPAROSCOPY LYSIS	ENDOMETRIOSIS OF FALLOPIAN TUBE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY LYSIS	FEMALE PELVIC PERITONEAL ADHESIONS (POSTINFECTIVE)	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY LYSIS	POLYP OF CORPUS UTERI	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY LYSIS	POLYP OF CORPUS UTERI	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
LAPAROSCOPY LYSIS	SALPINGITIS AND OOPHORITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
LAPAROSCOPY REMOVE ADNEXA	BENIGN NEOPLASM OF RIGHT OVARY	FAMILY MEDICINE	1	0	0	0	0			1
LAPAROSCOPY REMOVE ADNEXA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	CYSTOCELE, UNSPECIFIED	HOSPITAL	1							†
LAPAROSCOPY REMOVE ADNEXA	DILATED CARDIOMYOPATHY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, SUBS	FAMILY MEDICINE	1	0	0	0	0			+
LAPAROSCOPY REMOVE ADNEXA	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	FAMILY MEDICINE	5	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	ENCOUNTER FOR STERILIZATION	OBSTETRICS/GYNECOLOGY	4	0	0	0	0			<u> </u>
LAPAROSCOPY REMOVE ADNEXA	ENDOMETRIOSIS, UNSPECIFIED	GYNECOLOGY (NO OB)	1	0	0	0	0			+
LAPAROSCOPY REMOVE ADNEXA	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	FAMILY MEDICINE	1	0	0	0	0			+
LAPAROSCOPY REMOVE ADNEXA	FOLLICULAR CYST OF LEFT OVARY	GYNECOLOGY (NO OB)	1	0	0	0	0			†
LAPAROSCOPY REMOVE ADNEXA	НҮРОХЕМІА	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
LAPAROSCOPY REMOVE ADNEXA	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	FAMILY MEDICINE	1	0	0	0	0			+
LAPAROSCOPY REMOVE ADNEXA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
LAPAROSCOPY REMOVE ADNEXA	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SOCIAL WORK	1	0	0	0	0			+
LAPAROSCOPY REMOVE ADNEXA	OTH NONINFLAMMATORY DISORD OF OVARY, FALLOP AND BROAD LIGMT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	PELVIC AND PERINEAL PAIN	FAMILY MEDICINE	2	0	0	0	0			1
LAPAROSCOPY REMOVE ADNEXA	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	4		0	0	0		1	1

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LAPAROSCOPY REMOVE ADNEXA	PROBLEMS RELATED TO MULTIPARITY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	FAMILY MEDICINE	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	SUBMUCOUS LEIOMYOMA OF UTERUS	FAMILY MEDICINE	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	TRANSSEXUALISM	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
LAPAROSCOPY REMOVE ADNEXA	UMBILICAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	UMBILICAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	SOCIAL WORK	1	0	0	0	0			†
LAPAROSCOPY REMOVE ADNEXA	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	UNSPECIFIED OVARIAN CYST, LEFT SIDE	FAMILY MEDICINE	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	UNSPECIFIED OVARIAN CYST, LEFT SIDE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	GYNECOLOGY (NO OB)	1	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
LAPAROSCOPY REMOVE ADNEXA	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	FAMILY MEDICINE	1	0	0	0	0	1		+
LAPAROSCOPY REMOVE ADNEXA	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, INITIAL ENCOUNTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPAROSCOPY SURG COLPOPEXY	COMPLETE UTEROVAGINAL PROLAPSE	UROLOGY	1	0	0	0	0			
LAPAROSCOPY SURG COLPOPEXY	CYSTOCELE, UNSPECIFIED	HOSPITAL	1	U	U	U	U			ļ!
LAPAROSCOPY TUBAL BLOCK	ENCOUNTER FOR STERILIZATION	FAMILY MEDICINE	1	0	0	0	0			ļ!
LAPAROSCOPY TUBAL BLOCK	ENCOUNTER FOR STERILIZATION ENCOUNTER FOR STERILIZATION	OBSTETRICS/GYNECOLOGY	4	0	0	0	0			
LAPAROSCOPY TUBAL CAUTERY	ENCOUNTER FOR STERILIZATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Body mass index [BMI]40.0-44.9, adult	GENERAL SURGERY	2							
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Essential (primary) hypertension	GENERAL SURGERY	2	2	2			1		ľ
Laparoscopy, surgical, gastric restrictive procedure; longitudinal		GENERAL SURGERY	1							
gastrectomy (ie, sleeve gastrectomy)	Gastro-esophageal reflux disease without esophagitis	GENERAL SURGERT	1							ļ!
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Morbid (severe) obesity due to excess calories	GENERAL SURGERY	2							
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Obstructive sleep apnea (adult) (pediatric)	GENERAL SURGERY	2							ľ
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Other cholelithiasis without obstruction	GENERAL SURGERY	2							
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Other myositis, unspecified site	GENERAL SURGERY	1							
Laparoscopy, surgical, gastric restrictive procedure; longitudinal										
gastrectomy (ie, sleeve gastrectomy)	Pure hypercholesterolemia, unspecified	GENERAL SURGERY	1							
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Shortness of breath	GENERAL SURGERY	1							
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Type 2 diabetes mellitus without complications	GENERAL SURGERY	4							
Laparoscopy, surgical; cholecystectomy	Body mass index [BMI]40.0-44.9, adult	GENERAL SURGERY GENERAL SURGERY	2		 	1		 		
Laparoscopy, surgical, cholecystectomy Laparoscopy, surgical; cholecystectomy	Essential (primary) hypertension	GENERAL SURGERY	2		 	1		 		
Laparoscopy, surgical; cholecystectomy	Obstructive sleep apnea (adult) (pediatric)	GENERAL SURGERY	2							+
Laparoscopy, surgical; cholecystectomy	Other cholelithiasis without obstruction	GENERAL SURGERY	2							\vdash
Laparoscopy, surgical; cholecystectomy	Type 2 diabetes mellitus without complications	GENERAL SURGERY	2			<u> </u>				\vdash
LAPS ABLTJ UTERINE FIBROIDS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LAPS ABLTJ UTERINE FIBROIDS	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	OBSTETRICS/GYNECOLOGY	0	1	0	1	0			
										ļ!
LAPS ABLTJ UTERINE FIBROIDS	INTRAMURAL LEIOMYOMA OF UTERUS	GYNECOLOGY (NO OB)	1	0	0	0	0	<u> </u>		

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LAPS ABLTJ UTERINE FIBROIDS	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	1	2	0	2	0	Аррготса	Demeu	by inc
LAPS ABLTJ UTERINE FIBROIDS	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			+
LAPS ABLTJ UTERINE FIBROIDS	Pelvic and perineal pain	Other Provider							1	
LAPS ESOPHGL SPHNCTR AGMNTJ	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0			+
LAPS ESOPHGE SPHNCTR AGMNTJ	Gastro-esophageal reflux disease with esophagitis	Other Provider	U	-	1	U	U		1	
LAPS ESOPHIGE SPHINCTR AGMINTJ	Gastro-esophageal reflux disease with esophagitis	Other Provider						2	1	+
LAPS ESOPHGL SPHNCTR AGMNTJ	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	0	1	0	1	0		-	
LAPS ESOPHGE SPHNCTR AGMNTJ		SURGERY, GENERAL	0	-	U	-	U		1	+
LAPS PELVIC LYMPHADEC	Gastro-esophageal reflux disease without esophagitis MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0		,	+
LAFS FLEVIC ENVIPTIMBLE	INIALIGITARY REOFERSIN OF ENDOWNETRION	divected concolodi	1	O	U	o .	U			
LAPS TOT HYST RESJ MAL	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
LARONIDASE INJECTION	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			1
LARYNGOPLASTY MEDIALIZATION	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
LARYNGOSCOPE W/VC INJ	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
LADVALCOCCODY W/DLODGY	OTHER DISPASES OF LARVAIV	NOSE, AND THROAT)		0	0	0	0			
LARYNGOSCOPY W/BIOPSY	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
LARYNGOSCOPY W/EXC OF TUMOR	OTHER DISEASES OF VOCAL CORDS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
,		NOSE, AND THROAT)								
LARYNSCOP W/TUMR EXC + SCOPE	BENIGN NEOPLASM OF LARYNX	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)		_	_		_			
LARYNSCOP W/TUMR EXC + SCOPE	CONGENITAL LARYNGOMALACIA	PEDIATRIC	1	0	0	0	0			
LARYNSCOP W/TUMR EXC + SCOPE	OTHER DISEASES OF VOCAL CORDS	OTOLARYNGOLOGY FAMILY MEDICINE	1	0	0	0	0			+
LARYNSCOP W/TUMR EXC + SCOPE	OTHER DISEASES OF VOCAL CORDS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
, , , , , , , , , , , , , , , , , , , ,		NOSE, AND THROAT)								
LARYNX SURGERY PROCEDURE	BENIGN NEOPLASM OF LARYNX	PEDIATRIC	1	0	0	0	0			
LARYNX SURGERY PROCEDURE	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY OTOLARYNGOLOGY (EAR,	0	1	1	0	0			+
		NOSE, AND THROAT)								<u> </u>
LASER TREATMENT OF RETINA	ANTERIOR DISLOCATION OF LENS, RIGHT EYE	FAMILY MEDICINE	1	0	0	0	0			
LASER TREATMENT OF RETINA	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			<u> </u>
LASER TREATMENT OF RETINA	END STAGE RENAL DISEASE	OPHTHALMOLOGY	1	0	0	0	0			
LASER TREATMENT OF RETINA	POSTERIOR DISLOCATION OF LENS, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			<u> </u>
LASER TREATMENT OF RETINA	PRECORDIAL PAIN	OPHTHALMOLOGY	1	0	0	0	0			
LASER TREATMENT OF RETINA	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	1	0	0	0	0			
LASER TREATMENT OF RETINA	VITREOUS HEMORRHAGE, RIGHT EYE	OPHTHALMOLOGY	5	0	0	0	0			
LASER TX SKIN < 250 SQ C	Vitiligo	DERMATOLOGY						1		
LASER TX SKIN < 250 SQ C	Vitiligo	Other Provider							1	<u>. </u>
LASER TX SKIN < 250 SQ CM	PSORIASIS VULGARIS	DERMATOLOGY	4	0	0	0	0			
LASER TX SKIN < 250 SQ CM	PSORIASIS, UNSPECIFIED	DERMATOLOGY	2	0	0	0	0			
LASER TX SKIN < 250 SQ CM	VITILIGO	DERMATOLOGY	0	7	7	0	0			
LASER TX SKIN >500 SQ CM	OTHER VIRAL WARTS	DERMATOLOGY	0	1	1	0	0			
LASER TX SKIN >500 SQ CM	PSORIASIS VULGARIS	DERMATOLOGY	11	0	0	0	0			
LASER TX SKIN >500 SQ CM	PSORIASIS, UNSPECIFIED	DERMATOLOGY	3	U	0	U	0			
LASER TX SKIN >500 SQ CM	VITILIGO	DERMATOLOGY	2	5	5	0	0			
LASER TX SKIN 250-500 SQ	Vitiligo	Other Provider	_			<u> </u>			1	
LASER TX SKIN 250-500 SQ CM	OTHER VIRAL WARTS	DERMATOLOGY	U	1	1	U	0			+
LASER TX SKIN 250-500 SQ CM	PSORIASIS VULGARIS	DERMATOLOGY	1	1	1	0	0			
LASER TX SKIN 250-500 SQ CM	PSORIASIS, UNSPECIFIED	DERMATOLOGY	1	U	0	U	U			
LASER TX SKIN 250-500 SQ CM	VITILIGO	DERMATOLOGY	0	7	7	0	0			
LASTACAFT 0.25 % DROPS	N/A	OPTOMETRY	1	1	1					↓
LAT LUMBAR SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0	<u> </u>		<u> </u>
LATE CLOSURE OF WOUND	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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LATE CLOSURE OF WOUND	TRANSSEXUALISM	UROLOGY	1	0	0	0	0	Арргочси	Demea	by inc
LATE CLOSURE OF WOUND	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, PLASTIC	1	0	0	0	0			+
LATUDA 20 MG TABLET	Bipolar II disorder	Other Provider	1	_	-	-	_			+
LATUDA 20 MG TABLET	Generalized anxiety disorder	Other Provider	1	1	1					+
ETTODALES INC. MOLE.	Major depressive disorder, recurrent severe without psychotic	other i rovider		-	-					+
LATUDA 40 MG TABLET	features	Other Provider	1							
LATUDA 40 MG TABLET	N/A	Other Provider	1							†
LATUDA 60 MG TABLET	N/A	Other Provider	1							+
LDCT FOR LUNG CA SCREEN	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	FAMILY MEDICINE	1	0	0	0	0			†
LE PROS FELX-WALK SYS/EQ	Acquired absence of left leg above knee	Other Provider							1	1
LEAD, NEUROSTIMULATOR	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	PEDIATRICS	1	0	0	0	0		-	+
LEAD, NEUROSTIMULATOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
	` '` '	NOSE, AND THROAT)								
LEAD, NEUROSTIMULATOR	PARKINSON'S DISEASE	SURGERY, NEUROLOGICAL	1	1	1	0	0			
Ledipasvir-Sofosbuvir	Chronic viral hepatitis C	GASTROENTEROLOGY							1	L
LEDIPASVIR-SOFOSBUVIR 90-400MG	N/A	GASTROENTEROLOGY	1							
LEDIPASVIR-SOFOSBUVIR 90-400MG	N/A	Other Provider	1							
LEDIPASVIR-SOFOSBUVIR 90MG-400MG TABLET	N/A	GASTROENTEROLOGY		2	2					
LEDIPASVIR-SOFOSBUVIR 90MG-400MG TABLET	N/A	INFECTIOUS DISEASE		2	2					
LEDIPASVIR-SOFOSBUVIR 90MG-400MG TABLET	N/A	Other Provider	1							
LEFORT I-1 PIECE W/ GRAFT	MANDIBULAR HYPOPLASIA	SURGERY, ORAL AND	2	0	0	0	0			
		MAXILLOFACIAL								
LEFORT I-1 PIECE W/ GRAFT	MAXILLARY ASYMMETRY	SURGERY, ORAL AND	2	0	0	0	0			
LEFORT I-1 PIECE W/ GRAFT	MAXILLARY HYPOPLASIA	MAXILLOFACIAL SURGERY, ORAL AND	6	0	0	n	0			+
ELI ONT TT TECE WY GIVANT	WANTEDART TITL OF EASIA	MAXILLOFACIAL	· ·		Ü	Ŭ	o .			
LEFORT I-1 PIECE W/ GRAFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORAL AND	0	1	1	0	0			1
		MAXILLOFACIAL								
LEFORT I-1 PIECE W/ GRAFT	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	SURGERY, ORAL AND	2	0	0	0	0			
LEFORT I-1 PIECE W/ GRAFT	OTHER JAW ASYMMETRY	MAXILLOFACIAL SURGERY, ORAL AND	0	1	1	0	0			+
LEFORT I-1 PIECE W/ GRAFT	OTHER JAW ASTIVIMETRI	MAXILLOFACIAL	U	1	1	U	U			
LEFORT I-1 PIECE W/ GRAFT	OTHER SPECIFIED DISEASES OF JAWS	SURGERY, ORAL AND	1	0	0	0	0			1
		MAXILLOFACIAL								
LEFORT I-1 PIECE W/O GRAFT	CLEFT HARD PALATE WITH BILATERAL CLEFT LIP	SURGERY, ORAL AND	1	0	0	0	0			
LEFORT LA DIFCE W/O CRAFT	CONCENITAL FACIAL ACVANAFEDV	MAXILLOFACIAL	4	0	0	0	0			
LEFORT I-1 PIECE W/O GRAFT LEFORT I-1 PIECE W/O GRAFT	CONGENITAL FACIAL ASYMMETRY MANDIBULAR HYPOPLASIA	SURGERY, PLASTIC	1	0	0	0	0			
LEFORT I-1 PIECE W/O GRAFT	MANDIBULAR HTPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	1	U	U	U	U			
LEFORT I-1 PIECE W/O GRAFT	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			1
LEFORT I-1 PIECE W/O GRAFT	OTH CONGENITAL MALFORMATIONS OF SKULL AND FACE BONES	SURGERY, PLASTIC	0	1	1	0	0			†
LEFORT I-2 PIECE W/ GRAFT	MAXILLARY ASYMMETRY	SURGERY, ORAL AND	1	0	0	0	0			1
•		MAXILLOFACIAL								
LEFORT I-3/> PIECE W/ GRAFT	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	SURGERY, ORAL AND	0	1	1	0	0			
155007.107 01505.117 00.157		MAXILLOFACIAL								
LEFORT I-3/> PIECE W/ GRAFT	MAXILLARY HYPERPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	O .	0			
LEFORT I-3/> PIECE W/ GRAFT	MAXILLARY HYPOPLASIA	SURGERY, ORAL AND	5	0	0	0	0			+
		MAXILLOFACIAL					_			
LEFORT I-3/> PIECE W/ GRAFT	OTHER JAW ASYMMETRY	SURGERY, ORAL AND	1	0	0	0	0			
		MAXILLOFACIAL								
LEFORT I-3/> PIECE W/ GRAFT	OTHER SPECIFIED DISEASES OF JAWS	SURGERY, ORAL AND	1	0	0	0	0			
LEFORT I-3/> PIECE W/O GRAFT	MAXILLARY HYPOPLASIA	MAXILLOFACIAL SURGERY, ORAL AND	2	1	1	0	0			+
EE. G SJY I IEGE WJO GIAN I		MAXILLOFACIAL	ا ا	1	_	Ĭ	Ĭ			
LEFORT III W/O LEFORT I	MAXILLARY HYPOPLASIA	SURGERY, ORAL AND	0	1	1	0	0			
		MAXILLOFACIAL								<u> </u>
LEG SURGERY PROCEDURE	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	0	1	1	0	0			
						1				
LEG SURGERY PROCEDURE	Other injury of unspecified body region, initial encounter	SURGERY, ORTHOPEDIC	1						1	
LENVIMA 20 MG/DAY CAPSULE	N/A	ONCOLOGY	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
LETAIRIS 10 MG TABLET	N/A	Other Provider	1							
LETAIRIS 10 MG TABLET	N/A	PULMONARY DISEASE	1							
		CARDIOVASCULAR								
LETAIRIS 5 MG TABLET	N/A	DISEASE		2	2					
LEUPROLIDE ACETATE /3.75 MG	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	1	0	0	0	0			
		OBSTETRICS/GYNECOLOG								
LEUPROLIDE ACETATE 1 MG/0.2ML KIT	N/A	Y	3	1	1					<u> </u>
LEUPROLIDE ACETATE 1 MG/0.2ML KIT	N/A	Other Provider	1							ļ
		PEDIATRIC								
LEUPROLIDE ACETATE 1 MG/0.2ML KIT	N/A	ENDOCRINOLOGY	1							
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
LEUPROLIDE ACETATE 1 MG/0.2ML KIT	N/A	ILITY	1	_	_		_			
LEUPROLIDE ACETATE SUSPNSION	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			1
LEUPROLIDE ACETATE SUSPNSION	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	FAMILY MEDICINE	1	0	0	0	0			+
LEUPROLIDE ACETATE SUSPINSION LEUPROLIDE ACETATE SUSPINSION	ENDOMETRIOSIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPINSION LEUPROLIDE ACETATE SUSPINSION	ENDOMETRIOSIS, UNSPECIFIED ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	4	0	0	0	0			
LEOFROLIDE ACETATE SUSFINSION	ENDONIE I RIOSIS, ONSPECIFIED	OBSTETRICS/GTNECOLOGT	4	U	U	U	U			
LEUPROLIDE ACETATE SUSPNSION	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	FAMILY MEDICINE	1	0	0	0	0			+
LEUPROLIDE ACETATE SUSPNSION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			+
LEGINOLIDE ACETATE 303FN310N	EXCESSIVE AND TREQUENT MENSTROATION WITH REGULAR CICLE	OBSTETNICS/GTNECOLOGT	2	o .	U	o .	U			
LEUPROLIDE ACETATE SUSPNSION	HYDROCELE, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
LEUPROLIDE ACETATE SUSPNSION	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	FAMILY MEDICINE	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	UROLOGY	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	12	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	5	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	6	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	2	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
LEUPROLIDE ACETATE SUSPNSION	SYNCOPE AND COLLAPSE	HEMATOLOGY	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	RADIATION ONCOLOGY	1	0	0	0	0			
LEUPROLIDE ACETATE SUSPNSION	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LEVALBUTEROL TARTRATE HFA 45 MCG HFA AER AD	N/A	FAMILY MEDICINE	1							+
LEVALBUTEROL TARTRATE HFA 45 MCG HFA AER AD	N/A	INTERNAL MEDICINE	1							+
LEVALBUTEROL TARTRATE HFA 45 MCG HFA AER AD	N/A	PEDIATRICS	1							+
LEVEMIR 100 UNIT/ML VIAL	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							†
	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY									+
LEVEMIR FLEXTOUCH 100 UNIT/ML	DISEASE	Other Provider	1							
LEVEMIR FLEXTOUCH 100 UNIT/ML	Type 2 diabetes mellitus without complications	PULMONARY DISEASE	1							†
LEVOCETIRIZINE 5 MG TABLET	Allergic rhinitis, unspecified	FAMILY MEDICINE	1							1
LEVORPHANOL 2 MG TABLET	Chronic pain syndrome	Other Provider	1							
		CARDIOVASCULAR								
LEVOTHYROXINE SODIUM 200 MCG VIAL	N/A	DISEASE	1							
LEXAPRO	N/A	Other Provider						1		
LEXAPRO 10 MG TABLET	N/A	FAMILY MEDICINE		1	1					
LEXAPRO 10 MG TABLET	N/A	Other Provider		1	1					
LEXAPRO 20 MG TABLET	N/A	Other Provider		3	3					
LEXETTE 0.05 % FOAM	N/A	DERMATOLOGY		3	2	1				

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description LEXETTE 0.05 % FOAM	Diagnosis Code Description N/A	Other Provider	Approvals	Denials	Denials 1	Denials	Denials	Approved	Denied	by IRO
LEXETTE 0.05 % FOAM	N/A	PHYSICIAN ASSISTANT		1	1	1				
LEXETTE 0.05% FOAM	Other atopic dermatitis	PHYSICIAN ASSISTANT		1	1					+
LEXETTE 0.05% FOAM		DERMATOLOGY		1	1					+
	Psoriasis vulgaris		1	1	1					+
LICART 1.3% PATCH	Psoriasis vulgaris	PHYSICIAN ASSISTANT DIABETIC MEDICINE	1	1	4					+
LIDOCAINE	Other chronic pain	RHEUMATOLOGY		1	1			4		+
LIDOCAINE 5 % ADH. PATCH	Postherpetic polyneuropathy		-					1		+
LIDUCAINE 5 % ADH. PATCH	N/A	FAMILY MEDICINE	5	9	9					
		FAMILY NURSE								
LIDOCAINE E AV ADUL DATCU	21/2	PRACTITIONER PRIMARY								
LIDOCAINE 5 % ADH. PATCH	N/A	CARE	1							+
LIDOCAINE 5 % ADH. PATCH	N/A	INTERNAL MEDICINE	7							+
LIDOCAINE 5 % ADH. PATCH	N/A	NEUROLOGY	4							
LIDOCAINE 5 % ADH. PATCH	N/A	NURSE PRACTITIONER	1							1
LIDOCAINE 5 % ADH. PATCH	N/A	Other Provider	17	3	3					
LIDOCAINE 5 % ADH. PATCH	N/A	PAIN MANAGEMENT	4	3	3					
		PHYSICAL MEDICINE AND								
LIDOCAINE 5 % ADH. PATCH	N/A	REHABILITATION	4	1	1					
LIDOCAINE 5 % ADH. PATCH	N/A	PHYSICIAN ASSISTANT	2	2	2					
LIDOCAINE 5 % ADH. PATCH	N/A	PODIATRY	2							
LIDOCAINE 5 % ADH. PATCH	N/A	RHEUMATOLOGY	5	2	2					
LIDOCAINE 5 % ADH. PATCH	N/A	SURGERY, ORTHOPEDIC	1	1	1					
LIDOCAINE 5 % OINT. (G)	N/A	DERMATOLOGY	1							1
		FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE								
LIDOCAINE 5 % OINT. (G)	N/A	SURGERY	1							
LIDOCAINE 5 % OINT. (G)	N/A	GASTROENTEROLOGY	1							+
LIDOCAINE 5 % OINT. (G)	N/A	NEUROLOGY	1	1	1					+
LIDOCAINE 5 % OINT. (G)	N/A	NURSE PRACTITIONER	1	1	1					+
EIDOCAINE 3 % OINT. (G)	IVA	OBSTETRICS/GYNECOLOG	1	1	1					+
LIDOCAINE 5 % OINT. (G)	N/A	V OBSTETRICS/GTNECOLOG	2							
LIDOCAINE 5 % OINT. (G)	N/A	Other Provider	<i>C</i>							+
LIDOCAINE 5 % OINT. (G)	N/A	PAIN MANAGEMENT	2	1	4					+
LIDOCAINE 5 % OINT. (G)	IN/A	PEDIATRIC	3	1	1					\leftarrow
LIDOCAINE F (/ OINT /C)	21/2									
LIDOCAINE 5 % OINT. (G)	N/A	DERMATOLOGY	1							
		PHYSICAL MEDICINE AND								
LIDOCAINE 5 % OINT. (G)	N/A	REHABILITATION	2							\perp
LIDOCAINE 5 % OINT. (G)	N/A	SURGERY, ORTHOPEDIC	4							
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	DERMATOLOGY	1							+
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	FAMILY MEDICINE	1			ļ				ļ
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	NEUROLOGY	1							
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	NURSE PRACTITIONER	2							<u> </u>
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	ONCOLOGY	15							
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	Other Provider	3	2	2					
		PEDIATRIC								
		HEMATOLOGY/ONCOLOG				1				
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	Υ	2							
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	PHYSICIAN ASSISTANT	1							
LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM(GM)	N/A	SLEEP MEDICINE	1							
LIDOCAINE-PRILOCAINE 2.5 %-2.5% KIT	N/A	ONCOLOGY	1							
LIGATE LEG VEINS RADICAL	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, VASCULAR	1	0	0	0	0			
LIGATE/DIVIDE/EXCISE VEIN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	SURGERY, GENERAL	2	0	0	0	0			
LIGATE/DIVIDE/EXCISE VEIN	VARICOS VN UNSP LOW EXTRM W ULC OF UNSP SITE AND INFLAM	SURGERY, GENERAL	1	0	0	0	0			+
		Danielli, Generale	1-	1-	1-	1-	1-			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
LIGATE/DIVIDE/EXCISE VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
LIGATE/CIDID LONG LEG VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR	1	1	1	0	0			
LIGATE/STRIP LONG LEG VEIN		SURGERY, VASCULAR	1	0	0	0	0			
LIGATE/STRIP LONG LEG VEIN LIGHTWEIGHT WHEELCHAIR	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	SURGERY, VASCULAR	1	0	0	0	0			
LIGHTWEIGHT WHEELCHAIR LIGHTWEIGHT WHEELCHAIR	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	NEUROLOGY FAMILY MEDICINE	1	0	0	0	0			
LIGHTWEIGHT WHEELCHAIR	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
LINEZOLID 600 MG TABLET	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	FAMILY MEDICINE	1	U	U	U	U			
LINEZOLID 600 MG TABLET LINEZOLID 600 MG TABLET		INFECTIOUS DISEASE	1			-				+
LINEZOLID 600 IVIG TABLET	Cellulitis, unspecified	OBSTETRICS/GYNECOLOG	1							+
LINEZOLID 600 MG TABLET	Enterococcus as the cause of discosces classified also where	V V V	1							'
LINEZOLID 600 MG TABLET	Enterococcus as the cause of diseases classified elsewhere N/A	DERMATOLOGY	1							
LINEZOLID 600 MG TABLET	N/A	FAMILY MEDICINE	2							+
EINEZOEID 000 INIG TABLET	IN/A	FOOT AND ANKLE	3							
LINEZOLID 600 MG TABLET	N/A	SURGERY		1	1					'
LINEZOLID 600 MG TABLET	N/A	INFECTIOUS DISEASE	7	1	1					
LINEZOLID 600 MG TABLET	N/A	INTERNAL MEDICINE	2							+
LINEZOLID 600 MG TABLET	N/A	NURSE PRACTITIONER	1							
EINEZOEID 000 ING TABLET	IN/A	OBSTETRICS/GYNECOLOG	1							+
LINEZOLID 600 MG TABLET	N/A	v	1							'
LINEZOLID 600 MG TABLET	N/A	Other Provider	5							+
LINEZOLID 600 MG TABLET	N/A	PEDIATRIC UROLOGY	1							+
LINEZOLID 600 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							+
LINEZOLID 600 MG TABLET	N/A	PODIATRY	2							+
ENCEOCID GOO WIG TABLET	II/A	TODIATIO	_							+
LINEZOLID 600 MG TABLET	N/A	SURGERY, ORTHOPEDIC		1	1					'
LINEZOLID 600 MG TABLET	N/A	UROLOGY	2	1	1					
LINEZOLID 600 MG TABLET	Testicular hypofunction	UROLOGY	-	1	1					
LINEZOLID 600 MG TABLET	Urinary tract infection, site not specified	PHYSICIAN ASSISTANT	1	_	_					
LIPITOR 10 MG TABLET	Mixed hyperlipidemia	FAMILY MEDICINE	_	1	1					
LIPITOR 10 MG TABLET	N/A	SPORTS MEDICINE		1	1					
LIPITOR 10 MG TABLET	Pure hypercholesterolemia, unspecified	Other Provider	1		_					
LIPITOR 20 MG TABLET	Hyperlipidemia, unspecified	INTERNAL MEDICINE		1	1					
LIPITOR 20 MG TABLET	Pure hyperglyceridemia	INTERNAL MEDICINE		1	1					1
LIPITOR 40 MG TABLET	Mixed hyperlipidemia	FAMILY MEDICINE	1							
	Ar a pro-	CARDIOVASCULAR								
LIPITOR 40 MG TABLET	N/A	DISEASE		1	1					'
LITH ION BATT CID, EAR LEVEL	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR,	2	1	0	0	1			
		NOSE, AND THROAT)								
		CARDIOVASCULAR								1
LIVALO	HYPERTENSION	DISEASE						1		
		ENDOCRINOLOGY AND								1
LIVALO	Mixed hyperlipidemia	METABOLISM							1	
		CARDIOLOGY,								'
LIVALO 1 MG TABLET	Familial hypercholesterolemia	INTERVENTIONAL		1	1					
LIVALO 1 MG TABLET	Hyperlipidemia, unspecified	FAMILY MEDICINE		3	3					
LIVALO 1 MG TABLET	Hyperlipidemia, unspecified	INTERNAL MEDICINE	1							
		CARDIOLOGY,								1
LIVALO 1 MG TABLET	Mixed hyperlipidemia	INTERVENTIONAL		1	1	1				 '
		CARDIOLOGY,								1
LIVALO 1 MG TABLET	N/A	INTERVENTIONAL		1	1	1				<u> </u>
		CARDIOVASCULAR								1
LIVALO 1 MG TABLET	N/A	DISEASE	1							<u> </u>
		ENDOCRINOLOGY AND								1
LIVALO 1 MG TABLET	N/A	METABOLISM	1	1	1					<u> </u>
LIVALO 1 MG TABLET	N/A	FAMILY MEDICINE	2							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description LIVALO 1 MG TABLET	Diagnosis Code Description	Other Provider	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
LIVALO 1 MG TABLET	N/A Pure hyperglyceridemia	INTERNAL MEDICINE		4	4					
LIVALO I MIG TABLET	Atherosclerotic heart disease of native coronary artery without	CARDIOVASCULAR		1	1					
LIVALO 2 MG TABLET	angina pectoris	DISEASE	1							
LIVALO Z ING TABLET	angina pectoris	CARDIOLOGY,	1							+
LIVALO 2 MG TABLET	Familial hypercholesterolemia	INTERVENTIONAL		1	1					
EVACO Z ING TABLET	Tallina Hyperenoiesterolemia	CARDIOVASCULAR		_	_					
LIVALO 2 MG TABLET	Hyperlipidemia, unspecified	DISEASE	1	1	1					
LIVALO 2 MG TABLET	Hyperlipidemia, unspecified	FAMILY MEDICINE	1	2	2					
LIVALO 2 MG TABLET	Hyperlipidemia, unspecified	GENERAL PRACTICE	1	1	1					
LIVALO 2 MG TABLET	Hyperlipidemia, unspecified	Other Provider	2	1	1					
	7,5 - 5, - 5, - 5, - 5	CARDIOLOGY,								
LIVALO 2 MG TABLET	Mixed hyperlipidemia	INTERVENTIONAL	1							
		ENDOCRINOLOGY AND								
LIVALO 2 MG TABLET	Mixed hyperlipidemia	METABOLISM	1							
LIVALO 2 MG TABLET	Mixed hyperlipidemia	FAMILY MEDICINE		1	1					
	, ,	FAMILY NURSE								
		PRACTITIONER PRIMARY								
LIVALO 2 MG TABLET	Mixed hyperlipidemia	CARE	1							
LIVALO 2 MG TABLET	Mixed hyperlipidemia	INTERNAL MEDICINE		2	2					
LIVALO 2 MG TABLET	Mixed hyperlipidemia	Other Provider		1	1					
		CARDIOLOGY,								
LIVALO 2 MG TABLET	N/A	INTERVENTIONAL		1	1					
		CARDIOVASCULAR								
LIVALO 2 MG TABLET	N/A	DISEASE	2	3	3					
LIVALO 2 MG TABLET	N/A	FAMILY MEDICINE	1	7	7					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
LIVALO 2 MG TABLET	N/A	CARE		1	1					
LIVALO 2 MG TABLET	N/A	INTERNAL MEDICINE	2	4	4					
LIVALO 2 MG TABLET	N/A	Other Provider		6	6					
LIVALO 2 MG TABLET	N/A	PEDIATRICS		1	1					
		CARDIOVASCULAR								
LIVALO 2 MG TABLET	Pure hypercholesterolemia, unspecified	DISEASE	1	1	1					
LIVALO 4 MG TABLET	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	Other Provider	1							
		ENDOCRINOLOGY AND								
LIVALO 4 MG TABLET	Hyperlipidemia, unspecified	METABOLISM		1	1					
LIVALO 4 MG TABLET	Hyperlipidemia, unspecified	FAMILY MEDICINE	2	1	1					
LIVALO 4 MG TABLET	Hyperlipidemia, unspecified	INTERNAL MEDICINE	1							
LIVALO 4 MG TABLET	Hyperlipidemia, unspecified	Other Provider		1	1					ļ
LIVALO 4 MG TABLET	Mixed hyperlipidemia	FAMILY MEDICINE		1	1					
		CARDIOVASCULAR								
LIVALO 4 MG TABLET	N/A	DISEASE	2	3	3					
LIVALO 4 MG TABLET	N/A	FAMILY MEDICINE	1	4	4					
LIVALO 4 MG TABLET	N/A	INTERNAL MEDICINE	2							
LIVALO 4 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
		CARDIOVASCULAR								
LIVALO 4 MG TABLET	Pure hypercholesterolemia, unspecified	DISEASE	1							
LIVALO 4 MG TABLET	Pure hypercholesterolemia, unspecified	FAMILY MEDICINE	1							
Liver Course	Interchanatic hile dust source	DIA CNIOSTIC DADIOI COM								
Liver Cancer	Intrahepatic bile duct carcinoma	DIAGNOSTIC RADIOLOGY	2	-	-					4
Librar Canana	Liver cell considerate	DIA CNIOSTIC DADICI COV	1							
Liver Cancer	Liver cell carcinoma	Other Provider	1							
Liver Cancer	Liver cell carcinoma	Other Provider	1							+
Liver Cancer	Liver cell carcinoma	PADIATION ONCOLOGY	1							
Liver Cancer	Liver cen carcinollia	RADIATION ONCOLOGY	lτ	I	1	1				

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		INTERVENTIONAL								
Liver Cancer	Malignant carcinoid tumor of the midgut, unspecified	MEDICINE	1							
LIVER ELASTOGRAPHY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	CHANGE IN BOWEL HABIT	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	EPIGASTRIC PAIN	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	LOW BACK PAIN	FAMILY MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	LOW BACK PAIN	PHYSICAL MEDICINE	2	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	LUMBAGO WITH SCIATICA, RIGHT SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	MALIGNANT NEOPLASM OF ENDOMETRIUM	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	NAUSEA WITH VOMITING, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PHYSICAL MEDICINE	4	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	OTHER SPECIFIED POSTPROCEDURAL STATES	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	1	0	0	0	0			
LO FLEX L1-BELOW L5 PRE OTS	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PHYSICAL MEDICINE	1	0	0	0	0			
LONHALA MAGNAIR	Chronic obstructive pulmonary disease, unspecified	SLEEP MEDICINE	 					1		+
LONHALA MAGNAIR REFILL 25 MCG/ML VIAL-NEB	N/A	Other Provider	1	 		 		1		+
LONSURF	· ·	ONCOLOGY	4	-	-		-	4		+
	Malignant neoplasm of salen warnesified		2	-		-		1		+
LONSURF 15 MG-6.14 MG TABLET	Malignant neoplasm of colon, unspecified	ONCOLOGY	2							
LONSURF 15-6.14 MG TABLET	N/A	Other Provider	1							
LORTAB 10-300/15 SOLUTION	N/A	Other Provider	1			_	_			
LOW BACK DISK SURGERY	ARTHRODESIS STATUS	SURGERY, ORTHOPEDIC	0	1	1	0	0			
LOW BACK DISK SURGERY	FOOT DROP, LEFT FOOT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	HYPOXEMIA	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	HOSPITAL	2							
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	7	0	0	0	0			
LOW BACK DISK SURGERY	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	4	0	0	0	0			
LOW BACK DISK SURGERY	LUMBAGO WITH SCIATICA, LEFT SIDE	SURGERY, NEUROLOGICAL	1	0	n	0	0			+
LOW BACK DISK SURGERY	LUMBAGO WITH SCIATICA, LET TSIDE LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
LOW BACK DISK SURGERY	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
LOW BACK DISK SURGERY	OTHER ACCITE POSTPROCEDURAL PAIN OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC	1	0	0	0	0			+
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1	0	0	0	0			
LOW BACK DISK SURGERY	OTHER CHRONIC PAIN	SURGERY, NEUROLOGICAL	2	U	U	U	U			+
LOW BACK DISK SURGERY	OTHER INTERVENTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	U	U	U	U			
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	FAMILY MEDICINE	2	U	U	U	U			
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	15	0	0	0	0			↓
LOW BACK DISK SURGERY LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL	12	0	0	0	0			
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
										↓
LOW BACK DISK SURGERY	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, ORTHOPEDIC	1	0	0	0	0			<u> </u>
LOW BACK DISK SURGERY	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LOW BACK DISK SURGERY	PAIN IN LEFT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LOW BACK DISK SURGERY	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
LOW BACK DISK SURGERY	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBAR REGION	FAMILY MEDICINE	1	0	0	0	0			
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBAR REGION	NEUROLOGY	1	0	0	0	0			
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	1	1	0	0			
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	4	0	0	0	0			
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	NEUROLOGY	0	1	1	0	0			
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	3	0	0	0	0			
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	2	2	2	0	0			
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBOSACRAL REGION	FAMILY MEDICINE	1	0	0	0	0			
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LOW BACK DISK SURGERY	UNSPECIFIED ATRIAL FIBRILLATION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
LOW COST SKIN SUBSTITUTE APP	CELLULITIS, UNSPECIFIED	HYPERBARIC & UNDERSEA MEDICINE	1	0	0	0	0			
	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED;									1
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	1							
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE; ENCOUNTER OBSERV OTH SUSPCT DZ & amp; COND RULED OUT	PULMONARY DISEASES	1							
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	FAMILY PRACTICE	1							+
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	INTERNAL MEDICINE	1							+
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	NURSE PRACTITIONER	1							+
LOW FREQUENCY NON-THERMAL US	LACERAT FLEXOR MUSC/FASC/TEND AT FORARM LV, RIGHT ARM, SUBS	SURGERY, PLASTIC	0	1	0	1	0			
LOWER EXTREMITY STUDY	END STAGE RENAL DISEASE	PODIATRY	1	0	0	0	0			+
LOWER JAW BONE GRAFT	UNSPECIFIED CYST OF JAW	DENTISTRY	0	1	1	0	0			+
LOWER LIMB PROS VACUUM PUMP	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, SUBS	PHYSICAL MEDICINE	1	0	0	0	0			1
LOWR EXTREMITY PROSTHES NOS	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	ORTHOTICS AND PROSTHETICS	1	0	0	0	0			1
LOWR EXTREMITY PROSTHES NOS	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	FAMILY MEDICINE	1	0	0	0	0			
LOWR EXTREMITY PROSTHES NOS	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, L LOW LEG, INIT	INTERNAL MEDICINE	1	0	0	0	0			1
LSH UTERUS ABOVE 250 G	IRREGULAR MENSTRUATION, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LSH W/T/O UTERUS ABOVE 250 G	IRREGULAR MENSTRUATION, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
LSO A-P-L W INTERFACE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	0	1	1	0	0			
LSO FLEX NO RI STAYS PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	PHYSICAL MEDICINE	1	0	0	0	0			
LSO FLEX NO RI STAYS PRE OTS	RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	1	0	0	0	0			
LSO FLEX NO RI STAYS PRE OTS	RADICULOPATHY, LUMBOSACRAL REGION	PHYSICAL MEDICINE	2	0	0	0	0			1
LSO FLEX NO RI STAYS PRE OTS	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	PHYSICAL MEDICINE	1	0	0	0	0			
LSO SC R ANT/POS PNL PRE CST	LOW BACK PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
LSO SC R ANT/POS PNL PRE CST	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LSO SC R ANT/POS PNL PRE CST	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
LSO SC R ANT/POS PNL PRE CST	SIXTH [ABDUCENT] NERVE PALSY, RIGHT EYE	PHYSICAL MEDICINE	1	0	0	0	0			
LT COMPRES BAND <3"/YD	PAIN IN RIGHT LEG	FAMILY MEDICINE	1	0	0	0	0			
LTWT PORTBL POWER WHLCHR	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	INTERNAL MEDICINE	1	0	0	0	0			1
LUCEMYRA 0.18 MG TABLET	N/A	FAMILY MEDICINE	1							1
LUCENTIS 0.5MG/0.05 VIAL	N/A	OPHTHALMOLOGY	1							1
LUMB ARTIF DISKECTOMY ADDL	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
LUMBAR ARTIF DISKECTOMY	LOW BACK PAIN	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
LUMBAR ARTIF DISKECTOMY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
LUMBAR ARTIF DISKECTOMY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	2	2	2	0	0			
LUMBAR ARTIF DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
LUMBAR SPINE FUSION	ARTHRODESIS STATUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
LUMBAR SPINE FUSION	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	4	0	0	0	0			1
LUMBAR SPINE FUSION	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			1

					Medical	Experimental &	Network	Total	Total	
December Code December	Discourt Code Description	Burn tiden Constitution	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description LUMBAR SPINE FUSION	Diagnosis Code Description DISEASE OF SPINAL CORD, UNSPECIFIED	Provider Specialty SURGERY, NEUROLOGICAL	Approvals	Denials 1	Denials	Denials	Denials	Approved	Denied	by IRO
LUMBAR SPINE FUSION	·	Other Provider	U	1	U	1	U		1	.——
LUMBAR SPINE FUSION	Flatback syndrome, site unspecified FOOT DROP, LEFT FOOT	SURGERY, NEUROLOGICAL	2	0	0	0	0		,	+
LUMBAR SPINE FUSION	FUSION OF SPINE, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			+
LUMBAR SPINE FUSION	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			+
LOWBAR SPINE FUSION	INTERVERTEBRAL DISC DISORDERS W RADICOLOPATHT, LOWIDAR REGION	SUNGERT, NEUROLOGICAL	U	1	1	U	U			
LUMBAR SPINE FUSION	JOINT DERANGEMENT, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LUMBAR SPINE FUSION	LOW BACK PAIN	SURGERY, NEUROLOGICAL	2	0	0	0	0			
LUMBAR SPINE FUSION	LOW BACK PAIN	SURGERY, ORTHOPEDIC	2	2	2	0	0			<u> </u>
LUMBAR SPINE FUSION	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LUMBAR SPINE FUSION	Other intervertebral disc degeneration, lumbar region	Other Provider						1		<u> </u>
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	2	2	0	0			
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	4	4	0	0			
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			+
LUMBAR SPINE FUSION	Other intervertebral disc displacement, lumbar region	Other Provider							1	L
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	3	3	0	0			1
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS, LUMBAR REGION	ANESTHESIOLOGY	0	1	1	0	0			+
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS, LUMBAR REGION	COUNSELING	0	1	1	0	n			+
LUMBAR SPINE FUSION	Postlaminectomy syndrome, not elsewhere classified	Other Provider	0	1	1	0	U		1	
LUMBAR SPINE FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	n	n	n			+
LUMBAR SPINE FUSION	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	-	5	2	2	1			+
LOWBAN SPINE FOSION	POSTEAININECTOINT STINDROINE, NOT EESEWHERE CEASSIFIED	SONGENT, ONTHOPEDIC	3	3	2	2	1			+
LUMBAR SPINE FUSION	Postlaminastamy syndrama, not also where classified	SURGERY, ORTHOPEDIC							1	
LUMBAR SPINE FUSION	Postlaminectomy syndrome, not elsewhere classified PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	4	0	n	n	0			+
LUMBAR SPINE FUSION	Radiculopathy, lumbar region	Other Provider		o .	U	0	0		1	
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	-	-	0	0		,	+
LUMBAR SPINE FUSION	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	0	0	0	0			+
LUMBAR SPINE FUSION	SCOLIOSIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
			2	1	1	0	0			+
LUMBAR SPINE FUSION LUMBAR SPINE FUSION	SPINAL INSTABILITIES, LUMBAR REGION SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC SURGERY, NEUROLOGICAL	3	1	1	0	0			+
LOWIDAN SPINE POSION	SPINAL STENOSIS, EDIVIBAR REGION WITH NEUROGENIC CLAUDICATION	SUNGERT, NEUROLOGICAL	4	1	1	U	U			
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	3	2	2	0	0			
LUMBAR SPINE FUSION	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY, ORTHOPEDIC						2		
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	5	0	0	0	0			
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	9	3	3	0	0			
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LUMBAR SPINE FUSION	Spondylolisthesis, lumbar region	Other Provider							2	2
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	PSYCHIATRY	0	1	1	0	0			
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	2	2	0	0			
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	7	3	3	0	0			1
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			1
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	0	1	1	0	0			1
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	3	1	1	0	0			1
LUMBAR SPINE FUSION	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			1
LUMBAR SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	4	4	0	0			†
	2000									
LUMBAR SPINE FUSION	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
						1		1		

December Code Description	Discussio Code Description	Danidas Cassielle	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description LUMBAR SPINE FUSION	Diagnosis Code Description SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION	Provider Specialty SURGERY, ORTHOPEDIC	Approvals	Denials 1	Denials 1	Denials 0	Denials 0	Approved	Denied	by IRO
LUMBAR SPINE FUSION	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	SURGERY, ORTHOPEDIC	1	1	1	0	0			+
LUMBAR SPINE FUSION COMB	Lumbago with sciatica, left side	Other Provider		-	_				1	+
ECHIBAR SI INC I GSIGN COMB	Edition of With Science, left side	SURGERY,							-	+
LUMBAR SPINE FUSION COMB	N/A	NEUROLOGICAL							1	
LUMBAR SPINE FUSION COMB	Other intervertebral disc displacement, lumbar region	Other Provider							1	
ECHIBATE STREET CONTROL	Other interventeural also displacement, lambar region	SURGERY,							-	+
LUMBAR SPINE FUSION COMB	Radiculopathy, lumbar region	NEUROLOGICAL							1	
LUMBAR SPINE FUSION COMB	Spinal stenosis, lumbar region with neurogenic claudication	Other Provider							1	ī
LUMBAR SPINE FUSION COMBINED	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	CONGENITAL SPONDYLOLISTHESIS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	LOW BACK PAIN	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	LUMBAGO WITH SCIATICA, LEFT SIDE	SURGERY, NEUROLOGICAL	0	1	1	0	0			
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			1
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			1
LUMBAR SPINE FUSION COMBINED	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			1
LUMBAR SPINE FUSION COMBINED	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			1
LUMBAR SPINE FUSION COMBINED	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	COUNSELING	1	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	1	1	0	0			1
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	SCOLIOSIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	NEUROLOGY	0	1	1	0	0			+
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, LUMBAR REGION	PSYCHIATRY	0	1	1	0	0			†
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	1	1	0	0			+
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	4	0	0	0	0			†
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			†
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	2	0	0	0	0			†
LUMBAR SPINE FUSION COMBINED	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
Lumigan	Open-angle glaucoma unspecified	OPHTHALMOLOGY				1			1	1
LUMIGAN	Primary open-angle glaucoma, bilateral, mild stage	OPTOMETRY						1		
LUMIGAN	Unspecified open-angle glaucoma, stage unspecified	OPHTHALMOLOGY							1	1
LUMIGAN 0.01 % DROPS	N/A	OPHTHALMOLOGY	12	14	14					
LUMIGAN 0.01 % DROPS	N/A	OPTOMETRY	5	9	9					
LUMIGAN 0.01% EYE DROPS	N/A	OPHTHALMOLOGY		1	1					
LUMIGAN 0.01% EYE DROPS	Primary open-angle glaucoma, bilateral, mild stage	OPTOMETRY	1							
LUMIZYME INJECTION	GLYCOGEN STORAGE DISEASE, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
LUMIZYME INJECTION	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	NEUROLOGY	1	0	0	0	0			
LUNESTA 3 MG TABLET	N/A	INTERNAL MEDICINE	1							†
LUNG TRANSPLANT DOUBLE	ACUTE PULMONARY EDEMA	INTERNAL MEDICINE	2	0	0	0	0			1
LUNG TRANSPLANT DOUBLE	COVID-19	PULMONARY DISEASE	2	0	0	0	0			
LUNG TRANSPLANT DOUBLE	GENERALIZED EDEMA	INTERNAL MEDICINE	1	0	0	0	0			
LUNG TRANSPLANT DOUBLE	GENERALIZED EDEMA	PULMONARY DISEASE	1	0	0	0	0	1	1	+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
LUNG TRANSPLANT DOUBLE	IDIOPATHIC PULMONARY FIBROSIS	COUNSELING	1	0	0	0	0			
LUNG TRANSPLANT DOUBLE	IDIOPATHIC PULMONARY FIBROSIS	PULMONARY DISEASE	1	0	0	0	0			
LUNG TRANSPLANT DOUBLE	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	4	0	0	0	0			1
LUNG TRANSPLANT DOUBLE	RADICULOPATHY, CERVICAL REGION	PULMONARY DISEASE	2	0	0	0	0			
LUNG TRANSPLANT DOUBLE	UNSP INFECTION DUE TO CENTRAL VENOUS CATHETER, INIT ENCNTR	INTERNAL MEDICINE	2	0	0	0	0			
LUNG TRANSPLANT WITH BYPASS	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	PULMONARY DISEASE	1	0	0	0	0			
LUNG TRANSPLANT WITH BYPASS	IDIOPATHIC PULMONARY FIBROSIS	CRITICAL CARE MEDICINE	1	0	0	0	0			
LUNG TRANSPLANT WITH BYPASS	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			
LUNG TRANSPLANT WITH BYPASS	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	CRITICAL CARE MEDICINE	1	0	0	0	0			1
LUNG TRANSPLANT WITH BYPASS	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	4	0	0	0	0			
LUNG TRANSPLANT WITH BYPASS	LUNG TRANSPLANT STATUS	INTERNAL MEDICINE	2	0	0	0	0			
LUNG TRANSPLANT WITH BYPASS	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASE	3	0	0	0	0			1
LUNG TRANSPLANT WITH BYPASS	PULMONARY FIBROSIS, UNSPECIFIED	PULMONARY DISEASE	2	0	0	0	0			1
LUNG TRANSPLANT WITH BYPASS	SARCOIDOSIS OF LUNG	PULMONARY DISEASE	1	0	0	0	0			
LUNG TRANSPLANT WITH BYPASS	SECONDARY PULMONARY ARTERIAL HYPERTENSION	PULMONARY DISEASE	1	0	0	0	0			
LUPRON DEPOT 11.25 MG 3MO KIT	Dysmenorrhea, unspecified	Other Provider		1	1					
LUPRON DEPOT 11.25 MG 3MO KIT	N/A	Other Provider	1	1	-					
EST NOT BET OF TELES IN COME IN	1970	OBSTETRICS/GYNECOLOG	1							
LUPRON DEPOT 11.25 MG SYRINGEKIT	N/A	Y	3							
LUPRON DEPOT 3.75 MG KIT	Leiomyoma of uterus, unspecified	OBSTETRICS/GYNECOLOG Y	1							
LUPRON DEPOT 3.75 MG KIT	N/A	OBSTETRICS/GYNECOLOG y	2							
		OBSTETRICS/GYNECOLOG								
LUPRON DEPOT 3.75 MG SYRINGEKIT	N/A	Y Other Board to	1							
LUPRON DEPOT-PED 11.25 MG SYRINGEKIT	N/A	Other Provider	1							
LUPRON DEPOT-PED 11.25 MG SYRINGEKIT	N/A	PEDIATRIC ENDOCRINOLOGY	1							
LUPRON DEPOT-PED 30 MG SYRINGEKIT	N/A	PEDIATRIC ENDOCRINOLOGY	1							
		PEDIATRIC NURSE PRACTITIONER PRIMARY								
LUPRON DEPOT-PED 30 MG SYRINGEKIT	N/A	CARE	1							
LYNPARZA 100 MG TABLET	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGIC ONCOLOGY	1							
		GYNECOLOGIC								
LYNPARZA 150 MG TABLET	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	1							
		GYNECOLOGIC								
LYNPARZA 150 MG TABLET	N/A	ONCOLOGY	1							
LYRICA	Type 2 diabetes mellitus with diabetic polyneuropathy	FAMILY MEDICINE							1	
LYRICA 100 MG CAPSULE	Chronic pain syndrome	INTERNAL MEDICINE		1	1					
LYRICA 100 MG CAPSULE	FIBROMYALGIA	FAMILY MEDICINE	1							
LYRICA 100 MG CAPSULE	FIBROMYALGIA	Other Provider	1	1	1					
LYRICA 100 MG CAPSULE	MYALGIA	PAIN MANAGEMENT	1							
LYRICA 100 MG CAPSULE	N/A	FAMILY MEDICINE		3	3					
LYRICA 100 MG CAPSULE	N/A	Other Provider	1	3	3					
LYRICA 100 MG CAPSULE	N/A	PEDIATRIC NEUROLOGY		1	1					
LYRICA 100 MG CAPSULE	N/A	RHEUMATOLOGY		1	1					
LYRICA 150 MG CAPSULE	Chronic migraine without aura, intractable, without status migrainosus	NEUROLOGY		1	1					
LYRICA 150 MG CAPSULE	N/A	Other Provider	1	1	-	1	 	 		+
LYRICA 200 MG CAPSULE	N/A FIBROMYALGIA	Other Provider Other Provider	1	1	1	 	-			+
			 	1	1	 	-			+
LYRICA 200 MG CAPSULE	N/A	NEUROLOGY	-	1	Т	1	-	 		
LYRICA 200 MG CAPSULE	N/A	RHEUMATOLOGY	1	<u> </u>	l	L	l	l	<u> </u>	

	1									
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
LYRICA 25 MG CAPSULE	N/A	FAMILY MEDICINE	1	Demais	Demais	Demais	Demais	Аррготси	Dellica	by inc
LYRICA 50 MG CAPSULE	N/A	INTERNAL MEDICINE	_	Δ	4					
LYRICA 75 MG CAPSULE	Chronic pain syndrome	Other Provider		1	1					
ETHICK 75 WIG CAI SOLE	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN(64493	Other Frovider		1	_					
LYRICA 75 MG CAPSULE	1	Other Provider		1	1					
LYRICA 75 MG CAPSULE	N/A	INTERNAL MEDICINE		2	2					
LYRICA 75 MG CAPSULE	N/A	NEUROLOGY	1	3	3					
LYRICA 75 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	1							
LTRICA 75 IVIG CAPSULE	IV/A	PHISICIAN ASSISTANT	1							
LVDICA 75 MC CARSULE	N/A	CLIDCEDY OBTHODEDIC		1	4					
LYRICA 75 MG CAPSULE		SURGERY, ORTHOPEDIC		1	1					
LYRICA CR 165 MG TABLET	NEURALGIA AND NEURITIS UNSPECIFIED	Other Provider		2	1					
LYRICA CR 165 MG TABLET	POLYNEUROPATHY, UNSPECIFIED	NURSE PRACTITIONER		1	1					
LYRICA CR 330 MG TAB ER 24H	N/A	Other Provider	1							
LYSIS PENIL CIRCUMIC LESION	ADHESIONS OF PREPUCE AND GLANS PENIS	UROLOGY	1	0	0	0	0			
LYSIS PENIL CIRCUMIC LESION	INDURATION PENIS PLASTICA	PEDIATRIC UROLOGY	2	0	0	0	0			
LYSIS PENIL CIRCUMIC LESION	OTHER SPECIFIED DISORDERS OF PENIS	FAMILY MEDICINE	1	0	0	0	0			
MAGNETIC IMAGE BONE MARROW	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	1	0	0	0	0			
MAGNETIC IMAGE BONE MARROW	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	HEMATOLOGY	1	0	0	0	0			
MAGNETIC IMAGE BONE MARROW	OTHER SPECIFIED ABNORMALITIES OF PLASMA PROTEINS	HEMATOLOGY	1	0	0	0	0			
MAGNETIC IMAGE BONE MARROW	POLYNEUROPATHY, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
MAGNETIC IMAGE BONE MARROW	SEPSIS, UNSPECIFIED ORGANISM	HEMATOLOGY	2	0	0	0	0			
Magnetic resonance (eg, vibration) elastography	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	HEPATOLOGY	1							
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC; ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST; FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY		1	1					
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST; OTH ABNORM & amp; INCONCLUSIVE FIND ON DX IMAG BREAST; OTHER BENIGN MAMMARY DYSPLASIAS OF LEFT BREAST; FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY; OTHER BENIGN MAMMARY DYSPLASIAS OF RIGHT BREAST	SURGEON - BREAST	1							
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM	SURGERY-GENERAL	1							
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM; FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY PRACTICE		1	1					
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INCONCLUSIVE MAMMOGRAM; MAMMO MICROCALCIFICATION FOUND ON DX IMAG BREAST; MAMMO CALCIFICATION FOUND ON DX IMAGING BREAST	OBSTETRICIAN AND GYNECOLOGIST	1							
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis),										
when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	GENERAL SURGERY	1	1	1					
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY	1							
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description Magnetic resonance imaging, breast, without and with contrast	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),										
when performed; unilateral	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	GENERAL SURGERY	1							
	MALIG NEOPLASIN NIPPLE QUITP, AREOLA KI FEMALE BREAST	GENERAL SURGERT	1							
Magnetic resonance imaging, breast, without and with contrast										
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),	MANUCALANT NEODI ACAA LING CITE LEET FEAAALE DDEACT	CENEDAL CUDCEDY	4							
when performed; unilateral	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	1							
Magnetic resonance imaging, breast, without and with contrast										
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),										
when performed; unilateral	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	INTERNAL MEDICINE	1							
Magnetic resonance imaging, breast, without and with contrast										
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),										
when performed; unilateral	MASTODYNIA	FAMILY PRACTICE	1							
Magnetic resonance imaging, breast, without and with contrast										
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),										
when performed; unilateral	OTH ABNORM & amp; INCONCLUSIVE FIND ON DX IMAG BREAST	FAMILY PRACTICE	1							
Magnetic resonance imaging, breast, without and with contrast										
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),										
when performed; unilateral	OTH ABNORM & amp; INCONCLUSIVE FIND ON DX IMAG BREAST	INTERNAL MEDICINE		1	1					
Magnetic resonance imaging, breast, without and with contrast										
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),	OTH ABNORM & DECENTION OF A STREET OF THE ABNORM & DECENTION OF THE AB									
when performed; unilateral	OTHER ABNORMAL TUMOR MARKERS	ONCOLOGY	1							
Magnetic resonance imaging, breast, without and with contrast										
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),										
when performed; unilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	GENERAL SURGERY		1	1					
Magnetic resonance imaging, breast, without and with contrast	OTTER SECURED FERSONAL RISK FACTORS NEC	GENERAL SONGEN		-	-					
material(s), including computer-aided detection (CAD real-time										
lesion detection, characterization and pharmacokinetic analysis),	OTHER SPECIFIED PERSONAL RISK FACTORS NEC; FAMILY HISTORY	OBSTETRICIAN AND								
when performed; unilateral	OF MALIGNANT NEOPLASM OF BREAST	GYNECOLOGIST	1							
Magnetic resonance imaging, breast, without and with contrast	OF WALIGNARY NEOF EASING BREAST	GTNECOLOGIST	1							
material(s), including computer-aided detection (CAD real-time		HEMATOLOGY AND								
lesion detection, characterization and pharmacokinetic analysis),	Unangeified lump in unangeified breast.	ONCOLOGY	1							
when performed; unilateral	Unspecified lump in unspecified breast;	Other Provider	1						- 1	
MAKENA	Personal history of pre-term labor								1	
	Supervision of pregnancy with history of pre-term labor, second	OBSTETRICS/GYNECOLOG								
MAKENA	trimester	Υ							1	
	Supervision of pregnancy with history of pre-term labor, third									
MAKENA	trimester	PHYSICIAN ASSISTANT							1	
		OBSTETRICS/GYNECOLOG								
MAKENA 250 MG/ML VIAL	N/A	Υ	1							
		OBSTETRICS/GYNECOLOG								
MAKENA 275 MG/1.1 AUTO INJCT	N/A	Υ	ļ	3	3					
		OBSTETRICS/GYNECOLOG								
MAKENA 275 MG/1.1 ML AUTOINJCT	N/A	Υ	ļ	2	2					
MAKENA, 10 MG	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MANUFINA 10 MC	OTHER CENERAL CVANDTONAC AND CICNIC	ODSTETDICS (CVNICS) OSY	1	1	1	0	0			
MAKENA, 10 MG	OTHER GENERAL SYMPTOMS AND SIGNS	OBSTETRICS/GYNECOLOGY	1	1	1	U	0			
MAKENA, 10 MG	PERSONAL HISTORY OF PRE-TERM LABOR	FAMILY MEDICINE	1	0	0	0	0			
,			1	1	i -	I -	-	1		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MAKENA, 10 MG	PERSONAL HISTORY OF PRE-TERM LABOR	MIDWIFERY	0	1	1	0	0			
MAKENA, 10 MG	PERSONAL HISTORY OF PRE-TERM LABOR	OBSTETRICS/GYNECOLOGY	3	1	1	0	0			
MAKENA, 10 MG	PRETERM LABOR W PRETERM DELIVERY, UNSP TRIMESTER, UNSP	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MAKENA, 10 MG	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MAKENA, 10 MG	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MAKENA, 10 MG	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, UNSP TRIMESTER	FAMILY MEDICINE	1	0	0	0	0			
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	MATERNAL AND FETAL MEDICINE	1	1	1	0	0			
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	PHYSICIAN ASSISTANT	1	0	0	0	0			+
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	PHYSICIAN ASSISTANT	0	1	1	0	0			
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	MATERNAL AND FETAL	2	1	1	0	0			
, and the second	, in the second	MEDICINE		-	-	-	-			
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	2	1	1	0	0			
MALE SLING PROCEDURE	STRESS INCONTINENCE (FEMALE) (MALE)	UROLOGY	1	0	0	0	0			
MALE VACUUM ERECTION SYSTEM	INDURATION PENIS PLASTICA	FAMILY MEDICINE	1	0	0	0	0			
MALE VACUUM ERECTION SYSTEM	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	1	0	0	0	0			
MAN W/C PUSH-RIM POWR SYSTEM	QUADRIPLEGIA, C5-C7 INCOMPLETE	PHYSICAL MEDICINE	0	1	1	0	0			
MAN W/C PUSH-RIM POWR SYSTEM	SPINA BIFIDA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
MAN W/C PUSH-RIM POWR SYSTEM	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	1	0	0	0	0			
MANIPULAT PALM CORD POST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	SURGERY, ORTHOPEDIC	2	0	0	0	0			
	PAIN IN RIGHT KNEE; OTH COMP INTRL ORTH PROS DEVC IMPL GFT									1
Manipulation of knee joint under general anesthesia (includes	INIT ENC; AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY;									1
application of traction or other fixation devices)	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	ORTHOPEDIC SURGERY		1	1					1
	ADHESIVE CAPSULITIS OF RIGHT SHOULDER; OTHER SHOULDER									
Manipulation under anesthesia, shoulder joint, including application	LESIONS RIGHT SHOULDER; IMPINGEMENT SYNDROME OF RIGHT									1
of fixation apparatus (dislocation excluded)	SHOULDER	ORTHOPEDIC SURGERY	1							1
Manipulation, hip joint, requiring general anesthesia	Infect/inflm reaction due to internal right hip prosth, init	ORTHOPEDIC SURGERY	1							
MANUAL ADULT WC W TILTINSPAC	OTHER ACQUIRED DEFORMITY OF HEAD	FAMILY MEDICINE	1	0	0	0	0			
MANUAL THERAPY	Sciatica, right side	Other Provider							1	
MANUAL THERAPY 1/> REGIONS	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY	FAMILY MEDICINE	0	1	0	0	1			
MAST MOD RAD	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
MAST MOD RAD	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
MAST MOD RAD	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	SURGERY, GENERAL	1	0	0	0	0			++
MAST SIMPLE COMPLETE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	INTERNAL MEDICINE	1	0	0	0	0			+
MAST SIMPLE COMPLETE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, GENERAL	1	0	0	0	0			+
MAST SIMPLE COMPLETE	BENIGN NEOPLASM OF RIGHT BREAST	SURGERY, GENERAL	1	1	1	0	0			+
MAST SIMPLE COMPLETE MAST SIMPLE COMPLETE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, GENERAL	1	0	0	0	0			++
MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	2	0	0	0	0			++
MAST SIMPLE COMPLETE MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, GENERAL	2	0	0	0	0			++
MAST SIMPLE COMPLETE MAST SIMPLE COMPLETE	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	0	1	1	0	0			++
	·		0	1	1	0				
MAST SIMPLE COMPLETE	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	2	0	U	U	U			
MAST SIMPLE COMPLETE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	2	2	0	0			
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	INTERNAL MEDICINE	2	0	0	0	0			\vdash
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL	2	n	n	n	n			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSPISITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	3	0	0	0	0			
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	FAMILY MEDICINE	1	U	U	U	U			
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
MAST SIMPLE COMPLETE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
MAST SIMPLE COMPLETE	TRANSSEXUALISM	SURGERY, GENERAL	4	0	0	0	0			
MASTECTOMY BRA	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	INTERNAL MEDICINE	1	0	0	0	0			
MASTECTOMY BRA	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, GENERAL	2	0	0	0	0			
MASTECTOMY BRA	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	HEMATOLOGY	1	0	0	0	0			
MASTECTOMY BRA	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	1	0	0	0	0			
MASTECTOMY BRA	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
MASTECTOMY BRA	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
MASTECTOMY BRA	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	4	0	0	0	0			
MASTECTOMY BRA	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
MASTECTOMY BRA	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	SURGERY, PLASTIC	1	0	0	0	0			
MASTECTOMY BRA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, PLASTIC	1	0	0	0	0			
MASTECTOMY BRA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	3	0	0	0	0			
MASTECTOMY BRA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	3	0	0	0	0			
MASTECTOMY BRA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	2	0	0	0	0			
MASTECTOMY BRA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
MASTECTOMY SLEEVE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
MASTECTOMY SLEEVE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
MASTECTOMY SLEEVE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
MASTECTOMY SLEEVE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
MASTECTOMY SLEEVE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	0	0			
MATRISTEM MICROMATRIX	GAS GANGRENE	PODIATRY	0	1	0	1	0			
MAVENCLAD 10 MG TABLET	N/A	NEUROLOGY	2							
MAVYRET	Chronic viral hepatitis C	GASTROENTEROLOGY						2		
MAVYRET 100-40 MG TABLET	Chronic viral hepatitis C	GASTROENTEROLOGY	5	2	2					
MAVYRET 100-40 MG TABLET	Chronic viral hepatitis C	Other Provider	2							
MAVYRET 100MG-40MG TABLET	N/A	GASTROENTEROLOGY	5	4	4					
MAVYRET 100MG-40MG TABLET	N/A	INFECTIOUS DISEASE		1	1					
MAVYRET 100MG-40MG TABLET	N/A	Other Provider	2							
MAXALT 10 MG TABLET	Headache	NEUROLOGY		1	1					
MAXALT 10 MG TABLET	N/A	NEUROLOGY		1	1					
MAYZENT 2 MG TABLET	N/A	NEUROLOGY	1							
MEASURE BLOOD OXYGEN LEVEL	ACUTE BRONCHOSPASM	PULMONARY DISEASE	2	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	ACUTE KIDNEY FAILURE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	ACUTE KIDNEY FAILURE, UNSPECIFIED	PEDIATRIC NEUROLOGY	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	BILIOUS VOMITING	PULMONARY DISEASE	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	BILIOUS VOMITING	SOCIAL WORK	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	BRONCHIECTASIS, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	CHRONIC IDIOPATHIC CONSTIPATION	PULMONARY DISEASE	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	CRITICAL CARE MEDICINE	1	0	0	0	0	1		ļ
MEASURE BLOOD OXYGEN LEVEL	FRACTURE OF CORPUS CAVERNOSUM PENIS, INITIAL ENCOUNTER	CRITICAL CARE MEDICINE	2	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PULMONARY DISEASE	1	0	0	0	0			ļ
MEASURE BLOOD OXYGEN LEVEL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SOCIAL WORK	1	0	0	0	0			<u> </u>
MEASURE BLOOD OXYGEN LEVEL	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	CRITICAL CARE MEDICINE	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	LIVER CELL CARCINOMA	PULMONARY DISEASE	1	0	0	0	0			<u> </u>
MEASURE BLOOD OXYGEN LEVEL	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	INTERNAL MEDICINE	1	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	PEDIATRIC NEUROLOGY	1	U	U	U	U			
MEASURE BLOOD OXYGEN LEVEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	1	0	U	U	U	L		

					Madical	Function and all 9	Naturali	Tatal	Tatal	
			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MEASURE BLOOD OXYGEN LEVEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	10	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	2	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	OTHER FORMS OF DYSPNEA	PULMONARY DISEASE	2	0	0	0	0			
MEASURE BLOOD OXYGEN LEVEL	OTHER VIRAL PNEUMONIA	PULMONARY DISEASE	1	0	0	0	0			ļ
MEASURE BLOOD OXYGEN LEVEL	SHORTNESS OF BREATH	PULMONARY DISEASE	1	0	0	0	0			ļ
MEASURE BLOOD OXYGEN LEVEL	SNORING	PULMONARY DISEASE	1	0	0	0	0			.
MEASURE BLOOD OXYGEN LEVEL	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	PULMONARY DISEASE	1	0	0	0	0			
MECP2 GENE FULL SEQ	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	GENETICS	0	1	1	0	0			
MECP2 GENE FULL SEQ	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	PEDIATRICS	0	1	1	0	0			
MED NUTRITION INDIV SUBSEQ	ALLERGY TO OTHER FOODS	FAMILY MEDICINE	0	1	0	0	1			
MED NUTRITION INDIV SUBSEQ	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
MED SERV 10PM-8AM 24 HR FAC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0			
MEDICAL CARE	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	FAMILY MEDICINE	1	0	0	0	0			
MEDICAL CARE	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS	SOCIAL WORK	1	0	0	0	0			
MEDICAL CARE	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	APLASTIC ANEMIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
MEDICAL CARE	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	FACILITY	1	0	0	0	0			
MEDICAL CARE	BACTERIAL MENINGITIS, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
MEDICAL CARE	CARDIAC ARREST, CAUSE UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	PEDIATRICS	1	0	0	0	0			
MEDICAL CARE	CORONAVIRUS INFECTION, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
MEDICAL CARE	COVID-19	FAMILY MEDICINE	1	0	0	0	0			
MEDICAL CARE	COVID-19	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
MEDICAL CARE	DISLOCATION OF TARSOMETATARSAL JOINT OF UNSP FOOT, INIT	FAMILY MEDICINE	0	1	1	0	0			
MEDICAL CARE	ENCEPHALOPATHY, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	SURGERY, GENERAL	1	0	0	0	0			
MEDICAL CARE	LIVER TRANSPLANT INFECTION	ANESTHESIOLOGY	1	0	0	0	0			
MEDICAL CARE	MALIG NEOPLASM OF LEFT TESTIS, UNSP DESCENDED OR UNDESCENDED	ONCOLOGY	1	0	0	0	0			
MEDICAL CARE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
MEDICAL CARE	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1	0	0	0	0			
MEDICAL CARE	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
MEDICAL CARE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	2	0	0	0	0			
MEDICAL CARE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			
MEDICAL CARE	OTHER ENCEPHALOPATHY	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	PRETERM NEWBORN, GESTATIONAL AGE 31 COMPLETED WEEKS	NEONATAL-PERINATAL MEDICINE	1	0	0	0	0			
MEDICAL CARE	PRETERM NEWBORN, GESTATIONAL AGE 33 COMPLETED WEEKS	NEONATAL-PERINATAL	1	0	0	0	0			
MEDICAL CARE	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	MEDICINE NEONATAL-PERINATAL	1	0	0	0	0	-		\vdash
		MEDICINE	4	0	0	0				<u> </u>
MEDICAL CARE	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	PSYCHOLOGY) T	0	0	0	0	 		
MEDICAL CARE	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	3	0	0	0	0	-		├──
MEDICAL CARE	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	PULMONARY DISEASE	1	0	0	0	0			├ ───
MEDICAL CARE	SEPSIS, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0	 		
MEDICAL CARE MEDICAL CARE	SEPSIS, UNSPECIFIED ORGANISM SEVERE SEPSIS WITH SEPTIC SHOCK	SURGERY, GENERAL INTERNAL MEDICINE	1	0	0	0	0	-		
	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	1	0	0	0	0	 		├ ──
MEDICAL CARE MEDICAL CARE	WHOLE CHROMOSOME TRISOMY, NONMOSAIC (MEIOTIC	PEDIATRIC CARDIOLOGY	1	0	0	0	0			├ ──
	NONDISJUNCTION)		1	Ů	Ů	U	U			
MEDICAL NUTRITION INDIV IN	ALLERGY TO OTHER FOODS	FAMILY MEDICINE	0	1	0	0	1			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MEFLOQUINE HCL 250 MG TABLET	N/A	FAMILY MEDICINE		1	1					
MEKINIST 2 MG TABLET	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Other Provider	1							
MEKTOVI 15 MG TABLET	N/A	Other Provider	1							
		OBSTETRICS/GYNECOLOG								
MENOPUR 75 UNIT VIAL	N/A	Y	9	1	1					
MENOPUR 75 UNIT VIAL	N/A	Other Provider	2							
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
MENOPUR 75 UNIT VIAL	N/A	ILITY	1							
MEPERIDINE 100 MG TABLET	N/A	PODIATRY	1							
MEPERIDINE HYDROCHL /100 MG	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES	HEMATOLOGY	1	0	0	0	0			
Metastases (Non-Bone/Brain)	Malignant neoplasm of overlapping sites of esophagus	RADIATION ONCOLOGY	1							
Metastases (Non-Bone/Brain)	Malignant neoplasm of parotid gland	RADIATION ONCOLOGY	1							
Metastases (Non-Bone/Brain)	Malignant neoplasm of peritoneum, unspecified	RADIATION ONCOLOGY	1							
	Secondary and unspecified malignant neoplasm of intra-abdominal									
Metastases (Non-Bone/Brain)	lymph nodes	RADIATION ONCOLOGY	2							
	Secondary and unspecified malignant neoplasm of intrapelvic lymph									
Metastases (Non-Bone/Brain)	nodes	RADIATION ONCOLOGY	1							
	Secondary and unspecified malignant neoplasm of lymph nodes of									
Metastases (Non-Bone/Brain)	head, face and neck	RADIATION ONCOLOGY	1							
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of bone	RADIATION ONCOLOGY	1							
Metastases (Non-Bone/Brain)	Secondary malignant popularm of left lung	RADIATION ONCOLOGY	1	1	1					
ivietastases (NOII-BOITE/BLAITI)	Secondary malignant neoplasm of left lung	RADIATION ONCOLOGT	1	1	1					
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of liver and intrahepatic bile duct	RADIATION ONCOLOGY	1	1	1					
Wetastases (Non Bone, Brain)	Secondary mangnant reoptusm of liver and intranepatic site duce	PED RADIOLOGY	-	_	_					
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of other digestive organs	ONCOLOGY	1							
Wetastases (Non Bone, Brain)	Secondary mangnant neoplasm of other digestive organs	ONCOLOGI	-							
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of other digestive organs	RADIATION ONCOLOGY	1							
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of right adrenal gland	RADIATION ONCOLOGY	1							
		THERAPEUTIC								
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of right kidney and renal pelvis	RADIOLOGY	1							
Metastases (Non-Bone/Brain)	Secondary malignant neoplasm of right lung	RADIATION ONCOLOGY	3	1	1					
METFORMIN ER 1,000 MG GASTR-TB	Metabolic syndrome	INTERNAL MEDICINE		1	1					
METFORMIN ER 1,000 MG GASTR-TB	N/A	FAMILY MEDICINE		1	1					
METFORMIN ER 1,000 MG GASTR-TB	N/A	Other Provider		2	2					
METFORMIN ER 1,000 MG GASTR-TB	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE		1	1					
METFORMIN ER 1,000 MG GASTR-TB	Type 2 diabetes mellitus with other specified complication	FAMILY MEDICINE		1	1					
METFORMIN ER 1,000 MG GASTR-TB	Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE		1	1					
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	INTERNAL MEDICINE		1	1					
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Other Provider	1							
METFORMIN ER 1,000 MG GASTR-TB	Type 2 diabetes mellitus without complications	Other Provider		1	1					
METFORMIN ER 1,000 MG OSM-TAB	Metabolic syndrome	INTERNAL MEDICINE		1	1					
METFORMIN ER 1,000 MG OSM-TAB	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		2	2					ļl
METFORMIN ER 500 MG GASTRC-TB	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		1	1					ļl
l		ENDOCRINOLOGY AND								
METFORMIN ER 500 MG OSMOTIC TB	POLYCYSTIC OVARIAN SYNDROME	METABOLISM	1							ļ
METFORMIN ER 500 MG OSMOTIC TB	Type 2 diabetes mellitus without complications	Other Provider		1	1			<u> </u>		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
METFORMIN ER GASTRIC 1000 MG TABERGR24H	N/A	FAMILY MEDICINE	Approvais	2	Delliais	Demais	Delliais	Approved	Dellieu	by INC
IVIETFORIVIIN ER GASTRIC 1000 MIG TABERGRZ4H	IN/A	FAMILY NURSE		2	2					-
		PRACTITIONER PRIMARY								
METFORMIN ER GASTRIC 1000 MG TABERGR24H	N/A	CARE		2	12					
	,			2	2					
METFORMIN ER GASTRIC 1000 MG TABERGR24H	N/A	INTERNAL MEDICINE	1	1	1					
METFORMIN ER GASTRIC 1000 MG TABERGR24H	N/A	Other Provider	1	1	1					
METFORMIN ER GASTRIC 500 MG TABERGR24H	N/A	FAMILY MEDICINE		1	1					
METFORMIN ER GASTRIC 500 MG TABERGR24H	N/A	Other Provider	1							
		ENDOCRINOLOGY AND								
METFORMIN ER GASTRIC 500 MG TABSRGR24H	N/A	METABOLISM	1							
METFORMIN ER GASTRIC 500 MG TABSRGR24H	N/A	FAMILY MEDICINE		2	2					
METFORMIN ER GASTRIC 500 MG TABSRGR24H	N/A	INTERNAL MEDICINE		2	2					
METFORMIN ER OSMOTIC 1000 MG TAB ER 24	N/A	FAMILY MEDICINE		2	2					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
METFORMIN ER OSMOTIC 1000 MG TAB ER 24	N/A	CARE		1	1					
METFORMIN ER OSMOTIC 1000 MG TAB ER 24	N/A	INTERNAL MEDICINE		2	2					
METFORMIN ER OSMOTIC 1000 MG TAB ER 24	N/A	ONCOLOGY		1	1					
METFORMIN ER OSMOTIC 1000 MG TAB ER 24	N/A	Other Provider		1	1					
METFORMIN ER OSMOTIC 500 MG TAB ER 24	N/A	FAMILY MEDICINE		1	1					
METFORMIN ER OSMOTIC 500 MG TAB ER 24	N/A	Other Provider	1							
METFORMIN HCL ER 1000 MG TAB ER 24	N/A	INTERNAL MEDICINE		1	1					
METHADONE HCL 10 MG TABLET	N/A	INTERNAL MEDICINE	1							
METHADONE HCL 10 MG TABLET	N/A	Other Provider	1	1						
METHADONE HCL 10 MG TABLET	N/A	PAIN MANAGEMENT	1							†
METHADONE HCL 10 MG TABLET	PAIN IN LEFT LEG	NEUROLOGY	1	1	1					†
WETTABONE FICE TO MIG TABLET	TANKIN EET LEG	INCONOCOGI	-	+	1					+
METHADONE HCL 10 MG TABLET	Spinal stenosis, lumbar region with neurogenic claudication	FAMILY MEDICINE	1							
METHADONE HCL 5 MG TABLET	N/A	INTERNAL MEDICINE	1							+
METHADONE HCL 5 MG TABLET	N/A	PAIN MANAGEMENT	2	1	1					
METHADONE ACE 5 MIG TABLET METHOTREXATE SODIUM INJ	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	PEDIATRIC	1	0	0	0	0			+
INICITALIZATE SOCIONINI	ACOTE LIMPHOBLASTIC LEUNEWIIA, IN NEWISSION	HEMATOLOGY/ONCOLOGY		0	U	O	0			
METHOTREXATE SODIUM INJ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			
METHOTREXATE SODIUM INJ	DIFFUSE LARGE B-CELL LYMPHOMA, NODES OF HEAD, FACE, AND NECK	ONCOLOGY	1	0	0	0	0			
METHOTREXATE SODIUM INJ	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
METHOTREXATE SODIUM INJ	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
METHOTREXATE SODIUM INJ	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	3	0	0	0	0			
METHOTREXATE SODIUM INJ	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	FAMILY MEDICINE	1	0	0	0	0			
METHOTREXATE SODIUM INJ	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	HEMATOLOGY	1	0	0	0	0			
METHOTREXATE SODIUM INJ	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
	Attention-deficit hyperactivity disorder, predominantly inattentive									
METHYLPHENIDATE 10 MG TABLET	type	Other Provider	1							
METHYLPHENIDATE 20 MG TABLET	Attention-deficit hyperactivity disorder, combined type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									Ť .
METHYLPHENIDATE CD 30 MG CAP	type	Other Provider	1							
	N/A	PEDIATRICS	1	1		İ				+
			1	1		1		†		
METHYLPHENIDATE ER 10 MG CSBP 40-60	N/A	IINTERNAL MEDICINE								
METHYLPHENIDATE ER 10 MG CSBP 40-60 METHYLPHENIDATE ER 18 MG TAB ER 24	N/A N/A	Other Provider	2							
METHYLPHENIDATE ER 10 MG CSBP 40-60 METHYLPHENIDATE ER 18 MG TAB ER 24 METHYLPHENIDATE ER 18 MG TAB ER 24	N/A	Other Provider	2							
METHYLPHENIDATE ER 10 MG CSBP 40-60 METHYLPHENIDATE ER 18 MG TAB ER 24	N/A N/A		2							
METHYLPHENIDATE ER 10 MG CSBP 40-60 METHYLPHENIDATE ER 18 MG TAB ER 24 METHYLPHENIDATE ER 18 MG TAB ER 24 METHYLPHENIDATE ER 20 MG CSBP 40-60	N/A N/A Attention-deficit hyperactivity disorder, predominantly inattentive	Other Provider PEDIATRICS	2							
METHYLPHENIDATE ER 10 MG CSBP 40-60 METHYLPHENIDATE ER 18 MG TAB ER 24 METHYLPHENIDATE ER 18 MG TAB ER 24	N/A N/A	Other Provider	2 1 2	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
METHYLPHENIDATE ER 36 MG TAB	Attention-deficit hyperactivity disorder, combined type	Other Provider	2							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
METHYLPHENIDATE ER 36 MG TAB	type	FAMILY MEDICINE	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
METHYLPHENIDATE ER 36 MG TAB	type	Other Provider		1	1					
METHYLPHENIDATE ER 36 MG TAB	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE		1	1					
METHYLPHENIDATE ER 36 MG TAB	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
METHYLPHENIDATE ER 36 MG TAB	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	1							
METHYLPHENIDATE ER 36 MG TAB ER 24	N/A	Other Provider	2							
METHYLPHENIDATE ER 54 MG TAB	Attention-deficit hyperactivity disorder, combined type	Other Provider	2							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
METHYLPHENIDATE ER 54 MG TAB	type	Other Provider	1							
METHYLPHENIDATE ER 54 MG TAB	N/A	Other Provider	1							
METHYLPHENIDATE ER 54 MG TAB ER 24	N/A	FAMILY MEDICINE	1							
METHYLPHENIDATE ER 54 MG TAB ER 24	N/A	Other Provider	2							
METHYLPHENIDATE ER(LA) 20MG CP	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	1							
METHYLPHENIDATE HCL 10 MG TABLET	N/A	FAMILY MEDICINE	1							
METHYLPHENIDATE HCL 10 MG TABLET	N/A	INTERNAL MEDICINE	1							1
METHYLPHENIDATE HCL 20 MG TABLET	N/A	FAMILY MEDICINE	1							1
METHYLPHENIDATE HCL 20 MG TABLET	N/A	Other Provider	1							
METHYLPHENIDATE HCL 5 MG TABLET	N/A	INTERNAL MEDICINE	1							1
METHYLPHENIDATE HCL CD 10 MG CPBP 30-70	N/A	Other Provider	1	1						1
METHYLPHENIDATE LA 20 MG CPBP 50-50	N/A	FAMILY MEDICINE	1							+
METHYLPHENIDATE LA 20 MG CPBP 50-50	N/A	NEUROLOGY	+	1	1					+
METHTET HEMIDATE EA 20 MG CF BF 50-50	IV/A	NEONOLOGI	+	1	-					+
METHYLPHENIDATE LA 20 MG CPBP 50-50	N/A	PEDIATRIC NEUROLOGY	1							
METHYLPHENIDATE LA 60 MG CPBP 50-50	N/A		1	1						+
METHYLPREDNISOLONE INJECTION	BRADYCARDIA, UNSPECIFIED	Other Provider HEMATOLOGY	1	0	0	0	0			+
METHYLPREDNISOLONE INJECTION METHYLPREDNISOLONE INJECTION	DISORDER OF BRAIN, UNSPECIFIED		1	0	0	0	0			+
		NEUROLOGY	1	0	0	0	0			
METHYLPREDNISOLONE INJECTION	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	HEMATOLOGY	1	0	0	0	0			
METHYLPREDNISOLONE INJECTION	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	HEMATOLOGY	1	0	0	0	0			
METHYLPREDNISOLONE INJECTION	MULTIPLE SCLEROSIS	HEMATOLOGY	1	0	0	0	0			
METHYLPREDNISOLONE INJECTION	RETROBULBAR NEURITIS, LEFT EYE	HEMATOLOGY	1	0	0	0	0			
METHYLPREDNISOLONE INJECTION	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	RHEUMATOLOGY	1	0	0	0	0			
MICARDIS HCT 40-12.5 MG TABLET	Essential (primary) hypertension	PEDIATRICS		1	1					
MICARDIS HCT 40-12.5 MG TABLET	N/A	FAMILY MEDICINE		1	1					
MICONAZOLE-ZINC OXIDE-PETROLTM 0.25 %-15% OINT. (G)	N/A	PHYSICIAN ASSISTANT		1		1				
MICROPROCESSOR CONTROL UPLMB	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	FAMILY MEDICINE	0	1	1	0	0			
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	1	0	0	0	0			
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0			
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	1	0	0	0	0			
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	ONCOLOGY	0	1	1	0	0			
MICROSATELLITE INSTABILITY	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
MICROSLIDE CONSULTATION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY	1	0	0	0	0			
MICROSURGERY ADD-ON	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
MICROSURGERY ADD-ON	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MICROSURGERY ADD-ON	N/A	HOSPITAL	1							\vdash
MICROSURGERY ADD-ON	OTITIS MEDIA, UNSPECIFIED, LEFT EAR	NEUROTOLOGY	0	1	0	0	1			+
MICROSURGERY ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	n	 		+
MICROSURGERY ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	n			+
MICROSURGERY ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
MIDDLE EAR SURGERY PROCE		· · · · · · · · · · · · · · · · · · ·	-	3	_	_		1	-	+
MIDDLE EAR SURGERY PROCE MIDDLE EAR SURGERY PROCEDURE	Other chronic nonsuppurative otitis media, bilateral OTH DISRD OF EUSTACHIAN TUBE, UNSPECIFIED EAR	Other Provider	0	1	0	1	0		1	+
INIIDDLE EAR SORGERT PROCEDURE	OTH DISNO OF EUSTACHIAN TUBE, UNSPECIFIED EAR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	U	1	U	1	U			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MIDDLE EAR SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	3	3	0	0			
MIDDLE EAR SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF TYMPANIC MEMBRANE, LEFT EAR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
MIDDLE EAR SURGERY PROCEDURE	UNSPECIFIED EUSTACHIAN TUBE DISORDER, BILATERAL	PEDIATRIC OTOLARYNGOLOGY	0	1	0	1	0			
MINOCYCLINE ER 90 MG CAP ER 24H	N/A	Other Provider		1	1					+
MITOMYCIN INJECTION	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			†
MITOMYCIN INJECTION	UNSPECIFIED PTERYGIUM OF LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			+
MITOXANTRONE HYDROCHL / 5 MG	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
MLH1 GENE DUP/DELETE VARIANT	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MLH1 GENE DUP/DELETE VARIANT	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MLH1 GENE DUP/DELETE VARIANT	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			1
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	n	0			+
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	0	1	1	0	0			+
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	n			+
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0			+
MLH1 GENE DUP/DELETE VARIANT MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS		0	1	1	0	0			
· · · · · · · · · · · · · · · · · · ·		NURSE PRACTITIONER	0	-	1	0	0			
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	1	5	5	0	0			<u> </u>
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			
MLH1 GENE DUP/DELETE VARIANT	INTESTINAL MALABSORPTION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			1
MLH1 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
MLH1 GENE DUP/DELETE VARIANT	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
MLH1 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF COLONIC POLYPS	GENETICS	1	0	0	0	0			†
MLH1 GENE FULL SEQ	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	HEMATOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	1	1	0	0	-		+
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	n	1	1	0	0			+
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			+
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0	 		+
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	HEMATOLOGY	2	0	0	0	n			+
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0		-	+
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	2	5	5	0	0			1
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			+
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0	-		+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			
MLH1 GENE FULL SEQ	INTESTINAL MALABSORPTION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	1	0	0	0	0			1
MLH1 GENE FULL SEQ	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	ONCOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	HEMATOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	ONCOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	HEMATOLOGY	1	0	0	0	0			
MLH1 GENE FULL SEQ	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	HEMATOLOGY	2	0	0	0	0			
MOBILIZATION OF COLON	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, GENERAL	1	0	0	0	0			
MODAFINIL	Circadian rhythm sleep disorder, shift work type	Physician		_		-		1		
MODAFINIL	Hypersomnia due to medical condition	NEUROLOGY			-			_	1	
MODAFINIL 100 MG TABLET	Circadian rhythm sleep disorder, shift work type	FAMILY MEDICINE	1						-	1
MODAFINIL 100 MG TABLET	Circadian rhythm sleep disorder, shift work type	NEUROLOGY	1							1
MODAFINIL 100 MG TABLET	Circadian rhythm sleep disorder, shift work type	Other Provider	1	1	1					1
MODAFINIL 100 MG TABLET	Hypersomnia due to medical condition	NEUROLOGY	-	1	1					
MODAFINIL 100 MG TABLET	Hypersomnia, unspecified	INTERNAL MEDICINE		1	1					1
MODAFINIL 100 MG TABLET	Hypersomnia, unspecified	Other Provider	1	-	-					1
MODAFINIL 100 MG TABLET	N/A	FAMILY MEDICINE	1	5	5					
MODAFINIL 100 MG TABLET	N/A	INFECTIOUS DISEASE	-	1	1					1
MODAFINIL 100 MG TABLET	N/A	INTERNAL MEDICINE	3	2	2					
MODAFINIL 100 MG TABLET	N/A	NEUROLOGY	2	_	_					
MODAFINIL 100 MG TABLET	N/A	Other Provider	8	8	8					
MODAFINIL 100 MG TABLET	N/A	PULMONARY DISEASE	3	1	1					
MODAFINIL 100 MG TABLET	N/A	RHEUMATOLOGY	1	1	1					
MODAFINIL 100 MG TABLET	N/A	SLEEP MEDICINE	1	1	1					1
MODAFINIL 100 MG TABLET	NARCOLEPSY IN COND CLASS ELSEWHERE W/O CATAPLEXY	FAMILY MEDICINE	-	1	1					
MODAFINIL 100 MG TABLET	NARCOLEPSY IN COND CLASS ELSEWHERE W/O CATAPLEXY	Other Provider	1	-	-					1
MODAFINIL 100 MG TABLET	Narcolepsy with cataplexy	FAMILY MEDICINE	1							
MODALINE 100 MO MODEL	Transcale by Will catapiexy	FAMILY NURSE	-							1
MODAFINIL 100 MG TABLET	Narcolepsy without cataplexy	PRACTITIONER	1							
MODAFINIL 100 MG TABLET	Obstructive sleep apnea (adult) (pediatric)	FAMILY MEDICINE	2	1	1					\vdash
	period (addit) (pediatric)	FAMILY NURSE	_	T	i –					\vdash
		PRACTITIONER PRIMARY								
MODAFINIL 100 MG TABLET	SLEEP DISORDER, UNSPECIFIED	CARE		1	1					
MODAFINIL 100 MG TABLET	SOMNOLENCE	Other Provider	1	-	Ė					++
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, DELAYED SLEEP PHASE TYPE	FAMILY MEDICINE	1							ļ
MODAFINIL 200 MG TABLET	Circadian rhythm sleep disorder, shift work type	FAMILY MEDICINE	1							

MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET Circadial MODAFINIL 200 MG TABLET Circadial MODAFINIL 200 MG TABLET Circadial MODAFINIL 200 MG TABLET Circadial MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MALE EF	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED	Provider Specialty FAMILY NURSE PRACTITIONER PRIMARY CARE GERONTOLOGICAL NURSE PRACTITIONER INTERNAL MEDICINE NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 1 1 2 1	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Approved	Appeals Denied	Approved by IRO
MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED	FAMILY NURSE PRACTITIONER PRIMARY CARE GERONTOLOGICAL NURSE PRACTITIONER INTERNAL MEDICINE NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Denials 1	Denials 1	Denials	veniais	Approved	Demed	ВУКО
MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED	PRACTITIONER PRIMARY CARE GERONTOLOGICAL NURSE PRACTITIONER INTERNAL MEDICINE NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1					
MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED	CARE GERONTOLOGICAL NURSE PRACTITIONER INTERNAL MEDICINE NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 1 1 1 2 1	1	1					
MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET Circadian MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED	GERONTOLOGICAL NURSE PRACTITIONER INTERNAL MEDICINE NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1					
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED	PRACTITIONER INTERNAL MEDICINE NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1					
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED les sclerosis	INTERNAL MEDICINE NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 2 1	1	1					
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED lel sclerosis	NEUROLOGY Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1 1 1	1	1					
MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MULTIPLE MODAFINIL 200 MG TABLET MULTIPLE MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED lel sclerosis	Other Provider PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1	1	1					
MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ian rhythm sleep disorder, shift work type ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED sle sclerosis	PHYSICIAN ASSISTANT FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1		1					<u> </u>
MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED ble sclerosis	FAMILY NURSE PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1							
MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET MALE EF MODAFINIL 200 MG TABLET Multiple MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED lle sclerosis	PRACTITIONER PRIMARY CARE Other Provider Other Provider Other Provider	1							
MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET MAJOR DE MODAFINIL 200 MG TABLET MALE EF MODAFINIL 200 MG TABLET Multiple MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ATHIC HYPERSOMNIA WITH LONG SLEEP TIME depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED lel sclerosis	CARE Other Provider Other Provider Other Provider	1							
MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET MALE EF MODAFINIL 200 MG TABLET Multiple MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	depressive disorder, recurrent, in full remission depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED ble sclerosis	Other Provider Other Provider Other Provider	1							
MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET MALE EF MODAFINIL 200 MG TABLET MULTIPLE MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	depressive disorder, recurrent, in partial remission depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED ble sclerosis	Other Provider Other Provider		1	1					
MODAFINIL 200 MG TABLET Major de MODAFINIL 200 MG TABLET MALE EF MODAFINIL 200 MG TABLET Multiple MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	depressive disorder, recurrent, moderate ERECTILE DYSFUNCTION, UNSPECIFIED ble sclerosis	Other Provider	1	1	1			+		
MODAFINIL 200 MG TABLET MALE EF MODAFINIL 200 MG TABLET Multiple MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ERECTILE DYSFUNCTION, UNSPECIFIED sle sclerosis		1					+		
MODAFINIL 200 MG TABLET Multiple MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A	ole sclerosis	Other Dravider	1					-		
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		Other Provider	2							
MODAFINIL 200 MG TABLET MODAFINIL 200 MG TABLET M/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		NEUROLOGY	3	c						
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		FAMILY MEDICINE	5	ь	6					├
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		FAMILY NURSE								
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		PRACTITIONER PRIMARY								
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		CARE	1							
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		INTERNAL MEDICINE	5	2	2					<u> </u>
MODAFINIL 200 MG TABLET N/A MODAFINIL 200 MG TABLET N/A		NEUROLOGY	10	1	1					<u> </u>
MODAFINIL 200 MG TABLET N/A		NURSE PRACTITIONER	1							
MODAFINIL 200 MG TABLET N/A		OBSTETRICS/GYNECOLOG								
		Υ	1							
		OCCUPATIONAL								1
MODAFINIL 200 MG TABLET N/A		MEDICINE	1	1	1					
		Other Provider	20	3	3					
MODAFINIL 200 MG TABLET N/A		PEDIATRICS	1							
MODAFINIL 200 MG TABLET N/A		PHYSICIAN ASSISTANT	1							
MODAFINIL 200 MG TABLET N/A		PULMONARY DISEASE	3	3	3					
MODAFINIL 200 MG TABLET N/A		SLEEP MEDICINE	2	1	1					
MODAFINIL 200 MG TABLET NARCOL	DLEPSY IN COND CLASS ELSEWHERE W/O CATAPLEXY	Other Provider		1	1					
MODAFINIL 200 MG TABLET Narcoles	epsy without cataplexy	FAMILY MEDICINE		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
MODAFINIL 200 MG TABLET Narcoles	epsy without cataplexy	CARE		1	1					
MODAFINIL 200 MG TABLET Narcoleg	epsy without cataplexy	NEUROLOGY	1							
MODAFINIL 200 MG TABLET Narcoles	epsy without cataplexy	Other Provider	1							
		Other Provider	1					j		
MODAFINIL 200 MG TABLET Obstruct	uctive sleep apnea (adult) (pediatric)	PULMONARY DISEASE	1							
		PHYSICAL MEDICINE AND								
MODAFINIL 200 MG TABLET OTHER F	R FATIGUE	REHABILITATION		1	1					
		INTERNAL MEDICINE		1	1			Ì		
		INTERNAL MEDICINE		1	1					
		Other Provider	1							
		Other Provider		1	1					
		Other Provider	1							
MODAFINIL 200 MG TABLET SOMNO	•	Other Provider	1							
	CELL CARCINOMA OF SKIN OF LIP	DERMATOLOGY	1	0	0	0	0			
	CELL CARCINOMA OF SKIN OF NOSE	DERMATOLOGY	3	0	0	0	0			
	CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	DERMATOLOGY	1	0	0	0	0			—
		DERMATOLOGY	2	0	0	0	0			—
		DERMATOLOGY	1	0	0	0	0	j		
MOHS 1 STAGE H/N/HF/G NEOPLAS		DERMATOLOGY	_		-	-	-			

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			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MOHS 1 STAGE H/N/HF/G	SQUAMOUS CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	DERMATOLOGY	1	0	0	0	0			
MOHS 1 STAGE H/N/HF/G	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	DERMATOLOGY	1	0	0	0	0			
MOHS 1 STAGE H/N/HF/G	UNSPECIFIED ATRIAL FIBRILLATION	DERMATOLOGY	1	0	0	0	0			
MOHS 1 STAGE T/A/L	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK	DERMATOLOGY	1	0	0	0	0			<u> </u>
MOHS 1 STAGE T/A/L	OTHER SEBORRHEIC KERATOSIS	FAMILY MEDICINE	1	0	0	0	0			
MOHS SURG ADDL BLOCK	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	DERMATOLOGY	1	0	0	0	0			<u> </u>
		OTOLARYNGOLOGY (EAR,								
MOMETASONE	Nasal polyp, unspecified	NOSE, AND THROAT)							1	.1
MOMETASONE FUROATE SINUS IMP	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0		_	+
INIONETASONE FOROATE SINOS IIVIP	CHAONIC SINOSITIS, ONSPECIFIED	NOSE, AND THROAT)	U	1	1	U	U			
MOMETASONE FUROATE SINUS IMP	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
		NOSE, AND THROAT)								
MOMETASONE FUROATE SINUS IMP	Polyp of nasal cavity	Other Provider							1	
MOMETASONE FUROATE SINUS IMP	POLYP OF NASAL CAVITY	OTOLARYNGOLOGY (EAR,	0	1	0	1	0			
		NOSE, AND THROAT)	-							
MONOVISC	Bilateral primary osteoarthritis of knee	SURGERY, ORTHOPEDIC						1		
MONOVISC 88 MG/4 ML SYRINGE	Bilateral primary osteoarthritis of knee	Other Provider	1							+
WONOVISC 88 WIG/4 WE STRINGE	Bilateral primary osteoartimitis of knee	Other Frovider	1							
MONOVISC 88 MG/4 ML SYRINGE	Bilateral primary osteoarthritis of knee	SURGERY, ORTHOPEDIC	1							1
WONOVISE 88 WIG/4 WE STRINGE	bilateral primary osteodritimus of knee	JONGENT, ONTHOLEDIC	+							+
MONOVISC 88 MG/4 ML SYRINGE	N/A	SURGERY, ORTHOPEDIC	2							
		,								
MONOVISC 88 MG/4 ML SYRINGE	Unilateral primary osteoarthritis, left knee	SURGERY, ORTHOPEDIC		1	1					1
MONOVISC 88 MG/4 ML SYRINGE	Unilateral primary osteoarthritis, right knee	Other Provider	1							1
	· · · · · ·									1
MONOVISC 88 MG/4 ML SYRINGE	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC	2							'
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	COUNSELING	2	0	0	0	0			
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	6	0	0	0	0			†
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	INTERNAL MEDICINE	1	1	1	0	0			
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPAEDIC SPORTS	1	0	0	0	0			†
		MEDICINE								
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PAIN MANAGEMENT	1	0	0	0	0			
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PSYCHOLOGY	1	0	0	0	0			
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	RHEUMATOLOGY	2	0	0	0	0			
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SPORTS MEDICINE	3	1	1	0	0			1
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, HAND	1	0	0	0	0			1
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	44	4	4	0	0			
MONOVISC INJ PER DOSE	CHONDROMALACIA PATELLAE, LEFT KNEE	FAMILY MEDICINE	0	1	1	0	0			1
MONOVISC INJ PER DOSE	CHONDROMALACIA, LEFT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
MONOVISC INJ PER DOSE	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
MONOVISC INJ PER DOSE	LOCALIZED EDEMA	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
MONOVISC INJ PER DOSE	LOCALIZED SWELLING, MASS AND LUMP, NECK	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
MONOVISC INJ PER DOSE	MALIGNANT NEOPLASM OF PROSTATE	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
MONOVISC INJ PER DOSE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
MONOVISC IN LIBER DOSE	MODDID (SEVEDE) OBESITY DUE TO EVOESS CALODIES	SUBCERV ORTHORERIC	1	0	0	0	0			
MONOVISC IN UPER DOSE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
MONOVISC IN UPER DOSE	OTHER POLYOSTEOARTHRITIS	PHYSICAL MEDICINE	1	U 1	1	0	0			+
MONOVISC INJ PER DOSE	PAIN IN LEFT KNEE	FAMILY MEDICINE	U	1	1	U	U			+
MONOVISC INJ PER DOSE	POLYOSTEOARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	1	U	U	U	U			
MONOVISC INJ PER DOSE	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	SURGERY, ORTHOPEDIC	0	1	U	1	U			
MONOVISC INJ PER DOSE	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	U	1	1	U	U			
MONOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	2	1	1	U	U			
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	COUNSELING	1	1	1	0	0			<u> </u>
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	1	1	1	U	U			
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	INTERNAL MEDICINE	1	0	0	0	0	<u>l</u>		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	NURSE PRACTITIONER	1	O Demais	O Delliais	n Demais	n Delliais	Approved	Demeu	by INO
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PAIN MANAGEMENT	3	1	1	0	0			++
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICAL MEDICINE	1	0	0	0	0			++
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PSYCHIATRY	1	0	0	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	1	1	1	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	44	8	8	0	0			_
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	COUNSELING	4	0	0	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PEDIATRIC NEUROLOGY	1	0	0	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICAL MEDICINE	1	0	0	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SPORTS MEDICINE	4	0	0	0	0			+
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, HAND	1	0	0	0	0			++
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	58	3	3	0	0			++
MONOVISC INJ PER DOSE	UNQUALIFIED VISUAL LOSS, RIGHT EYE, NORMAL VISION LEFT EYE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
MOPATH PROCEDURE LEVEL 1	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 1	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL	0	2	2	0	0			+
		MEDICINE	-		_	-	-			
MOPATH PROCEDURE LEVEL 1	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 1	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 1	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 1	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 1	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 1	OTHER LONG TERM (CURRENT) DRUG THERAPY	FAMILY NURSE PRACTITIONER	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 1	OTHER LONG TERM (CURRENT) DRUG THERAPY	SOCIAL WORK	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 2	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 2	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 2	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 2	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 2	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 2	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 2	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 2	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 2	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	PATHOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 2	OTHER LONG TERM (CURRENT) DRUG THERAPY	COUNSELING	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 2	OTHER LONG TERM (CURRENT) DRUG THERAPY	FAMILY NURSE PRACTITIONER	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 2	OTHER LONG TERM (CURRENT) DRUG THERAPY	PSYCHIATRY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 2	OTHER LONG TERM (CURRENT) DRUG THERAPY	SOCIAL WORK	0	1	1	0	0	1	1	+
MOPATH PROCEDURE LEVEL 2	SHORT STATURE (CHILD)	GENETICS	0	1	1	0	0	1	1	+
MOPATH PROCEDURE LEVEL 3	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 3	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	MEDICINE OBSTETRICS/GYNECOLOGY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 3	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	HEMATOLOGY	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	ONCOLOGY	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 3	HEMORRHAGIC CONDITION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 3	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 3	OTHER HEMOGLOBINOPATHIES	HEMATOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 3	OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD-FORMING ORGANS	HEMATOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	HEMATOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	ONCOLOGY	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 3	SHORT STATURE (CHILD)	COUNSELING	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 3	SHORT STATURE (CHILD)	GENETICS	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 3	UNSPECIFIED CIRRHOSIS OF LIVER	ONCOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 4	CEREBRAL EDEMA	ONCOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 4	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	MIDWIFERY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 4	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	ONCOLOGY	2	0	0	0	0			
MOPATH PROCEDURE LEVEL 4	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 4	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	HEMATOLOGY	1	0	0	0	0			†
MOPATH PROCEDURE LEVEL 4	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	ONCOLOGY	1	1	1	0	0			†
MOPATH PROCEDURE LEVEL 4	HEMORRHAGIC CONDITION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			†
MOPATH PROCEDURE LEVEL 4	MATERNAL CARE FOR HEREDITARY DISEASE IN FETUS, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 4	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			1
MOPATH PROCEDURE LEVEL 4	OTHER HEMOGLOBINOPATHIES	HEMATOLOGY	0	1	1	0	0			1
MOPATH PROCEDURE LEVEL 4	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 4	Polycythemia vera	HEMATOLOGY		-	-			1		+
MOPATH PROCEDURE LEVEL 4	POLYCYTHEMIA VERA	ONCOLOGY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 4	SECONDARY POLYCYTHEMIA	HEMATOLOGY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 4	SECONDARY POLYCYTHEMIA	ONCOLOGY	0	2	2	0	0			+
MOPATH PROCEDURE LEVEL 4	SHORT STATURE (CHILD)	GENETICS	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 4	TESTICULAR HYPOFUNCTION	UROLOGY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 4	UNSPECIFIED CIRRHOSIS OF LIVER	ONCOLOGY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 4	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 5	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	MIDWIFERY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 5	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 5	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	0	1	0	1	0			
MOPATH PROCEDURE LEVEL 5	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 5	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 5	HEMORRHAGIC CONDITION, UNSPECIFIED	MEDICINE ONCOLOGY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 5	Heredofamilial amyloidosis, unspecified	Other Provider	1	-	-				1	+
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0		1	+
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	0	1	1	0	0			1
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOFLASM OF RECTOM MALIGNANT NEOFLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	ONCOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 5	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 5	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 5	Sensorineural hearing loss, bilateral	Other Provider						1		
MOPATH PROCEDURE LEVEL 5	UNSPECIFIED CIRRHOSIS OF LIVER	ONCOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 5	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 6	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	MIDWIFERY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 6	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 6	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 6	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	PATHOLOGY	0	1	1	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	O Approvais	1	1	0	0	Арргочса	Demea	by inc
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF RECTUM	PHYSICIAN ASSISTANT	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 6	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 6	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 6	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BONE	PSYCHIATRY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 6	SHORT STATURE (CHILD)	GENETICS	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 6	SPLIT FOOT, LEFT LOWER LIMB	FAMILY MEDICINE	1	0	0	0	0			+
MOPATH PROCEDURE LEVEL 6	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 7			0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 7	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	MIDWIFERY	0	1	2	0	0			+
	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			<u> </u>
MOPATH PROCEDURE LEVEL 7	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	U	2	2	0	0			
MOPATH PROCEDURE LEVEL 7	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 7	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 7	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 7	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			-
MOPATH PROCEDURE LEVEL 7	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			-
MOPATH PROCEDURE LEVEL 7	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			+
MOPATH PROCEDURE LEVEL 7	MALIGNANT NEOF EAST OF ASCENSING COORD	ONCOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 7	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 7	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 7	SHORT STATURE (CHILD)	GENETICS	0	2	2	0	0			+
MOPATH PROCEDURE LEVEL 7	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	PEDIATRICS	1	0	0	0	0			+
MOPATH PROCEDURE LEVEL 8	ABNORMAL WEIGHT GAIN	FAMILY MEDICINE	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 8	AUTISTIC DISORDER	GENETICS	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 8	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	MIDWIFERY	0	1	1	0	0			+
MOPATH PROCEDURE LEVEL 8	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			1
MOPATH PROCEDURE LEVEL 8	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 8	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 8	ENDOMETRIOSIS, UNSPECIFIED	MEDICINE OBSTETRICS/GYNECOLOGY	0	1	1	0	0			1
			L	1						
MOPATH PROCEDURE LEVEL 8 MOPATH PROCEDURE LEVEL 8	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	PEDIATRICS OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	LOOSE BODY IN UNSPECIFIED JOINT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 8	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 8	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PHYSICIAN ASSISTANT	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	OBESITY, UNSPECIFIED	FAMILY NURSE PRACTITIONER	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	SHORT STATURE (CHILD)	GENETICS	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 8	UNSPECIFIED CONVULSIONS	NEUROLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 9	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	PEDIATRICS	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 9	ABNORMAL WEIGHT GAIN	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 9	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	MIDWIFERY	0	1	1	0	0			

					Medical	Function and all 9	Naturali	Total	Total	
Purceduse Code Description	Discoverie Code Description	Dunniidan Cunninku	Total UM	Total UM	Necessity	Experimental & Investigational	Network Adequacy	Appeals	Appeals	Approved
Procedure Code Description MOPATH PROCEDURE LEVEL 9	Diagnosis Code Description ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	Provider Specialty MATERNAL AND FETAL	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
WOPATH PROCEDURE LEVEL 9	ENCHTA FEMI FOR TEST FOR GENETE DIS CARRIER STAT FOR FRO MIGINIT	MEDICINE	U	2	2	l ^o	U			
MOPATH PROCEDURE LEVEL 9	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 9	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 9	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL	0	2	2	0	0			
MOPATH PROCEDURE LEVEL 9	ENDOMETRIOSIS, UNSPECIFIED	MEDICINE OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MODATU PROCEDURE LEVEL O	FAMILY HISTORY OF DISORDERS OF VIDNITY AND LIBETED	CENETICS	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 9	FAMILY HISTORY OF DISORDERS OF KIDNEY AND URETER FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GENETICS	1	0	1	0	0			
MOPATH PROCEDURE LEVEL 9		PATHOLOGY	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 9	FLAIL JOINT, UNSPECIFIED JOINT	GENETICS	1	0	0	0	0			1
MOPATH PROCEDURE LEVEL 9	FLUSHING	FAMILY MEDICINE	0	1	1	0	0			1
MOPATH PROCEDURE LEVEL 9	LOOSE BODY IN UNSPECIFIED JOINT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 9	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 9	NEOPLASM OF UNCRT BEHAV OF AORTIC BODY AND OTH PARAGANGLIA	PEDIATRICS	1	0	0	0	0			
MOPATH PROCEDURE LEVEL 9	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	PHYSICIAN ASSISTANT	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 9	OBESITY, UNSPECIFIED	FAMILY NURSE	0	1	1	0	0			
MOTALITY NOGED ONE ELVER'S	ostann, ond. cames	PRACTITIONER			_	o a	ŭ			
MOPATH PROCEDURE LEVEL 9	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	ENDOCRINOLOGY AND METABOLISM	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 9	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 9	SHORT STATURE (CHILD)	GENETICS	0	1	1	0	0			
MOPATH PROCEDURE LEVEL 9	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY MEDICINE	0	1	1	0	0			
MORPHABOND ER 30 MG TAB ER 12H	N/A	Other Provider	1							
		PHYSICAL MEDICINE AND								
MORPHABOND ER 30 MG TAB ER 12H	N/A	REHABILITATION	1							
MORPHINE SULF ER 100 MG TABLET	N/A	INTERNAL MEDICINE	1							
MORPHINE SULF ER 15 MG TABLET	Low back pain	Other Provider	1							
MORPHINE SULF ER 15 MG TABLET	Lumbago with sciatica, left side	PAIN MANAGEMENT	1							
MORPHINE SULF ER 15 MG TABLET	N/A	HEMATOLOGY	1							
MORPHINE SULF ER 15 MG TABLET	N/A	NURSE PRACTITIONER	1							
MORPHINE SULF ER 15 MG TABLET	N/A	ONCOLOGY	1							
MORPHINE SULF ER 15 MG TABLET	N/A	PAIN MANAGEMENT	1							1
MORPHINE SULF ER 15 MG TABLET	Other chronic pain	Other Provider	1							
MORPHINE SULF ER 15 MG TABLET	Radiculopathy, lumbar region	Other Provider	1							
MORPHINE SULF ER 15 MG TABLET	Unknown(64493),Unknown(64493),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN(64494),SPONDYLOSIS W/O MYELOPATH/RADICU	Other Provider	1							
		PHYSICAL MEDICINE AND								
MORPHINE SULF ER 30 MG TABLET	Chronic pain syndrome	REHABILITATION	1							
MORPHINE SULF ER 30 MG TABLET	FUSION OF SPINE LUMBAR REGION	Other Provider	1							
MORPHINE SULF ER 30 MG TABLET	Low back pain	Other Provider	1							
MORPHINE SULF ER 30 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	Other Provider	1							
MORPHINE SULF ER 30 MG TABLET	N/A	FAMILY MEDICINE	1							
MORPHINE SULF ER 30 MG TABLET	Other cervical disc displacement, unspecified cervical region	PAIN MANAGEMENT	1							
MORPHINE SULF ER 60 MG TABLET	Malignant neoplasm of colon, unspecified	Other Provider	1							
MORPHINE SULF ER 60 MG TABLET	N/A	ONCOLOGY	1							
MORPHINE SULF ER 60 MG TABLET	Other specified postprocedural states	PAIN MANAGEMENT	1							
MORPHINE SULF ER 60 MG TABLET	SECONDARY MALIGNANT NEOPLASM OF BONE	INTERNAL MEDICINE	1							
MORPHINE SULFATE 15 MG TABLET	N/A	Other Provider	2			1				
MORPHINE SULFATE 30 MG TABLET	N/A	Other Provider	1							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MORPHINE SULFATE 30 MG TABLET	N/A	PAIN MANAGEMENT	1							
MORPHINE SULFATE ER 15 MG TABLET SA	N/A	FAMILY MEDICINE	1							
MORPHINE SULFATE ER 15 MG TABLET SA	N/A	Other Provider	3	1	1					
MORPHINE SULFATE ER 15 MG TABLET SA	N/A	PAIN MANAGEMENT		1	1					
		PHYSICAL MEDICINE AND								
MORPHINE SULFATE ER 15 MG TABLET SA	N/A	REHABILITATION	1							
MORPHINE SULFATE ER 30 MG CAP	Chronic pain syndrome	Other Provider		1	1					
MORPHINE SULFATE ER 30 MG TABLET SA	N/A	FAMILY MEDICINE		1	1					
MORPHINE SULFATE ER 30 MG TABLET SA	N/A	ONCOLOGY	4							
MORPHINE SULFATE ER 30 MG TABLET SA	N/A	Other Provider	1	1	1					
MORPHINE SULFATE ER 30 MG TABLET SA	N/A	PAIN MANAGEMENT	3	2	2					
MORPHINE SULFATE ER 60 MG TABLET SA	N/A	PAIN MANAGEMENT	4	2	2					
MOTOR &/ SENS NRVE CNDJ TEST	N/A	NEUROLOGY	1							
MOVANTIK	Opioid-induced constipati	HEMATOLOGY						1		
MOVANTIK 12.5 MG TABLET	Drug induced constipation	Other Provider	1							
MOVANTIK 12.5 MG TABLET	N/A	Other Provider		1	1					1
MOVANTIK 12.5 MG TABLET	N/A	PAIN MANAGEMENT		1	1					
MOVANTIK 12.5 MG TABLET	OTHER CONSTIPATION	GASTROENTEROLOGY		1	1					
MOVANTIK 25 MG TABLET	Constipation, unspecified	Other Provider	1							†
MOVANTIK 25 MG TABLET	Drug induced constipation	INTERNAL MEDICINE	2							†
MOVANTIK 25 MG TABLET	Drug induced constipation	NURSE PRACTITIONER	1							+
MOVANTIK 25 MG TABLET	Drug induced constipation	Other Provider	4							+
MOVANTIK 25 MG TABLET	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	PAIN MANAGEMENT	ř –	1	1					+
MOVANTIK 25 MG TABLET	N/A	FAMILY MEDICINE	1	-	1					+
MOVANTIK 25 MG TABLET	N/A	GASTROENTEROLOGY	1							+
MOVANTIK 25 MG TABLET	N/A	INTERNAL MEDICINE	1							+
MOVANTIK 25 MG TABLET MOVANTIK 25 MG TABLET	N/A	ONCOLOGY	1	1	1					+
MOVANTIK 25 MG TABLET	N/A	Other Provider	4	1	1					+
MOVANTIK 25 MG TABLET	N/A	PAIN MANAGEMENT	1							+
MOVANTIK 25 MG TABLET MOVANTIK 25 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							+
	· ·		1	1	1					+
MOVANTIK 25 MG TABLET MOVIPREP 7.5-2.691G POWD PACK	OTHER CONSTIPATION N/A	GASTROENTEROLOGY GASTROENTEROLOGY	4	1	1					+
MR ANGIOGRAPHY HEAD W/O DYE	END STAGE RENAL DISEASE	NEUROLOGY	1	0	0	0	0			
·	N/A		1	U	U	U	U			
MR ANGIOGRAPHY HEAD W/O DYE	1.1	RADIOLOGY	3	0	0	0	^			
MR ANGIOGRAPHY NECK W/O DYE	END STAGE RENAL DISEASE	NEUROLOGY	1	U	U	U	0			——
MR ANGIOGRAPHY NECK W/O DYE	N/A	RADIOLOGY	1							——
MRA ABDOMEN, with or without contrast material(s)	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	FAMILY PRACTICE	1							
MRA Head; without contrast material(s)	ATYPICAL FACIAL PAIN	NEUROLOGY	1							
	CEREBRAL ANEURYSM NONRUPTURED; DIZZINESS AND GIDDINESS;									
MRA Head; without contrast material(s)	HEADACHE	INTERNAL MEDICINE	1							
	CEREBRAL ANEURYSM NONRUPTURED; POLYCYSTIC KIDNEY ADULT									
MRA Head; without contrast material(s)	TYPE	NEPHROLOGY	1							
	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING; SICKLE-									
	CELL DISEASE WITHOUT CRISIS; OTHER SPECIFIED PERSONAL RISK									
MRA Head; without contrast material(s)	FACTORS NEC	PEDIATRICS	1							↓
MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	NEPHROLOGY	1			1				
MRA Head; without contrast material(s)	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	PHYSICIAN ASSISITANT	1			1				
	OTHER HEADACHE SYNDROME; SYNCOPE AND COLLAPSE; CEREBRAL									
	CYSTS; UNSPECIFIED CONVULSIONS; DISORDERS VISUAL CORTEX									
MRA Head; without contrast material(s)	VASC D/O UNS SIDE BRAIN	NEUROLOGY	1							↓
	TINNITUS UNSPECIFIED EAR; HEADACHE; PERSONAL HX TIA & amp;								1	
MRA Head; without contrast material(s)	CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	1	<u> </u>	<u> </u>			<u></u>	<u> </u>	1
MRA Head; without contrast material(s), followed by contrast	DIZZINESS AND GIDDINESS; MYASTHENIA GRAVIS WITHOUT ACUTE									
material(s) and further sequences	EXACERBATION	NEUROLOGY	1							
MRA Head; without contrast material(s), followed by contrast										
material(s) and further sequences	HEADACHE	FAMILY MEDICINE		1	1			l	1	

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
AADA Hard Shart and salar Salah Salar adda and salar		FAMILY NURSE								
MRA Head; without contrast material(s), followed by contrast		PRACTITIONER PRIMARY								
material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	CARE	1							
MRA Head; without contrast material(s), followed by contrast	SQUAMOUS BLEPHARITIS RIGHT LOWER EYELID; UNSPECIFIED	ORUTUAL MOLOCY								
material(s) and further sequences	PTOSIS OF BILATERAL EYELIDS; Unknown	OPHTHALMOLOGY	1							
MRA Head; without contrast material(s), followed by contrast	Halianana Halianana UNISPECIFIED PROSIS OF DILATERAL EVELIDS	ODUTUALMOLOGY								
material(s) and further sequences	Unknown; Unknown; UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY		1	1					
MRA Neck; without contrast material(s), followed by contrast	TINNITUS UNSPECIFIED EAR; HEADACHE; PERSONAL HX TIA & amp;	NEUDOLOGY								
material(s) and further sequences	CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	1							
	PERIPHERAL VASCULAR DISEASE UNSPECIFIED; UNSPECIFIED									
MDA 11 5 1 20	DISORDER OF CIRCULATORY SYSTEM; OTHER SYNOVITIS AND	OPTHOREDIC CHRCERY								
MRA Upper Extremity, with or without contrast material(s)	TENOSYNOVITIS LEFT HAND	ORTHOPEDIC SURGERY	1							
MRI ABDOMEN W/O & W/DYE	Crohn's disease, unspecified, without complications	Other Provider	1	0	0	0	0	1		1
MRI ABDOMEN W/O & W/DYE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	RADIATION ONCOLOGY	1	0	0	0	0			
MRI ABDOMEN W/O & W/DYE	LIVER CELL CARCINOMA	SURGERY, GENERAL	1	0	0	0	0			
MRI ABDOMEN W/O & W/DYE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	HEMATOLOGY	1	U	U	U	U			
AADI ADDOMENIA IO S. MIDVE	DIGUT LOWER OLLARBANT RAIN	DIAGNOSTIC TESTING								
MRI ABDOMEN W/O & W/DYE	RIGHT LOWER QUADRANT PAIN	FACILITY	1	0	0	0	0			
MRI ABDOMEN W/O & W/DYE	UNSPECIFIED CIRRHOSIS OF LIVER	TRANSPLANT HEPTOLOGY	1	0	0	U	U			
MRI ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE		1	1					
	CEREBRAL ANEURYSM NONRUPTURED; POLYCYSTIC KIDNEY ADULT									
MRI ABDOMEN; without contrast material(s)	TYPE	NEPHROLOGY	1							
MADI ADDOMENI. Silve I was a series (1/4)	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA; LEFT UPPER	CASTROFAITEROLOGY	L							
MRI ABDOMEN; without contrast material(s)	QUADRANT PAIN; CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE		1	1					
MRI ABDOMEN; without contrast material(s)	POSTCHOLECYSTECTOMY SYNDROME	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM;	DUNCICIANI ACCICITANIT								
contrast material(s) and further sequences	ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	PHYSICIAN ASSISITANT	1							
MRI ABDOMEN; without contrast material(s), followed by with	ADMODRANA SIND ON DV IMA CINC LIVED CO DILLEDA CT.	CASTROFAITEROLOGY								
contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & DILI TRACT	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	ADMODRANA DECLUTE OF LIVED FUNCTION STUDIES	INTERNAL MEDICINE								
contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	1							
MADL ADDOMENT with and anatomically followed by with	ADMODRANA DECLUTE OF LIVED FUNCTION STUDIES.									
MRI ABDOMEN; without contrast material(s), followed by with	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES;	CACTROENTEROLOGY		l.	4					
contrast material(s) and further sequences	HEMOCHROMATOSIS UNSPECIFIED; RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY		1	1					
MRI ABDOMEN; without contrast material(s), followed by with	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES; PRURITUS	CACTROENTEROLOGY	l,							
contrast material(s) and further sequences	UNSPECIFIED	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	DENICAL LIDOMATOLIC NEODI ACMA OF KIDNEY	LIDOLOGY	2		1					
contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	UROLOGY	2	1	1					
MRI ABDOMEN; without contrast material(s), followed by with	CALCULUS OR W/O CHOLECYCTITIS W/O ORSTRUCTION	CACTROENTEROLOGY								
contrast material(s) and further sequences	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	CALCULUS CRAWO CHOLECYCTITIS AND ORSTRUCTION, Halanania	CACTROENTEROLOGY								
contrast material(s) and further sequences	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION; Unknown	GASTROENTEROLOGY		1	1					
MRI ABDOMEN; without contrast material(s), followed by with	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION;	CURCERY CENERAL								
contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	1							
MRI ABDOMEN; without contrast material(s), followed by with	CONSTIPATION UNSPECIFIED; CROHNS DISEASE UNS WITHOUT	CACTROENTEROLOGY								
contrast material(s) and further sequences	COMPLICATIONS	GASTROENTEROLOGY	1	 	-	 				
MRI ABDOMEN; without contrast material(s), followed by with	CROUNIC DISEASE CMANLES COMME	CACTROENTEROLOGY	 							
contrast material(s) and further sequences	CROHNS DISEASE SMALL & DEPLIE COMPLICATIONS OF THE PROPERTY OF	GASTROENTEROLOGY	1	 	-	 				
MRI ABDOMEN; without contrast material(s), followed by with	CROHNS DISEASE UNS WITHOUT COMPLICATIONS; PERIUMBILICAL	DEDIATRICS	 			1				
contrast material(s) and further sequences	PAIN; ABNORMAL WEIGHT LOSS	PEDIATRICS	1	-		 				
MRI ABDOMEN; without contrast material(s), followed by with	CVCT OF DANICREAS	ONCOLOCY				1				
contrast material(s) and further sequences	CYST OF PANCREAS	ONCOLOGY	-	2	2	 				
MRI ABDOMEN; without contrast material(s), followed by with	CVCT OF DANICREAS	DUVCICIANI ACCICITANT								
contrast material(s) and further sequences	CYST OF PANCREAS	PHYSICIAN ASSISITANT	1	l	l	1				ı

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MRI ABDOMEN; without contrast material(s), followed by with	DISEASE OF DANISDEAS UNISPESIED	EN AED CENCY NAED ICINE								
contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	EMERGENCY MEDICINE	1							
MRI ABDOMEN; without contrast material(s), followed by with	DISEASE OF DANISHEAS LINISHESIED	CACTROENTEROLOGY	1							
contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	ELEVATED CARCINOEMBRYONIC ANTIGEN CEA; LIVER DISEASE	ONICOLOGY	1							
contrast material(s) and further sequences	UNSPECIFIED ELEVATED CARCINOEMBRYONIC ANTIGEN CEA; MALIGNANT	ONCOLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	NEOPLASM OF COLON UNSPECIFIED	NURSE PRACTITIONER	1							
contrast material(s) and further sequences	NEOPLASIVI OF COLOIN DINSPECIFIED	NURSE PRACTITIONER	1							-
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ENCEPHALOPATHY UNSPECIFIED	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	ENCEFTIALOFATTI UNSFECIFIED	GASTROLIVIEROLOGI	1							
contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN; EPIGASTRIC PAIN	INTERNAL MEDICINE	1							
MRI ABDOMEN; without contrast material(s), followed by with	GENERALIZED ABDOMINAL FAIN, EFIGASTRIC FAIN	INTERNAL WILDICINE	1							
contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	INTERNAL MEDICINE	1							
MRI ABDOMEN; without contrast material(s), followed by with	TIEMANGIONIA OF INTIN-ADDOMINAL STRUCTURES	INTERNAL WEDICINE	1							
contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	1							
MRI ABDOMEN; without contrast material(s), followed by with	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED; LIVER DISEASE	INTERNAL WEDICINE	1							
contrast material(s) and further sequences	UNSPECIFIED	GENERAL SURGERY	1							
MRI ABDOMEN; without contrast material(s), followed by with	CNSI ECITIES	GENERAL SONGEN	1							
contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	2	1	1					
MRI ABDOMEN; without contrast material(s), followed by with	ETTER BIOLINE OTION ESTIMES	O/IOTHOLINICEOUT	_	_						
contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GENERAL SURGERY	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	LUQ ABDOMINAL SWELLING MASS & DIP LUMP	FAMILY PRACTICE	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED; Unknown	GYNECOLOGY ONCOLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with	,	HEMATOLOGY AND								
contrast material(s) and further sequences	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	ONCOLOGY	1	1	1					
MRI ABDOMEN; without contrast material(s), followed by with	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED; ; ABNORMAL	OTOLARYNGOLOGIST								
contrast material(s) and further sequences	RESULTS FUNCTION STUDIES OTH ORGN & amp; SYS	(ENT)	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	GENERAL SURGERY	3							
MRI ABDOMEN; without contrast material(s), followed by with	NONALCOHOLIC STEATOHEPATITIS; OTHER SPECIFIED DISEASES OF									
contrast material(s) and further sequences	LIVER	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	OTHER CHRONIC PANCREATITIS	FAMILY PRACTICE	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF BILIARY TRACT	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GENERAL SURGERY	1							
MRI ABDOMEN; without contrast material(s), followed by with	PELVIC AND PERINEAL PAIN; OTH COND ASSOC W/FE GEN ORGN									
contrast material(s) and further sequences	& MENSTRUAL CYCL	NURSE PRACTITIONER		1	1					
	PERSONAL HISTORY OTHER DISEASES DIGESTIVE SYSTEM; ACQUIRED									
	ABSENCE OTH SPEC PARTS DIGESTIVE TRACT; ABN FIND ON DX									
MRI ABDOMEN; without contrast material(s), followed by with	IMAG OTH PART MUSCULOSKELETAL SYS; NAUSEA; ABDOMINAL									
contrast material(s) and further sequences	DISTENSION GASEOUS; GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	1							
MRI ABDOMEN; without contrast material(s), followed by with						Ι Π				1
contrast material(s) and further sequences	PRIMARY BILIARY CIRRHOSIS	GASTROENTEROLOGY		1	1					
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	PRIMARY BILIARY CIRRHOSIS	GENERAL SURGERY	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	PRIMARY BILIARY CIRRHOSIS; BILIARY CIRRHOSIS UNSPECIFIED	GASTROENTEROLOGY	l	2	2					

			Total UM	Total UM	Medical Necessity	Experimental &	Network	Total	Total	Annroyed
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
MRI ABDOMEN; without contrast material(s), followed by with	Diagnosis code Description	Trovider Specialty	Approvuis	Demais	Demais	Demais	Demais	Аррготси	Dellieu	by inc
contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	RUQ ABDOMINAL SWELLING MASS & amp; LUMP	NURSE PRACTITIONER	1							
MRI ABDOMEN; without contrast material(s), followed by with	SECONDARY ESOPHAGEAL VARICES WITHOUT BLEEDING;									
contrast material(s) and further sequences	OVERWEIGHT; UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY	1							
MRI ABDOMEN; without contrast material(s), followed by with										
contrast material(s) and further sequences	Unknown; MALIGNANT NEOPLASM OF VAGINA	GYNECOLOGY	1							
	; SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;									
MRI BRAIN (head); without contrast material	Unknown	NEUROLOGY	1							
	ALTERED MENTAL STATUS UNSPECIFIED; OTHER MALAISE;									
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	FAMILY MEDICINE		1	1					
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	1	1	1					
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED; HEADACHE	NEUROLOGY	1							
MRI BRAIN (head); without contrast material	BENIGN PAROXYSMAL VERTIGO BILATERAL; HEADACHE	NEUROLOGY		1	1				1	
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	1							
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	NEUROLOGY	2							
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN; ANESTHESIA OF SKIN	NEUROLOGY		1	1					
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN; ANESTHESIA OF SKIN	PSYCHIATRY		1	1					
		OTOLARYNGOLOGIST								
MRI BRAIN (head); without contrast material	DISORDERS OF RIGHT ACOUSTIC NERVE	(ENT)	1							
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE		1	1					
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	NEUROLOGY	1							
	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING; SICKLE-									
	CELL DISEASE WITHOUT CRISIS; OTHER SPECIFIED PERSONAL RISK									
MRI BRAIN (head); without contrast material	FACTORS NEC	PEDIATRICS	1							
MRI BRAIN (head); without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	PEDIATRIC NEUROLOGIST	1							
MRI BRAIN (head); without contrast material	ESSENTIAL PRIMARY HYPERTENSION; HICCOUGH	NEUROLOGY	1							
MRI BRAIN (head); without contrast material	HEADACHE	FAMILY PRACTICE	2							
MRI BRAIN (head); without contrast material	HEADACHE	GENERAL PRACTICE	1							
MRI BRAIN (head); without contrast material	HEADACHE	NEUROLOGY	2							
MRI BRAIN (head); without contrast material	HEADACHE, UNSPECIFIED	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material	HEADACHE, UNSPECIFIED	NEUROLOGY	2							
MRI BRAIN (head); without contrast material	HICCOUGH; UNSPECIFIED VISUAL DISTURBANCE LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	CHIROPRACTOR	1							
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	1							
AADI DDAINI (baad), without assessed assessed	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	DEDIATRIC NICHBOLOGICT	1							
MRI BRAIN (head); without contrast material		PEDIATRIC NEUROLOGIST	1							
	MACROCEPHALY; OTHER TICS OF ORGANIC ORIGIN; PARTIAL TRISOMY; DELAYED MILESTONE IN CHILDHOOD; OTH SYMPTOMS									
MRI RRAIN (head), without contrast material	& RISONIT, DELATED MILESTONE IN CHILDHOOD, OTH STIMPTOMS & Amp; SIGNS INVOLV MUSCULOSKELETAL SYS	DEDIATRIC NELIDOLOCIST	1							
MRI BRAIN (head); without contrast material	Ramp; Signs involv Moscoloskeletal SYS	PEDIATRIC NEUROLOGIST PHYSICAL MEDICINE &	1							
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	REHABILITATION	1							
MRI BRAIN (head); without contrast material	MIGRAINE W/A UNTRACT W/STATOS MIGRAINOSUS	NEUROLOGY	1							
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	2							
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	1							+
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	NURSE PRACTITIONER	1							
MRI BRAIN (head); without contrast material	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	NEUROLOGY	1	 						
The State (ficula), without contrast material	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI; ANOXIC		-		 	 				+
MRI BRAIN (head); without contrast material	BRAIN DAMAGE NOT ELSEWHERE CLASSIFIED	PEDIATRIC NEUROLOGIST	1							
with Divally (fread), without contrast filaterial	OTH SX & DAIVIAGE NOT ELSEWHERE CLASSIFIED OTH SX & DAIVIAGE NOT ELSEWHERE CLASSIFIED	L PINTING INFOROLOGIST	-	 						
MRI BRAIN (head); without contrast material	CERVICALGIA	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material	OTHER AMNESIA	NEUROLOGY	1							
The State (Hedd), without contrast material	- The state of the		-	-						+
MRI BRAIN (head); without contrast material	OTHER AMNESIA; OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	1							

					Medical	Experimental &	Network	Total	Total	
December Code Description	Diamentic Code Description	Dunnidas Canalalas	Total UM	Total UM Denials	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Deniais	Denials	Denials	Denials	Approved	Denied	by IRO
	OTHER DISORDERS OF PITUITARY GLAND; DEVELOPMENTAL									
	DISORDER SPEECH AND LANGUAGE UNS; LOC-REL IDIO EPI W/SZ									
MRI BRAIN (head); without contrast material	LOC ONSET NOT INTRCT NO SE; UNSPECIFIED CONVULSIONS	PEDIATRIC NEUROLOGIST	1							
	OTHER HEADACHE SYNDROME; SYNCOPE AND COLLAPSE; CEREBRAL									
	CYSTS; UNSPECIFIED CONVULSIONS; DISORDERS VISUAL CORTEX									
MRI BRAIN (head); without contrast material	VASC D/O UNS SIDE BRAIN	NEUROLOGY	1							
MRI BRAIN (head); without contrast material	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN	NEUROSURGERY	1							
	OTHER SPECIFIED PERSONAL RISK FACTORS NEC; ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING; SICKLE-CELL DISEASE									
MRI BRAIN (head); without contrast material	WITHOUT CRISIS	PEDIATRICS	1							
With BitAliv (flead), without contrast material	PANIC DISORDER WITHOUT AGORAPHOBIA; ANXIETY DISORDER	TEDIATRICS	_							
	UNSPECIFIED; ABNORMAL REFLEX; OTHER SPECIFIED CARDIAC									
MRI BRAIN (head); without contrast material	ARRHYTHMIAS; MULTIPLE SCLEROSIS	NEUROLOGY	1							
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	NEUROLOGY	1							
MRI BRAIN (head); without contrast material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	_	1	1					
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	1							
, , ,										
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	PEDIATRIC NEUROLOGIST	1							
MRI BRAIN (head); without contrast material	PRIMARY COUGH HEADACHE	INTERNAL MEDICINE	1							
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE; APHASIA	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material	UNSTEADINESS ON FEET; TREMOR UNSPECIFIED	NEUROSURGERY	1							
MRI BRAIN (head); without contrast material	WEAKNESS	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	2							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	ANESTHESIA OF SKIN	NURSE PRACTITIONER	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	ANXIETY DISORDER UNSPECIFIED; OTHER AMNESIA	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	ATYPICAL FACIAL PAIN	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	ATYPICAL FACIAL PAIN; OTALGIA LEFT EAR	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	AUTISTIC DISORDER; MALIGNANT NEOPLASM OF BRAIN									
material(s) and further sequences	UNSPECIFIED	FAMILY PRACTICE	1	1	1					
MRI BRAIN (head); without contrast material, followed by contrast		SURGERY,								
material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROLOGICAL	1	1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	DENICAL NEODI ACAA OF MACAUNICES LINISDESIED	ODTHODEDIC CHDCEDY	1							
material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	ORTHOPEDIC SURGERY	1							
MRI BRAIN (head); without contrast material, followed by contrast	DENICAL NEODI ASNA OF DITLUTA DV CLAND	ENDOCRINOLOCY		1	1					
material(s) and further sequences MRI BRAIN (head); without contrast material, followed by contrast	BENIGN NEOPLASM OF PITUITARY GLAND	ENDOCRINOLOGY		1	1					
material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	2							
MRI BRAIN (head); without contrast material, followed by contrast	BENIGN NEOF EASIN OF THOMAKI GEAND	NEOROSONGENT	2							
material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NURSE PRACTITIONER	1	1	1					
MRI BRAIN (head); without contrast material, followed by contrast	DEMON NEOF EASING FINGINANT GENER	NORSE FRACTITIONER	_	_	_					
material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	RADIATION ONCOLOGY	3	2	2					
MRI BRAIN (head); without contrast material, followed by contrast	The state of the s	OTOLARYNGOLOGIST	1	i –	-					
material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	(ENT)	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	CEREBROVASCULAR DISEASE UNSPECIFIED	NEUROLOGY	1							
	CHOLESTEATOMA OF MASTOID BILATERAL; DIZZINESS AND									
MRI BRAIN (head); without contrast material, followed by contrast	GIDDINESS; UNSPECIFIED HEARING LOSS BILATERAL; UNSPECIFIED	OTOLARYNGOLOGIST								
material(s) and further sequences	CHOLESTEATOMA LEFT EAR	(ENT)	1							
·	•	•	•		•					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MRI BRAIN (head); without contrast material, followed by contrast	CURONICA ALCRAINE MAIO ALIRA INTRACTIVA O CTATANICA	NEUROLOGY		4						
material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	1	1	1					
MRI BRAIN (head); without contrast material, followed by contrast	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM; NEW DAILY									
material(s) and further sequences	PERSISTENT HEADACHE	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	CONGENITAL NYSTAGMUS	OPHTHALMOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	CHIROPRACTOR	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	2							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	DIZZINESS AND GIDDINESS	ONCOLOGY		1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	DIZZINESS AND GIDDINESS; HEADACHE	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	FM HX EPILEPSY & DISEASES NERVOUS SYSTEM	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HEADACHE	FAMILY MEDICINE		1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HEADACHE	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HEADACHE	NEPHROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HEADACHE	NEUROLOGY	3	2	2					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HEADACHE	PEDIATRICS	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HEADACHE, UNSPECIFIED	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material, followed by contrast		OTOLARYNGOLOGIST								
material(s) and further sequences	HEADACHE; DIZZINESS AND GIDDINESS	(ENT)	1							
MRI BRAIN (head); without contrast material, followed by contrast	HEADACHE; NONTRAUMATIC SUBARACHNOID HEMORRHAGE									
material(s) and further sequences	UNSPECIFIED	SURGERY-NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HEADACHE; Unknown	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HYPERPROLACTINEMIA	ENDOCRINOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	HYPNIC HEADACHE	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material, followed by contrast	MALIGNANT MELANOMA OF OTHER PART OF TRUNK; SECONDARY									
material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast		- -	1							
material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1							
MRI BRAIN (head); without contrast material, followed by contrast	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED; AUTISTIC		1							
material(s) and further sequences	DISORDER	FAMILY PRACTICE		1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	ONCOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast			Ť T							
material(s) and further sequences	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	The state of the s		T							
material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	1							
material(s) and farther sequences	THINLIGIANIAL IALUI LASIVI OF SIGIVIOID COLOR	0.400.001	1-	1	l	ı			1	

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		PEDIATRIC								
MRI BRAIN (head); without contrast material, followed by contrast		HEMATOLOGY/ONCOLOG								
material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	Υ	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN;									
material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1; ANESTHESIA OF SKIN	ONCOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS; OTHER									
material(s) and further sequences	COMPLICATED HEADACHE SYNDROME	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY		1	1					
MRI BRAIN (head); without contrast material, followed by contrast		OTOLARYNGOLOGIST								
material(s) and further sequences	MIXED CONDUCTIVE SENSORINEURAL HEARING LOSS UNS	(ENT)	1							
MRI BRAIN (head); without contrast material, followed by contrast		FAMILY NURSE								
material(s) and further sequences	MULTIPLE SCLEROSIS	PRACTITIONER	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	9	1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	NEPHROTIC SYNDROME W/UNS MORPHOLOGIC CHANGES;									
material(s) and further sequences	HEADACHE	PEDIATRICS	1							
MRI BRAIN (head); without contrast material, followed by contrast	NEW DAILY PERSISTENT HEADACHE; DIZZINESS AND GIDDINESS;									
material(s) and further sequences	ANOREXIA; HEADACHE	FAMILY PRACTICE		1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	OTHER AMNESIA	INTERNAL MEDICINE		1	1					
MRI BRAIN (head); without contrast material, followed by contrast	OTHER DISORDERS OF PITUITARY GLAND; TESTICULAR									
material(s) and further sequences	HYPOFUNCTION	ENDOCRINOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROSURGERY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	GERIATRICS	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	OTHER SYMPTOMS & DIGNS INVOLVING THE NS	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	OTHER SYMPTOMS & DIGNS INVOLVING THE NS; HEADACHE	NEUROLOGY	2							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	PAIN UNSPECIFIED	INTERNAL MEDICINE	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	3							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	PERSONAL HX TIA & DEFICIT	FAMILY PRACTICE	1	1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	SARCOIDOSIS OF OTHER SITES	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	SCOTOMA INVOLVING CENTRAL AREA BILATERAL; OCULAR PAIN									
material(s) and further sequences	RIGHT EYE	RADIOLOGY		1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	SECONDARY MALIGNANT NEOPLASM OF BRAIN; MALIGNANT									
material(s) and further sequences	NEOPLASM OF VAGINA	RADIATION ONCOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	SENSORINURL HL UNI RT EAR UNRESTRCT CNTRLAT SIDE; TINNITUS	OTOLARYNGOLOGIST								
material(s) and further sequences	RIGHT EAR	(ENT)	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI BRAIN (head); without contrast material, followed by contrast	Diagnosis code Description	Trovider Specialty	Approvais	Demais	Demais	Demais	Demais	Арргочец	Dellieu	by inc
material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS UNSPECIFIED EAR	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	TINNITUS BILATERAL	ORTHOPEDIC SURGERY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	TINNITUS RIGHT EAR	INTERNAL MEDICINE	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	SURGERY-NEUROLOGY		1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	TREMOR UNSPECIFIED; HEADACHE	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast	TRIGEMINAL NEURALGIA; DEMYELINATING DZ CENTRAL NERVOUS									
material(s) and further sequences	SYSTEM UNS	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	Unknown; Unknown; UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY		1	1					
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	UNSPECIFIED CONVULSIONS	NEUROLOGY	2							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	OPHTHALMOLOGY	1							
MRI BRAIN (head); without contrast material, followed by contrast										
material(s) and further sequences	UNSPECIFIED SPEECH DISTURBANCES; OTHER SEIZURES	NEUROLOGY	1							
MRI BRAIN STEM W/O & W/DYE	AUTISTIC DISORDER	PEDIATRICS	1	0	0	0	0			
MRI BRAIN STEM W/O & W/DYE	BENIGN NEOPLASM OF PITUITARY GLAND	ENDOCRINOLOGY AND	1	0	0	0	0			
MRI BRAIN STEM W/O & W/DYE	BENIGN NEOPLASM OF PITUITARY GLAND	METABOLISM FAMILY MEDICINE	1	0	n	0	n			
MRI BRAIN STEM W/O & W/DYE	COVID-19, VIRUS IDENTIFIED	HOSPITAL	2	0	0	0	0			
MRI BRAIN STEM W/O & W/DYE	END STAGE RENAL DISEASE	OPTOMETRY	1	0	0	0	0			
MRI BRAIN STEM W/O & W/DYE	HEADACHE	HOSPITAL	2			·				
MRI BRAIN STEM W/O & W/DYE	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	NEUROLOGY	1	0	0	0	0			
					-					
MRI BRAIN STEM W/O & W/DYE	N/A	DIAGNOSTIC RADIOLOGY	1							
MRI BRAIN STEM W/O & W/DYE	N/A	HOSPITAL	2							
MRI BRAIN STEM W/O & W/DYE	N/A	RADIOLOGY	3							
·										
MRI BRAIN STEM W/O & W/DYE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	HOSPITAL	1							
MRI BRAIN STEM W/O & W/DYE	PRECOCIOUS PUBERTY	FAMILY MEDICINE	2	0	0	0	0			
MRI BRAIN STEM W/O DYE	CEREBRAL CYSTS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
MRI BRAIN STEM W/O DYE	CHRONIC MAXILLARY SINUSITIS	NEUROLOGY	1	0	0	0	0			
MRI BRAIN STEM W/O DYE	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
MRI BRAIN STEM W/O DYE	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	FAMILY MEDICINE	1	0	0	0	0			
MRI BRAIN STEM W/O DYE	N/A	DIAGNOSTIC RADIOLOGY	1							
MRI BRAIN STEM W/O DYE	N/A	HOSPITAL	1							
MRI BRAIN STEM W/O DYE	VOMITING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
	Other benign neoplasm of skin of unspecified eyelid, including									
MRI BRAIN W/DYE	canthus	Other Provider						1		1
MRI BRAIN W/O & W/DYE	Muscle weakness (generalized)	NEUROLOGY							1	
MRI BREAST C-+ W/CAD BI	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
MRI BREAST C-+ W/CAD BI	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
		ODSTETDICS/CVNECOLOG	-	-						
MADI BREAST C + W/CAD BI	Constitute of broad	OBSTETRICS/GYNECOLOG						4		
MRI BREAST C-+ W/CAD BI MRI BREAST C-+ W/CAD BI	Genetic susceptibility to malignant neoplasm of breast	HOSDITAL	1	-				1		
IVINI DILAST C-+ W/CAU DI	N/A Other appared and inconclucive findings on diagnostic imaging of	HOSPITAL	1	-						
MADI BREAST C + W/CAD LINII	Other abnormal and inconclusive findings on diagnostic imaging of	Physician							1	
MRI BREAST C-+ W/CAD UNI	breast	Physician	1	1	<u> </u>				1	

December Code Description	Discussio Code Description	Dunnidas Cunninks	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description MRI Cervical Spine, (spinal canal and contents); with contrast	Diagnosis Code Description AUTISTIC DISORDER; MALIGNANT NEOPLASM OF BRAIN	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
material(s)	UNSPECIFIED	FAMILY PRACTICE	1	1	1					
MRI Cervical Spine, (spinal canal and contents); with contrast	UNSPECIFIED	PAIVILT PRACTICE	1	1	1					
material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1							
MRI Cervical Spine, (spinal canal and contents); with contrast	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED; AUTISTIC	FAMILY PRACTICE	1							
material(s)	DISORDER	FAMILY PRACTICE		1	1					
MRI Cervical Spine, (spinal canal and contents); with contrast		HEMATOLOGY AND								
material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	ONCOLOGY	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast material	; SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN; Unknown	NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material	BRACHIAL PLEXUS DISORDERS; INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT; RADICULOPATHY CERVICAL REGION; IMPINGEMENT SYNDROME OF LEFT SHOULDER; IMPINGEMENT SYNDROME OF RIGHT SHOULDER; INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	1							
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	CERVICALGIA	ANESTHESIOLOGY	1	<u> </u>	<u> </u>	<u> </u>				<u> </u>
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTIC		1	1				1	
MRI Cervical Spine, (spinal canal and contents); without contrast	CERTIFICATEGIA	crimoritaterie	+	_	_					
material	CERVICALGIA	CHIROPRACTOR	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CENTRO LEGIT	Crimical in terroit	1							
material	CERVICALGIA	FAMILY PRACTICE	2	2	2					
MRI Cervical Spine, (spinal canal and contents); without contrast	CENTRO LEGIT	TANNET THE CITE	1	-	_					
material	CERVICALGIA	INTERNAL MEDICINE	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	CENTRO LEGIT	THE THE THE PROPERTY	+	_	-					
material	CERVICALGIA	NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CERTIFICATEGIA	IVEGNOLOGI	1							
material	CERVICALGIA	NEUROSURGERY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CENTRO LEGIT	ORTHOPEDIC - NON	-							
material	CERVICALGIA	SURGICAL	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CENTRO LEGIT	SOTIOIGIE	1		-					
material	CERVICALGIA	ORTHOPEDIC SURGERY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CERTIFICATEGIA	OMMOTE EDIC SONGEM	+		-					
material	CERVICALGIA	SURGERY-NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CENTRO LEGIT	SONGEN NEONOZOG	+		-					
material	CERVICALGIA; LOW BACK PAIN	RHEUMATOLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CERVICALGIA; OTH SX & DIGN'S INVLV COGNITIVE FUNC & DIGN'S INVLV C	MILOWIATOLOGI	+							
material	AWARENESS	FAMILY PRACTICE		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	AWARENESS	TAWNETTIMETICE	+	_	-					
material	CERVICALGIA; OTHER SPONDYLOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	1							
Haterial	CERVICALGIA, OTTER SI OND TEOSIS CERVICAE REGION	JONGENT-ONTHOLEDIC	+							
MPI Convical Spine (spinal canal and contents): without contrast	CERVICALGIA: SPONDVI OSIS W/O MYELORATH/RADICLII RATHY IS									
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA; SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN; RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY		1	1			1		
MRI Cervical Spine, (spinal canal and contents); without contrast	INGIV, NADICULOFATTI LUIVIDUSACRAL REGIUN	MINESTITESIOLOGI		1	1			1		
material	CERVICALGIA; UNSTEADINESS ON FEET; TREMOR UNSPECIFIED	NEUROSURGERY		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	CLITATION ON STEADINESS ON FEET, TREISION ON SPECIFIED	INFOUOSOUGEKI	1	1	1					\vdash
1	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	1							
material MRI Cervical Spine, (spinal canal and contents); without contrast	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR CHRONIC PAIN SYNDROME; RADICULOPATHY CERVICAL REGION;	INLUNULUGI	1			-				\vdash
		ANESTHESIOLOGY		1	1					
material MPI Convical Spine (spinal sanal and contents): without contrast	CERVICALGIA	ANESTHESIOLOGY	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	COMPRESSION OF RRAIN, AMESTUSSIA OF SVIN	NEUROLOGY		1	1					
material ARI Consider Spine (spine) speed and contents), without contract	COMPRESSION OF BRAIN; ANESTHESIA OF SKIN	NEUROLOGY	+	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	COMPRESSION OF BRAIN; ANESTHESIA OF SKIN	DCVCHIATRY		1	1					
material	CONVERSESSION OF BRAIN; AMESTHESIA OF SKIN	PSYCHIATRY	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	DISEASE OF COUNTY CORD HAISDESIES	CLIDGEBY MELIDOLOGY								
material	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-NEUROLOGY	ļτ	l	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI Cervical Spine, (spinal canal and contents); without contrast		· volume opening	. фр. от							.,
material	DORSALGIA UNSPECIFIED; CERVICALGIA; LOW BACK PAIN	SURGERY-ORTHOPEDIC		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	DORSALGIA UNSPECIFIED; OTH CONGEN MALFORM SPINE NOT	SONGENI CHINOLESIC		-						
material	ASSOC W/SCOLIOSIS	NURSE PRACTITIONER	1							
	ASSOC W/SCOLIOSIS	NORSE PRACTITIONER	1							-
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN; CERVICALGIA	PHYSICIAN ASSISTANT		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	MULTIPLE SCLEROSIS	NEUROLOGY	2							
MRI Cervical Spine, (spinal canal and contents); without contrast material	OSTEOPHYTE VERTEBRAE; Unknown	SURGERY-ORTHOPEDIC	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	OSTEOTITIE VERTEBRAE, OTRAIOWIT	SONGENT ONTHOLEDIC	+							
material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ORTHOPEDIC SURGERY	1							
	OTH CERVICAL DISC DEGENERATION ONS CERV REGION: OTH	OKTHOPEDIC SONGENT	1	-						
MRI Cervical Spine, (spinal canal and contents); without contrast	·	OPTHODEDIC CURCERY	1							
material	SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	ORTHOPEDIC SURGERY	1	1	1			1		
	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION; OTH									
MRI Cervical Spine, (spinal canal and contents); without contrast	CERVICAL DISC DEGENERATION UNS CERV REGION;									
material	RADICULOPATHY CERVICAL REGION; CERVICALGIA	ORTHOPEDIC SURGERY		1	1			1		
	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION; OTHER									
MRI Cervical Spine, (spinal canal and contents); without contrast	BIOMECHANICAL LESIONS OF CERVICAL REGION; RADICULOPATHY									
material	CERVICAL REGION	FAMILY PRACTICE	1							
	OTHER ABNORMALITIES OF GAIT AND MOBILITY; UNSPECIFIED									
MRI Cervical Spine, (spinal canal and contents); without contrast	DISTURBANCES OF SKIN SENSATION; DISEASE OF SPINAL CORD									
material	UNSPECIFIED	NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN	NEUROSURGERY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION; OTH									
material	SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	, , , , , , , , , , , , , , , , , , , ,	-								
material	PAIN IN LEFT ARM; RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	PAIN IN LEFT SHOULDER; CERVICALGIA; PAIN IN LEFT WRIST; PAIN IN		Ī							
material	RIGHT WRIST; PAIN IN RIGHT SHOULDER	FAMILY PRACTICE		1	1				1	
The certain	PAIN IN RIGHT ARM; OSSEOUS & DELUX STENOS IV	77111121 7111101102		_	-					
	FORAMINA CERV REGION; OTH SPONDYLOSIS W/RADICULOPATHY									
MPI Convical Spine (spinal canal and contents): without contrast	CERVICAL REGION; CERVICALGIA; OSSEOUS STENOSIS NEURAL									
MRI Cervical Spine, (spinal canal and contents); without contrast material	CANAL OF CERVICAL REGION	SURGERY-NEUROLOGY	1							
	CANAL OF CERVICAL REGION	30KGLKT-NLUKULUGT	1	-						
MRI Cervical Spine, (spinal canal and contents); without contrast	DOLVALELIDODATI IV LINICDECIFIED	NEUDOLOGY		1	1					
material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	-	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	DADICH ODATHY CEDVICAL RECION	EARAULY RAEDICINIE								
material	RADICULOPATHY CERVICAL REGION	FAMILY MEDICINE	-	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast			L							
material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	2	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	ļ	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	3							
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	4	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	2	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY		1	1					
			1		1					

	District Cut District	Davids Consists	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description MRI Cervical Spine, (spinal canal and contents); without contrast	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
material	RADICULOPATHY CERVICAL REGION; CERVICALGIA	ANESTHESIOLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	RADICULOFATTI CERVICAL REGION, CERVICALGIA	ANESTTESIOLOGI	1							
material	RADICULOPATHY CERVICAL REGION; CERVICALGIA	INTERNAL MEDICINE	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	RADICULOFATITI CERVICAL REGION, CERVICALGIA	INTERNAL WILDICINE	1							
material	RADICULOPATHY CERVICAL REGION; CERVICALGIA	NEUROSURGERY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	RADICULOPATHY CERVICAL REGION; OTH CERVICAL DISC									
material	DEGENERATION UNS CERV REGION	ORTHOPEDIC SURGERY	1							
	RADICULOPATHY CERVICAL REGION; OTH CERVICAL DISC									
MRI Cervical Spine, (spinal canal and contents); without contrast	DISPLACEMENT UNS CERV REGION; OTH CERVICAL DISC									
material	DEGENERATION UNS CERV REGION	ORTHOPEDIC SURGERY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION; PAIN IN LEFT SHOULDER	FAMILY PRACTICE		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	,									
material	RADICULOPATHY CERVICAL REGION; PAIN IN THORACIC SPINE	FAMILY PRACTICE		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	,									
material	RADICULOPATHY CERVICAL REGION; SCIATICA LEFT SIDE	INTERNAL MEDICINE		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast				-	-					
material	RADICULOPATHY CERVICAL REGION; Unknown	PHYSICIAN	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	is brodes in the delivery continuous.	11110101111	-							
material	SPINAL STENOSIS CERVICAL REGION	INTERNAL MEDICINE		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	SPINAL STENOSIS CERVICAL REGION; UNSPECIFIED CORD	INTERNAL MEDICINE		_	_					
material	COMPRESSION	SURGERY-NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CONTRESSION	JONGENT-NEONOLOGI	_							
material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;	AMESTITESIOEOGT	-							
material	CERVICALGIA	ORTHOPEDIC SURGERY	1							
material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN; OTH	OKTHOLEDIC SOKGEKT	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	CERVICAL DISC DEGENERATION UNS CERV REGION; CHRONIC PAIN									
material	SYNDROME	ANESTHESIOLOGY		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;	PHYSICAL MEDICINE AND		1	1					
material	RADICULOPATHY CERVICAL REGION	REHABILITATION	1							
Illaterial	RADICOLOFATTI CERVICAL REGION	KLIIABILITATION	1							
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;									
MRI Cervical Spine, (spinal canal and contents); without contrast	RADICULOPATHY CERVICAL REGION; CERVICALGIA; Unknown;									
material	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROSURGERY		1	1					
Illaterial	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;	NEURUSURGERT		1	1					
MDI Consisal Spine (chinal canal and contents), without contrast	RADICULOPATHY CERVICAL REGION; OTH CERVICAL DISC	PHYSICAL MEDICINE &								
MRI Cervical Spine, (spinal canal and contents); without contrast material	DEGENERATION UNS CERV REGION	REHABILITATION	1							
MRI Cervical Spine, (spinal canal and contents); without contrast	DEGLINERATION ONS CERV REGION	KLIIABILITATION	1							1
material	Unknown; BRACHIAL PLEXUS DISORDERS; Unknown	CHIROPRACTOR		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	Unknown; OTH INTERVERTEBRAL DISC DISPLACEMENT THOR	CHIROPRACTOR		1	1					
1	REGION; RADICULOPATHY CERVICAL REGION	CHIRODRACTOR		1	1					
material MPI Corvical Spine (spinal canal and contents): without contract	REGION, RADICULOPATHT CERVICAL REGION	CHIROPRACTOR	1	1	1	1		-		
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown; RADICULOPATHY CERVICAL REGION	PHYSICIAN		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast	UINIUWII, NADICULUPATRI CERVICAL REGION	FITISICIAN		1	1					├──
	Hakaowa: Hakaowa: Hakaowa	PHYSICIAN ASSISTANT		1	1					
material	Unknown; Unknown	FITTSICIAN ASSISTANT	-	1	1	 				
MPI Conviced Spine (spine) canal and contents), without										
MRI Cervical Spine, (spinal canal and contents); without contrast	DDACHIAL DIEVLIC DICODDEDC	OPTHOREDIC CHRCERY	1							
material, followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	ORTHOPEDIC SURGERY	1			 				₩
MDI Comitael Caine (enine) come (control of the con										
MRI Cervical Spine, (spinal canal and contents); without contrast	CERVICALCIA	FAMILY DRACTICE		 _	_					
material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	-	1	1	1				-
MADI Comitael Crime (enimal count and contents), with the country										
MRI Cervical Spine, (spinal canal and contents); without contrast	CEDVICALCIA	NETIDOLOGY		 _	_			_		
material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	l	ļτ	ļΤ			1		<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA; PAIN IN LEFT ARM	CARDIOVASCULAR DISEASE	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	FM HX EPILEPSY & DISEASES NERVOUS SYSTEM	NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	PEDIATRIC HEMATOLOGY/ONCOLOG Y	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	5							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	ORTHOPEDIC SURGERY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEURALGIA AND NEURITIS UNSPECIFIED; PARESTHESIA OF SKIN	NEUROLOGY		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED; OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS; UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN; Unknown	NEUROSURGERY		1	1			1		
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED SOFT TISSUE DISORDERS	NURSE PRACTITIONER		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PAIN IN LEFT ARM; RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE		1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	1	1	1					
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	NEUROLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SCIATICA LEFT SIDE; ANESTHESIA OF SKIN; NEUROFIBROMATOSIS TYPE 1; LOW BACK PAIN	ONCOLOGY	1							
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA; DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	1							

					Medical	Experimental &	Network	Total	Total	
Proceedings Code Description	Discussio Code Description	Dunnidas Canadalas	Total UM	Total UM Denials	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description MPI CHEST (og. for evaluation of hilar and modisating)	Diagnosis Code Description	Provider Specialty	Approvals	Deniais	Denials	Denials	Denials	Approved	Denied	by IRO
MRI CHEST (eg, for evaluation of hilar and mediastinal										
lymphadenopathy); without contrast material(s), followed by	BRACHIAL PLEXUS DISORDERS	OPTHODEDIC CLIDCEDY	1							
contrast material(s) and further sequences MRI CHEST (og. for evaluation of hilar and modiastinal	BRACHIAL PLEXUS DISORDERS	ORTHOPEDIC SURGERY	1							
MRI CHEST (eg, for evaluation of hilar and mediastinal										
lymphadenopathy); without contrast material(s), followed by	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	1							
contrast material(s) and further sequences	LOCALIZED SWELLING WASS AND LOWF TRONK	PAIVILLI PRACTICE	1							
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	ASPHYXIA	ORTHOPEDIC SURGERY	1							
MRI CHEST (eg, for evaluation of hilar and mediastinal	ASFIITAIA	OKTHOPEDIC SONGENT	1							1
	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE		1	1					
lymphadenopathy); without contrast MRI CHEST (eg, for evaluation of hilar and mediastinal	LOCALIZED SWEELING WASS AND LOWF TRONK	INTERNAL WILDICINE		1	1					
	STRAIN MUSCLE & amp. TENDON BACK WALL THORAY INIT ENC	OPTHODEDIC SLIDGEDY	1							
lymphadenopathy); without contrast	STRAIN MUSCLE & DO BACK WALL THORAX INIT ENC	ORTHOPEDIC SURGERY	1							
MRI CHEST SPINE W/O DYE	N/A	DIAGNOSTIC RADIOLOGY	1							
	N/A	HOSPITAL	1							1
MRI CHEST SPINE W/O DYE MRI GUIDANCE NDL PLMT RS&I	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			1
			1	U	U	0	U			1
MRI JNT OF LWR EXTRE W/O	Pain in left knee	Other Provider						4	1	-
MRI INT OF LWR EXTRE W/O	Pain in unspecified ankle and joints of unspecified foot	PODIATRY						1		1
MRI JNT OF LWR EXTRE W/O	Trochanteric bursitis, left hip	Other Provider							1	
MRI JNT OF LWR EXTRE W/O	Villonodular synovitis (pigmented), unspecified site	Other Provider							1	
MRI JNT OF LWR EXTRE W/O DYE	COMPLEX TEAR OF MEDIAL MENSC, CURRENT INJURY, R KNEE, INIT	HOSPITAL	1							
MRI JNT OF LWR EXTRE W/O DYE	N/A	DIAGNOSTIC RADIOLOGY	2							
MRI JNT OF LWR EXTRE W/O DYE	N/A	HOSPITAL	2							
MRI JNT OF LWR EXTRE W/O DYE	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	DIAGNOSTIC RADIOLOGY	1							
MRI JNT OF LWR EXTRE W/O DYE	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MRI JNT OF LWR EXTRE W/O DYE	OTHER INFECTIVE BURSITIS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN RIGHT KNEE	HOSPITAL	2							
MRI JNT OF LWR EXTRE W/O DYE	PAIN IN RIGHT KNEE	RADIOLOGY		1	1					
MRI JNT OF LWR EXTRE W/O DYE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MRI JOINT LWR EXTR W/O&W	Pain in right knee	FAMILY MEDICINE							1	L
MRI JOINT LWR EXTR W/O&W/DYE	N/A	HOSPITAL		1	1					
MRI JOINT LWR EXTR W/O&W/DYE	N/A	RADIOLOGY	1							
MRI JOINT OF LWR EXTR W/DYE	N/A	RADIOLOGY	1							
MRI JOINT UPR EXTR W/O&W/DYE	LIVER CELL CARCINOMA	GASTROENTEROLOGY	1	0	0	0	0			
MRI JOINT UPR EXTR W/O&W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ANESTHESIOLOGY	1	0	0	0	0			
MRI JOINT UPR EXTREM W/D	Unspecified sprain of right shoulder joint, subsequent encounter	Physician							1	L
	Complete rotator cuff tear or rupture of right shoulder, not specified									
MRI JOINT UPR EXTREM W/O	as traumatic	Other Provider						1	1	1
MRI JOINT UPR EXTREM W/O	Pain in left shoulder	SURGERY, ORTHOPEDIC						1		
MRI JOINT UPR EXTREM W/O DYE	DISP FX OF HEAD OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT									
MRI JOINT UPR EXTREM W/O DYE	TRAUMA	DIAGNOSTIC RADIOLOGY	1							
MRI JOINT UPR EXTREM W/O DYE	N/A	DIAGNOSTIC RADIOLOGY	3	1	1					
MRI JOINT UPR EXTREM W/O DYE	N/A	HOSPITAL	6	1	1					
MRI JOINT UPR EXTREM W/O DYE	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	1	0	0	0	0			
	END STAGE RENAL DISEASE	PODIATRY	1	0	n	n	0			1
MRI LOWER EXTREMITY W/O DYE										

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
AADI I a con Fisher with a select control (a)	CHONDROMALACIA LEFT HIP; OTHER SPECIFIED DISORDERS BONE	ODTHODEDIC CHRCERY	1							
MRI Lower Extremity, any joint; with contrast material(s)	UNSPECIFIED SITE; OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER OTHER SPECIFIED DISORDERS BONE UNSPECIFIED SITE; OTHER	OKTHOPEDIC SURGERY	1							
	SPRAIN OF RIGHT HIP INITIAL ENCOUNTER; CHONDROMALACIA LEFT									
MRI Lower Extremity, any joint; with contrast material(s)	HIP	ORTHOPEDIC SURGERY		1	1					
		ORTHOPEDIC - NON								
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SURGICAL	1	1	1					
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	ORTHOPEDIC - NON SURGICAL	1							
MRI Lower Extremity, any joint, with contrast material(s)	PAIN IN RIGHT HIP	PHYSICIAN	1	1	1					
7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7				_	_					
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG CHONDROMALACIA PATELLAE RIGHT KNEE; COMPLEX TEAR MED	PODIATRY	1							
MRI Lower Extremity, any joint; without contrast material(s)	MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
This cover extremely diff fame, mender contract materials	CHONDROMALACIA PATELLAE RIGHT KNEE; DIFFICULTY IN WALKING	OMMON EDIC SONGEM	-							
MRI Lower Extremity, any joint; without contrast material(s)	NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	1							
	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT; PAIN IN									
MRI Lower Extremity, any joint; without contrast material(s)	RIGHT KNEE	SURGERY-ORTHOPEDIC	1							
MPLL ower Extremity any joint, without contract material(c)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	CONFLEX TEAR INED INTENISCOS CORR ET RIVEE TIVIT EINC	OKTHOPEDIC SURGERT	1							
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC;									
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE; CHONDROMALACIA LEFT KNEE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE; PAIN IN LEFT KNEE	PEDIATRICS	1							
This cover exercisely, any joine, mender contrast material(s)	ELLOSION EEL LANGE, FAMILIA EEL LANGE	. 25.3 (11(105	1							
	EFFUSION RIGHT KNEE; CHONDROMALACIA RIGHT KNEE; COMPLEX									
MRI Lower Extremity, any joint; without contrast material(s)	TEAR MED MENISCUS CURR RT KNEE INIT ENC; PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE; PAIN IN RIGHT KNEE	FAMILY PRACTICE	1							
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	1							
			-							
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	PODIATRY	1							
MRI Lower Extremity, any joint; without contrast material(s)	HEMARTHROSIS LEFT KNEE	ORTHOPEDIC SURGERY	1							
MPLLower Extremity, any joint; without contract material(c)	OTH SPEC CONGENITAL MUSCULOSKELETAL DEFORMITIES	ORTHOPEDIC SURGERY	2							
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC CONGENITAL MOSCOLOSKELETAL DEFORMITIES	OKTHOPEDIC SURGERT	2							
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC INJ RT ACHILLES TENDON INITIAL ENCNTR	PODIATRY		1	1					
<i>P. 12</i>										
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	PHYSICIAN ASSISITANT	1							
MOUL OF LOOK AND THE REAL PROPERTY.	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC; PAIN IN LEFT	ODTHODEDIC SUBSECTION								
MRI Lower Extremity, any joint; without contrast material(s)	KNEE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	ORTHOPEDIC SURGERY	2							
2002 200 200 200 200 200 200 200	The state of the s	ZG. EBIG GG.IGERI	<u> </u>							
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	2							
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	1		l					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	3							
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC; SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	Physician	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF HIP UNSPECIFIED HIP	ORTHOPEDIC SURGERY		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN; PAIN IN LEFT KNEE; Unknown	FAMILY PRACTICE	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE; PAIN IN LEFT KNEE; EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE; PAIN IN RIGHT ANKLE	PODIATRY	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE ANKLE AND FOOT	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF TENDON RIGHT KNEE	ORTHOPEDIC SURGERY	1	1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE; PAIN IN RIGHT ANKLE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE; PERONEAL TENDINITIS LEFT LEG	PODIATRY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	CHIROPRACTOR		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	NEUROSURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ORTHOPEDIC - NON SURGICAL	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	1	1	1			1		
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PEDIATRICS	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICIAN ASSISITANT	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	4							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	SURGERY-ORTHOPEDIC	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE; COMPLEX TEAR LAT MENISC CURR INJ LT KNEE SEQUELA	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE; EFFUSION LEFT KNEE; CHRONIC INSTABILITY OF KNEE LEFT KNEE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE; OTHER INSTABILITY LEFT KNEE; UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT LEG	PODIATRY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT THIGH	Physician	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	ORTHOPEDIC SURGERY	2							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SPORTS MEDICINE	1							

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MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE; EFFUSION RIGHT ANKLE	EMERGENCY MEDICINE	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE; OTHER INSTABILITY RIGHT ANKLE	CHIROPRACTOR	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	FAMILY MEDICINE	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	FAMILY MEDICINE		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	FAMILY PRACTICE	1	2	2					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	INTERNAL MEDICINE		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	3							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SPORTS MEDICINE	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	3	1	1				1	
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE; EFFUSION RIGHT KNEE	ORTHOPEDIC SURGERY		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE; EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE; OTHER INSTABILITY RIGHT KNEE; UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE; PAIN IN LEFT KNEE	FAMILY PRACTICE		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	INTERNAL MEDICINE		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	FAMILY PRACTICE	1							
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	PHYSICAL MEDICINE & REHABILITATION	1							
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS LEFT KNEE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	PATHOLOGICAL DISLOCATION OF LEFT KNEE NEC	ORTHOPEDIC SURGERY		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS RIGHT LEG	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	OBSTETRICIAN AND GYNECOLOGIST	1							
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT RIGHT ANKLE SUBSEQUENT ENC	INTERNAL MEDICINE		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	FAMILY PRACTICE		1	1					
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	ORTHOPEDIC - NON SURGICAL	1							
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	PODIATRY	1							
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN UNS MUSCLE FASC TEND THIGH LT INITIAL ENC; SCIATICA LEFT SIDE; OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1							

Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	ORTHOPEDIC SURGERY	1							1
STRESS FRACTURE UNS SITE INITIAL ENC FRACTURE	PODIATRY		1	1					
SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	ORTHOPEDIC SURGERY	1							
PREPROCEDURAL LABORATORY EXAM; VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	ORTHOPEDIC SURGERY	1							
FIBROMATOSIS; CALCANEAL SPUR LEFT FOOT; PAIN IN UNSPECIFIED	PODIATRY	1							
LINID	FODIATRI	1							
UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	1							<u> </u>
UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY		1	1					
UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY, ORTHOPEDIC	1							
		_	1	1			1		
			-	-					
	SURGERY, ORTHOPEDIC	1							
OSTEOARTHRITIS OF KNEE UNSPECIFIED	ANESTHESIOLOGY		1	1					
UNS FRACTURE RT LOWER LEG INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	1							
UNS INJ MUSC TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE	ORTHOPEDIC SURGERY	1							
UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1	2	2					
UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	PEDIATRIC ORTHOPEDIST	1							
UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1							
UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	1							
UNS INJURY RT LOWER LEG SUBSEQUENT ENCOUNTER	FAMILY PRACTICE		1	1					
	ORTHOPEDIC SURGERY	1							
,		1							
		4	1	1					
		1	1	1					+
UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	ORTHOPEDIC SURGERY		1	1					-
UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY		1	1					
UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	1							
	AULDOS DD A CTITIONES								
ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIMBS	NURSE PRACTITIONER	2	1	1					+
ARTHROPATHIC PSORIASIS UNSPECIFIED	FAMILY PRACTICE		1	1				1	
	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE STRESS FRACTURE UNS SITE INITIAL ENC FRACTURE SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED; ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM; VILLONODULAR SYNOVITIS PIGMENTED UNS SITE SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED; PLANTAR FASCIAL FIBROMATOSIS; CALCANEAL SPUR LEFT FOOT; PAIN IN UNSPECIFIED LIMB UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNS FRACTURE RT LOWER LEG INITIAL ENCOUNTER UNS INJURY LT LOWER LEG INITIAL ENCOUNTER UNS INJURY LT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS TEAR UNS MENISCUS CURR INI RT KNEE INIT ENC; OTHER INSTABILITY RIGHT KNEE; PAIN IN RIGHT KNEE UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIMBS	STRESS FRACTURE NT FOOT INITIAL ENC FOR FRACTURE STRESS FRACTURE UNS SITE INITIAL ENC FRACTURE SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED; ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM; VILLONODULAR SYNOVITIS PIGMENTED UNS SITE SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED; ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM; VILLONODULAR SYNOVITIS PIGMENTED UNS SITE SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED; PLANTAR FASCIAL EIBROMATOSIS; CALCANEAL SPUR LEFT FOOT; PAIN IN UNSPECIFIED LIMB UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE OSTEOARTHRITIS OF KNEE UNSPECIFIED UNS FRACTURE RT LOWER LEG INITI ENC CLOS FRACTURE UNS INJ MUSC TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNS INJURY LOWER LEG INITIAL ENCOUNTER UNS INJURY LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER UNS INJURY RT LOWER LEG INITIAL ENCOUNTER ORTHOPEDIC SURGERY UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER ORTHOPEDIC SURGERY UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER ORTHOPEDIC SURGERY UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER ORTHOPEDIC SURGERY UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER ORTHOPEDIC SURGERY UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE ORTHOPEDIC SURGERY UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE ORTHOPEDIC SURGERY UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE ORTHOPED	Diagnosis Code Description ORTHOPEDIC SURGERY 1 STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE ORTHOPEDIC SURGERY 1 STRESS FRACTURE UNS SITE INITIAL ENC FOR FRACTURE PODIATRY SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE ORTHOPEDIC SURGERY 1 SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE ORTHOPEDIC SURGERY 1 SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED; ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM; VILLONODULAR SYNOVITIS SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED; PLANTAR FASCIAL FIBROMATOSIS; CALCANEAL SPUR LEFT FOOT; PAIN IN UNSPECIFIED PODIATRY 1 UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE SURGERY, ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE SURGERY, ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE SURGERY, ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE SURGERY, ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE SURGERY, ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE; OSTEOARTHRITIS OF KNEE UNSPECIFIED ANSTHESIOLOGY 1 UNIS FRACTURE RT LOWER LEG INIT ENC CLOS FRACTURE SURGERY-ORTHOPEDIC 1 UNS FINALUSC TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE ORTHOPEDIC SURGERY 1 UNS INJURY LT LOWER LEG INITIAL ENCOUNTER ORTHOPEDIC SURGERY 1 UNS INJURY LT LOWER LEG INITIAL ENCOUNTER SURGERY-ORTHOPEDIST 1 UNS INJURY RT LOWER LEG INITIAL ENCOUNTER SURGERY-ORTHOPEDIC 1 UNS INJURY RT LOWER LEG INITIAL ENCOUNTER SURGERY-ORTHOPEDIC 1 UNS INJURY RT LOWER LEG SUBSEQUENT ENCOUNTER FAMILY PRACTICE FAMILY PRACTICE FOR THE PROPER SURGERY 1 UNS TEAR UNS MENISCUS CURR IN IT R KNEE INIT ENC; OTHER INSTEAL IN IT R KNEE INIT ENC; OTHER INSTEAL IN IT R KNEE INIT ENC; OTHER INSTEAL IN IT R KNEE INIT ENC; OTHER INSTEAL IN IT R KNEE INIT ENCOUNTER ORTHOPEDIC SURGERY 1 UNS PECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER ORTHOPEDIC SURGERY 1 UNS PECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER ORTHOPEDIC SURGERY 1 UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE ORTHOPEDIC	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE ORTHOPEDIC SURGERY 1 STRESS FRACTURE UNS SITE INITIAL ENC FOR FRACTURE PODIATRY 1 SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE SYNOVITIS AND TENDSYNOVITIS UNSPECIFIED; ENCOUNTER FOR PERPORCEDURAL LABORATORY EXAM; VILLONDOULAR SYNOVITIS PIGMENTED UNS SITE SYNOVITIS AND TENDSYNOVITIS UNSPECIFIED; PLANTAR FASCIAL IBROMATOSIS; CALCANEAL SPUR LEFT FOOT; PAIN IN UNSPECIFIED LIMB UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN RIGHT ANKLE UNIS INJUUS TEND LOW RT LEG INITIAL	Diagnosis Code Description Diagnosis Code Description ORTHOPEDIC SURGERY 1 STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE ORTHOPEDIC SURGERY 1 STRESS FRACTURE UNS SITE INITIAL ENC FRACTURE SYNOVIAL CYST POPULTEAL SPACE BAKER LEFT KNEE SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED, ENCOUNTER FOR PREPNOCEDURAL LASORATORY EXAM, YILLONDOULAR SYNOVITIS PROMENTED UNS SITE SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED, PLANTAR FASCIAL PIBROMATOSIS; CALCANEAL SUR LEFT FOOT, PAIN IN UNSPECIFIED LIMB PODIATRY 1 UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE ORTHOPEDIC SURGERY 1 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE ORTHOPEDIC SURGERY 1 UNISTERAL UNILATERAL DERANGEMENT OF RIGHT KNEE ORTHOPEDIC SURGERY	TOTAL DUM Diagnosis Code Description Provider Specialty Approvable Denials TOTAL DUM Denials Denials TOTAL DUM Denials Denials TOTAL DUM Denials Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM Denials TOTAL DUM DENIAL STREET FOOT INITIAL ENC FRACTURE DOTHOPEDIC SURGERY TOTAL DUM DENIAL LABORATORY EARLY FULLONDOULAR SYNOUNTIS DEMENTED UNS SITE SYNOUTIS AND TENDSYNOUTIS UNSPECIFIED, PLANTAR FASCIAL HORDWARD STEE DUM DUM DENIAL STREET HORSON DENIAL SURFECTION, PAIN IN UNSPECIFIED DUM DUM DUM DUM DENIAL STREET HORSON DENIAL SEPT HORE DOTHOPEDIC SURGERY TOTAL DUM DUM DENIAL STREET HORE DOTHOPEDIC SURGERY TOTAL DUM DUM DENIAL STREET HORE DOTHOPEDIC SURGERY TOTAL DUM DUM DENIAL STREET HORE DOTHOPEDIC SURGERY TOTAL DUM DUM DENIAL STREET HORE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE SURGERY, ORTHOPEDIC UNILATERAL PRIMARY OSTEOARTHRITS RIGHT KNEE ORTHOPEDIC SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TOTAL DUM DENIAL SURGERY TO	Diagnosis Code Description Provider Specialty Approvals Decisian Decision Decisian Decision	Diagnosis Code Description Provider Specially Approval A	TOTAL DIVINION CONTRIBUTION DESCRIPTION Provider specialty Approvals Chemistry Dennists C

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	1							
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT LEG; OTH SYMPTOMS & DIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	-	1	1					
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT LEG; PAIN IN LEFT LEG; OTH SYMPTOMS & DINVOLV MUSCULOSKELETAL SYS	NEUROLOGY		1	1					
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED; PAIN IN UNSPECIFIED JOINT	INTERNAL MEDICINE	1							
MRI Lower Extremity, other than joint; without contrast material(s)	EFFUSION UNSPECIFIED FOOT HALLUX RIGIDUS RIGHT FOOT; NAIL DISORDER UNSPECIFIED;	PODIATRY	1							
MRI Lower Extremity, other than joint; without contrast material(s)	DIFFICULTY IN WALKING NOT ELSEWHERE CLASSIFIED	PHYSICIAN		1	1			1		
MRI Lower Extremity, other than joint; without contrast material(s)	NON-PRSS CHR ULCR OTH PART RT FOOT NECROS MUSC	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER CYST OF BONE LEFT ANKLE AND FOOT	PODIATRY	1							
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ENTHESOPATHY OF LEFT FOOT; PAIN IN LEFT FOOT	PODIATRY		1	1					
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNS JOINT	ORTHOPEDIC SURGERY		1	1					
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	RHEUMATOLOGY	1							
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	1							
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT; EFFUSION LEFT FOOT	PODIATRY	1							
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	FAMILY PRACTICE	1							
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	PODIATRY		1	1			1		
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	1							
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	PHYSICIAN		1	1					
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT TIBIA INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	1							
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	INTERNAL MEDICINE	1							
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CYST OF BONE LEFT ANKLE AND FOOT	PODIATRY	1							
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	FAMILY PRACTICE	1							
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT LEG; PAIN IN LEFT LEG; OTH SYMPTOMS & Comp; SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY		1	1					

MRI Lower Extremity, other than joint; without contrast material(s),		Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Total Appeals Denied	Approved by IRO
• • • • • • • • • • • • • • • • • • • •	YPE 2 DIABETES MELLITUS WITH FOOT ULCER	FAMILY PRACTICE	1							
MRI LUMBAR SPINE W/O & W/DYE N/	I/A	DIAGNOSTIC RADIOLOGY	1							
MRI LUMBAR SPINE W/O & W/DYE	I/A	HOSPITAL	1	1	1					
MRI LUMBAR SPINE W/O & W/DYE	THER SPECIFIED POSTPROCEDURAL STATES	PHYSICAL MEDICINE	1	0	0	0	0			
MRI LUMBAR SPINE W/O DYE LC	OW BACK PAIN	HOSPITAL	1							
MRI LUMBAR SPINE W/O DYE	OW BACK PAIN	RADIOLOGY	1							
MRI LUMBAR SPINE W/O DYE	UMBAGO WITH SCIATICA, RIGHT SIDE	DIAGNOSTIC RADIOLOGY		1	1					
	I/A	HOSPITAL	2	-	1					
·	I/A	RADIOLOGY	2	1	1					-
	ladiculopathy, lumbar region	Other Provider	_	-	-				1	
MRI LUMBAR SPINE W/O DYE	adiculopathy, lumbosacral region	SURGERY, ORTHOPEDIC							1	
	ACROILIITIS, NOT ELSEWHERE CLASSIFIED	HOSPITAL	1							
	EGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	ANESTHESIA, CERTIFIED RN	0	1	1	0	0			
	PINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC LAUDICATION	HOSPITAL	2							
Adolinate Crim (mindred and mi										
MRI Lumbar Spine, (spinal canal and contents), without contrast	ACDCAL CIA LINICDECIFIED	CENEDAL CLIDGEDY	4							
material, followed by contrast material(s) and further sequences DO	OORSALGIA UNSPECIFIED	GENERAL SURGERY	1							-
MRI Lumbar Spine, (spinal canal and contents), without contrast										
material, followed by contrast material(s) and further sequences FU	USION OF SPINE LUMBAR REGION; LOW BACK PAIN	NEUROSURGERY	1							
MRI Lumbar Spine, (spinal canal and contents), without contrast FL	USION OF SPINE LUMBAR REGION; RADICULOPATHY LUMBAR	PHYSICAL MEDICINE &								
material, followed by contrast material(s) and further sequences RE	EGION	REHABILITATION	1	1	1					
MRI Lumbar Spine, (spinal canal and contents), without contrast										
	OW BACK PAIN	ANESTHESIOLOGY		1	1					
MADI Lumbar Spine (spine) canal and contents) without contract										
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OW BACK PAIN	GENERAL SURGERY		1	1					
, , , , , , , , , , , , , , , , , , , ,										
MRI Lumbar Spine, (spinal canal and contents), without contrast	OW DACK DAIN, DADICH ODATHY LUMBAR DECION	NEUDOLOGY								
material, followed by contrast material(s) and further sequences LC	OW BACK PAIN; RADICULOPATHY LUMBAR REGION	NEUROLOGY	1							
MRI Lumbar Spine, (spinal canal and contents), without contrast LC	OW BACK PAIN; RADICULOPATHY LUMBAR REGION;									
	OSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY		1	1				1	
MRI Lumbar Spine, (spinal canal and contents), without contrast LC	OW BACK PAIN; SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY									
	UMB RGN	ORTHOPEDIC SURGERY		1	1					
	UMBAGO WITH SCIATICA LEFT SIDE; LUMBAGO WITH SCIATICA	FAMILY MEDICINE		1	1					
material, rollowed by contrast material(s) and further sequences	IIGITI SIDE	PEDIATRIC		-	1					
MRI Lumbar Spine, (spinal canal and contents), without contrast		HEMATOLOGY/ONCOLOG								
	ALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	Υ	2							
MRI Lumbar Spine, (spinal canal and contents), without contrast	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; LOW BACK									
	AIN	ORTHOPEDIC SURGERY	1							

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Frocedure Code Description	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION;	Flovider Specialty	Approvais	Demais	Delliais	Demais	Demais	Approved	Dellieu	by INO
MPI Lumbar China (chinal canal and contents) without contract		DUVEICAL MEDICINE 9								1
MRI Lumbar Spine, (spinal canal and contents), without contrast	RADICULOPATHY LUMBAR REGION; POSTLAMINECTOMY	PHYSICAL MEDICINE &								
material, followed by contrast material(s) and further sequences	SYNDROME NEC	REHABILITATION	1							
										1
MRI Lumbar Spine, (spinal canal and contents), without contrast										
material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	1							
MRI Lumbar Spine, (spinal canal and contents), without contrast										
material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	1							
MRI Lumbar Spine, (spinal canal and contents), without contrast	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN;									
material, followed by contrast material(s) and further sequences	Unknown	NEUROSURGERY		1	1			1		
MRI Lumbar Spine, (spinal canal and contents), without contrast										
material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	1							
material, followed by contrast material(s) and further sequences	RADICULUI ATTT LUMBAR REGION	INTERNAL WIEDICINE	+							
MADI I	DADICHI ODATHIY I HADAD DECIONI: DOCTI ANAINECTOMY									
MRI Lumbar Spine, (spinal canal and contents), without contrast	RADICULOPATHY LUMBAR REGION; POSTLAMINECTOMY	NEUROSURGERY		_						
material, followed by contrast material(s) and further sequences	SYNDROME NEC; LOW BACK PAIN	NEUROSURGERY	1	1	1					
										1
MRI Lumbar Spine, (spinal canal and contents), without contrast										
material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION; WEAKNESS	NEUROLOGY	1							
MRI Lumbar Spine, (spinal canal and contents), without contrast	SCIATICA LEFT SIDE; ANESTHESIA OF SKIN; NEUROFIBROMATOSIS									
material, followed by contrast material(s) and further sequences	TYPE 1; LOW BACK PAIN	ONCOLOGY	1							
	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; ARTHRODESIS									
MRI Lumbar Spine, (spinal canal and contents), without contrast	STATUS; OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									
material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY		1	1			1		
	i i									
MRI Lumbar Spine, (spinal canal and contents), without contrast										
material, followed by contrast material(s) and further sequences	ULCERATIVE CHRONIC PANCOLITIS WITH UNS COMP	PHYSICIAN		1	1					
material, followed by contrast material(s) and farther sequences	OLCENTIVE CHILOTIC PARCOLITIS WITH ONS COM	THISICIAN		-	-					
MRI Lumbar Spine, (spinal canal and contents), without contrast	UNSPECIFIED URINARY INCONTINENCE; RADICULOPATHY									
material, followed by contrast material(s) and further sequences	LUMBOSACRAL REGION	FAMILY PRACTICE	1							
		FAIVILT FRACTICE	1	-						
MRI Lumbar Spine, (spinal canal and contents); with contrast	AUTISTIC DISORDER; MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1	1	1					1
material(s)	UNSPECIFIED	FAIVILY PRACTICE	1	1	1	-				
MRI Lumbar Spine, (spinal canal and contents); with contrast										1
material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1			-				
MRI Lumbar Spine, (spinal canal and contents); with contrast	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED; AUTISTIC									
material(s)	DISORDER	FAMILY PRACTICE	ļ	1	1					
MRI Lumbar Spine, (spinal canal and contents); with contrast		HEMATOLOGY AND								1
material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	ONCOLOGY	1	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										1
material	; Spinal stenosis, lumbar region with neurogenic claudication	INTERNAL MEDICINE	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										1 7
material	; Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	1							<u> </u>
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	CERVICALGIA; LOW BACK PAIN	RHEUMATOLOGY	1							1
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	1							1
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	CHRONIC PAIN SYNDROME; RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	1							1
MRI Lumbar Spine, (spinal canal and contents); without contrast	, 5555		i i							
material	CONGENITAL MALFORMATION SPINAL CORD UNSPECIFIED	PEDIATRIC NEUROLOGIST	1							1
MRI Lumbar Spine, (spinal canal and contents); without contrast	CONTRACTURE OF MUSCLE UNSPECIFIED SITE; OTH	. 25 TITLE NEOROLOGIST	1							\vdash
material	INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	CHIROPRACTOR	1							1
material	INTERVENTEDIAL DISC DEGEN LONDOSACRAE REGION	CHINOFNACION	1*	L	l					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI Lumbar Spine, (spinal canal and contents); without contrast	Diagnosis code Description	1 Toriuci opecianty	7.66101010	Demais	Demais	Demais	Demais	ripproved	Demea	z,c
material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	DORSALGIA UNSPECIFIED; LOW BACK PAIN; CERVICALGIA	SURGERY-ORTHOPEDIC	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	DORSALGIA UNSPECIFIED; OTH CONGEN MALFORM SPINE NOT									
material	ASSOC W/SCOLIOSIS	NURSE PRACTITIONER	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	DORSALGIA UNSPECIFIED; PAIN IN LEFT HIP	INTERNAL MEDICINE		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	FULL INCONTINENCE OF FECES; CONSTIPATION UNSPECIFIED	PEDIATRICS	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	IDIOPATHIC PROGRESSIVE NEUROPATHY	NEUROLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast		ANESTHESIA, CERTIFIED								
material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	RN	1							
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN;									
MRI Lumbar Spine, (spinal canal and contents); without contrast	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; OTH SPONDYLOSIS									
material	W/RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	CHIROPRACTIC	1	1	1				1	
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	FAMILY MEDICINE	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	FAMILY PRACTICE	4	2	2					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	INTERNAL MEDICINE	1	3	3					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	PAIN MANAGEMENT	1	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast		PHYSICAL MEDICINE &								
material	LOW BACK PAIN	REHABILITATION	2	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	PHYSICIAN	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN	PHYSICIAN ASSISITANT	1	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN; CERVICALGIA	PHYSICIAN ASSISTANT		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN; CERVICALGIA; DORSALGIA UNSPECIFIED	SURGERY-ORTHOPEDIC		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	LOW BACK PAIN; OTH INTERVERTEBRAL DISC DEGEN LUMBAR									
material	REGION	ANESTHESIOLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	LOW BACK PAIN; OTH INTERVERTEBRAL DISC DEGEN LUMBAR									
material	REGION	SURGERY-ORTHOPEDIC	1	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	LOW BACK PAIN; OTH INTERVERTEBRAL DISC DISPLACEMENT									
material	LUMBAR RGN; OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	LOW BACK PAIN; OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR									
material	REGION; INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN; RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN; RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	LOW BACK PAIN; RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MRI Lumbar Spine, (spinal canal and contents); without contrast	LOW BACK PAIN; SEGMENTAL & DYSFUNCTION OF	CUUDODDACTOD								
material	LUMBAR REGION	CHIROPRACTOR	+	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	LOW BACK BAIN, HAISTEADINESS ON FEET	CLIDGEDY NELIDOLOGY	1							
material	LOW BACK PAIN; UNSTEADINESS ON FEET	SURGERY-NEUROLOGY	1							-
MRI Lumbar Spine, (spinal canal and contents); without contrast	LUMBACO MUTU CCIATICA LEET CIDE	EARAILY RAEDICINE	1							
material	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY MEDICINE	1							-
MRI Lumbar Spine, (spinal canal and contents); without contrast	LUMBAGO WITH SCIATICA LEFT SIDE; LUMBAGO WITH SCIATICA	AULIDOE DDACTITIONED								
material MSU and a Color (color for the color for for the color for the color for the color for the color for the	RIGHT SIDE; RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER		1	1					-
MRI Lumbar Spine, (spinal canal and contents); without contrast	LUMBAGO WITH SCIATICA LEFT SIDE; RADICULOPATHY	CUUDODDACTOD								
material	LUMBOSACRAL REGION	CHIROPRACTOR	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	LUMANA CO MUTU COMTICA DICUT CIDE	NEUROLOGY								
material	LUMBAGO WITH SCIATICA RIGHT SIDE	NEUROLOGY		1	1				1	
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	MALIGNANT NEOPLASM OF SPINAL CORD	FAMILY PRACTICE	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	OSSEOUS STENOSIS NEURAL CANAL OF LUMBAR REGION; LOW BACK									
material	PAIN; OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY		1	1				1	
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY MEDICINE		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE		2	2					
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; OTH									
material	INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	1							
	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION;									
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICULOPATHY LUMBAR REGION; SPONDYLOSIS W/O	PHYSICAL MEDICINE &								
material	MYELOPATH/RADICULOPATHY LUMB RGN	REHABILITATION	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION;									
material	CONTRACTURE OF MUSCLE UNSPECIFIED SITE	CHIROPRACTOR		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION; LOW									
material	BACK PAIN; RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	2							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICIAN		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN; LOW									
material	BACK PAIN; RADICULOPATHY LUMBAR REGION	PHYSICIAN	1							
	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN;									
MRI Lumbar Spine, (spinal canal and contents); without contrast	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN;									
material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	1							
	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN; STRAIN									
MRI Lumbar Spine, (spinal canal and contents); without contrast	MUSCLE FASCIA & amp; TENDON LOW BACK INITIAL; OTH									
material	INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									†
material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1							
	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;		1			1				
	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN;									
MRI Lumbar Spine, (spinal canal and contents); without contrast	SPONDYLOLISTHESIS SITE UNSPECIFIED; OTH INTERVERTEBRAL DISC									
material	DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	1							
	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION; OTH	ZG. EBIG GONGENI	f							\vdash
MRI Lumbar Spine, (spinal canal and contents); without contrast	INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN;									
material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1							
- Commence - Commence		T	1-			1	1	1		

					Medical	Function and all 0	Naturadi	Total	Total	
Proceedings Code Description	Diagnosic Code Description	Drovidor Specialty	Total UM	Total UM Denials	Necessity	Investigational	Network Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Deniais	Denials	Denials	Denials	Approved	Denied	by IRO
	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									
MRI Lumbar Spine, (spinal canal and contents); without contrast	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; INTERVERTEBRAL									
material	DISC D/O W/RADICULOPATHY LUMB RGN; LOW BACK PAIN	ORTHOPEDIC SURGERY		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	OTH SYMPTOMS & DOTH SYMPTOMS &	NEUROLOGY		1	1					
	OTHER ABNORMALITIES OF GAIT AND MOBILITY; UNSPECIFIED									
MRI Lumbar Spine, (spinal canal and contents); without contrast	DISTURBANCES OF SKIN SENSATION; DISEASE OF SPINAL CORD									
material	UNSPECIFIED	NEUROLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast		PHYSICAL MEDICINE &								
material	OTHER CHRONIC PAIN; LUMBAGO WITH SCIATICA RIGHT SIDE	REHABILITATION	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	OTHER CHRONIC PAIN; LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PHYSICIAN		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTHER SPECIFIED DORSOPATHIES SITE UNSPECIFIED;	PHYSICAL MEDICINE &								
material	RADICULOPATHY LUMBAR REGION	REHABILITATION	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION; OTH									
material	SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	1	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	PAIN IN LEFT KNEE	PAIN MANAGEMENT	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	PAIN IN RIGHT LEG; PARESTHESIA OF SKIN	NURSE PRACTITIONER		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	PAIN IN THORACIC SPINE; LOW BACK PAIN; OTH INTERVERTEBRAL									
material	DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT		1	1					
	PANIC DISORDER WITHOUT AGORAPHOBIA; ANXIETY DISORDER									
MRI Lumbar Spine, (spinal canal and contents); without contrast	UNSPECIFIED; ABNORMAL REFLEX; OTHER SPECIFIED CARDIAC									
material	ARRHYTHMIAS; MULTIPLE SCLEROSIS	NEUROLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	POSTLAMINECTOMY SYNDROME NEC; LOW BACK PAIN	PAIN MANAGEMENT		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV; MUSCLE									
material	SPASM OF BACK	RHEUMATOLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION; SCIATICA LEFT SIDE	INTERNAL MEDICINE		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION	ACUPUNCTURE		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	DADICHI ODATUV LUMBAD DECIONI	ANIECTLIECIOLOGY								
material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE		2	2					
material	RADICULOPATHT LUIVIBAR REGION	PAIVILT PRACTICE		2	2					
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	1							
material MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICOLOFATTI LOWBAR REGION	INTERNAL WILDICINE	1							
material	RADICULOPATHY LUMBAR REGION	NEUROLOGY		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICOLOFATTI LOWIBAR REGION	NEOROLOGI		1	1					
material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	2	2	2					
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICOLOT ATTT LOWIDAR REGION	OBSTETRICIAN AND								
material	RADICULOPATHY LUMBAR REGION	GYNECOLOGIST		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	IN ISSUED FAITH EDINDAN NEGION	J	-	1-	-					
material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	2	4	4					
MRI Lumbar Spine, (spinal canal and contents); without contrast	IN ISSUED FAITH EDINDAN NEGION	C.THOI EDIC JONGENT	-	 	 					
material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	2							
MRI Lumbar Spine, (spinal canal and contents); without contrast	IN ISSUED FAITH EDINDAN NEGION	PHYSICAL MEDICINE &	-	1	-					
material	RADICULOPATHY LUMBAR REGION	REHABILITATION		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	The state of the s			1-	i –					
material	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT		1	1			1		
			1			1				

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION	RHEUMATOLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION	SURGERY, ORTHOPEDIC		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY		1	1				1	
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	1	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION; LOW BACK PAIN	SURGERY-ORTHOPEDIC	1	1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICULOPATHY LUMBAR REGION; OTH INTERVERTEBRAL DISC									
material	DEGEN LUMBAR REGION; LOW BACK PAIN	ORTHOPEDIC SURGERY	1							
material	RADICULOPATHY LUMBAR REGION; OTH INTERVERTEBRAL DISC	OMMICI EDIC SCHOLM	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	DISPLACEMENT LUMBAR RGN; LOW BACK PAIN; OTH									
material	INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY	1							
	INTERVERTEBRAL DISC DEGEN LOWIDAR REGION	OKTHOPEDIC SURGERT	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	DADICHI ODATHWALLIA DAD DECIONA DADECTUECIA OE CIVINA	SUBSERV NEUROLOGY								
material	RADICULOPATHY LUMBAR REGION; PARESTHESIA OF SKIN	SURGERY-NEUROLOGY		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBAR REGION; SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICULOPATHY LUMBAR REGION; SPONDYLOSIS W/O									
material	MYELOPATH/RADICULPATHY LS RGN	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBOSACRAL REGION	CHIROPRACTOR	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY LUMBOSACRAL REGION	INTERNAL MEDICINE	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	RADICULOPATHY LUMBOSACRAL REGION; OTH INTERVERTEBRAL									
material	DISC DISPLACEMENT THOR REGION	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	SACROILIITIS NOT ELSEWHERE CLASSIFIED; RADICULOPATHY									
material	LUMBOSACRAL REGION	ORTHOPEDIC SURGERY		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	SCIATICA RIGHT SIDE	FAMILY MEDICINE		1	1					
MRI Lumbar Spine, (spinal canal and contents); without contrast	SCIATION NOTES	TAIVILET WEDICINE	+	_	_					
	SPONDYLOLISTHESIS LUMBAR REGION	FAMILY PRACTICE	1							
material	SPOIND FLOLIST RESIS LOIVIBAR REGION	PAIVILT PRACTICE	1							
	CRONDYLOUISTURGIC MALILTIDLE CITES IN CRINE, LOW DACK DAIN.									
	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; LOW BACK PAIN;									
MRI Lumbar Spine, (spinal canal and contents); without contrast	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									
material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1							
	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; OTH SPONDYLOSIS									
MRI Lumbar Spine, (spinal canal and contents); without contrast	W/RADICULOPATHY LUMBAR REGION; INTERVERTEBRAL DISC D/O									
material	W/RADICULOPATHY LUMB RGN	CHIROPRACTIC	1							
	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; OTH SPONDYLOSIS									
MRI Lumbar Spine, (spinal canal and contents); without contrast	W/RADICULOPATHY LUMBAR REGION; INTERVERTEBRAL DISC D/O									
material	W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	SPONDYLOLYSIS SITE UNSPECIFIED	ORTHOPEDIC SURGERY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	SPONDYLOSIS UNSPECIFIED	NEUROLOGY		1	1			1		
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	NEUROLOGY	1							
MRI Lumbar Spine, (spinal canal and contents); without contrast	SI SIND LESSIS W/O WITELOTATTI/NADICULI ATTIT ES NON	INCONOLOGI	-							
material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	PAIN MANAGEMENT		1	1					
material	DI NAIN LIGAMILINIS LUMBAN STINL INITIAL LINCOUNTER	I AIN WANAGEWENT		1-	1 +					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI Lumbar Spine, (spinal canal and contents); without contrast										
material	SUBLUXATION L4/L5 LUMBAR VERTEBRA INITIAL ENCNTR	FAMILY PRACTICE		1	1					l l
MRI NECK SPINE W/DYE	Spinal stenosis, cervical region	Other Provider						1		
MRI NECK SPINE W/O & W/DYE	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	NEUROLOGY	1	0	0	0	0	_		
That receives the tryo a tryote	ESCALE REESTINITE ELLIN COM EXTANT SELE, MINOR, MYOSAN ELL		ř –							
MRI NECK SPINE W/O & W/DYE	N/A	DIAGNOSTIC RADIOLOGY	1							ŀ
MRI NECK SPINE W/O & W/DTE	N/A	HOSPITAL	2	1	1					
MRI NECK SPINE W/O & W/DTE	N/A	RADIOLOGY	1	1	-					
	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
MRI NECK SPINE W/O DYE			1	0	0	0	0			ļ
MRI NECK SPINE W/O DYE	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	COUNSELING	1	0	0	-	0			
MRI NECK SPINE W/O DYE	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
MRI NECK SPINE W/O DYE	N/A	DIAGNOSTIC RADIOLOGY	2							
MRI NECK SPINE W/O DYE	N/A	HOSPITAL	3							
MRI NECK SPINE W/O DYE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	RADIOLOGY	1							
MRI NECK SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	HOSPITAL	3							
MRI NECK SPINE W/O DYE	Radiculopathy, cervical region	PHYSICIAN ASSISTANT	3					1		
MRI NECK SPINE W/O DYE	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	0	0	1	1		
		ORAL / MAXILLOFACIAL	O	1	O		1			
MRI Orbit, Face, and Neck without contrast	INJURY TRIGEMINAL NERVE RT SIDE INITIAL ENCNTR	SURGERY	1							
MRI Orbit, Face, and Neck; without contrast material(s), followed by		OTOLARYNGOLOGIST								
contrast material(s) and further sequences	OTHER DISEASES OF SALIVARY GLANDS	(ENT)	1							
MRI Orbit, Face, and Neck; without contrast material(s), followed by		OTOLARYNGOLOGIST								
contrast material(s) and further sequences	PREAURICULAR SINUS AND CYST	(ENT)	1							
MRI Orbit, Face, and Neck; without contrast material(s), followed by	SCOTOMA INVOLVING CENTRAL AREA BILATERAL; OCULAR PAIN									
contrast material(s) and further sequences	RIGHT EYE	RADIOLOGY		1	1					
MRI Orbit, Face, and Neck; without contrast material(s), followed by										
contrast material(s) and further sequences	Unknown; Unknown; UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY		1	1					
MRI Orbit, Face, and Neck; without contrast material(s), followed by	, , , , , , , , , , , , , , , , , , , ,					İ				
contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	OPHTHALMOLOGY	1							
MRI ORBIT/FACE/NECK W/O DYE	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
MRI ORBT/FAC/NCK W/O &W/DYE	END STAGE RENAL DISEASE	OPTOMETRY	2	0	0	0	0			
MRI ORBT/FAC/NCK W/O &W/DYE		HOSPITAL	1	0	0	0	0			
WINI ONBT/FAC/NCK W/O &W/DTE	N/A	HOSPITAL	1							+
MRI PELVIS W/DYE	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, SUBS	DIAGNOSTIC RADIOLOGY	1							
MRI PELVIS W/O & W/DYE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	1	0	0	0	0			
MRI PELVIS W/O & W/DYE	Intramural leiomyoma of uterus	Other Provider						1		
MRI PELVIS W/O & W/DYE	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MRI PELVIS W/O & W/DYE	N/A	HOSPITAL	3			1				
MRI PELVIS W/O & W/DYE	N/A	Other	1							\vdash
MRI PELVIS W/O & W/DYE	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, SUBS	DIAGNOSTIC RADIOLOGY	1							
						I	1			
MRI PELVIS W/O DYE	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, SUBS	DIAGNOSTIC RADIOLOGY	1			ļ				<u> </u>
MRI PELVIS; without contrast material(s)	DYSURIA; SACROCOCCYGEAL DISORDERS NEC; OTHER DISORDERS OF MENINGES NEC	NEUROSURGERY	1							
		PHYSICAL MEDICINE &								
MRI PELVIS; without contrast material(s)	NEURALGIA AND NEURITIS UNSPECIFIED; PARESTHESIA OF SKIN	REHABILITATION	1							
,,	PAIN IN RIGHT HIP; SACROILIITIS NOT ELSEWHERE CLASSIFIED; PAIN				†	1				
MRI PELVIS; without contrast material(s)	IN LEFT HIP; LOW BACK PAIN	RHEUMATOLOGY	1			1				
The Feet of the four contrast materials	PELVIC AND PERINEAL PAIN; OTHER SPONDYLOSIS WITH		-							+
MPI PELVIS: without contract material(s)	MYELOPATHY LUMBAR REGION	SLIDGEDY OPTHODEDIC	1			1				
MRI PELVIS; without contrast material(s)	INITELOFATET EUIVIDAN NEUIUN	SURGERY-ORTHOPEDIC	1+	1	1	1	l	i .		

Procedure Code Description MRI PELVIS; without contrast material(s), followed by contrast material(s), foll	
MRI PELVIS; without contrast material(s), followed by contrast material(s), followed by contrast material(s) and further sequences MRI PELVIS, without contrast material(s), followed by contrast material(s), followed by contrast material(s) and further sequences BENIGN NEOPLASM CNCTV & amp; OTHER SOFT TISSUE UNS; ABNORMAL LITERINE & amp; VAGINAL BLEEDING UNSPECIFIED MRI PELVIS; without contrast material(s), followed by contrast material(s), and further sequences BLADDER DISORDER UNSPECIFIED MRI PELVIS; without contrast material(s), followed by contrast material(s), and further sequences OBSTRUCTION/ GANGRENE; MALIGNANT NEOPLASM OF RECTUM on COLOGY MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences OBSTRUCTION/ GANGRENE; MALIGNANT NEOPLASM OF RECTUM on COLOGY MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences CROHNS DISEASE UNS WITHOUT COMPLICATIONS; PERIUMBILICAL material(s) and further sequences MRI PELVIS; without contrast material(s), followed by contrast material(s), follow	by IRO
material(s) and further sequences SPECIFIED BODY STRUCTURES INTERNAL MEDICINE MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences BLADDER DISORDER UNSPECIFIED MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences COLOSTOMY STATUS; PARASTOMAL HERNIA WITHOUT OBSTRUCTION/ GANGRENIE; MALIGNANT NEOPLASM OF RECTUM MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences CROHNS DISEASE UNS WITHOUT material(s) and further sequences CROHNS DISEASE UNS WITHOUT COMPLICATIONS; PERIUMBILICAL material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences MRI PELIVIS; without contrast material(s), followed by contrast material(s) and further sequences LEIOMYOMA OF UTERUS UNSPECIFIED RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY	
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material(s) and further sequences LEIOMYOMA OF UTERUS UNSPECIFIED RADIOLOGY 3	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences LEIOMYOMA OF UTERUS UNSPECIFIED DIAGNOSTIC 1	
MRI PELVIS; without contrast material(s), followed by contrast LOW BACK PAIN; SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY	
material(s) and further sequences LUMB RGN ORTHOPEDIC SURGERY 1 1	
MRI PELVIS; without contrast material(s), followed by contrast	_
material(s) and further sequences MALIGNANT NEOPLASM OF PROSTATE FAMILY PRACTICE 1	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences MALIGNANT NEOPLASM OF PROSTATE PHYSICIAN ASSISITANT 1 1	
MRI PELVIS; without contrast material(s), followed by contrast	_
material(s) and further sequences MALIGNANT NEOPLASM OF PROSTATE RADIATION ONCOLOGY 1 1	
MRI PELVIS; without contrast material(s), followed by contrast	_
material(s) and further sequences MALIGNANT NEOPLASM OF PROSTATE SURGERY- UROLOGICAL 1 1 1	1
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences MALIGNANT NEOPLASM OF PROSTATE UROLOGY 3	
MRI PELVIS; without contrast material(s), followed by contrast	-
material(s) and further sequences MALIGNANT NEOPLASM OF RECTUM SURGERY-GENERAL 2	
MRI PELVIS; without contrast material(s), followed by contrast OTH COND ASSOC W/FE GEN ORGN & Amp; MENSTRUAL CYCL;	
material(s) and further sequences PELVIC AND PERINEAL PAIN NURSE PRACTITIONER 1 1	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences OTH NONINFLAMM D/O OVARY FALLOP TUBE & DEPARTMENT OF THE SURGERY-PEDIATRIC 1 2 2	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences PELVIC AND PERINEAL PAIN FAMILY PRACTICE 1 1	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences PELVIC AND PERINEAL PAIN GYNECOLOGIST 1	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences PELVIC AND PERINEAL PAIN UROLOGY 1	
PELVIC AND PERINEAL PAIN; INTRAMURAL LEIOMYOMA OF UTERUS;	
MRI PELVIS; without contrast material(s), followed by contrast SUBSEROSAL LEIOMYOMA OF UTERUS; ENDOMETRIOSIS	
material(s) and further sequences UNSPECIFIED GYNECOLOGY 1 1	
MRI PELVIS; without contrast material(s), followed by contrast SCIATICA LEFT SIDE; ANESTHESIA OF SKIN; NEUROFIBROMATOSIS	
material(s) and further sequences TYPE 1; LOW BACK PAIN ONCOLOGY 1	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences Unknown INTERNAL MEDICINE 1	
MRI PELVIS; without contrast material(s), followed by contrast	
material(s) and further sequences Unknown SURGERY-GENERAL 1	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI PELVIS; without contrast material(s), followed by contrast										
material(s) and further sequences	Unknown	UROLOGY	2							
MRI Temporomandibular joint(s), TMJ	Unknown	ORAL / MAXILLOFACIAL SURGERY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	GENERAL SURGERY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FM HX EPILEPSY & DTHER DISEASES NERVOUS SYSTEM INTERVERTEBRAL DISC D/O W/MYELOPATHY TL REGION;	NEUROLOGY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION; SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	GENERAL SURGERY		1	1					
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	PEDIATRIC HEMATOLOGY/ONCOLOG Y	2							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	2							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	ORTHOPEDIC SURGERY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS; NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED; UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN; PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION		1	1					
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	NEUROLOGY	1							
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA LEFT SIDE; ANESTHESIA OF SKIN; NEUROFIBROMATOSIS TYPE 1; LOW BACK PAIN	ONCOLOGY	1							
MRI Thoracic Spine, (spinal canal and contents); with contrast	AUTISTIC DISORDER; MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1	1	1					
material(s) MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1	1	1					
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s) MRI Thoracic Spine, (spinal canal and contents); with contrast	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED; AUTISTIC DISORDER	FAMILY PRACTICE HEMATOLOGY AND		1	1					
material(s) MRI Thoracic Spine, (spinal canal and contents); without contrast	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	ONCOLOGY	1	1	1					
material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description DORSALGIA UNSPECIFIED; OTH CONGEN MALFORM SPINE NOT	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ASSOC W/SCOLIOSIS	NURSE PRACTITIONER	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast	ASSOC W/SCOLIOSIS	NORSE FRACTITIONER	1							
material	FATIGUE FX VERT THOR RGN INIT ENCOUNTER FOR FX	ORTHOPEDIC SURGERY	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast	PATIGOL PA VERT THOR ROW INTERCOUNTER FOR PA	OKTHOPEDIC SONGENT	1							
material	MULTIPLE SCLEROSIS	NEUROLOGY	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast	INCENTED SOLETIONS	11201102001	-							
material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROLOGY	1							
	OTHER ABNORMALITIES OF GAIT AND MOBILITY; DISEASE OF SPINAL									
MRI Thoracic Spine, (spinal canal and contents); without contrast	CORD UNSPECIFIED; UNSPECIFIED DISTURBANCES OF SKIN									
material	SENSATION	NEUROLOGY	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	PAIN IN LEFT HIP; DORSALGIA UNSPECIFIED	INTERNAL MEDICINE		1	1					
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	PAIN IN THORACIC SPINE	FAMILY PRACTICE		1	1					
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE		1	1					
MRI Thoracic Spine, (spinal canal and contents); without contrast	PAIN IN THORACIC SPINE; LOW BACK PAIN; OTH INTERVERTEBRAL									
material	DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT		1	1					
MRI Thoracic Spine, (spinal canal and contents); without contrast		PHYSICAL MEDICINE &								
material	PAIN IN THORACIC SPINE; RADICULOPATHY THORACIC REGION	REHABILITATION	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY		1	1					
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION	FAMILY MEDICINE		1	1					
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY CERVICAL REGION; PAIN IN THORACIC SPINE	FAMILY PRACTICE		1	1					
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY THORACIC REGION	NEUROSURGERY	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast										
material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast	RADICULOPATHY THORACIC REGION; RADICULOPATHY LUMBAR									
material	REGION	CHIROPRACTIC		1	1				1	
MRI Thoracic Spine, (spinal canal and contents); without contrast	SPINAL STENOSIS THORACIC REGION; POSTLAMINECTOMY	DAIN AAAN ACEAAENT								
material	SYNDROME NEC	PAIN MANAGEMENT		1	1				1	
MRI Thoracic Spine, (spinal canal and contents); without contrast	SPONDYLOSIS MAZO MAZELODATILADA DISCULODATILAZ TUON DOM	DAINI NAANIA CENAENIT	4							
material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN Unknown; OTH INTERVERTEBRAL DISC DISPLACEMENT THOR	PAIN MANAGEMENT	1							
MRI Thoracic Spine, (spinal canal and contents); without contrast material	REGION; RADICULOPATHY CERVICAL REGION	CHIROPRACTOR		1	1					
Illaterial	REGION, RADICOLOFATTI CERVICAL REGION	CHROFRACION	1	1	1					
MRI Upper Extremity, any joint; with contrast material(s)	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY, ORTHOPEDIC	1							
with opper Extremity, any joint, with contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER; PRIMARY	JONGENT, ONTHOLEDIC	+							
	OSTEOARTHRITIS RIGHT SHOULDER; SPRAIN RT ROTATOR CUFF									
MRI Upper Extremity, any joint; with contrast material(s)	CAPSULE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1							
This oppose Exactinity, any joint, that contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER; SUPERIOR	OMITIOI EDICOCINCENT	1							
MRI Upper Extremity, any joint; with contrast material(s)	GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	1							
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	1							
	PAIN IN LEFT WRIST; OTHER INSTABILITY LEFT WRIST; EFFUSION									
MRI Upper Extremity, any joint; with contrast material(s)	LEFT WRIST	ORTHOPEDIC SURGERY	1							
11 11 11 11		ORTHOPEDIC - NON								
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGICAL	1							
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	1							
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT WRIST	SURGERY- PLASTIC	1							
		OBSTETRICIAN AND								
MRI Upper Extremity, any joint; with contrast material(s)	RECURRENT DISLOCATION RIGHT SHOULDER	GYNECOLOGIST	l ₁	I						

Procedure Code Description	Diagnosis Code Description	Drovidor Specialty	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description MRI Upper Extremity, any joint; with contrast material(s)	Diagnosis Code Description SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	Provider Specialty ORTHOPEDIC SURGERY	Approvals	Denials 1	Denials 1	Denials	Denials	Approved	Denied 1	by IRO
	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	PHYSICIAN ASSISITANT	+	1	1			1	1	-
MRI Upper Extremity, any joint; with contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHEDR INIT ENC	SURGERY-ORTHOPEDIC	1	1	1			1		
MRI Upper Extremity, any joint; with contrast material(s)	STRAIN MOSC TEND ROTATOR COFF ET STIEDR INTELLE	JONGENT-ONTHOPEDIC	1							
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY, ORTHOPEDIC	1]
MRI Upper Extremity, any joint; with contrast material(s)	ULNAR COLLATERAL LIG SPRAIN UNS ELBOW INITIAL	ORTHOPEDIC SURGERY	1							-
with opper Extremity, any joint, with contrast material(s)	OLIVAN COLLATENAL LIG SI NAIN ONS ELBOW INTITAL	OKTITOT EDIC SONGERT	+							+
MRI Upper Extremity, any joint; without contrast material(s)	ABRASION OF LEFT WRIST INITIAL ENCOUNTER;	ORTHOPEDIC SURGERY	1]
min opper extremely, any joint, manage contract material(s)	The state of the s	OMITION EDITO SOMOEM	+							
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	2							
with opper extremity, any joint, without contrast material(s)	CONTRETE NOT COST TEMPORAL ET SHEEK NOT TILVOWAL	OKTITOT EDIC SOKGEKT	2							
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	FAMILY PRACTICE		2	2					
with opper extremity, any joint, without contrast material(s)	CONTRETE NOT COST TEXAS NOT THE SHEEK NOT THE CONTRET	TAIVIETTIONETTEE	+		-					
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY		1	1				1	
The opper extremely any joint, without contract material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT; PAIN IN	ONTHOR EDIO SONGEN		-	-				-	
MRI Upper Extremity, any joint; without contrast material(s)	RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
With Opper Extremity, any joint, without contrast material(s)	CONTRACTURE OF MUSCLE LEFT SHOULDER; BICIPITAL TENDINITIS	OKTITOT EDIC SONGERT	1							
MRI Upper Extremity, any joint; without contrast material(s)	LEFT SHOULDER	Physician		1	1					
This oppose Extremity, any joint, without contrast material(s)	ELL I SHOOLDEN	i ilysiciali	+	_						
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	1	1	1					
min opper extremely, any joint, manage contract material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER; BICIPITAL	OMITION EDITO SOMOEM	+	_	-					
MRI Upper Extremity, any joint; without contrast material(s)	TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
with opper extremity, any joint, without contrast material(s)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT; INCMPL	OKTITOT EDIC SOKGEKT	-							
MRI Upper Extremity, any joint; without contrast material(s)	RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	1							
With Opper Extremity, any joint, without contrast material(s)	THE PENTING THE SHOOLDER HOT SI EC TIMOW	SONGENT ONTHOLEDIC	1							
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	ORTHOPEDIC SURGERY	1							
with opper extremity, any joint, without contrast material(s)	EXTENSE EL TOURS TELLS ELL L'ELDOW	OKTITOT EDIC SONGERT	1							
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	ORTHOPEDIC SURGERY	2							
			Ť							
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW; PAIN IN RIGHT ELBOW	EMERGENCY MEDICINE		1	1				1	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS LEFT ELBOW	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJ MUSC TEND ROTAT CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	1							
	OTH SOFT TISS D/O REL USE OVERUSE PRESS RT HAND; UNI PRIM									
MRI Upper Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS 1ST CMC JOINT RT HAND	ORTHOPEDIC SURGERY	1							
	OTHER DISTURBANCES OF SKIN SENSATION; PAIN IN LEFT									
MRI Upper Extremity, any joint; without contrast material(s)	SHOULDER	PHYSICIAN		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHIES NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY		1	1			1		
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ELBOW; PAIN IN LEFT ELBOW	FAMILY PRACTICE	1							
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER; PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	1							
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RT ELBOW NEC	CHIROPRACTOR		1	1					
		1								
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS SYNOVIUM LEFT SHOULDER	SURGERY, ORTHOPEDIC	1							ļ!
		1								
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT SHOULDER	INTERNAL MEDICINE		1	1					ļ
		1								
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS & DEPARTMENT OF THE SYNOVITIS UNSPECIFIED HAND	SURGERY-ORTHOPEDIC	1							ļ
		1]
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	CHIROPRACTOR	1	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	FAMILY PRACTICE		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	SPORTS MEDICINE	1							
	PAIN IN LEFT ELBOW; OTHER INSTABILITY LEFT ELBOW	SURGERY-ORTHOPEDIC	1							
MRI Upper Extremity, any joint; without contrast material(s)					_					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	1	1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER PAIN IN LEFT SHOULDER; CERVICALGIA; PAIN IN LEFT WRIST; PAIN IN	SURGERY-ORTHOPEDIC		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	RIGHT WRIST; PAIN IN RIGHT SHOULDER	FAMILY PRACTICE		1	1				1	
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER; PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER; UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	CHIROPRACTOR	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST; OTHER INSTABILITY LEFT WRIST; EFFUSION LEFT WRIST	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	1							
		FAMILY PRACTICE	_	1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER			1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	2							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PAIN MANAGEMENT PHYSICAL MEDICINE &		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	REHABILITATION		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISITANT	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER; OTHER INSTABILITY RIGHT SHOULDER; UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER; PAIN IN LEFT SHOULDER	FAMILY PRACTICE		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY- PLASTIC	1							
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST; CHRONIC PAIN SYNDROME	ANESTHESIOLOGY		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER; PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION; PAIN IN LEFT SHOULDER	FAMILY PRACTICE		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ONCOLOGY		2	2					
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1	1	1			1		

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MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNTR	CHIROPRACTOR	1							
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TENDON TRICP RT ARM INIT ENC	SURGERY-ORTHOPEDIC		1	1			1		
MRI Upper Extremity, any joint; without contrast material(s)	TRANSIENT SYNOVITIS RIGHT WRIST	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	1	1	1					
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT AC JOINT INITIAL ENC; OTHER INSTABILITY LEFT SHOULDER; PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	1							
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT WRIST INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	ORTHOPEDIC SURGERY		1	1					
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC; BICIPITAL TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE EMBOLISM & DE THROMBOSIS SUP VEINS RT UP EXT	ONCOLOGY	1	1	1					
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER INSTABILITY RIGHT SHOULDER; PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED SUBLUXATION RT SHOULDER JOINT INIT	FAMILY PRACTICE		1	1					
MRI Upper Extremity, other than joint; without contrast material(s)	CONTUSION OF RIGHT ELBOW INITIAL ENCOUNTER	CHIROPRACTOR		2	2				1	
MRI Upper Extremity, other than joint; without contrast material(s)	INJURY ULNAR NERVE AT UP ARM LEVEL RT ARM INIT	SURGERY-ORTHOPEDIC	1							
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & DOCALIZED SWELLING	INTERNAL MEDICINE		1	1					
MRI Upper Extremity, other than joint; without contrast material(s)	OLECRANON BURSITIS RIGHT ELBOW; CONTUSION OF RIGHT ELBOW INITIAL ENCOUNTER	CHIROPRACTOR		1	1					
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT HAND; CONTRACTURE LEFT HAND	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	FAMILY PRACTICE	1							
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	SURGERY-HAND	2							
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	INTERNAL MEDICINE		1	1					
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	ANESTHESIOLOGY		1	1					
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JNT RT MID FINGER INT; SPRAIN UNS PART RT WRIST & DE SHAND INITIAL ENC	HAND SURGERY	1							
MRI Upper Extremity, other than joint; without contrast material(s)	SPRAIN METACARPOPHALANGEAL JOINT RT THUMB INIT	ORTHOPEDIC SURGERY		1	1			1		
MRI Upper Extremity, other than joint; without contrast material(s)	TRIGGER THUMB RIGHT THUMB	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, other than joint; without contrast material(s)	UNI PRIM OSTEOARTHRITIS 1ST CMC JOINT RT HAND; PAIN IN RIGHT WRIST; OTH SOFT TISS D/O REL USE OVERUSE PRESS RT HAND	ORTHOPEDIC SURGERY		1	1					
MRI Upper Extremity, other than joint; without contrast material(s)	Unknown	FAMILY PRACTICE	1							

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	OTHER DISORDER OF CIRCULATORY SYSTEM; PERIPHERAL									
MRI Upper Extremity, other than joint; without contrast material(s),	VASCULAR DISEASE UNSPECIFIED; OTHER SYNOVITIS AND									
followed by contrast material(s) and further sequences	TENOSYNOVITIS LEFT HAND	ORTHOPEDIC SURGERY	1							
MRI Upper Extremity, other than joint; without contrast material(s),										
followed by contrast material(s) and further sequences	OTHER SPECIFIED SOFT TISSUE DISORDERS	NURSE PRACTITIONER		1	1					
MS CONTIN 15 MG TABLET SA	N/A	Other Provider		1	1					
MS CONTIN ER 60 MG TABLET	SECONDARY MALIGNANT NEOPLASM OF BONE	Other Provider		1	1					
MSH2 GENE DUP/DELETE VARIANT	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MSH2 GENE DUP/DELETE VARIANT	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			+
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	0	1	1	0	0			+
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			+
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0			1
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0			1
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	1	5	5	0	0			1
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			
MSH2 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
MSH2 GENE DUP/DELETE VARIANT	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
MSH2 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF COLONIC POLYPS	GENETICS	1	0	0	0	0			+
MSH2 GENE FULL SEQ	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MSH2 GENE FULL SEQ	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			1
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			+
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	0	1	1	0	0			+
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			+
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0			1
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0			
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	2	5	5	0	0			
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			1
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			+
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			+
MSH2 GENE FULL SEQ	INTESTINAL MALABSORPTION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
MSH2 GENE FULL SEQ	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			<u> </u>
MSH2 GENE FULL SEQ	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			-
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			+
			0	1	1	0	0			+
MSH2 GENE FULL SEQ MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF CECUM MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	FAMILY MEDICINE	0	1	1	0	0			+
		ONCOLOGY	U	1	1	U	U			<u> </u>
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0			
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			

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MSH2 GENE FULL SEQ	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	HEMATOLOGY	1	0	0	0	0			+
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	ONCOLOGY	1	0	0	0	0			
MSH6 GENE DUP/DELETE VARIANT	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
MSH6 GENE DUP/DELETE VARIANT	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	0	2	2	0	0			
MSH6 GENE DUP/DELETE VARIANT	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MSH6 GENE DUP/DELETE VARIANT	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	0	1	1	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			1
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0			1
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	1	5	5	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			
MSH6 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
MSH6 GENE DUP/DELETE VARIANT	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
MSH6 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF COLONIC POLYPS	GENETICS	1	0	0	0	0			1
MSH6 GENE FULL SEQ	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MSH6 GENE FULL SEQ	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	0	1	1	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0			,
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	2	5	5	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			,
MSH6 GENE FULL SEQ	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
MSH6 GENE FULL SEQ	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF CECUM	FAMILY MEDICINE	0	1	1	0	0			
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0			
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
MSH6 GENE FULL SEQ	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MSH6 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	HEMATOLOGY	1	0	0	0	0			
MSH6 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	ONCOLOGY	1	0	0	0	0			
MSLT	HYPERSOMNIA, UNSPECIFIED	Respiratory Therapy	10	1	1					
MSLT	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Respiratory Therapy	1							
MSLT	INSOMNIA, UNSPECIFIED	Respiratory Therapy		1	1					
NACI T	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS	D	4							
MSLT	MIGRAINOSUS	Respiratory Therapy	1							
MSLT	NARCOLEPSY WITH CATAPLEXY	Respiratory Therapy	3							
MSLT	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory Therapy	5	2	2	-				
MSLT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	14	2	2					
MSLT	OTHER HYPERSOMNIA	Respiratory Therapy	3							
MSLT	REM SLEEP BEHAVIOR DISORDER	Respiratory Therapy	1							
MSLT	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy		1	1					
MSLT	SNORING	Respiratory Therapy	2	1	1					
MSLT	SOMNOLENCE	Respiratory Therapy	2	2	2					
MSLT	UNSPECIFIED COMA	Respiratory Therapy	1							
MULT DEN INSERT DIR CARV/CAM	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	FAMILY MEDICINE	1	0	0	0	0			
MULTI DEN INSERT CUSTOM MOLD	CHRONIC IDIOPATHIC CONSTIPATION	ENDOCRINOLOGY AND	1	0	0	0	0			
MULTI DEN INSERT CUSTOM MOLD	DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER	METABOLISM	1	0	0	0	0			-
MOLIT DEN INSERT COSTOM MOLD	DIABETES MELLITOS DUE TO UNDERLYING CONDITION W FOOT OLCER	PODIATRY	1	U	U	U	U			
MULTI DEN INSERT CUSTOM MOLD	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MULTI DEN INSERT CUSTOM MOLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	ENDOCRINOLOGY AND	1	0	0	0	0			
MOEN BEN MOEN COSTOM MOED	ossinosine seed in non process, (i es mino)	METABOLISM			Ü					
MULTI DEN INSERT CUSTOM MOLD	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	PODIATRY	1	0	0	0	0			
MULTI DEN INSERT CUSTOM MOLD	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	PODIATRY	1	0	0	0	0			
MULTI DEN INSERT CUSTOM MOLD	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MULTI DEN INSERT CUSTOM MOLD	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MULTI-AXIAL ROTATION UNIT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			
Multiple Myeloma	Multiple myeloma in relapse	RADIATION ONCOLOGY	2	1	1					
MULTIPLE SLEEP LATENCY T	Other hypersomnia	INTERNAL MEDICINE							1	
MULTIPLE SLEEP LATENCY TEST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0			
MULTI-POSITION STND FRAM SYS	CEREBRAL PALSY, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
MUPIROCIN 2 % CREAM (G)	N/A	INTERNAL MEDICINE	1	1	-	-	-			
MUSC MYOQ/FSCQ FLP H&N PEDCL	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
		NOSE, AND THROAT)	_	ľ	_					
MUSC MYOQ/FSCQ FLP H&N PEDCL	MALIGNANT NEOPLASM OF UPPER GUM	SURGERY, GENERAL	1	0	0	0	0			
MUSC MYOQ/FSCQ FLP H&N PEDCL	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	SURGERY, PLASTIC	1	0	0	0	0			
MUSC MYOQ/FSCQ FLP H&N PEDCL	UNSP MALIG NEOPLASM SKIN/ RIGHT EAR AND EXTERNAL AURIC CANAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
MUSC MYOQ/FSCQ FLP H&N PEDCL	UNSP MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PART OF FACE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
AAUGG TEGT DONE WAAN TEGT COMP	11/4	NOSE, AND THROAT)								
MUSC TEST DONE W/N TEST COMP	N/A	NEUROLOGY	2	0						├
MUSC TEST DONE W/N TEST COMP	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	U	U	U	U			├
MUSC TEST DONE W/N TEST COMP	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	U	0	U	0			<u> </u>
MUSC TEST DONE W/N TEST COMP	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	U	U	U	U			
MUSC TEST DONE W/N TEST COMP	RADICULOPATHY, LUMBOSACRAL REGION	NEUROLOGY	1			<u> </u>	L.			
MUSC TEST DONE W/N TEST COMP	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSC TEST DONE W/N TEST COMP	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	5	0	0	0	0			
MUSC TST DONE W/N TST NONEXT	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
MUSC TST DONE W/N TST NONEXT	BENIGN NEOPLASM OF PARATHYROID GLAND	NOSE, AND THROAT) PHYSICAL MEDICINE	1	0	0	n	0			+
MUSC TST DONE W/N TST NONEXT	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			\vdash
MUSC TST DONE W/N TST NONEXT	N/A	NEUROLOGY	1	-	-		-		-	++
	,		1			1	-		-	+
MUSCLE TEST 2 LIMBS	N/A	NEUROLOGY	1	0	0	0	0			
MUSCLE TEST 2 LIMBS	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	U	U	U	U]		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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MUSCLE TEST 2 LIMBS	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
MUSCLE TEST 2 LIMBS	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST 2 LIMBS	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST 2 LIMBS	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST 2 LIMBS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	5	0	0	0	0			
MUSCLE TEST 2 LIMBS	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST CRAN NERV UNILAT	N/A	HOSPITAL	1							
MUSCLE TEST CRAN NERV UNILAT	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			
MUSCLE TEST CRAN NERVE BILAT	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
MUSCLE TEST CRAN NERVE BILAT	BENIGN NEOPLASM OF PARATHYROID GLAND	PHYSICAL MEDICINE	1	0	0	0	0			
MUSCLE TEST CRAN NERVE BILAT	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			
MUSCLE TEST CRAN NERVE BILAT	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST CRAN NERVE BILAT	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
MUSCLE TEST CRAN NERVE BILAT	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST CRAN NERVE BILAT	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST LARYNX	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
MUSCLE TEST LARYNX	BENIGN NEOPLASM OF PARATHYROID GLAND	PHYSICAL MEDICINE	1	0	0	0	0			
MUSCLE TEST LARYNX	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			
MUSCLE TEST LARYNX	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST LARYNX	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
MUSCLE TEST LARYNX	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST NONPARASPINAL	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TEST NONPARASPINAL	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
MUSCLE TEST NONPARASPINAL	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE TRANSFER SHOULDER/ARM	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	ABSCESS OF BURSA, RIGHT ANKLE AND FOOT	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	DISPL COMMNT FX SHAFT OF R TIBIA, 7THC	SURGERY, ORTHOPEDIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	GENDER IDENTITY DISORDER, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	INFECT/INFLM REACTION DUE TO INTERNAL R KNEE PROSTH, INIT	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	LACERATION WITHOUT FOREIGN BODY, RIGHT ANKLE, SUBS ENCNTR	PEDIATRICS	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	LACERATION WITHOUT FOREIGN BODY, RIGHT ANKLE, SUBS ENCNTR	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	MALIGNANT NEOPLASM OF UPPER GUM	SURGERY, GENERAL	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT LEG	SKIN TRANSPLANT STATUS	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	SURGERY, THORACIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	SURGERY, GENERAL	2	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY MEDICINE	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, PLASTIC	3	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	SURGERY, GENERAL	1	0	0	0	0	<u> </u>		<u> </u>
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF RECTUM	SURGERY, GENERAL	1	0	0	0	0			1
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF RECTUM	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	MARFAN'S SYNDROME, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0	-		+
MUSCLE-SKIN GRAFT TRUNK	NON-PRESSURE CHRONIC ULCER OTH PRT LEFT FOOT W UNSP SEVERITY	SURGERY, PLASTIC	1	0	0	0	0			†
MUSCUE CVIN CRAFT TRUNK	OTH ACQUIRED DEFORMITIES OF AUGCUL OCCUPIETAL COSTEA.	CLIDGEDY DI ACTIG	1	0	0	0	0	 		+
MUSCLE-SKIN GRAFT TRUNK	OTH ACQUIRED DEFORMITIES OF MUSCULOSKELETAL SYSTEM	SURGERY, PLASTIC	1	U	U	U	U			<u> </u>

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
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MUSCLE-SKIN GRAFT TRUNK	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGRENE	SURGERY, GENERAL	1	0	0	U	0			
MUSCLE-SKIN GRAFT TRUNK	OTHER HYPERTROPHIC DISORDERS OF THE SKIN	SURGERY, PLASTIC	2	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	UMBILICAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	2	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	SURGERY, PLASTIC	1	0	0	0	0			
MUSCLE-SKIN GRAFT TRUNK	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, PLASTIC	2	0	0	0	0			
MUSCULOSKELETAL SURGERY	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	SURGERY, ORTHOPEDIC	0	1	0	1	0			
MUSCULOSKELETAL SURGERY	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	0	1	1	0	0			
MYD88 GENE P.LEU265PRO VRNT	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	0	1	1	0	0			
MYDAYIS 12.5 MG CPTP 24HR	N/A	Other Provider	1	1	1					
MYDAYIS 25 MG CPTP 24HR	N/A	Other Provider	3	5	5					
MYDAYIS 25 MG CPTP 24HR	N/A	PEDIATRICS	1							
MYDAYIS 37.5 MG CPTP 24HR	N/A	INTERNAL MEDICINE	1							
MYDAYIS 37.5 MG CPTP 24HR	N/A	Other Provider	5	4	4					
MYDAYIS 50 MG CPTP 24HR	N/A	FAMILY MEDICINE	1							
MYDAYIS 50 MG CPTP 24HR	N/A	Other Provider	7	1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
MYDAYIS ER 12.5 MG CAPSULE	type	FAMILY MEDICINE		1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
MYDAYIS ER 12.5 MG CAPSULE	type	Other Provider	2	1	1					
MYDAYIS ER 25 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	1	1	1					
	Attention-deficit hyperactivity disorder, predominantly hyperactive									
MYDAYIS ER 25 MG CAPSULE	type	Other Provider		2	2					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
MYDAYIS ER 25 MG CAPSULE	type	Other Provider	1							
MYDAYIS ER 25 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider		1	1					
MYDAYIS ER 37.5 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	3	4	4					
	Attention-deficit hyperactivity disorder, predominantly hyperactive									
MYDAYIS ER 37.5 MG CAPSULE	type	Other Provider	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
MYDAYIS ER 37.5 MG CAPSULE	type	Other Provider	1							
MYDAYIS ER 37.5 MG CAPSULE	Major depressive disorder, recurrent, moderate	Other Provider		1	1					
MYDAYIS ER 37.5 MG CAPSULE	N/A	Other Provider		1	1					
MYDAYIS ER 50 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider		2	2					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
MYDAYIS ER 50 MG CAPSULE	type	Other Provider	3							
MYDAYIS ER 50 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	2							
MYELOGPHY 2/> SPINE REGIONS	BRADYCARDIA, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	0	0	0	0			
MYLOTARG	Acute myeloblastic leukemia, in relapse	Other Provider						1		
ANYORLOG	Adianais a sidda a da sana a dala sidda a da da da sana a da da sana a da da sana a da da da da da da da da da	DAINI MAANIA CEMAENIT								
MYOBLOC	Migraine without aura, intractable, without status migrainosus	PAIN MANAGEMENT							1	
A4 and the of the transfer to the transfer (CDECT) (the latter										
Myocardial perfusion imaging, tomographic (SPECT) (including		1								
attenuation correction, qualitative or quantitative wall motion,		CARDIOVACCIII AR								
ejection fraction by first pass or gated technique, additional	ADMORMAL ELECTROCARDIOCRANA	CARDIOVASCULAR	2							
quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM	DISEASE	2							
Museradial perfusion imaging temperanhic (SDECT) /:		1								
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,	ADMODANAL ELECTROCARDIOCRANA: CLIECT RAIN LINCRECIEIS	CARDIOVACCIII AR								
ejection fraction by first pass or gated technique, additional	ABNORMAL ELECTROCARDIOGRAM; CHEST PAIN UNSPECIFIED;	CARDIOVASCULAR		1	1					
quantification, when performed); multiple studies, at rest and/or	MENINGISMUS	DISEASE		1	1		L			L

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional		CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM; OTHER FORMS OF DYSPNEA	DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional		CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	ABNORMAL ELECTROCARDIOGRAM; UNSTABLE ANGINA	DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional		CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	ANGINA PECTORIS UNSPECIFIED	DISEASE	2							
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional		CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	DISEASE	1							
4			1							
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional		CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	DISEASE	4							
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS; CHRONIC	CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	DIASTOLIC CONGESTIVE HEART FAILURE	DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS;	CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	CORONARY ANGIOPLASTY STATUS	DISEASE		1	1					
A control of circulation to the (CDECT) (i.e. t.										
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS;									
quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED; OLD MYOCARDIAL INFARCTION	INTERNAL MEDICINE	1							
	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT; MIXED									
Myocardial perfusion imaging, tomographic (SPECT) (including	HYPERLIPIDEMIA; OCCLUSION & STENOSIS BILATERAL CAROTID									
attenuation correction, qualitative or quantitative wall motion,	ARTERIES; OTHER CHEST PAIN; ABNORMAL ELECTROCARDIOGRAM;	CARRIOVACC: :: - 5								
ejection fraction by first pass or gated technique, additional	TOBACCO USE; HYPERTENSIVE HEART DISEASE WITHOUT HEART	CARDIOVASCULAR	_							
quantification, when performed); multiple studies, at rest and/or	FAILURE; ISCHEMIC CARDIOMYOPATH	DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including										
attenuation correction, qualitative or quantitative wall motion,										
ejection fraction by first pass or gated technique, additional		CARDIOVASCULAR								
quantification, when performed); multiple studies, at rest and/or	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	DISEASE	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BENIGN NEOPLASM OF MENINGES UNSPECIFIED; HYPERLIPIDEMIA UNSPECIFIED; UNSPECIFIED CONVULSIONS; PAROXYSMAL ATRIAL FIBRILLATION; OTHER CHEST PAIN; PATIENTS NONCOMPLIANCE W/OTH MED TX & DESCRIPTION OF THE PROPERTY OF THE PROPE	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	BRADYCARDIA UNSPECIFIED	FAMILY PRACTICE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	4	1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	2	1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	3	1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED; DYSPNEA UNSPECIFIED; ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED; HYPERLIPIDEMIA UNSPECIFIED; ESSENTIAL PRIMARY HYPERTENSION; FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM; TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED; PALPITATIONS	CARDIOVASCULAR DISEASE		1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED; PALPITATIONS; ANXIETY DISORDER UNSPECIFIED; MULTIPLE SCLEROSIS; DIZZINESS AND GIDDINESS	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	CHEST PAIN UNSPECIFIED; SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	COUGH; LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DISORDER OF THYROID UNSPECIFIED; HEART FAILURE UNSPECIFIED; ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS; TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS; SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DM D/T UNDERLYING COND W/DIABETIC CHRN KIDNEY DZ; CHEST PAIN UNSPECIFIED; ABNORMAL ELECTROCARDIOGRAM; HTN HEART & CKD W/O HF W/STAGE 5 CKD OR ESRD	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	3							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED	GENERAL PRACTICE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED; SHORTNESS OF BREATH; DIZZINESS AND GIDDINESS; PRESENCE OF AORTOCORONARY BYPASS GRAFT; OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	DYSPNEA UNSPECIFIED; SHORTNESS OF BREATH; MORBID SEVERE OBESITY DUE TO EXCESS CALORIES; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN; ABNORMAL ELECTROCARDIOGRAM; ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOVASCULAR DISEASE	2							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	2	1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; ABNORMAL ELECTROCARDIOGRAM; ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM; HYPERLIPIDEMIA UNSPECIFIED; OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; RADICULOPATHY LUMBAR REGION; OVERWEIGHT; TYPE 2 DIABETES MELLITUS WITHOUT	CARDIOVASCULAR DISEASE	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY; HYPERLIPIDEMIA UNSPECIFIED; SLEEP APNEA UNSPECIFIED; ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; BODY MASS INDEX BMI 33.0- 33.9 ADULT; HYPERLIPIDEMIA UNSPECIFIED; ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE		1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; CHEST PAIN UNSPECIFIED; OTH SPEC SX & DESTRICT STATES	INTERNAL MEDICINE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; HYPOTHYROIDISM UNSPECIFIED; OBESITY UNSPECIFIED; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; MIXED HYPERLIPIDEMIA; ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	ESSENTIAL PRIMARY HYPERTENSION; OTHER RHEUMATIC MITRAL VALVE DISEASES; PALPITATIONS; OTHER CHEST PAIN	CARDIOVASCULAR DISEASE		1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM; BODY MASS INDEX BMI 40.0-44.9 ADULT; OTHER CHEST PAIN; ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE		1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM; SHORTNESS OF BREATH; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED; ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED; ESSENTIAL PRIMARY HYPERTENSION; ABNORMAL ELECTROCARDIOGRAM; SHORTNESS OF BREATH; ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS; OTHER CHEST PAIN		1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED; ESSENTIAL PRIMARY HYPERTENSION; ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS; DYSPNEA UNSPECIFIED; ST ELEVATION MYOCARDIAL INFARCTION UNS SITE; CHEST PAIN UNSPECIFIED; OBESITY UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERLIPIDEMIA UNSPECIFIED; SHORTNESS OF BREATH; VARICOSE VEINS BILATERAL LOWER EXTREM W/OTH COMP; PALPITATIONS; CHEST PAIN UNSPECIFIED; ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE; SHORTNESS OF BREATH; ABNORMAL ELECTROCARDIOGRAM; ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED; SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	MIXED HYPERLIPIDEMIA; VENTRICULAR PREMATURE DEPOLARIZATION; ESSENTIAL PRIMARY HYPERTENSION; PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OBESITY UNSPECIFIED; TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS; HYPERLIPIDEMIA UNSPECIFIED; ESSENTIAL PRIMARY HYPERTENSION; CHEST PAIN UNSPECIFIED; CARDIAC MURMUR UNSPECIFIED; ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	5	2	2					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	INTERNAL MEDICINE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN	PHYSICIAN ASSISITANT	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN; ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN; PALPITATIONS; ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER CHEST PAIN; TACHYCARDIA UNSPECIFIED; ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	OTHER FORMS OF DYSPNEA; ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE		1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS; CHEST PAIN UNSPECIFIED; SHORTNESS OF BREATH; TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS; SLEEP APNEA UNSPECIFIED; DIZZINESS AND GIDDINESS; OTHER FATIGUE; FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM; SYNCOPE AND COLLAPSE; ABNORMAL ELECTR	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PALPITATIONS; ESSENTIAL PRIMARY HYPERTENSION; MIXED HYPERLIPIDEMIA; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PARKINSONS DISEASE	INTERNAL MEDICINE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PAROXYSMAL ATRIAL FIBRILLATION; ABNORMAL ELECTROCARDIOGRAM; PALPITATIONS; TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	CARDIOVASCULAR DISEASE		1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	3							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH; CARDIAC MURMUR UNSPECIFIED; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH; DIZZINESS AND GIDDINESS; GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS; PALPITATIONS; CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE		1	1					
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SHORTNESS OF BREATH; HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	3							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TACHYCARDIA UNSPECIFIED; OTHER CHEST PAIN; ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS; CARPAL TUNNEL SYNDROME UNSPECIFIED UPPER LIMB; PAIN IN UNSPECIFIED KNEE; Unknown; MIXED HYPERLIPIDEMIA; ABNORMAL ELECTROCARDIOGRAM; ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS; OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS; PRECORDIAL PAIN; ESSENTIAL PRIMARY HYPERTENSION; HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Unknown; TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS; ABNORMAL ELECTROCARDIOGRAM; CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	1							
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	1							
MYOCRD IMG PET MLT RST&STRS	ABNORMAL FINDINGS ON DX IMAGING OF HEART AND COR CIRC ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG	CARDIOVASCULAR SURGERY CARDIOVASCULAR	1							
MYOCRD IMG PET MLT RST&STRS MYOCRD IMG PET MLT RST&STRS	PCTRS ESSENTIAL (PRIMARY) HYPERTENSION	SURGERY CARDIOVASCULAR DISEASE	0	1	1	0	0			

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MONCRO IMAGE PET MAT RETRESTISS PHYPERUPDICHMA, UNSPECIFED SURGERY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ls Approved
MYCORD STRAIN MAY SECKL TIESK MYCHAEL SECKLANDER MYCORD STRAIN MAY SECKLA TIESK MYCORD MAY SECKLA TIESK MYCORD MAY	d by IRO
MOCRES STRAIN MIGS SYCK STRICK MACRIA REPAYABLE COVID-19 MICCOS STRAIN MIGS SYCK STRICK MACRIA REPAYABLE COVID-19 MACRIA REPA	
MOCIOD STRAIN MIG SPC18 TECC MALIO MAPPE MALIO REPORTANT OF LETT FEMALE BREAST MALIO REPORTANT	
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NYONESTRIC 25 MG TAB ER 24H	
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MYORISAN 40 MG CAPSULE N/A PHYSICIAN ASSISTANT 1 1 1 MYRBETRIQ Urinary tract infection, site not specified Other Provider <td></td>	
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FEMALE PELVIC MEDICINE	
AND RECONSTRUCTIVE MYRBETRIQ 25 MG TAB ER 24H N/A N/A NEURODEVELOPMENTAL DISABILITIES 1 OBSTETRICS/GYNECOLOG MYRBETRIQ 25 MG TAB ER 24H N/A N/A OTher Provider MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A OTHER PROVIDENT STAN SENSTANT MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 25 MG TAB ER 24H N/A MYRBETRIQ 50 MG TAB ER 24H N/A FAMILY MEDICINE S 5 5	
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MYRBETRIQ 25 MG TAB ER 24H N/A SURGERY 2 2 MYRBETRIQ 25 MG TAB ER 24H N/A DISABILITIES 1 MYRBETRIQ 25 MG TAB ER 24H N/A OBSTETRICS/GYNECOLOG 3 MYRBETRIQ 25 MG TAB ER 24H N/A Y 1 3 3 MYRBETRIQ 25 MG TAB ER 24H N/A Other Provider 1 3 3 MYRBETRIQ 25 MG TAB ER 24H N/A PHYSICIAN ASSISTANT 1 1 1 MYRBETRIQ 25 MG TAB ER 24H N/A UROLOGY 5 11 11 MYRBETRIQ 50 MG TAB ER 24H N/A UROLOGY 5 5 5 MYRBETRIQ 50 MG TAB ER 24H N/A FAMILY MEDICINE 5 5 5	
NEURODEVELOPMENTAL DISABILITIES 1	
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MYRBETRIQ 25 MG TAB ER 24H N/A Other Provider 1 3 3 MYRBETRIQ 25 MG TAB ER 24H N/A PHYSICIAN ASSISTANT 1 1 1 MYRBETRIQ 25 MG TAB ER 24H N/A UROLOGY 5 11 11 MYRBETRIQ 50 MG TAB ER 24H N/A FAMILY MEDICINE 5 5	
MYRBETRIQ 25 MG TAB ER 24H N/A PHYSICIAN ASSISTANT 1 1 1 1 MYRBETRIQ 25 MG TAB ER 24H N/A UROLOGY 5 11 11 MYRBETRIQ 50 MG TAB ER 24H N/A FAMILY MEDICINE 5 5	
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MYRBETRIQ 50 MG TAB ER 24H N/A FAMILY MEDICINE 5 5	
FEMALE DELVIC MEDICINE	
EFAMALE DELVIC MEDICINE	
FEMALE PELVIC MEDICINE	
AND RECONSTRUCTIVE	
MYRBETRIQ 50 MG TAB ER 24H N/A SURGERY 2 2	!
OBSTETRICS/GYNECOLOG V 2 2 2	
MYRBETRIQ 50 MG TAB ER 24H N/A Other Provider 1 2 2	-
MYRBETRIQ 50 MG TAB ER 24H N/A Other Provider 1 2 2 MYRBETRIQ 50 MG TAB ER 24H N/A PEDIATRICS 1	-
MYRBETRIQ 50 MG TAB ER 24H N/A PHYSICIAN ASSISTANT 1 1 1	-
MYRBETRIQ 50 MG TAB ER 24H N/A UROLOGY 6 22 22	

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MYRBETRIQ ER 25 MG TABLET	Frequency of micturition	UROLOGY FAMILY NURSE		1	1					
		PRACTITIONER PRIMARY]
MYRBETRIQ ER 25 MG TABLET	Malignant neoplasm of prostate	CARE	1							
MYRBETRIQ ER 25 MG TABLET	N/A	FAMILY MEDICINE	1	1	1					-
WINDETNIQ ER 25 WG TABLET	IN/A	OBSTETRICS/GYNECOLOG	1	1	1					-
MYRBETRIQ ER 25 MG TABLET	N/A	Y	1	1	1]
MYRBETRIQ ER 25 MG TABLET	N/A	ONCOLOGY	-	1	1					
MYRBETRIQ ER 25 MG TABLET	N/A	Other Provider		5	5					
MYRBETRIQ ER 25 MG TABLET	N/A	UROLOGY	1	1	1					
MYRBETRIQ ER 25 MG TABLET	Unspecified abdominal pain	SURGERY, GENERAL	-	1	1					
MYRBETRIQ ER 50 MG TABLET	Enlarged prostate with lower urinary tract symptoms	UROLOGY	1							
MYRBETRIQ ER 50 MG TABLET	MIXED INCONTINENCE	UROLOGY	1							†
MYRBETRIQ ER 50 MG TABLET	N/A	FAMILY MEDICINE	2	1	1					† 1
		FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE								
MYRBETRIQ ER 50 MG TABLET	N/A	SURGERY		1	1					
MYRBETRIQ ER 50 MG TABLET	N/A	Other Provider	2	1	1					ļ
MYRBETRIQ ER 50 MG TABLET	N/A	UROLOGY	5	2	2					
		PHYSICAL MEDICINE AND								
MYRBETRIQ ER 50 MG TABLET	Neuromuscular dysfunction of bladder, unspecified	REHABILITATION FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE	1							
MYRBETRIQ ER 50 MG TABLET	Urgency of urination	SURGERY		1	1					
N BLOCK LUMBAR/THORACIC	RADICULOPATHY, CERVICAL REGION	PAIN MANAGEMENT	0	1	0	0	1			
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	ANESTHESIOLOGY	2							
N BLOCK, LUMBAR/THORACIC	Unknown; Causalgia of bilateral lower limbs	ANESTHESIOLOGY	2							
		CARDIOVASCULAR								
N/A	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	SURGERY	2							
N/A	ABNORMAL RESULTS OF OTHER FUNCTION STUDIES OF EYE	OPHTHALMOLOGY	1							
		SKILLED NURSING								
N/A	Abnormalities of breathing	FACILITY	1							
N/A	ABSCESS OF BURSA, RIGHT ANKLE AND FOOT	ORTHOPEDIC SURGERY	1							
N/A	ABSCESS OF TENDON SHEATH, RIGHT LOWER LEG	ORTHOPEDIC SURGERY	1							
N/A	ACHILLES TENDINITIS, LEFT LEG	Rehab Provider		1	1					
	ACHILLES TENDINITIS, LEFT LEG, STIFFNESS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT ANKLE AND JOINTS OF LEFT									
N/A	FOOT	Rehab Provider		1	1					
N/A	ACHILLES TENDINITIS, RIGHT LEG	Rehab Provider		1	1					<u> </u>
	ACHILLES TENDINITIS, RIGHT LEG, PAIN IN RIGHT ANKLE AND JOINTS									
N/A	OF RIGHT FOOT	Rehab Provider	3	2	2					
N/A	Acidosis	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Acidosis	FACILITY	1							ļ
	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM,									
N/A	UNSPECIFIED	PODIATRY	2	<u> </u>	<u> </u>	 				
N/A	Acute and chronic respiratory failure with hypoxia	NURSING FACILITY	1	ļ	ļ					
N/A	Acute and chronic respiratory failure with hypoxia	Nursing Services	1							
N/A	Acute and chronic respiratory failure with hypoxia	OCCUPATIONAL THERAPY	1	ļ	ļ					
N/A	Acute and chronic respiratory failure with hypoxia	PHYSICAL THERAPY SKILLED NURSING	1							+
N/A	Acute and chronic respiratory failure with hypoxia	FACILITY	1	ļ	ļ	ļ				<u> </u>
N/A	Acute hematogenous osteomyelitis, right ankle and foot	NURSING FACILITY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Troccuire code bescription	Diagnosis code Description	SKILLED NURSING	Арргочиз	Demais	Demais	Demais	Demais	Аррготси	Demeu	by inc
N/A	Acute hematogenous osteomyelitis, right ankle and foot	FACILITY	1							
1471	react hematogenous osteomyenus, nght annie and loot	LONG TERM CARE ACUTE	-							
N/A	Acute kidney failure, unspecified	HOSPITAL	1							
N/A	ACUTE KIDNEY FAILURE, UNSPECIFIED	NEPHROLOGY	1							+
N/A	Acute myocardial infarction	NURSING FACILITY	1							
IN/A	Acute myocardian imarction	SKILLED NURSING	1							
N/A	Acute myocardial infarction	FACILITY	1							
N/A	Acute myocardial infarction Acute myocardial infarction, unspecified	NURSING FACILITY	1							
IN/A	Acute myocardiai imarction, unspecified	SKILLED NURSING	1							
11/4	A		4							
N/A	Acute myocardial infarction, unspecified	FACILITY	1							
N/A	Acute respiratory distress syndrome	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Acute respiratory distress syndrome	FACILITY	1							
N/A	Acute respiratory failure with hypoxia	HOSPITAL	1							
N/A	Acute respiratory failure with hypoxia	NURSING FACILITY	2							
N/A	Acute respiratory failure with hypoxia	RADIOLOGY - CT	1							
N/A	Acute respiratory failure with hypoxia	RADIOLOGY - MRI	1							
N/A	Acute respiratory failure with hypoxia	RADIOLOGY - PET	1							
		SKILLED NURSING								
N/A	Acute respiratory failure with hypoxia	FACILITY	3							
N/A	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Rehab Provider		6	6					
N/A	ADHESIVE CAPSULITIS OF LEFT SHOULDER, PAIN IN LEFT SHOULDER, STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
- '	ADHESIVE CAPSULITIS OF LEFT SHOULDER, STIFFNESS OF LEFT									†
	SHOULDER, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT SHOULDER,									
N/A	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	1							
N/A	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Rehab Provider	1	2	2					+
.,,,	ADHESIVE CAPSULITIS OF RIGHT SHOULDER, ADHESIVE CAPSULITIS	rends i rovidei		-	-					+
	OF LEFT SHOULDER, PAIN IN RIGHT SHOULDER, PAIN IN LEFT									
	SHOULDER, IMPINGEMENT SYNDROME OF LEFT SHOULDER,									
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER, CALCIFIC									
N/A	TENDINITIS OF RIGHT SHOULDER, WEAKNESS, BUR	Dobah Drovidar		2	2					
IN/A	ADHESIVE CAPSULITIS OF RIGHT SHOULDER, MUSCLE WEAKNESS	Rehab Provider		2	2					
11/4		Debelone State								
N/A	(GENERALIZED)	Rehab Provider	4	1	1					
N/A	Adult hypertrophic pyloric stenosis	NURSING FACILITY	1							
N/A	Adult hypertrophic pyloric stenosis	RADIOLOGY - CT	1							
N/A	Adult hypertrophic pyloric stenosis	RADIOLOGY - MRI	1							
N/A	Adult hypertrophic pyloric stenosis	RADIOLOGY - PET	1							
		SKILLED NURSING								
N/A	Adult hypertrophic pyloric stenosis	FACILITY	1							
	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY, PRESENCE									
N/A	OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider	ļ	1	1					
N/A	AGE-RELATED NUCLEAR CATARACT, BILATERAL	OPHTHALMOLOGY	5							
	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL									
N/A	FRACTURE	ENDOCRINOLOGY	1							
		MH/SUD All Other								
N/A	Alcohol dependence with withdrawal, unspecified	Outpatient	1							
N/A	Alcohol dependence with withdrawal, unspecified	MH/SUD Inpatient	1							<u> </u>
		MH/SUD All Other								
N/A	Alcohol dependence, uncomplicated	Outpatient	42							
N/A	Alcohol dependence, uncomplicated	MH/SUD Inpatient	25	1	1					
		ALLERGY &								
N/A	ALLERGIC RHINITIS DUE TO ANIMAL (CAT) (DOG) HAIR AND DANDER	IMMUNOLOGY	1							

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		ALLERGY &								
N/A	ALLERGIC RHINITIS DUE TO POLLEN	IMMUNOLOGY	2							
		ALLERGY &								
N/A	ALLERGIC RHINITIS, UNSPECIFIED	IMMUNOLOGY	1							
N/A	Altered mental status, unspecified	HOSPITAL	1							
N/A	Altered mental status, unspecified	NURSING FACILITY	1							
N/A	Altered mental status, unspecified	Other Provider						1		
	Alternative delication and the state of the	SKILLED NURSING	2							
N/A	Altered mental status, unspecified	FACILITY	2							
21/4	At his toronto discourse	SKILLED NURSING								
N/A	Alzheimer's disease	FACILITY	1							
N/A	ANIENALA IN OTHER CHRONIC DICEACES CLASSIFIED ELSEVALIERE	MEDICAL ONCOLOGY	2							
N/A	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE	MEDICAL ONCOLOGY	2							
N/A	ANIFAMA LINICOFCIFIED	HEMATOLOGY/ONCOLOG	2							
N/A	ANEMIA, UNSPECIFIED	LONG TERM CARE ACUTE	2							
N/A	Amouniaanasifiad	LONG TERM CARE ACUTE	1							
N/A	Anemia, unspecified	HOSPITAL	1							
N/A	ANESTHESIA OF SKIN	NEUROLOGY	1							
N/A	ANKYLOSIS, RIGHT KNEE, CONTRACTURE, LEFT KNEE, PRESENCE OF	Dahah Dan dahan		1	1					
N/A	RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider		1	1					
	ANIMAL OCIC DICLIT MAIES CONTRACTURE LEST MAIES DESCENCE OF									
	ANKYLOSIS, RIGHT KNEE, CONTRACTURE, LEFT KNEE, PRESENCE OF									
	RIGHT ARTIFICIAL KNEE JOINT, PRESENCE OF LEFT ARTIFICIAL KNEE				_					
N/A	JOINT, RHEUMATOID ARTHRITIS, UNSPECIFIED	Rehab Provider		1	1					
		MH/SUD All Other								
N/A	Anorexia nervosa, binge eating/purging type	Outpatient	2							
N/A	Anorexia nervosa, binge eating/purging type	MH/SUD Outpatient	1							
21/2	A	MH/SUD All Other								
N/A	Anorexia nervosa, restricting type	Outpatient	1							
N/A	Anorexia nervosa, restricting type	MH/SUD Inpatient	1							
N/A N/A	Anxiety disorder, unspecified APHAKIA, BILATERAL	MH/SUD Inpatient OPHTHALMOLOGY	1							
N/A	,	OPHTHALINIOLOGY	1							
	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS,									
N/A	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY	Dahah Dan dahan		1	1					
N/A	SYSTEM	Rehab Provider		1	1					-
N/A	Atherosclerotic heart disease of native coronary artery without	Dhomining								
N/A	angina pectoris	Physician CARDIOVASCULAR							1	
N/A	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	SURGERY	1							
NA	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG	CARDIAC	1							
N/A	PCTRS	ELECTROPHYSIOLOGY	2							
NA	rcins	LLLCTROFITTSIOLOGT	2							
	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE,									
N/A	PERVASIVE DEVELOPMENTAL DISORDERS	Rehab Provider		1	1					
NA	FERVASIVE DEVELOFMENTAL DISORDERS	MH/SUD All Other		1	1					-
N/A	Autistic disorder	Outpatient	75							
N/A	Autistic disorder Autistic disorder	MH/SUD Inpatient	1							++
N/A	AUTISTIC DISORDER	Rehab Provider	5	10	10					\vdash
1975	AUTISTIC DISORDER, ATTENTION-DEFICIT HYPERACTIVITY DISORDER,	iterias i rovider	ر	10	10					++
N/A	UNSPECIFIED TYPE	Rehab Provider	1							
1973	AUTISTIC DISORDER, CEREBRAL PALSY, UNSPECIFIED,	richab i Tovidel	-							\vdash
	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE,	1								
N/A	UNSPECIFIED	Pohah Providor	1	1	1					
N/A N/A	AUTISTIC DISORDER, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider Rehab Provider	1	1	1					\vdash
IN/O	ACTIONS DISONDER, INICICEL WEARINESS (GENERALIZED)	wellan Linvidel	1	1-	1-	<u>I</u>]		J

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Troccade Code Description	Diagnosis code Description	1 To Tide! Specially	/ tpp: orais	Demais	Demais	Demais	Demais	/ Ipproved	Demea	270
	AUTISTIC DISORDER, MUSCLE WEAKNESS (GENERALIZED), ATAXIC									
N/A	GAIT, SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Rehab Provider	1							
	AUTISTIC DISORDER, MUSCLE WEAKNESS (GENERALIZED), DELAYED									
	MILESTONE IN CHILDHOOD, SPECIFIC DEVELOPMENTAL DISORDER									
N/A	OF MOTOR FUNCTION	Rehab Provider	1							
	AUTISTIC DISORDER, SPECIFIC DEVELOPMENTAL DISORDER OF									
N/A	MOTOR FUNCTION	Rehab Provider		1	1					
	AUTISTIC DISORDER, UNSPECIFIED SPEECH DISTURBANCES, SPECIFIC									
N/A	DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Rehab Provider	1							
	AUTISTIC DISORDER, UNSPECIFIED SYMPTOMS AND SIGNS									
	INVOLVING THE NERVOUS SYSTEM, UNSP SYMPTOMS AND SIGNS									
	INVOLVING THE MUSCULOSKELETAL SYSTEM, UNSPECIFIED LACK OF									
N/A	COORDINATION	Rehab Provider	1							
	AUTISTIC DISORDER, UNSPECIFIED SYMPTOMS AND SIGNS									
	INVOLVING THE NERVOUS SYSTEM, UNSPECIFIED LACK OF									
	COORDINATION, UNSP SYMPTOMS AND SIGNS INVOLVING THE									
N/A	MUSCULOSKELETAL SYSTEM	Rehab Provider	1							
		SKILLED NURSING								
N/A	Bacteremia	FACILITY	1							
N/A	BARIATRIC SURGERY STATUS	GENERAL SURGERY	1							
		HEMATOLOGY/ONCOLOG								
N/A	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	Υ	1							
21/4	DACAL CELL CARCINIONA CUNIÁLET LIBRER LINAR INICICIOLIL DER	DI ACTIC CUIDCEDV								
N/A	BASAL CELL CARCINOMA SKIN/ LEFT UPPER LIMB, INC SHOULDER	PLASTIC SURGERY	1							
21/4	DACAL CELL CARCINIONA CIVINI ARICUT LONGER UNAR INICILIDINICILIR	DI ACTIC CUIDCEDV								
N/A	BASAL CELL CARCINOMA SKIN/ RIGHT LOWER LIMB, INCLUDING HIP	PLASTIC SURGERY	1							
N/A	BEN LIPOMATOUS NEOPLM OF SKIN, SUBCU OF HEAD, FACE AND	DEDMATOLOGY	1							
N/A	NECK	DERMATOLOGY	1							
N/A	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT ARM	DERMATOLOGY	1							
N/A	BEINIGIN LIPOWATOUS NEOPLASIVI OF SKIN, SUBCO OF LEFT ARM	DERIVIATOLOGY	1							
N/A	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT LEG	PODIATRY	1							
IV/A	BENIGN EN OWATOOS NEOF EASIN OF SKIN, 30BCO OF EEF FEEG	TODIATIO	1							
N/A	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF RIGHT ARM	DERMATOLOGY	1							
1471		COLON & RECTAL	_							
N/A	BENIGN NEOPLASM OF CECUM	SURGERY	1							
-911		COLON & RECTAL	1							
N/A	BENIGN NEOPLASM OF COLON, UNSPECIFIED	SURGERY	1							
	BENIGN PAROXYSMAL VERTIGO, BILATERAL, DIZZINESS AND									
N/A	GIDDINESS	Rehab Provider		2	2					
N/A	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	1							
	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT									
N/A	SYMP	UROLOGY	1							
	BENNETT'S FRACTURE, LEFT HAND, SUBS FOR FX W ROUTN HEAL,									
	DISPL ROLANDO'S FRACTURE, L HAND, SUBS FOR FX W ROUTN									
N/A	HEAL, PAIN IN LEFT HAND	Rehab Provider		1	1					
	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS									
N/A	RECUR	GENERAL SURGERY	1	<u> </u>	<u> </u>					
N/A	BICIPITAL TENDINITIS, LEFT SHOULDER	Rehab Provider		4	4					
	BICIPITAL TENDINITIS, RIGHT SHOULDER, STIFFNESS OF RIGHT									
	SHOULDER, NOT ELSEWHERE CLASSIFIED, PAIN IN RIGHT SHOULDER,									
N/A	BURSITIS OF RIGHT SHOULDER	Rehab Provider	<u> </u>	4	4					
		CARDIOVASCULAR								
N/A	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY	1							<u> </u>
N/A	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	1							

					BA add and	5	Network	T-1-1	T. s. l	
			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
N/A	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	HOSPITAL	1							
N/A	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEDIC SURGERY	1							
N/A	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rehab Provider	1	3	3					
	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE, PATELLOFEMORAL									
	DISORDERS, RIGHT KNEE, PATELLOFEMORAL DISORDERS, LEFT KNEE,									
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Chiropractor		1	1					
		MH/SUD All Other								
N/A	Bipolar disord, crnt episode manic severe w psych features	Outpatient	2							
		MH/SUD All Other	_							
N/A	Bipolar disord, crnt epsd depress, sev, w/o psych features	Outpatient	5							
		MH/SUD All Other								
N/A	Bipolar disord, crnt epsd depress, severe, w psych features	Outpatient	1							
21/2	Production of the control of the d	MH/SUD All Other								
N/A	Bipolar disorder, unspecified	Outpatient	3							
N/A	Bipolar disorder, unspecified	MH/SUD Inpatient	2							
N/A	Bipolar disorder, unspecified	MH/SUD Outpatient	1							
		MH/SUD All Other								
N/A	Bipolar II disorder	Outpatient	2							
N/A	BODY MASS INDEX [BMI] 39.0-39.9, ADULT	PULMONARY MEDICINE	1							
	BOUTONNIERE DEFORMITY OF RIGHT FINGER(S), STIFFNESS OF									
	RIGHT HAND, NOT ELSEWHERE CLASSIFIED, PAIN IN RIGHT									
N/A	FINGER(S)	Rehab Provider		1	1					
N/A	BUNION OF LEFT FOOT	PODIATRY	1							
N/A	BUNION OF LEFT FOOT	Rehab Provider		3	3					
	BURSITIS OF LEFT SHOULDER, MUSCLE WEAKNESS (GENERALIZED),									
N/A	RADICULOPATHY, CERVICAL REGION	Rehab Provider		1	1					
	BURSITIS OF LEFT SHOULDER, MUSCLE WEAKNESS (GENERALIZED),									
N/A	RADICULOPATHY, CERVICAL REGION, PAIN IN LEFT SHOULDER	Rehab Provider		1	1					
	BURSITIS OF RIGHT SHOULDER, INCOMPLETE ROTATR-CUFF									
	TEAR/RUPTR OF R SHOULDER, NOT TRAUMA, BICIPITAL TENDINITIS,									
N/A	RIGHT SHOULDER	Rehab Provider		1	1					
	BURSOPATHY, UNSPECIFIED, UNSP DISORDER OF SYNOVIUM AND									
	TENDON, UNSPECIFIED SHOULDER, COMPLEX REGIONAL PAIN									
	SYNDROME I OF RIGHT UPPER LIMB, CERVICAL DISC DISORDER WITH									
N/A	MYELOPATHY, UNSP CERVICAL REGION	Rehab Provider		2	2					
	BURSOPATHY, UNSPECIFIED, UNSPECIFIED DISORDER OF SYNOVIUM									
	AND TENDON, MULTIPLE SITES, CERVICAL DISC DISORDER WITH									
	MYELOPATHY, UNSP CERVICAL REGION, COMPLEX REGIONAL PAIN									
N/A	SYNDROME I OF RIGHT UPPER LIMB	Rehab Provider		1	1					
	CALCANEAL SPUR, LEFT FOOT, OTHER ACQUIRED DEFORMITIES OF									
	RIGHT FOOT, PERIARTHRITIS OF WRIST, OTHER ACQUIRED									
	DEFORMITIES OF LEFT FOOT, PAIN IN RIGHT FOOT, PAIN IN LEFT									
N/A	FOOT	Rehab Provider		1	1					
	CALCANEAL SPUR, LEFT FOOT, SPRAIN OF OTHER LIGAMENT OF LEFT									
	ANKLE, SUBSEQUENT ENCOUNTER, PAIN IN LEFT ANKLE AND JOINTS									
N/A	OF LEFT FOOT, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
N/A	CALCANEAL SPUR, RIGHT FOOT	PODIATRY	1							
	CALCIFIC TENDINITIS OF LEFT SHOULDER, PAIN IN LEFT SHOULDER,									
N/A	STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
						•				

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
N/A	CALCULUS OF KIDNEY	UROLOGY	2							
		MH/SUD All Other								
N/A	Cannabis dependence, uncomplicated	Outpatient	3							
N/A	Cannabis dependence, uncomplicated	MH/SUD Inpatient	1							
		OBSTETRICS &								
N/A	CARBUNCLE OF GROIN	GYNECOLOGY	1							
		GYNECOLOGIC								
N/A	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	ONCOLOGY	1							
		LONG TERM CARE ACUTE								
N/A	Cardiac arrest, cause unspecified	HOSPITAL	1							
		CARDIOVASCULAR								
N/A	CARDIOMEGALY	SURGERY	2							
N/A	Cellulitis of right lower limb	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Cellulitis of right lower limb	FACILITY	1							
	- 11 11 11 11 11 11 11 11 11 11 11 11 11	SKILLED NURSING								
N/A	Cellulitis, unspecified	FACILITY	1							
	CEREB INFRC DUE TO UNSP OCCLS OR STENOSIS OF UNSP VERTEB									
N/A	ART, WEAKNESS	Rehab Provider		1	1					
	CEREB INFRC DUE TO UNSP OCCLS OR STENOSIS OF UNSP VERTEB									
N/A	ART, WEAKNESS, OTHER ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		2	2					
	CEREB INFRC DUE TO UNSP OCCLS OR STENOSIS OF UNSP VERTEB									
N/A	ART, WEAKNESS, SEX COUNSELING, UNSPECIFIED	Rehab Provider		1	1					
	Cerebral infarction due to thrombosis of unspecified precerebral									
N/A	artery	Other Provider						1		
N/A	CEREBRAL INFARCTION, UNSPECIFIED	NEUROLOGY	2							
N/A	Cerebral infarction, unspecified	NURSING FACILITY	2							
		SKILLED NURSING								
N/A	Cerebral infarction, unspecified	FACILITY	3							
	CEREBRAL INFARCTION, UNSPECIFIED, MUSCLE WEAKNESS									
N/A	(GENERALIZED), APHASIA	Rehab Provider	1							
N/A	CEREBRAL INFARCTION, UNSPECIFIED, WEAKNESS	Rehab Provider		1	1					
	CEREBRAL PALSY, UNSPECIFIED, MUSCLE WEAKNESS									
	(GENERALIZED), UNSPECIFIED LACK OF COORDINATION, DIFFICULTY									
N/A	IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1							
N/A	CEREBRAL PALSY, UNSPECIFIED, OTHER LACK OF COORDINATION	Rehab Provider		1	1					
	CEREBRAL PALSY, UNSPECIFIED, UNSPECIFIED LACK OF									
N/A	COORDINATION	Rehab Provider	1							
	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY,									
N/A	CERVICALGIA	Rehab Provider		1	1					
	CERVICAL DISC DISORDER W RADICULOPATHY, CERVICOTHOR									
N/A	REGION	ORTHOPEDIC SURGERY	1							
	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED,									
	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL									
N/A	REGION, CERVICALGIA	Rehab Provider		1	1					
	CERVICALGIA	NEUROLOGY	2							
N/A	CERVICALGIA	ORTHOPEDIC SURGERY	1							
N/A	Cervicalgia	Other Provider							1	
N/A	CERVICALGIA	Rehab Provider		7	7					
	CERVICALGIA, ARTHRODESIS STATUS, OTHER CERVICAL DISC									
	DEGENERATION, UNSP CERVICAL REGION, OTHER SPECIFIED									
N/A	DISEASES OF SPINAL CORD	Rehab Provider		1	1					

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	CERVICALGIA, CALCIFIC TENDINITIS OF RIGHT SHOULDER, PAIN IN									
N/A	RIGHT SHOULDER, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					ļ
N/A	CERVICALGIA, CALCIFIC TENDINITIS OF RIGHT SHOULDER, PAIN IN	Dahah Dassidas			4					
N/A	RIGHT SHOULDER, OTHER MUSCLE SPASM CERVICALGIA, LESION OF ULNAR NERVE, RIGHT UPPER LIMB,	Rehab Provider		1	1					+
	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED, PAIN IN									
N/A	LEFT HAND	Rehab Provider	1							
N/A	CERVICALGIA, LOW BACK PAIN	Rehab Provider	1							+
N/A	CERVICALGIA, LOW BACK PAIN, MUSCLE SPASM OF BACK	Rehab Provider	1							
N/A	CERVICALGIA, LOW BACK PAIN, PAIN IN RIGHT SHOULDER	Rehab Provider	1	1	1					
1971	CERVICALGIA, OTHER CERVICAL DISC DISPLACEMENT, UNSP	nenda i ravide:		-	_					
N/A	CERVICAL REGION	Rehab Provider		1	1					
	CERVICALGIA, OTHER SPECIFIED DISEASES OF SPINAL CORD,									
	ARTHRODESIS STATUS, OTHER CERVICAL DISC DEGENERATION,									
N/A	UNSP CERVICAL REGION	Rehab Provider		2	2					
	CERVICALGIA, OTHER SPECIFIED DISORDERS OF									
N/A	TEMPOROMANDIBULAR JOINT	Rehab Provider		2	2					
N/A	CERVICALGIA, PAIN IN JOINTS OF UNSPECIFIED HAND	Rehab Provider		1	1					
N/A	CERVICALGIA, PAIN IN RIGHT SHOULDER	Rehab Provider	1							
N/A	CERVICALGIA, PAIN IN RIGHT SHOULDER, LOW BACK PAIN	Rehab Provider		1	1					
	CERVICALGIA, PAIN IN THORACIC SPINE, SEGMENTAL AND SOMATIC									
	DYSFUNCTION OF CERVICAL REGION, SEGMENTAL AND SOMATIC									
N/A	DYSFUNCTION OF THORACIC REGION	Chiropractor		1	1					
N/A	CERVICALGIA, RADICULOPATHY, CERVICAL REGION	Rehab Provider		3	3					
N/A	CERVICALGIA, RADICULOPATHY, SITE UNSPECIFIED	Rehab Provider		2	2					
N/A	CERVICALGIA, SPINAL STENOSIS, CERVICAL REGION	Rehab Provider		1	1					
	CERVICALGIA, SPRAIN OF LIGAMENTS OF CERVICAL SPINE,									
N/A	SUBSEQUENT ENCOUNTER	Rehab Provider		1	1					
N/A	CERVICALGIA, WEAKNESS	Rehab Provider	1							
N/A	CERVICALGIA, WEAKNESS, PAIN IN LEFT SHOULDER	Rehab Provider	1							
N/A	Chest pain, unspecified	NURSING FACILITY	1							
N/A	Chest pain, unspecified	RADIOLOGY - CT	1							
N/A	Chest pain, unspecified	RADIOLOGY - MRI	1							
N/A	Chest pain, unspecified	RADIOLOGY - PET	1							
		SKILLED NURSING								
N/A	Chest pain, unspecified	FACILITY	1							ļ
N/A	CHONDROMALACIA PATELLAE, LEFT KNEE	Rehab Provider	1							
21/4	CHONDROMALACIA PATELLAE, LEFT KNEE, EFFUSION, LEFT KNEE,	Data to Day 11th								
N/A	SPRAIN OF OTHER SPECIFIED PARTS OF LEFT KNEE, INIT ENCNTR	Rehab Provider	1							
	CHONDROMALACIA PATELLAE, LEFT KNEE, PAIN IN LEFT KNEE,									
21/4	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE, ENCOUNTER FOR	Data to Day 11th			4					
N/A	OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	-	1	1					-
	CHONDRONAN ACIA DATELLAE DICUT VAIEE OTHER INTERNAL									
N/A	CHONDROMALACIA PATELLAE, RIGHT KNEE, OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
N/A	·	Renab Provider	-	1	1					-
N/A	CHONDROMALACIA PATELLAE, RIGHT KNEE, PAIN IN RIGHT KNEE, MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE	Rehab Provider	1							
IV/A	INIOSCEE WASTING AND ATROPHT, NEC, UNSYSTE	verian Linningel	1							+
	CHONDROMALACIA PATELLAE, UNSPECIFIED KNEE, PAIN IN	1								
	UNSPECIFIED SHOULDER, BILATERAL PRIMARY OSTEOARTHRITIS OF									
N/A	KNEE, MUSCLE WEAKNESS (GENERALIZED)	Rehah Provider	2							
N/A N/A	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Rehab Provider Rehab Provider	1	1	1					+
N/A	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	NEPHROLOGY	2	1	1					
N/A N/A	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE) CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	NEPHROLOGY	1							
1970	CINOTALE KIDIALI DISLASE, STAGE 4 (SEVERE)	THE TIMOLOGI	1*	l	ı	ı				

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Procedure Code Description	Diagnosis code Description	HEMATOLOGY/ONCOLOG		Delliais	Demais	Demais	Delliais	Approved	Dellieu	by INO
N/A	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Y	2							
N/A	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	RADIATION ONCOLOGY	1							
N/A	Chronic obstructive pulmonary disease w (acute) exacerbation CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE)	NURSING FACILITY	1							
N/A	EXACERBATION	PULMONARY MEDICINE	1							
N/A	Chronic obstructive pulmonary disease w (acute) exacerbation	RADIOLOGY - CT	1							
N/A	Chronic obstructive pulmonary disease w (acute) exacerbation	RADIOLOGY - MRI	1							
N/A	Chronic obstructive pulmonary disease w (acute) exacerbation	RADIOLOGY - PET SKILLED NURSING	1							
NI/A	Characia altata atti a sulla sassa diasasa (canta) anasashati a		1							
N/A	Chronic obstructive pulmonary disease w (acute) exacerbation	FACILITY	1		-					\vdash
N/A	Chronic obstructive pulmonary disease, unspecified	NURSING FACILITY	1		-					\vdash
21/4	Character to the control of the cont	SKILLED NURSING								
N/A	Chronic obstructive pulmonary disease, unspecified	FACILITY	2							
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED, DYSPNEA, UNSPECIFIED, UNSPECIFIED ABNORMALITIES OF GAIT									
N/A	AND MOBILITY, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
N/A	Chronic respiratory failure with hypercapnia	NURSING FACILITY	1							
N/A	Chronic respiratory failure with hypercapnia	RADIOLOGY - CT	1							
N/A	Chronic respiratory failure with hypercapnia	RADIOLOGY - MRI	1							
N/A	Chronic respiratory failure with hypercaphia	RADIOLOGY - PET	1		-					
1974	Chrome respiratory famore with hypercupina	SKILLED NURSING	-							+
N/A	Chronic respiratory failure with hypercapnia	FACILITY	1							
N/A	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY	1							
IVA	CNSL AND INSTRUCTION IN NATRL FAMILY PLANNING TO AVOID	OBSTETRICS &	1							
N/A	PREG	GYNECOLOGY	2							
N/A	PREG		2							-
NI/A	Consider design design and a second second	MH/SUD All Other	1							
N/A	Cocaine dependence, uncomplicated	Outpatient	1							
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT			_						
N/A	TRAUMA	Rehab Provider		2	2					
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT									
	TRAUMA, PAIN IN LEFT SHOULDER, STIFFNESS OF LEFT SHOULDER,									
N/A	NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT									
N/A	TRAUMA	Rehab Provider		3	3					
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT	1								
	TRAUMA, BICIPITAL TENDINITIS, RIGHT SHOULDER, PAIN IN RIGHT	1								
N/A	SHOULDER, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	ļ	1	1					ļ
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT									
	TRAUMA, BICIPITAL TENDINITIS, RIGHT SHOULDER, PAIN IN RIGHT									
	SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE	1								
N/A	CLASSIFIED	Rehab Provider		1	1					
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT									
	TRAUMA, BICIPITAL TENDINITIS, RIGHT SHOULDER, STIFFNESS OF	1								
	RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS	i								
N/A	(GENERALIZED)	Rehab Provider		1	1					
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT					į i				
	TRAUMA, PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT									
	SHOULDER, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS	1								
N/A	(GENERALIZED)	Rehab Provider		1	1					
1 .	<u>r</u>		1	1	1	ı				

					Medical	Evnorimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Experimental & Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF UNSP SHOULDER, NOT									
	TRAUMA, OTHER SPECIFIED DISORDERS OF TENDON, RIGHT									
N/A	SHOULDER	Rehab Provider	+	2	2					
N/A	CONTRACTURE, LEFT ELBOW, PAIN IN LEFT SHOULDER	Rehab Provider	+	1	1					<u> </u>
N/A	CONTRACTURE, RIGHT ELBOW	Rehab Provider	+	1	1					
	CONTUCION OF DIGUT CHOILIDED CURSOCUENT ENCOUNTED									
	CONTUSION OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER,									
	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER,									
21/2	SUBS, CONTUSION OF RIGHT HIP, SUBSEQUENT ENCOUNTER,	Data to Data Salara			4					
N/A	CHONDROMALACIA PATELLAE, RIGHT KNEE	Rehab Provider	-	1	1					-
11/4	CONTUSION OF RIGHT THIGH, SUBSEQUENT ENCOUNTER, PAIN IN	Data to Day 11day			4					
N/A	RIGHT LEG	Rehab Provider	+	1	1					
	CONTUSION OF RIGHT WRIST, SUBSEQUENT ENCOUNTER, PAIN IN									
N/A	RIGHT HAND, PAIN IN RIGHT WRIST	Rehab Provider	-	1	1					
N/A	COUGH	OTOLARYNGOLOGY	1							
N/A	COVID-19, virus identified	NURSING FACILITY	7							
		SKILLED NURSING								
N/A	COVID-19, virus identified	FACILITY	13							<u> </u>
	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED									
N/A	COMPLICATIONS	GASTROENTEROLOGY	2							<u> </u>
		OBSTETRICS &								
N/A	CYSTOCELE	GYNECOLOGY	1							
N/A	DECREASED LIBIDO	UROLOGY	1							
N/A	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	HEMATOLOGY	1							
N/A	DEGENERATION OF IRIS (PIGMENTARY), BILATERAL	OPHTHALMOLOGY	1							
N/A	Dehydration	NURSING FACILITY	2							
		SKILLED NURSING								
N/A	Dehydration	FACILITY	2							
N/A	DELAYED MILESTONE IN CHILDHOOD	Rehab Provider	3							
	DELAYED MILESTONE IN CHILDHOOD, DI GEORGE'S SYNDROME,									
N/A	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1							
	DELAYED MILESTONE IN CHILDHOOD, MUSCLE WEAKNESS									
N/A	(GENERALIZED)	Rehab Provider	1							
	DELAYED MILESTONE IN CHILDHOOD, OTHER SYMPTOMS AND									
N/A	SIGNS INVOLVING APPEARANCE AND BEHAVIOR	Rehab Provider	1							
N/A	DELAYED MILESTONE IN CHILDHOOD, TORTICOLLIS	Rehab Provider	1	1	1					
N/A	DERMATITIS, UNSPECIFIED	DERMATOLOGY	2							
N/A	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	1							
		SKILLED NURSING								
N/A	Diastolic (congestive) heart failure	FACILITY	1	<u></u>	<u></u>	<u> </u>				
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, ABNORMAL									
N/A	POSTURE	Rehab Provider	1	1	1					
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED,									
	LABYRINTHINE DYSFUNCTION, RIGHT EAR, LABYRINTHINE									
N/A	DYSFUNCTION, LEFT EAR	Rehab Provider	1							
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, MUSCLE									
	WEAKNESS (GENERALIZED), OTHER LACK OF COORDINATION,									
N/A	HISTORY OF FALLING	Rehab Provider	1							
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, PERIPHERAL									
N/A	VASCULAR DISEASE, UNSPECIFIED	Rehab Provider	1	1	1					
	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS,		1							\vdash
	UNSTEADINESS ON FEET, MUSCLE WASTING AND ATROPHY, NEC,		1							
N/A	LEFT THIGH, PAIN IN LEFT HIP	Rehab Provider		1	1					
N/A	DISEASES OF LIPS	DERMATOLOGY	1							
<u>'</u>	1	1	t	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	DISORDER OF BONE, UNSPECIFIED, OTHER INSTABILITY, RIGHT	, , , , , , , , , , , , , , , , , , , ,	11					11		.,
	SHOULDER, STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT									
N/A	ARM, SUBS	Rehab Provider	1							
N/A	Disorder of kidney and ureter, unspecified	SKILLED NURSING FACILITY	1							
19/6	bisorder of kidney and dreter, dispedified	FACILITY	1							
N/A	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	DERMATOLOGY	2							
N/A	Disorientation, unspecified	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Disorientation, unspecified DISP FX OF BASE OF 5TH MC BONE, R HAND, 7THD, DISP FX OF	FACILITY	1							
N/A	SHAFT OF FOURTH MC BONE, R HAND, INIT FOR OPN FX	Rehab Provider	1							
14/1	DISP FX OF GLENOID CAV OF SCAPULA, L SHLDR, 7THD, PAIN IN LEFT	nendo i rovider	1							
	SHOULDER, DISP FX OF NK OF SCAPULA, L SHLDR, SUBS FOR FX W									
N/A	ROUTN HEAL	Rehab Provider		2	2					
	DISP FX OF L TIBIAL TUBEROSITY, 7THD, PAIN IN LEFT KNEE,									
N/A	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		2	2					
N/A	DISP FX OF LATERAL CONDYLE OF L FEMR, 7THD	Rehab Provider		1	1					
NI/A	DISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD, PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider	1	1	1					
N/A	ANKLE AND JOINTS OF RIGHT FOOT	Renab Provider	1	1	1					
N/A	DISP FX OF LEFT TIBIAL SPINE, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider		1	1					
N/A	DISP FX OF MED PHALANX OF L LIT FNGR, 7THD	Rehab Provider		1	1					
N/A	DISP FX OF NECK OF LEFT RADIUS, INIT FOR CLOS FX	Rehab Provider		1	1					
	DISP FX OF PROX PHALANX OF R THM, SUBS FOR FX W ROUTN HEAL,									
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE,									
	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED, PAIN IN									
N/A	RIGHT HAND	Rehab Provider		1	1					
	DISP FX OF R RADIAL STYLOID PRO, 7THD, PAIN IN RIGHT WRIST,									
N/A	STIFFNESS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED	Rehab Provider		4	4					
197	DISP FX OF R RADIAL STYLOID PRO, 7THD, UNSP FX LOWER END OF R	iteriab i rovider		-	-					
N/A	HUMERUS, SUBS FOR FX W ROUTN HEAL	Rehab Provider		1	1					
·	,									
N/A	DISP FX OF SHAFT OF FIFTH METACARPAL BONE, LEFT HAND, INIT	HAND SURGERY	1							
N/A	DISP FX OF SHAFT OF FIFTH METACARPAL BONE, LEFT HAND, INIT	ORTHOPEDIC SURGERY	2	1	1					
	DISP FX OF THIRD METATARSAL BONE, LEFT FOOT, INIT, DISP FX OF									
	FOURTH METATARSAL BONE, LEFT FOOT, INIT, DISP FA OF									
	TARSOMETATARSAL JOINT OF LEFT FOOT, INIT, DISP FX OF CUBOID									
N/A	BONE OF LEFT FOOT, INIT FOR CLOS FX	Rehab Provider		2	2					
·	·									
N/A	DISPL AVULSION FX RIGHT ISCHIUM, SUBS FOR FX W ROUTN HEAL	Rehab Provider		1	1					
	DISPL BIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL,									
N/A	OTHER ABNORMALITIES OF GAIT AND MOBILITY, LOCALIZED EDEMA	Rehab Provider		1	1					
	DISPL BIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL,									
	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN WALKING, NOT									
N/A	ELSEWHERE CLASSIFIED	Rehab Provider		2	2					
.4	DISPL BIMALLEOL FX UNSP LOW LEG, 7THD, UNSP FX SHAFT OF R			t ⁻	t ⁻					
	FIBULA, SUBS FOR CLOS FX W ROUTN HEAL, SPRAIN OF									
	TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, DISPL									
N/A	TRIMALLEOL FX UNSP LOW LEG, 7THD	Rehab Provider		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	DISPL OBLIQUE FX SHAFT OF L TIBIA, 7THD, DISPL OBLIQUE FX SHAFT									
N/A	OF L FIBULA, 7THD	Rehab Provider		1	1					
		SKILLED NURSING								
N/A	Displaced intertrochanteric fracture of left femur, sequela	FACILITY	1							
		SKILLED NURSING								
N/A	Disruption of external operation (surgical) wound, NEC	FACILITY	1							
		MH/SUD All Other								
N/A	Disruptive mood dysregulation disorder	Outpatient	1							
N/A	Disruptive mood dysregulation disorder	MH/SUD Inpatient	1							
		CARDIOVASCULAR	L							
N/A	DIZZINESS AND GIDDINESS	SURGERY	1							
N/A	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGY	1							
N/A	DIZZINESS AND GIDDINESS	Rehab Provider		2	2					
N/A	DIZZINESS AND GIDDINESS, CERVICALGIA	Rehab Provider	1							
NI/A	DIZZINESS AND GIDDINESS, DIFFICULTY IN WALKING, NOT	Dahah Dassidas	1	4	1					
N/A	ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED) DIZZINESS AND GIDDINESS, WEAKNESS, UNSPECIFIED	Rehab Provider	1	1	1					
N/A	ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		4	1					
N/A	DORSALGIA, UNSPECIFIED	ORTHOPEDIC SURGERY	2	1	1					
N/A N/A	DORSALGIA, UNSPECIFIED DORSALGIA, UNSPECIFIED	Rehab Provider	2	4	1					-
N/A	DORSALGIA, UNSPECIFIED DORSALGIA, UNSPECIFIED, LOW BACK PAIN	Rehab Provider	+	1	1					-
N/A	DOWN SYNDROME, UNSPECIFIED, DELAYED MILESTONE IN	Renab Provider	+	1	1					-
N/A	CHILDHOOD	Rehab Provider		2	2					
IN/A	DOWN SYNDROME, UNSPECIFIED, MUSCLE WEAKNESS	Reliab Flovidei		2	2					-
N/A	(GENERALIZED)	Rehab Provider	2	1	1					
IVA	DVRTCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O	Reliab Flovidei	2	1	1					
N/A	BLEED	GASTROENTEROLOGY	1							
IVA	DVRTCLOS OF LG INT W/O PERFORATION OR ABSCESS W/O	COLON & RECTAL	1							
N/A	BLEEDING	SURGERY	1							
N/A	DYSPHAGIA, OROPHARYNGEAL PHASE	GASTROENTEROLOGY	1							-
1471	DISTINGIN, OROTHARMOERETHIASE	SKILLED NURSING	1							
N/A	Dysphagia, unspecified	FACILITY	1							
N/A	EFFUSION, LEFT KNEE	ORTHOPEDIC SURGERY	3							
N/A	EFFUSION, RIGHT KNEE	Rehab Provider	1	1	1					
.4		CARDIOVASCULAR		_						
N/A	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	SURGERY	1							
·	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL									
N/A	FINDINGS	GASTROENTEROLOGY	1							
		OBSTETRICS &								
N/A	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	GYNECOLOGY	2							
N/A	Encntr for surgical after following surgery on the dgstv sys	NURSING FACILITY	1							
·		SKILLED NURSING								
N/A	Encntr for surgical after following surgery on the dgstv sys	FACILITY	1							
	ENCOUNTER FOR EXAM OF EYES AND VISION W ABNORMAL									
N/A	FINDINGS	OPHTHALMOLOGY	2							
	ENCOUNTER FOR EXAM OF EYES AND VISION W/O ABNORMAL									
N/A	FINDINGS	OPHTHALMOLOGY	6							
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, OTHER									
N/A	SPECIFIED INJURY OF RIGHT ACHILLES TENDON, SUBS ENCNTR	Rehab Provider		1	1					
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, OTHER									
N/A	SPECIFIED JOINT DISORDERS, LEFT HIP, PAIN IN LEFT HIP	Rehab Provider	<u> </u>	3	3	<u> </u>				
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, PAIN IN RIGHT									
N/A	SHOULDER	Rehab Provider		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Procedure Code Description	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, PAIN IN RIGHT	Provider Specialty	Approvais	Demais	Demais	Demais	Delliais	Approved	Dellieu	by INC
	SHOULDER, UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER,									
N/A	NOT TRAUMA	Rehab Provider		1	1					
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, STIFFNESS OF									
	LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS									
	(GENERALIZED), LOCALIZED SWELLING, MASS AND LUMP, LEFT									
N/A	UPPER LIMB	Rehab Provider	1							
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE,									
	COMPLEX TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE,									
	SUBS, CONTUSION OF RIGHT KNEE, SUBSEQUENT ENCOUNTER,									
N/A	CHONDROMALACIA, RIGHT KNEE	Rehab Provider		1	1					
	ENCOUNTED FOR OTHER SPECIFIED SURCICAL AFTERCARE DAIN IN									
N/A	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE, PAIN IN RIGHT HIP, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		2	2					
19/4	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE, PAIN IN	Reliabiliovidei			_					+
	RIGHT SHOULDER, COMPLETE ROTATR-CUFF TEAR/RUPTR OF R									
	SHOULDER, NOT TRAUMA, STRAIN OF MUSC/FASC/TEND PRT									
N/A	BICEPS, RIGHT ARM, SUBS	Rehab Provider		1	1					
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE, PAIN IN									
N/A	RIGHT TOE(S), PAIN IN RIGHT FOOT	Rehab Provider		1	1					
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE,									
	STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED,									
N/A	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	1							
	ENCOUNTER FOR REMOVAL OF INTRAUTERINE CONTRACEPTIVE	OBSTETRICS &								
N/A	DEVICE	GYNECOLOGY	1							
21/2	ENCOUNTED FOR CORFERING FOR CARRIOVACCULAR RICORDERG	CARDIOVASCULAR								
N/A N/A	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS ENCOUNTER FOR SCREENING FOR EYE AND EAR DISORDERS	SURGERY OPHTHALMOLOGY	1							+
N/A	ENCOUNTER FOR SCREENING FOR ETE AND EAR DISORDERS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF	OBSTETRICS &	3							
N/A	CERVIX	GYNECOLOGY	1							
14/1	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF	GINECOLOGI								
N/A	COLON	GASTROENTEROLOGY	24							
	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF									
N/A	PROSTATE	UROLOGY	1							
N/A	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF SKIN	DERMATOLOGY	1							
		SKILLED NURSING								
N/A	End stage heart failure	FACILITY	1							
N/A	Enterococcus as the cause of diseases classified elsewhere	RADIOLOGY - CT	1							<u> </u>
N/A	Enterococcus as the cause of diseases classified elsewhere	RADIOLOGY - MRI	1							ļ
N/A	Enterococcus as the cause of diseases classified elsewhere	RADIOLOGY - PET SKILLED NURSING	1		 					
N/A	Enterococcus as the cause of diseases classified elsewhere	FACILITY	1							
NA	Effetococcus as the cause of diseases classified eisewhere	LONG TERM CARE ACUTE	1							
N/A	Enterocolitis d/t Clostridium difficile, not spcf as recur	HOSPITAL	1							
N/A	Enterocolitis due to Clostridium difficile, recurrent	NURSING FACILITY	1							
,	, , , , , , , , , , , , , , , , , , , ,	SKILLED NURSING								
N/A	Enterocolitis due to Clostridium difficile, recurrent	FACILITY	1							
	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS,	1								
N/A	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Rehab Provider	1							
N/A	EPISTAXIS	OTOLARYNGOLOGY	2							
		CARDIOVASCULAR								
N/A	ESSENTIAL (PRIMARY) HYPERTENSION	SURGERY	6							<u> </u>
		INTERVENTIONAL								
N/A	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOLOGY	4							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
21/2	For all the form No. of the control of	SKILLED NURSING	2							
N/A	Essential (primary) hypertension	FACILITY	2							
N/A	EVERCENTE AND EDECUTENT MENETRI I ATION WITH DECUI AD CVCI E	OBSTETRICS &	1							
N/A	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	GYNECOLOGY	1							
NI/A	FAMALLY LUCTORY OF MANUCANANT NEORLACEA OF DICECTIVE ORGANIC	CACTROENTEROLOGY	1							
N/A	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	INTERVENTIONAL	1							
N/A	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	CARDIOLOGY	1							
N/A	FIBROMYALGIA	Rehab Provider	1	1	1					
IV/A	FIBROWTALGIA	Kellab Flovidei		1	1					
	FIBROMYALGIA, CHRONIC PAIN SYNDROME, OTHER CHRONIC PAIN,									
N/A	WEAKNESS, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1	1	1					
N/A	FISTULA, RIGHT SHOULDER, HEMARTHROSIS, SHOULDER	Rehab Provider	1	_	1					_
1975	HISTORY, MOTH SHOOLDER, HEWARTHROSS, SHOOLDER	Rendbirovider	_							
	FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT, FLAT FOOT [PES									
N/A	PLANUS] (ACQUIRED), RIGHT FOOT, UNSTEADINESS ON FEET	Rehab Provider		1	1					
N/A	Fracture of unsp part of neck of left femur, init	NURSING FACILITY	1	i –						\vdash
<u>'</u>	and the second s	SKILLED NURSING								
N/A	Fracture of unsp part of neck of left femur, init	FACILITY	1							
N/A	FREQUENCY OF MICTURITION	UROLOGY	1							
N/A	FUSION OF SPINE, CERVICAL REGION	Rehab Provider		1	1					
N/A	FUSION OF SPINE, LUMBOSACRAL REGION	Rehab Provider		1	1					
,	FX UNSP METATARSAL BONE(S), L FOOT, SUBS FOR FX W ROUTN									
N/A	HEAL	Rehab Provider		1	1					
N/A	Fx unsp part of nk of I femr, subs for clos fx w routn heal	NURSING FACILITY	1							
	,	SKILLED NURSING								
N/A	Fx unsp part of nk of I femr, subs for clos fx w routn heal	FACILITY	1							
	FX UNSP PART OF R CLAVICLE, SUBS FOR FX W ROUTN HEAL,									
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
N/A	Gangrene, not elsewhere classified	RADIOLOGY - CT	1							
N/A	Gangrene, not elsewhere classified	RADIOLOGY - MRI	1							
N/A	Gangrene, not elsewhere classified	RADIOLOGY - PET	1							
		SKILLED NURSING								
N/A	Gangrene, not elsewhere classified	FACILITY	1							
N/A	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	GASTROENTEROLOGY	1							
N/A	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	GASTROENTEROLOGY	2							
N/A	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	1							
N/A	Gastrostomy status	NURSING FACILITY	1							
N/A	Gastrostomy status	Nursing Services	1							
N/A	Gastrostomy status	OCCUPATIONAL THERAPY	1							
N/A	Gastrostomy status	PHYSICAL THERAPY	1							
		SKILLED NURSING								
N/A	Gastrostomy status	FACILITY	1							
N/A	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	NEUROLOGY	1							
N/A	GLAUCOMA SECONDARY TO OTH EYE DISORDERS, BI, STAGE UNSP	OPHTHALMOLOGY	2							
N/A	HALLUX VALGUS (ACQUIRED), LEFT FOOT, PAIN IN LEFT FOOT	Rehab Provider	1							
N/A	HEADACHE	NEUROLOGY	1							
N/A	Heart failure	NURSING FACILITY	1							
N/A	Heart failure	Nursing Services	1							
									·	
N/A	Heart failure	OCCUPATIONAL THERAPY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
N/A	Heart failure	PHYSICAL THERAPY	1							
		SKILLED NURSING								
N/A	Heart failure	FACILITY	1							<u> </u>
21/2	Used 6th as a second field	LONG TERM CARE ACUTE								
N/A N/A	Heart failure, unspecified HEMATURIA, UNSPECIFIED	HOSPITAL UROLOGY	1	1			1			-
N/A	HEMATURIA, UNSPECIFIED	UKULUGY		1						
N/A	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF LEFT NONDOM SIDE, PAIN IN LEFT SHOULDER, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
		COLON & RECTAL								
N/A N/A	HEMORRHAGE OF ANUS AND RECTUM HEMORRHAGE OF ANUS AND RECTUM	SURGERY GASTROENTEROLOGY	1							-
N/A	HIDRADENITIS SUPPURATIVA	ENDOCRINOLOGY	1							+
N/A	HIDRADENITIS SUPPURATIVA	PLASTIC SURGERY	1							+
N/A	HIRSUTISM	ENDOCRINOLOGY	2							+
N/A	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INFECTIOUS DISEASE	3							
1474	THOUSEN WINDOWS ET RELEVET VINOS (TITV) DISEASE	INTERVENTIONAL	3							\vdash
N/A	HYPERLIPIDEMIA, UNSPECIFIED	CARDIOLOGY	1							
N/A	HYPEROSTOSIS OF SKULL	ORTHOPEDIC SURGERY	1							
N/A	HYPERPARATHYROIDISM, UNSPECIFIED	NEPHROLOGY	1							
	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR									
N/A	KDNY	NEPHROLOGY	1							
		CARDIOVASCULAR								
N/A	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	SURGERY	1							
N/A	Hypo-osmolality and hyponatremia	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Hypo-osmolality and hyponatremia	FACILITY	1							
N/A	HYPOTHYROIDISM, UNSPECIFIED	ENDOCRINOLOGY	1							
N/A	lleus, unspecified	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Ileus, unspecified	FACILITY	1							
N/A	ILIOTIBIAL BAND SYNDROME, LEFT LEG	HOSPITAL		1			1			
N/A	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	Rehab Provider		1	1					
N/A	Illness, unspecified	MH/SUD Outpatient	11							
N/A	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Rehab Provider		1	1					
	IMPINGEMENT SYNDROME OF LEFT SHOULDER, PAIN IN LEFT	Dalada Dara Adam	l.							
N/A	SHOULDER	Rehab Provider	1							
N/A	IMPINGEMENT SYNDROME OF RIGHT SHOULDER, BURSITIS OF RIGHT SHOULDER, PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Rehab Provider	1	1	1					
,	IMPINGEMENT SYNDROME OF RIGHT SHOULDER, IMPINGEMENT									
	SYNDROME OF LEFT SHOULDER, BURSITIS OF RIGHT SHOULDER,									
N/A	BURSITIS OF LEFT SHOULDER	Rehab Provider		1	1					
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER, PAIN IN RIGHT									
	ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEAKNESS									
N/A	(GENERALIZED)	Rehab Provider		1	1					
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER, PAIN IN RIGHT									
N/A	SHOULDER	Rehab Provider		1	1					
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER, PAIN IN RIGHT									
N/A	SHOULDER, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		2	2					
	IMPINGEMENT SYNDROME OF RIGHT SHOULDER, SPRAIN OF JOINTS									
N/A	AND LIGAMENTS OF OTH PRT NECK, INIT ENCNTR	Rehab Provider		1	1					<u> </u>
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF L SHOULDER, NOT									
N/A	TRAUMA	Rehab Provider		2	2					
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT									
N/A	TRAUMA	Rehab Provider		2	2					

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N/A	INGROWING NAIL	PODIATRY	2							
N/A	INJ MUSC/TEND PERONEAL GRP AT LOW LEG LEVEL, LEFT LEG, SUBS, CONTUSION OF LEFT FOOT, SUBSEQUENT ENCOUNTER, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	INJ MUSCLE, FASCIA AND TENDON OF PRT BICEPS, RIGHT ARM, INIT,									
N/A	PAIN IN RIGHT ELBOW	Rehab Provider		1	1					
N/A	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, RIGHT EYE	OPHTHALMOLOGY	1							
N/A	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION, LOW BACK PAIN, RADICULOPATHY, LUMBAR REGION INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION, OSSEOUS AND SUBLUX STENOS OF INTVRT FORAMIN OF	Rehab Provider		1	1					
N/A		Data to Data tale a								
N/A N/A	LUMBAR REGION Intraductal carcinoma in situ of right breast	Rehab Provider Other Provider	 	1	1			1		1
N/A	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	GASTROENTEROLOGY	1					1		1
N/A	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY	1							-
N/A	IRRITABLE BOWLE STINDROWE WITHOUT DIARRILLA	GASTROLIVIEROLOGI	1							-
N/A	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, LEFT LEG,	Rehab Provider		1	1					
N/A	OTHER SPECIFIED DISORDERS OF MUSCLE, STIFFNESS OF LEFT KNEE,	Dahah Danidan								
N/A	NOT ELSEWHERE CLASSIFIED, WEAKNESS LATERAL DISLOCATION OF RIGHT PATELLA, SUBSEQUENT ENCOUNTER, OTH MENISCUS DERANGEMENTS, OTHER MEDIAL	Rehab Provider		1	1					
N/A	MENISCUS, RIGHT KNEE	Rehab Provider	1							
N/A	LATERAL EPICONDYLITIS, LEFT ELBOW, PAIN IN LEFT ELBOW	Rehab Provider		1	1					
	LATERAL EPICONDYLITIS, LEFT ELBOW, PAIN IN LEFT ELBOW, OTHER									
N/A	SPECIFIED POSTPROCEDURAL STATES	Rehab Provider		1	1					
N/A	LATERAL EPICONDYLITIS, RIGHT ELBOW	ORTHOPEDIC SURGERY	1							
N/A	LATERAL EPICONDYLITIS, RIGHT ELBOW	Rehab Provider		2	2					
N/A	LATERAL EPICONDYLITIS, RIGHT ELBOW, PAIN IN LEFT ELBOW, PAIN IN RIGHT ELBOW, LATERAL EPICONDYLITIS, LEFT ELBOW	Rehab Provider		1	1					
N/A	LATERAL EPICONDYLITIS, RIGHT ELBOW, PAIN IN RIGHT ELBOW	Rehab Provider		1	1					ļ
N/A	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	1							
N/A	Leiomyoma of uterus, unspecified	OBSTETRICS/GYNECOLOG								
N/A	LOCALIZED EDEMA, UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE, PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider	1					1		
N/A	Localized swelling, mass and lump, neck	Other Provider							1	
N/A	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	PAIN MANAGEMENT	4							
N/A	LOW BACK PAIN	NEUROSURGERY	1							
N/A	Low back pain	NURSING FACILITY	1							
N/A	LOW BACK PAIN	ORTHOPEDIC SURGERY	4							
N/A	Low back pain	Other Provider						1		
N/A	LOW BACK PAIN	PAIN MANAGEMENT	2							
N/A	LOW BACK PAIN	Rehab Provider	4	16	16	ļ				
N/A	Low back pain	SKILLED NURSING FACILITY	1							
l.,,	LOW BACK PAIN, ABNORMAL POSTURE, MUSCLE WEAKNESS			L	L					
N/A	(GENERALIZED) LOW BACK PAIN, ABNORMAL POSTURE, NEURALGIA AND NEURITIS,	Rehab Provider	1	1	1					
N/A	UNSPECIFIED	Rehab Provider	1	-	-					₩
N/A	LOW BACK PAIN, CERVICALGIA, PAIN IN LEFT SHOULDER	Rehab Provider	1	I	1	1]		ш

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	LOW BACK PAIN, CERVICALGIA, PAIN IN RIGHT KNEE, PAIN IN LEFT									
N/A	KNEE	Rehab Provider		1	1					
	LOW BACK PAIN, CERVICALGIA, PAIN IN RIGHT SHOULDER, PAIN IN									
N/A	LEFT SHOULDER	Rehab Provider	1							
	LOW BACK PAIN, INTERVERTEBRAL DISC DISORDERS W									
N/A	RADICULOPATHY, LUMBAR REGION	Rehab Provider		1	1					
	LOW BACK PAIN, MIXED INCONTINENCE, SACROCOCCYGEAL									
	DISORDERS, NOT ELSEWHERE CLASSIFIED, SEGMENTAL AND									
N/A	SOMATIC DYSFUNCTION OF PELVIC REGION	Rehab Provider	1							
	LOW BACK PAIN, MUSCLE SPASM OF BACK, SACROCOCCYGEAL									
N/A	DISORDERS, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	LOW BACK PAIN, MUSCLE SPASM OF BACK, SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION, SEGMENTAL AND									
N/A	SOMATIC DYSFUNCTION OF THORACIC REGION	Chiropractor		1	1					
N/A	LOW BACK PAIN, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		2	2					
	LOW BACK PAIN, MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN								·	
N/A	WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A	LOW BACK PAIN, NEUROMUSCULAR SCOLIOSIS	Rehab Provider		1	1					
	LOW BACK PAIN, OTHER ABNORMALITIES OF GAIT AND MOBILITY,									
N/A	WEAKNESS	Rehab Provider	1							
	LOW BACK PAIN, OTHER INTERVERTEBRAL DISC DEGENERATION,									
N/A	LUMBAR REGION	Rehab Provider		1	1					
	LOW BACK PAIN, OTHER INTERVERTEBRAL DISC DEGENERATION,									
	LUMBAR REGION, SPONDYLOSIS W/O MYELOPATHY OR									
N/A	RADICULOPATHY, LUMBAR REGION	Rehab Provider		1	1					
N/A	LOW BACK PAIN, OTHER SPECIFIED DISORDERS OF MUSCLE	Rehab Provider		2	2					
N/A	LOW BACK PAIN, OTHER SPONDYLOSIS, LUMBAR REGION	Rehab Provider		1	1					
N/A	LOW BACK PAIN, PAIN IN LEFT HIP	Rehab Provider		1	1					
	LOW BACK PAIN, PAIN IN LEFT HIP, MUSCLE WASTING AND ATROPHY, NEC, MULTIPLE SITES, SEGMENTAL AND SOMATIC									
N/A	DYSFUNCTION OF LUMBAR REGION	Rehab Provider	1	1	1					
	LOW BACK PAIN, PAIN IN LEFT HIP, MUSCLE WEAKNESS									
N/A	(GENERALIZED)	Rehab Provider		1	1					
	LOW BACK PAIN, PAIN IN LEFT HIP, PAIN IN LEFT LEG,									
N/A	RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider		1	1					
N/A	LOW BACK PAIN, PAIN IN LEFT KNEE, SCIATICA, LEFT SIDE	Rehab Provider		1	1					
N/A	LOW BACK PAIN, PAIN IN RIGHT HIP	Rehab Provider		1	1					
	LOW BACK PAIN, PAIN IN RIGHT HIP, CERVICALGIA, WEAKNESS,									
N/A	OTHER REDUCED MOBILITY	Rehab Provider	1							
	LOW BACK PAIN, PAIN IN RIGHT KNEE, PAIN IN LEFT KNEE,									
N/A	WEAKNESS	Rehab Provider	1							
	LOW BACK PAIN, PELVIC AND PERINEAL PAIN, MUSCLE WASTING									
N/A	AND ATROPHY, NEC, UNSP SITE, ABNORMAL POSTURE	Rehab Provider		1	1					
	LOW BACK PAIN, POSTURAL KYPHOSIS, THORACIC REGION, PAIN IN									
	THORACIC SPINE, STIFFNESS OF RIGHT HIP, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		1	1					
N/A	LOW BACK PAIN, RADICULOPATHY, LUMBAR REGION	Rehab Provider		2	2					
	LOW BACK PAIN, RADICULOPATHY, LUMBAR REGION, SCIATICA,									
N/A	LEFT SIDE	Rehab Provider		2	2					
N/A	LOW BACK PAIN, RADICULOPATHY, LUMBAR REGION, WEAKNESS	Rehab Provider		2	2					
N/A	LOW BACK PAIN, RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider	1							

	Standard Standard	Secretar Secretar	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description LOW BACK PAIN, SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	CLASSIFIED, OTHER INTERVERTEBRAL DISC DEGENERATION,									
	LUMBOSACRAL REGION, SPINAL STENOSIS, LUMBAR REGION									
N/A	WITHOUT NEUROGENIC CLAUD	Rehab Provider		1	1					
N/A	LOW BACK PAIN, SCIATICA, LEFT SIDE, PAIN IN LEFT KNEE	Rehab Provider		1	1					
IVA	LOW BACK FAIN, SCIATICA, LEFT SIDE, FAIN IN LEFT KNEE	Reliab Flovidei		1	1					_
	LOW BACK PAIN, SPINAL INSTABILITIES, LUMBAR REGION, INTVRT									
	DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION,									
	SACROILIITIS, NOT ELSEWHERE CLASSIFIED, INTERVERTEBRAL DISC									
	DISORDERS W RADICULOPATHY, LUMBAR REGION, ABNORMAL									
N/A	POSTURE, STIFFNESS OF UNSPECIFIED	Rehab Provider		1	1					
1975	LOW BACK PAIN, SPINAL STENOSIS, LUMBAR REGION WITHOUT	Reliabilitovidei		1	1					
	NEUROGENIC CLAUD, TROCHANTERIC BURSITIS, RIGHT HIP,									
N/A	GLUTEAL TENDINITIS, RIGHT HIP	Rehab Provider		1	1					
IVA	LOW BACK PAIN, SPONDYLOSIS W/O MYELOPATHY OR	Reliab Flovidei		1	1					+
	RADICULOPATHY, LUMBAR REGION, RADICULOPATHY, LUMBAR									
	REGION, MUSCLE WEAKNESS (GENERALIZED), RADICULOPATHY,									
N/A	CERVICAL REGION	Robab Drovidor		1	1					
IN/A	LOW BACK PAIN, STIFFNESS OF UNSPECIFIED JOINT, NOT	Rehab Provider		1	1					-
N/A	ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
IN/A	LOW BACK PAIN, STIFFNESS OF UNSPECIFIED JOINT, NOT	Reliab Provider		1	1					
N1/A		Robab Drovidor		1	4					
N/A	ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	+	1	1					
	LOW BACK PAIN, STIFFNESS OF UNSPECIFIED JOINT, NOT									
11/4	ELSEWHERE CLASSIFIED, WEAKNESS, UNSPECIFIED LACK OF	Dalada Dana Adam								
N/A	COORDINATION	Rehab Provider	-	1	3					-
N/A	LOW BACK PAIN, WEAKNESS	Rehab Provider		3	3					-
N/A	LOW BACK PAIN, WEAKNESS, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
.4	LOW BACK PAIN, WEAKNESS, OTHER INTERVERTEBRAL DISC									
	DEGENERATION, LUMBOSACRAL REGION, OTHER INTERVERTEBRAL									
N/A	DISC DEGENERATION, LUMBAR REGION	Rehab Provider		1	1					
.4	LOW BACK PAIN, WEAKNESS, OTHER SPONDYLOSIS WITH			_	-					
N/A	RADICULOPATHY, LUMBAR REGION	Rehab Provider		1	1					
24	LOW BACK PAIN, WEAKNESS, STIFFNESS OF UNSPECIFIED JOINT,			-	-					
	NOT ELSEWHERE CLASSIFIED, SPINAL STENOSIS, LUMBAR REGION									
N/A	WITH NEUROGENIC CLAUDICATION	Rehab Provider		1	1					
N/A	LOWER ABDOMINAL PAIN, UNSPECIFIED, PAIN IN RIGHT HIP	Rehab Provider	1	-	-					
N/A	LUMBAGO WITH SCIATICA, LEFT SIDE	NEUROSURGERY	1							
N/A	LUMBAGO WITH SCIATICA, LEFT SIDE	Rehab Provider	<u> </u>	2	2					
N/A	LUMBAGO WITH SCIATICA, LEFT SIDE, OTHER CHRONIC PAIN	Rehab Provider		2	2					
N/A	LUMBAGO WITH SCIATICA, RIGHT SIDE	NEUROSURGERY	1							
N/A	LUMBAGO WITH SCIATICA, RIGHT SIDE	ORTHOPEDIC SURGERY	2							
N/A	LUMBAGO WITH SCIATICA, RIGHT SIDE	PAIN MANAGEMENT	2							
1971	zemeneo minocamia y mem saez	TY III TO TO ENTER TO	_							
	LUMBAGO WITH SCIATICA, RIGHT SIDE, MUSCLE WEAKNESS									
	(GENERALIZED), STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE									
N/A	CLASSIFIED, UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		2	2					
.47.	LUMBAGO WITH SCIATICA, RIGHT SIDE, SACROILIITIS, NOT		1	<u> </u>	-					\vdash
	ELSEWHERE CLASSIFIED, RADICULOPATHY, LUMBAR REGION,	1								
	SPONDYLOLYSIS, LUMBAR REGION, WEAKNESS, DIFFICULTY IN	1								
N/A	WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Rehab Provider	+	2	2					
19/5	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE, LOW BACK PAIN,	Neriasi Flovidei	+	_						
N/A	OTHER CHRONIC PAIN	Rehab Provider		1	1					
IN/O	OTHER CHRONIC PAIN	wellan Linnings		1	1-					

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE, LOW BACK PAIN,									
	OTHER CHRONIC PAIN, WEAKNESS, OTHER ABNORMALITIES OF GAIT									
N/A	AND MOBILITY	Rehab Provider		1	1					
,	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT									
	SHOULDER, STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider	1							l l
24		MH/SUD All Other	1							†
N/A	Major depressive disorder, recurrent, moderate	Outpatient	4							
N/A	Major depressive disorder, recurrent, moderate	MH/SUD Inpatient	1	1	1					
N/A	Major depressive disorder, recurrent, inspecified	MH/SUD Outpatient	1	-	-					
IVA	wajor depressive disorder, recurrent, unspecified	MH/SUD All Other	+							
N/A	Major depressive disorder single episode unspecified	Outpatient	1]
N/A	Major depressive disorder, single episode, unspecified	MH/SUD Inpatient	4							
IV/A	Major depressive disorder, single episode, unspecified		4		-					-
21/2	Market de la constant	MH/SUD All Other	-	2	2					
N/A	Major depressv disord, single epsd, sev w/o psych features	Outpatient	5	3	3					
		MH/SUD All Other]
N/A	Major depressv disorder, recurrent severe w/o psych features	Outpatient	44							
L.,										
N/A	Major depressv disorder, recurrent severe w/o psych features	MH/SUD Inpatient	5							igspace
		MH/SUD All Other								l l
N/A	Major depressv disorder, recurrent, severe w psych symptoms	Outpatient	5							
		HEMATOLOGY/ONCOLOG								l l
N/A	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Υ	1]
		HEMATOLOGY/ONCOLOG								
N/A	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	Υ	1]
N/A	Malignant neoplasm of ascending colon	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Malignant neoplasm of ascending colon	FACILITY	1							l l
N/A	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	1							l l
N/A	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	1							
N/A	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	GENERAL SURGERY	1							l l
.4		HEMATOLOGY/ONCOLOG	T .							
N/A	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	v	1							l l
N/A	WINESONANT NEOT ENSINGT ONSI SITE OF MIGHT FEWARE BREAGT	'	-		-					
N/A	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	1]
IV/A	MALIGNANT NEOPLASM OF UNSPISITE OF RIGHT FEMALE BREAST,	RADIATION ONCOLOGT	1							
	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE]
N/A	BREAST	Robab Broyidar		2	2					l l
N/A		Rehab Provider	1	3	3					
N/A	MELANOCYTIC NEVI, UNSPECIFIED	DERMATOLOGY	1		-					
N/A	MELENA Matabalia arasahala aratha	GASTROENTEROLOGY	1		-					1
N/A	Metabolic encephalopathy	NURSING FACILITY	2							
l.,,		SKILLED NURSING								
N/A	Metabolic encephalopathy	FACILITY	2							<u> </u>
N/A	Mid-cervical disc disorder, unspecified level, CERVICALGIA	Rehab Provider		1	1					ļļ
	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS									
N/A	MIGRAINOSUS	NEUROLOGY	1							<u> </u>
		INTERVENTIONAL								
N/A	MIXED HYPERLIPIDEMIA	CARDIOLOGY	1							
N/A	MIXED INCONTINENCE	UROLOGY	1							
		MH/SUD All Other								
N/A	Mixed obsessional thoughts and acts	Outpatient	2							
		ALLERGY &								
N/A	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	IMMUNOLOGY	1							
· ·			1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
N/A	AAODEDATE DEDCICTENT ACTURAA MUTUU (ACUTE) EVACEDDATION	DI II AAGALA DV AAEDIGIAIE	1							
N/A	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	PULMONARY MEDICINE OBSTETRICS &	1							+
N/A	MODERATE VULVAR DYSPLASIA	GYNECOLOGY	2							
N/A	MODERATE VULVAR DYSPLASIA	UROLOGY	1							
N/A	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	GENERAL SURGERY	1							†
N/A	MULTIPLE SCLEROSIS	Rehab Provider	1	1	1					
N/A	MUSCLE SPASM OF BACK, SCOLIOSIS, UNSPECIFIED	Rehab Provider		2	2					
N/A N/A	MUSCLE WASTING AND ATROPHY, NEC, UNSP SITE, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, ABNORMAL POSTURE, DISCITIS, UNSPECIFIED, LUMBAR REGION MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	1	3	3					
N/A	MUSCLE WEAKNESS (GENERALIZED) MUSCLE WEAKNESS (GENERALIZED), ACUTE TRANSVERSE MYELITIS	Rehab Provider	1							
lua .	IN DEMYELINATING DISEASE OF CNSL, LOW BACK PAIN,	Database State								
N/A	PARESTHESIA OF SKIN	Rehab Provider	2							
N/A	MUSCLE WEAKNESS (GENERALIZED), CERVICALGIA, RADICULOPATHY, CERVICAL REGION	Rehab Provider		1	1					
	MUSCLE WEAKNESS (GENERALIZED), DELAYED MILESTONE IN									
N/A	CHILDHOOD	Rehab Provider	2							
N/A	MUSCLE WEAKNESS (GENERALIZED), DISP FX OF NECK OF LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider		1	1					
N/A	MUSCLE WEAKNESS (GENERALIZED), LOW BACK PAIN, OTHER SPONDYLOSIS, LUMBAR REGION	Rehab Provider		2	2					
N/A	MUSCLE WEAKNESS (GENERALIZED), MUSCLE SPASM OF BACK, BRACHIAL PLEXUS DISORDERS	Rehab Provider		1	1					
N/A	MUSCLE WEAKNESS (GENERALIZED), PAIN IN RIGHT FOOT, PAIN IN LEFT FOOT	Rehab Provider		3	3					
N/A	MUSCLE WEAKNESS (GENERALIZED), PAIN IN RIGHT SHOULDER, IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Rehab Provider	1							
N/A	MUSCLE WEAKNESS (GENERALIZED), STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT SHOULDER, FRACTURE OF UNSP PART OF LEFT CLAVICLE, INIT FOR CLOS FX MUSCLE WEAKNESS (GENERALIZED), UNSPECIFIED LACK OF COORDINATION, MIXED RECEPTIVE-EXPRESSIVE LANGUAGE	Rehab Provider		1	1					
	DISORDER, DEVELOPMENTAL DISORDER OF SPEECH AND									
N/A	LANGUAGE, UNSPECIFIED	Rehab Provider SKILLED NURSING		T	1					├ ──┤
N/A	Myelodysplastic syndrome, unspecified	FACILITY	1							
N/A	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	DERMATOLOGY	7							+
N/A	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	DERMATOLOGY	1							†
N/A	NONDISP FX OF 5TH METATARSAL BONE, L FT, 7THD	Rehab Provider	-	1	1					†
N/A	NONDISP FX OF GREATER TUBEROSITY OF L HUMER, 7THD, PAIN IN LEFT SHOULDER, MUSCLE WEAKNESS (GENERALIZED), STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider		4	4					
N/A	NONDISP FX OF GREATER TUBEROSITY OF RIGHT HUMERUS, INIT	Rehab Provider		3	3					
N/A	NONDISP FX OF MED PHALANX OF L LIT FNGR, 7THD, STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	NONDISP FX OF PROX PHALANX OF R RNG FNGR, 7THD, TRAUM RUPT OF COLLAT LIGMT OF R MID FNGR AT MCP/IP JT, SUBS,									
N/A	LOCALIZED EDEMA, PAIN IN RIGHT HAND	Rehab Provider SKILLED NURSING		1	1					
N/A	Nondisp oblique fx shaft of r femr, 7thD	FACILITY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
11/4	NONINEESTIVE CASTROENTERITIS AND COURTS UNSPECIFIED	CACTROFAITEROLOGY								
N/A	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED NONSCARRING HAIR LOSS, UNSPECIFIED	GASTROENTEROLOGY DERMATOLOGY	1							
N/A N/A	Non-ST elevation (NSTEMI) myocardial infarction	NURSING FACILITY	2							
N/A	Non-31 elevation (NSTEWII) myocardiai imarction	SKILLED NURSING	3							
N/A	Non-ST elevation (NSTEMI) myocardial infarction	FACILITY	3							
N/A	NONTOXIC GOITER, UNSPECIFIED	ENDOCRINOLOGY	1							
N/A	NONTOXIC SINGLE THYROID NODULE	ENDOCRINOLOGY	1							
N/A	NONTOXIC SINGLE THYROID NODULE	INTERNAL MEDICINE	1							
N/A	NONTOXIC SINGLE THYROID NODULE	OTOLARYNGOLOGY	1							
		SKILLED NURSING								
N/A	Nontraumatic intracranial hemorrhage, unspecified	FACILITY	1							
N/A	Nontraumatic subarachnoid hemorrhage, unspecified	NURSING FACILITY	1							
N/A	Nontraumatic subarachnoid hemorrhage, unspecified	SKILLED NURSING FACILITY	1							
		MH/SUD All Other								
N/A	Obsessive-compulsive disorder, unspecified	Outpatient	1							
		INTERVENTIONAL								
N/A	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIOLOGY	1							
N/A	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY MEDICINE	1							
N/A	ONYCHOLYSIS	HOSPITAL	1							
N/A	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, BILATERAL	OPHTHALMOLOGY	2							
		MH/SUD All Other								
N/A	Opioid dependence with intoxication, unspecified	Outpatient	1							
		MH/SUD All Other								
N/A	Opioid dependence, uncomplicated	Outpatient	8							
N/A	Opioid dependence, uncomplicated	MH/SUD Inpatient	12							
N/A	OSTEOLYSIS, RIGHT SHOULDER, OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider		1	1					
N/A	Osteomyelitis, unspecified	Physician		1	1				1	
IN/A	OSTEOPHYTE, VERTEBRAE, OTHER CERV DISC DEGENERATION, MID- CERVICAL RGN, UNSP LEVEL, OTHER CERVICAL DISC DISPLACEMENT,	Trysician							1	
N/A	UNSP CERVICAL REGION	Rehab Provider		1	1					
N/A	OTALGIA, RIGHT EAR	OTOLARYNGOLOGY	1							
N/A	OTH DISORDERS OF OPTIC NERVE, NEC, UNSP EYE	OPHTHALMOLOGY	3							
N/A	OTH DISORDERS OF OPTIC NERVE, NEC, UNSP EYE	OPTOMETRY		1			1			
N/A	OTH ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT, TROCHANTERIC BURSITIS, LEFT HIP	Rehab Provider		1	1					
	OTH ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT, TROCHANTERIC BURSITIS, LEFT HIP, UNSPECIFIED SPRAIN OF LEFT									
N/A	HIP, INITIAL ENCOUNTER OTH ENTHESOPATHIES OF UNSPECIFIED LOWER LIMB, EXCLUDING	Rehab Provider		1	1					\vdash
N/A	FOOT	ORTHOPEDIC SURGERY	1							
N/A	,	Rehab Provider	1							
	OTH FX UPR & DESTRICT OF RESEARCH OF REAL PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, MUSCLE									
N/A	WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
N/A	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT	Rehab Provider		1	1					
N/A	KNEE	Rehab Provider	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
N/A	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT	Dahah Dusuidan		1	1					
N/A	KNEE, PAIN IN RIGHT KNEE OTH SPON DISRUPT OF POSTERIOR CRUCIATE LIGAMENT OF LEFT	Rehab Provider	_	1	1					
	KNEE, OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT									
N/A	KNEE, SUBS	Rehab Provider		1	1					
IV/A	KNEE, 3003	Reliabilitoriaei	+	1	1					+
	OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND									
N/A	ABDOMEN, OTHER MUSCLE SPASM, PELVIC AND PERINEAL PAIN	Rehab Provider		1	1					
, and the second	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL									
N/A	SYSTEM	Rehab Provider		1	1					
	OTH SYMPTOMS AND SIGNS W GENERAL SENSATIONS AND									
N/A	PERCEPTIONS	Rehab Provider		2	2					
N/A	OTH TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider		1	1					
	OTH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, SUBS,									
	PASNGR IN PK-UP/VAN INJURED IN CLSN W STATNRY OBJECT									
N/A	NONTRAF	Rehab Provider		1	1					
	OTH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, SUBS,									
N/A	PRPH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, SUBS	Rehab Provider		1	1					
	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE,									
N/A	SUBS, OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider		1	1					
NI/A	OTH TEAD OF MEDIAL MENICOUS CURRENT INHURY DIVAILE SURS	Dahah Dusuddan		2	2					
N/A	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS	Rehab Provider	_	Z	Z					+
	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS,									
	OTH TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, SUBS,									
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		3	3					
N/A	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS,	rendo i rovidei	_	3	3					
N/A	PAIN IN RIGHT KNEE	Rehab Provider		1	1					
,		MH/SUD All Other								
N/A	Other	Outpatient	114	1	1					
N/A	Other	MH/SUD Inpatient	154	2	2					
N/A	Other	MH/SUD Outpatient	55	2	2					
N/A	Other abnormalities of breathing	NURSING FACILITY	1							
N/A	Other abnormalities of breathing	RADIOLOGY - CT	1							
N/A	Other abnormalities of breathing	RADIOLOGY - MRI	1							
N/A	Other abnormalities of breathing	RADIOLOGY - PET	1							
l		SKILLED NURSING	L							
N/A	Other abnormalities of breathing	FACILITY	1	<u> </u>						
N/A	OTHER ABNORMALITIES OF GAIT AND MOBILITY	HOSPITAL	4	1			1			
N/A	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	1					-		
N/A	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider	1							
	OTHER ABNORMALITIES OF GAIT AND MOBILITY, DIFFICULTY IN									
	WALKING, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS									
N/A	(GENERALIZED), UNSPECIFIED LACK OF COORDINATION	Rehab Provider		1	1					
147.	OTHER ABNORMALITIES OF GAIT AND MOBILITY, DIZZINESS AND	uu i iovidei	+	-	-					+
	GIDDINESS, MUSCLE WEAKNESS (GENERALIZED), UNSTEADINESS ON									
N/A	FEET	Rehab Provider		1	1					
	OTHER ABNORMALITIES OF GAIT AND MOBILITY, NONDISP FX OF		1							
	LATERAL MALLEOLUS OF L FIBULA, 7THD, PAIN IN LEFT ANKLE AND									
N/A	JOINTS OF LEFT FOOT	Rehab Provider		1	1					
	L		1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Troccadic code pescription	OTHER ABNORMALITIES OF GAIT AND MOBILITY, PAIN IN RIGHT	1 Tovider Specialty	Approvais	Demais	Demais	Demais	Demais	Аррготси	Demeu	by inc
	KNEE, MUSCLE WEAKNESS (GENERALIZED), PATELLOFEMORAL									
	DISORDERS, RIGHT KNEE, OTHER DISORDERS OF PATELLA, RIGHT									
N/A	KNEE	Rehab Provider		1	1					
	OTHER ABNORMALITIES OF GAIT AND MOBILITY, PRESENCE OF									
N/A	RIGHT ARTIFICIAL KNEE JOINT, WEAKNESS, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
	OTHER ABNORMALITIES OF GAIT AND MOBILITY, UNILATERAL									
21/2	PRIMARY OSTEOARTHRITIS, RIGHT KNEE, PAIN IN RIGHT KNEE,	Data to Day 114								
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Rehab Provider	1							-
	OTHER ACUTE POSTPROCEDURAL PAIN, STIFFNESS OF RIGHT KNEE,									
N/A	NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
.47.	NOT EESEWHERE OF SOME OF MODELE WE MINESS (SEMENTEED)	ALLERGY &		-	-					
N/A	OTHER ALLERGIC RHINITIS	IMMUNOLOGY	3							
N/A	OTHER BENIGN NEOPLASM OF SKIN, UNSPECIFIED	DERMATOLOGY	1							
	OTHER CEREBRAL PALSY, DIFFICULTY IN WALKING, NOT ELSEWHERE									
	CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED), OTHER REDUCED									
	MOBILITY, SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR									
	FUNCTION, OTHER ABNORMALITIES OF GAIT AND MOBILITY,									
N/A	STIFFNESS OF UNSPECIFIED JOINT, NOT	Rehab Provider		1	1					
	OTHER CEREBRAL PALSY, DIFFICULTY IN WALKING, NOT ELSEWHERE									
	CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED), SPECIFIC									
	DEVELOPMENTAL DISORDER OF MOTOR FUNCTION, OTHER									
N/A	ABNORMALITIES OF GAIT AND MOBILITY, STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED, HI	Robah Bravidar	1							
N/A	OTHER CEREBRAL PALSY, SEVERE INTELLECTUAL DISABILITIES	Rehab Provider Rehab Provider	1	2	2					-
1477	OTTER CEREBONE PALST, SEVERE INTELLECTIONE DISABLETIES	iterias i revider	_		_					\vdash
	OTHER CEREBRAL PALSY, SPECIFIC DEVELOPMENTAL DISORDER OF									
	MOTOR FUNCTION, DIFFICULTY IN WALKING, NOT ELSEWHERE									
	CLASSIFIED, OTHER ABNORMALITIES OF GAIT AND MOBILITY,									
	MUSCLE WEAKNESS (GENERALIZED), STIFFNESS OF UNSPECIFIED									
N/A	JOINT, NOT ELSEWHERE CLASSIFIED, OT	Rehab Provider		2	2					
	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP									
N/A	LEVEL	INTERNAL MEDICINE	2							
	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION,									
	CERVICALGIA, SPONDYLOSIS W/O MYELOPATHY OR			_						
N/A	RADICULOPATHY, CERVICAL REGION	Rehab Provider		3	3					ļ
	OTHER CERVICAL DISC DEGENERATION LINES CERVICAL RECION									
N/A	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION, OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Pohah Provider		1	1					
N/A	OTHER INTERVERTEBRAL DISC DEGENERATION, LOMBAR REGION OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION,	Rehab Provider		1	1					\vdash
N/A	RADICULOPATHY, CERVICAL REGION	Rehab Provider	1							
.4		CARDIOVASCULAR	1		†					
N/A	OTHER CHEST PAIN	SURGERY	1							
N/A	OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION	GENERAL SURGERY	1							
N/A	OTHER CHRONIC PAIN	CHIROPRACTIC MEDICINE	1		<u> </u>	<u> </u>				<u> </u>
N/A	OTHER CHRONIC PAIN	ORTHOPEDIC SURGERY	2							
N/A	OTHER CHRONIC PAIN	PAIN MANAGEMENT	4							
	OTHER CHRONIC PAIN, MUSCLE WEAKNESS (GENERALIZED), RIGHT									
N/A	UPPER QUADRANT PAIN	Rehab Provider		1	1					
N/A	OTHER CONGENITAL DEFORMITIES OF SKULL, FACE AND JAW	Rehab Provider	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	OTHER CONGENITAL DEFORMITIES OF SKULL, FACE AND JAW,		Тфристан							2,
N/A	ILLNESS, UNSPECIFIED	Rehab Provider	1							
N/A	Other encephalopathy	RADIOLOGY - CT	1							
N/A	Other encephalopathy	RADIOLOGY - MRI	1							
N/A	Other encephalopathy	RADIOLOGY - PET	1							
,	,	SKILLED NURSING								
N/A	Other encephalopathy	FACILITY	1							
	OTHER ENCEPHALOPATHY, OTH AND UNSP LACK OF EXPECTED									
	NORMAL PHYSIOL DEV IN CHLDHD, UNSPECIFIED LACK OF									
N/A	COORDINATION	Rehab Provider		1	1					
N/A	OTHER FATIGUE	UROLOGY	1							
		SKILLED NURSING								
N/A	Other fecal abnormalities	FACILITY	1							
N/A	OTHER HEADACHE SYNDROME, CERVICALGIA	Rehab Provider		1	1					
N/A	OTHER HYPERLIPIDEMIA	NEPHROLOGY	1							
N/A	OTHER HYPERTROPHIC DISORDERS OF THE SKIN	DERMATOLOGY	1							
	OTHER INSTABILITY, LEFT SHOULDER, ENCOUNTER FOR OTHER									
	ORTHOPEDIC AFTERCARE, PAIN IN LEFT SHOULDER, STIFFNESS OF									
N/A	LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
,	OTHER INSTABILITY, RIGHT ANKLE, OTHER INSTABILITY, LEFT ANKLE,									
	RADICULOPATHY, LUMBOSACRAL REGION, SACROCOCCYGEAL									
N/A	DISORDERS, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A	OTHER INSTABILITY, RIGHT KNEE	Rehab Provider		1	1					
'	,									
N/A	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PAIN MANAGEMENT	2							
N/A	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION, FUSION OF SPINE, LUMBAR REGION, LOW BACK PAIN	Rehab Provider		1	1					
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION,									
N/A	LOW BACK PAIN	Rehab Provider		1	1					
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION,									
N/A	OTHER ABNORMALITIES OF GAIT AND MOBILITY, WEAKNESS, RADICULOPATHY, LUMBAR REGION	Rehab Provider		1	1					
	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION, SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION,									
N/A	LOW BACK PAIN	Chiropractor		1	1					
14/4	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION,	Chiropractor		1	1					
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION,									
N/A	SCIATICA, RIGHT SIDE, LOW BACK PAIN	Chiropractor		1	1					
N/A	Other intervertebral disc degeneration, lumbosacral region	Other Provider		1	_				1	
1975	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL	Other Frontier								
N/A	REGION	Rehab Provider		1	1					
1975	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL	Nendo i rovider		1	_					
	REGION, OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR									
N/A	REGION REGION	Rehab Provider		1	1					
N/A	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION	PAIN MANAGEMENT	1	1	Ė					
1975	OTHER INTERVERTEBRAL DISC DISORDERS, LOWIDAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL	I AIR WANAGEWENT	-							
N/A	REGION	NEUROSURGERY	1							
	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION, LOW BACK PAIN, RADICULOPATHY, LUMBAR REGION,									
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
N/A	OTHER LACK OF COORDINATION	Rehab Provider	1	1	1	į i				
N/A	OTHER LACK OF COORDINATION, AUTISTIC DISORDER	Rehab Provider		1	1					
						į i				
N/A	OTHER LACK OF COORDINATION, DOWN SYNDROME, UNSPECIFIED	Rehab Provider		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	OTHER LACK OF COORDINATION, UNSPECIFIED LACK OF									
N/A	COORDINATION	Rehab Provider		1	1					
N/A	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY MEDICINE	1							
		GYNECOLOGIC								
N/A N/A	OTHER OVARIAN CYST, RIGHT SIDE	ONCOLOGY	1							
N/A	Other pulmonary embolism without acute cor pulmonale	NURSING FACILITY SKILLED NURSING	2							+
N/A	Other pulmonary embolism without acute cor pulmonale	FACILITY	2							
N/A	OTHER SEBORRHEIC KERATOSIS	DERMATOLOGY	1							+
N/A	OTHER SEDORMITER RENATOSIS OTHER SHOULDER LESIONS, LEFT SHOULDER	Rehab Provider	1	1	1					+
N/A	OTHER SHOULDER LESIONS, RIGHT SHOULDER	Rehab Provider		3	3					\vdash
1471	OTHER SHOULDER LESIONS, RIGHT SHOULDER, PAIN IN RIGHT	nendo i rovide:								\vdash
N/A	SHOULDER	Rehab Provider	1							
N/A	OTHER SPECIFIED DERMATITIS	DERMATOLOGY	1							\vdash
, and the second			1							
	OTHER SPECIFIED DISORDERS OF BINOCULAR MOVEMENT, OTHER									
N/A	LACK OF COORDINATION, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	1							
N/A	OTHER SPECIFIED DISORDERS OF IRIS AND CILIARY BODY	OPHTHALMOLOGY	1							
N/A	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY	1							
	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION, SPONDYLOSIS									
N/A	W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Rehab Provider	1							
		MH/SUD All Other								
N/A	Other specified eating disorder	Outpatient	2							
N/A	OTHER SPECIFIED FOLLICULAR DISORDERS	DERMATOLOGY	3							
		SKILLED NURSING								
N/A	Other specified fracture of unspecified pubis, sequela	FACILITY	1							
	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP, ENCOUNTER FOR									
N/A	OTHER SPECIFIED SURGICAL AFTERCARE	Rehab Provider		3	3					
	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP, OTH SPECIFIC JOINT									
N/A	DERANGEMENTS OF RIGHT HIP, NEC	Rehab Provider		1	1					
N/A	OTHER SPECIFIED MONONEUROPATHIES	NEUROLOGY	1							
N/A	OTHER CRECIFIED MONING ANAMATORY DISORDERS OF VACINA	OBSTETRICS &	_							
N/A N/A	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA OTHER SPECIFIED POSTPROCEDURAL STATES	GYNECOLOGY INTERNAL MEDICINE	1							+
N/A	OTHER SPECIFIED POSTPROCEDURAL STATES OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider	2	4	4					+
N/A	OTHER SPECIFIED POSTPROCEDURAL STATES OTHER SPECIFIED POSTPROCEDURAL STATES, PAIN IN LEFT	Reliab Flovidei		4	-					+
N/A	SHOULDER	Rehab Provider		1	1					
1471	OTHER SPECIFIED POSTPROCEDURAL STATES, PAIN IN RIGHT	nendo i rovide:		_	_					\vdash
N/A	SHOULDER	Rehab Provider		1	1					
1471	OTHER SPECIFIED POSTPROCEDURAL STATES, PAIN IN RIGHT	rendo i rovide:		_	_					
	SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE									
	CLASSIFIED, PASNGR IN PK-UP/VAN INJURED IN CLSN W STATNRY									
N/A	OBJECT NONTRAF	Rehab Provider		1	1					
,	OTHER SPECIFIED POSTPROCEDURAL STATES, SPRAIN OF ANTERIOR									
N/A	CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Rehab Provider		1	1					
		SKILLED NURSING								
N/A	Other specified sepsis	FACILITY	1			<u> </u>				
	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION,									
	OTHER SHOULDER LESIONS, LEFT SHOULDER, ADHESIVE CAPSULITIS									
N/A	OF LEFT SHOULDER, CERVICALGIA	Rehab Provider		1	1					
	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION,									
N/A	ARTHRODESIS STATUS	Rehab Provider		1	1					1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
·	OTHER SPONDYLOSIS, CERVICAL REGION, SEGMENTAL AND	. ,								
	SOMATIC DYSFUNCTION OF CERVICAL REGION, OTHER MUSCLE									
N/A	SPASM, CERVICALGIA	Chiropractor	1							
		MH/SUD All Other								1
N/A	Other stimulant dependence, uncomplicated	Outpatient	5							
N/A	Other stimulant dependence, uncomplicated	MH/SUD Inpatient	3							1
N/A	Other symptoms and signs involving the musculoskeletal system	Other Provider						1		
N/A	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Rehab Provider	1							
	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM,									
N/A	OTHER LACK OF COORDINATION	Rehab Provider	1							
	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT HAND, STIFFNESS OF									
	LEFT HAND, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT FINGER(S),									
N/A	CONTRACTURE, LEFT HAND	Rehab Provider		2	2					
N/A	OTHER VITREOUS OPACITIES, LEFT EYE	OPHTHALMOLOGY	2							
N/A	OTHER VITREOUS OPACITIES, UNSPECIFIED EYE	OPHTHALMOLOGY	1							
.4	The state of the s		Ť T							†
N/A	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Rehab Provider		1	1					
.4	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS,		1	_	_					\vdash
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Rehab Provider		2	2					
N/A	PAIN IN JOINTS OF RIGHT HAND	Rehab Provider		1	1					+
N/A	PAIN IN KNEE	ORTHOPEDIC SURGERY	1	1	1					+
N/A	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider	1	2	2					+
IVA		Kenab Provider	1	2	2					+
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, NONDISP FX OF									
	LATERAL MALLEOLUS OF L FIBULA, 7THD, ENCOUNTER FOR OTHER									
N/A	ORTHOPEDIC AFTERCARE	Rehab Provider		2	2					
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, PAIN IN LEFT WRIST,									
N/A	COLLES' FRACTURE OF R RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider		2	2					
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, PAIN IN RIGHT									
N/A	ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider		1	1					
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, PAIN IN RIGHT									
N/A	ELBOW	Rehab Provider	1							
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, POSTERIOR TIBIAL									
N/A	TENDINITIS, LEFT LEG	Rehab Provider		1	1					
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, STIFFNESS OF									
	UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT									
N/A	KNEE, UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		1	1					
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, STIFFNESS OF									
	UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED									
N/A	ABNORMALITIES OF GAIT AND MOBILITY, PAIN IN LEFT KNEE	Rehab Provider		1	1					
,	,									
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, STRAIN MUSC/TEND								1	
N/A	PERONEAL GRP AT LOW LEG LEV, LEFT LEG, SUBS	Rehab Provider		1	1				1	
,	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, STRAIN OF LEFT		1		t ·					†
	ACHILLES TENDON, SUBSEQUENT ENCOUNTER, ENCOUNTER FOR								1	
N/A	OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1				1	
N/A	PAIN IN LEFT ELBOW	Rehab Provider		1	1					+
N/A	PAIN IN LEFT ELBOW PAIN IN LEFT ELBOW, NONDISP SIMP SUPRCNDL FX W/O INTRCNDL	ACHAD I TOVIDEI	+	-	-					+
	FX L HUMER, 7THB, STIFFNESS OF LEFT ELBOW, NOT ELSEWHERE								1	
N/A		Dobah Drovid		2	,					
N/A	CLASSIFIED	Rehab Provider	1	3	3					+
N/A	PAIN IN LEFT FOOT	ORTHOPEDIC SURGERY	1		-					+
N/A	PAIN IN LEFT FOOT	PODIATRY	11		I]		l	l	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
N/A	PAIN IN LEFT FOOT, PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider		1	1					
N/A	PAIN IN LEFT FOOT, PAIN IN RIGHT FOOT	Rehab Provider		1	1					
	PAIN IN LEFT FOOT, PAIN IN RIGHT FOOT, PLANTAR FASCIAL									
N/A	FIBROMATOSIS	Rehab Provider	1							
	PAIN IN LEFT FOOT, PLANTAR FASCIAL FIBROMATOSIS, DIFFICULTY									
	IN WALKING, NOT ELSEWHERE CLASSIFIED, OTHER SPECIFIED									
N/A	POSTPROCEDURAL STATES	Rehab Provider	1							
N/A	Pain in left hand	INTERNAL MEDICINE						1		
N/A	PAIN IN LEFT HAND	Rehab Provider		1	1					
N/A	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	1	_	_					
N/A	PAIN IN LEFT HIP	Rehab Provider	2	2	2					
N/A	PAIN IN LEFT HIP, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1							
	PAIN IN LEFT HIP, OTHER INSTABILITY, UNSPECIFIED HIP, OTHER									
	SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER, ENCOUNTER FOR									
N/A	OTHER SPECIFIED SURGICAL AFTERCARE	Rehab Provider		1	1					
	PAIN IN LEFT HIP, OTHER SHOULDER LESIONS, LEFT SHOULDER, LOW									
N/A	BACK PAIN	Rehab Provider		1	1					
	PAIN IN LEFT HIP, OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED									
	HIP, OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER,									
N/A	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Rehab Provider		1	1					
	PAIN IN LEFT HIP, OTHER SPRAIN OF LEFT HIP, SUBSEQUENT									
N/A	ENCOUNTER, OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	Rehab Provider		1	1					
	PAIN IN LEFT HIP, TROCHANTERIC BURSITIS, LEFT HIP, UNSP INJURY									
N/A	OF MUSCLE, FASCIA AND TENDON OF LEFT HIP, SUBS	Rehab Provider		1	1					
	PAIN IN LEFT HIP, WEAKNESS, OTHER ABNORMALITIES OF GAIT AND									
N/A	MOBILITY, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
N/A	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	9							
N/A	PAIN IN LEFT KNEE	PAIN MANAGEMENT	2							
N/A	PAIN IN LEFT KNEE	Rehab Provider	2	9	9					
	PAIN IN LEFT KNEE, DIFFICULTY IN WALKING, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		2	2					
	PAIN IN LEFT KNEE, EFFUSION, LEFT KNEE, PAIN IN UNSPECIFIED HIP,									
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	1							
	PAIN IN LEFT KNEE, EFFUSION, LEFT KNEE, STIFFNESS OF LEFT KNEE,									
	NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT									
N/A	ELSEWHERE CLASSIFIED	Rehab Provider		3	3					
	PAIN IN LEFT KNEE, ENCOUNTER FOR OTHER ORTHOPEDIC									
N/A	AFTERCARE	Rehab Provider		2	2					
N/A	PAIN IN LEFT KNEE, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	1	1	1					
	PAIN IN LEFT KNEE, MUSCLE WEAKNESS (GENERALIZED), SPRAIN OF									
	ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS, DIFFICULTY IN									
N/A	WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1	2	2					
	PAIN IN LEFT KNEE, OTH TEAR OF LAT MENSC, CURRENT INJURY,									
	LEFT KNEE, SUBS, OTH ENTHESOPATHIES OF LEFT LOWER LIMB,									
N/A	EXCLUDING FOOT	Rehab Provider	1							
	PAIN IN LEFT KNEE, OTHER DISLOCATION OF LEFT PATELLA,									
N/A	SUBSEQUENT ENCOUNTER, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		2	2					

						Medical	Experimental &	Network	Total	Total	
				Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		PAIN IN LEFT KNEE, PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT,									
		UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, DIFFICULTY IN									
N/A		WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A		PAIN IN LEFT KNEE, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
		PAIN IN LEFT KNEE, PAIN IN RIGHT KNEE, PAIN IN LEFT HIP, LOW									
N/A		BACK PAIN	Rehab Provider		2	2					
		PAIN IN LEFT KNEE, PARALYTIC GAIT, WEAKNESS, STIFFNESS OF LEFT									
N/A		KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A		PAIN IN LEFT KNEE, PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Rehab Provider		1	1					
.,		PAIN IN LEFT KNEE, PRESENCE OF LEFT ARTIFICIAL KNEE JOINT,			-	-					
N/A		BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rehab Provider		1	1					
		PAIN IN LEFT KNEE, PRESENCE OF LEFT ARTIFICIAL KNEE JOINT,									
		STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY									
N/A		IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1	2	2					
		PAIN IN LEFT KNEE, SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF									
N/A		LEFT KNEE, SUBS, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
		PAIN IN LEFT KNEE, STIFFNESS OF LEFT KNEE, NOT ELSEWHERE									
		CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED), UNSPECIFIED									
N/A		ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		1	1					1
		PAIN IN LEFT KNEE, UNILATERAL POST-TRAUMATIC									
N/A		OSTEOARTHRITIS, LEFT KNEE	Rehab Provider	1							1
		PAIN IN LEFT KNEE, UNSP TEAR OF UNSP MENISCUS, CURRENT									
N/A		INJURY, LEFT KNEE, SUBS	Rehab Provider		1	1					
		PAIN IN LEFT KNEE, UNSPECIFIED DISLOCATION OF LEFT PATELLA,									
N/A		SUBS ENCNTR, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	2							1
		PAIN IN LEFT KNEE, UNSPECIFIED DISLOCATION OF UNSPECIFIED									
N/A		PATELLA, INIT ENCNTR	Rehab Provider		4	4					
		PAIN IN LEFT KNEE, UNSPECIFIED DISLOCATION OF UNSPECIFIED									
		PATELLA, INIT ENCNTR, DIFFICULTY IN WALKING, NOT ELSEWHERE									
N/A		CLASSIFIED	Rehab Provider		1	1					
		PAIN IN LEFT KNEE, WEAKNESS, DIFFICULTY IN WALKING, NOT									
		ELSEWHERE CLASSIFIED, ENCOUNTER FOR OTHER ORTHOPEDIC									
N/A		AFTERCARE	Rehab Provider		1	1					
N/A		PAIN IN LEFT LEG	ORTHOPEDIC SURGERY	1							
		PAIN IN LEFT LEG, MUSCLE WEAKNESS (GENERALIZED), OTHER									
N/A		ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		1	1					
		PAIN IN LEFT LEG, PAIN IN LEFT KNEE, MUSCLE WEAKNESS									
N/A		(GENERALIZED)	Rehab Provider		1	1					
		PAIN IN LEFT LEG, PAIN IN RIGHT LEG, PAIN IN RIGHT HIP, PAIN IN	1								1 7
N/A		LEFT HIP	Rehab Provider	1							
		PAIN IN LEFT LOWER LEG, LOW BACK PAIN, RADICULOPATHY,	1								1
N/A		LUMBAR REGION	Rehab Provider		1	1					
N/A		PAIN IN LEFT SHOULDER	HOSPITAL	1							
N/A		PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	1							
N/A		PAIN IN LEFT SHOULDER	Rehab Provider		10	10					
		PAIN IN LEFT SHOULDER, ABNORMAL POSTURE, MUSCLE WASTING									
N/A	<u> </u>	AND ATROPHY, NEC, LEFT SHOULDER	Rehab Provider		1	1					
		PAIN IN LEFT SHOULDER, ADHESIVE CAPSULITIS OF LEFT SHOULDER,									
		PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	Rehab Provider	1	1	1	1				1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Procedure Code Description	PAIN IN LEFT SHOULDER, CALCIFIC TENDINITIS OF LEFT SHOULDER,	Provider Specialty	Approvais	Demais	Delliais	Delliais	Delliais	Approveu	Denieu	by INO
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT									
	TRAUMA, INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF L SHOULDER,									
N/A	NOT TRAUMA	Rehab Provider	1							
N/A	PAIN IN LEFT SHOULDER, COMPLETE ROTATR-CUFF TEAR/RUPTR OF	Rendo i Tovidei	+							+
N/A	LEFT SHOULDER, NOT TRAUMA	Rehab Provider	1	1	1					
N/A	PAIN IN LEFT SHOULDER, DISP FX OF GREATER TUBEROSITY OF LEFT	Rendo i Tovidei	-	_	_					
	HUMERUS, SEQUELA, ENCOUNTER FOR OTHER ORTHOPEDIC									
N/A	AFTERCARE	Rehab Provider		5	5					
TY/A	74 TERCARE	Rendo i Tovidei	_	,	,					-
	PAIN IN LEFT SHOULDER, EFFUSION, LEFT SHOULDER, SUPERIOR									
N/A	GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNTR	Rehab Provider		1	1					
IVA	PAIN IN LEFT SHOULDER, ENCOUNTER FOR OTHER ORTHOPEDIC	Reliab i Tovidei		_	1					+
N/A	AFTERCARE	Rehab Provider		2	2					
N/A	PAIN IN LEFT SHOULDER, ENCOUNTER FOR OTHER ORTHOPEDIC	Reliabilitoridei	+							+
N/A	AFTERCARE, ABNORMAL POSTURE	Rehab Provider		1	1					
IN/A	PAIN IN LEFT SHOULDER, IMPINGEMENT SYNDROME OF LEFT	Reliab Flovidei		1	1					+
N/A	SHOULDER	Rehab Provider		1	1					
IV/A	PAIN IN LEFT SHOULDER, IMPINGEMENT SYNDROME OF LEFT	Reliab i Tovidei		1	1					+
N/A	SHOULDER, BICIPITAL TENDINITIS, RIGHT SHOULDER	Rehab Provider		1	1					
N/A	PAIN IN LEFT SHOULDER, IMPINGEMENT SYNDROME OF LEFT	Reliab Flovidei		1	1					+
	SHOULDER, STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT									
N/A	SHOULDER, SUBS	Rehab Provider		1	1					
N/A	SHOULDER, SUBS	Reliab Provider		1	1					+
	PAIN IN LEFT SHOULDER, INJ MUSC/TEND THE ROTATOR CUFF OF									
21/2	LEFT SHOULDER, SEQUELA, MUSCLE WEAKNESS (GENERALIZED),	Dahah Dua dalam	1							
N/A	STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1							4
	DAIN IN LEFT CHOULDED AN ICCLE MEANNESS (CENEDALIZED)									
	PAIN IN LEFT SHOULDER, MUSCLE WEAKNESS (GENERALIZED),									
01/0	IMPINGEMENT SYNDROME OF LEFT SHOULDER, STRAIN OF	Dahah Dua dalam								
N/A	MUSC/FASC/TEND LONG HEAD OF BICEPS, LEFT ARM, SUBS PAIN IN LEFT SHOULDER, NONDISP FX OF GREATER TUBEROSITY OF L	Rehab Provider	+	1	1					4
21/2	· · · · · · · · · · · · · · · · · · ·	Dahah Dan dalam								
N/A	HUMER, 7THD	Rehab Provider		1	1					<u> </u>
	PAIN IN LEFT SHOULDER, OTHER CHRONIC PAIN, INJURY OF OTHER									
	SPECIFIED NERVES OF THORAX, SUBS ENCNTR, OTHER									
N/A	EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	Rehab Provider		1	1					-
	PAIN IN LEFT SHOULDER, OTHER DISLOCATION OF LEFT SHOULDER									
N/A	JOINT, SEQUELA	Rehab Provider		1	1					<u> </u>
21/2	PAIN IN LEFT SHOULDER, OTHER SPECIFIED POSTPROCEDURAL	Data to Data Calada								
N/A	STATES	Rehab Provider	2	2	2					
21/2	DAIN IN LEST CHOULDED DAIN IN LEST VALEE DAIN IN DICHT HAND	Data to Data Calada								
N/A	PAIN IN LEFT SHOULDER, PAIN IN LEFT KNEE, PAIN IN RIGHT HAND	Rehab Provider		1	1					
N/A	PAIN IN LEFT SHOULDER, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
	PAIN IN LEFT SHOULDER, STIFFNESS OF LEFT SHOULDER, NOT					1				
	ELSEWHERE CLASSIFIED, IMPINGEMENT SYNDROME OF LEFT									
N/A	SHOULDER	Rehab Provider	_	2	2					
	PAIN IN LEFT SHOULDER, STIFFNESS OF LEFT SHOULDER, NOT									
	ELSEWHERE CLASSIFIED, IMPINGEMENT SYNDROME OF LEFT					1				
N/A	SHOULDER, BICIPITAL TENDINITIS, RIGHT SHOULDER	Rehab Provider		1	1					ļ
	PAIN IN LEFT SHOULDER, STIFFNESS OF LEFT SHOULDER, NOT									
	ELSEWHERE CLASSIFIED, UNSPECIFIED SPRAIN OF LEFT SHOULDER									
N/A	JOINT, SUBS ENCNTR	Rehab Provider		2	2					
	PAIN IN LEFT SHOULDER, STRAIN OF MUSC/TEND THE ROTATOR									
	CUFF OF RIGHT SHOULDER, SUBS, IMPINGEMENT SYNDROME OF					1				
N/A	RIGHT SHOULDER	Rehab Provider		1	1	<u> </u>		<u> </u>		

PARK INTERFEDICATION SUPPRINCE COLORISON LABRILLAN LEXICOL OF BANKS DEVOKED	Procedur	re Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NAME												
MA			PAIN IN LEFT SHOULDER, SUPERIOR GLENOID LABRUM LESION OF									
PANN NICET STOULDER, UNSFECTION DESCRIPT COTT STOULDER, UNSFECTION DESCRIPT COTT PANN NICET STOULDER, UNSFECTION DESCRIPT COTT PANN NICET WAST, PANN NICET WAST, PANN NICET CONT.			RIGHT SHOULDER, INIT, SUPERIOR GLENOID LABRUM LESION OF									
NA	N/A			Rehab Provider	1							
ANN IN LETT SHOULDER, MUSPECHERD DISORDER OF SYNONYMM AND TENDON, INST SHOULDER AND THE SPECIFIED			PAIN IN LEFT SHOULDER, UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT									
AND TENDON, IEFF SHOULDER, HEADACHE, OTHER SPECIFIED DISORDERS OF TEMDON, BIGHT SHOULDER Rehab Provider 1 1 1 NAA PARIN NIEFT SHOULDER, WEADACHE, OTHER SPECIFIED NAA PARIN NIEFT WEST, PARIN NIEFT SHOULDER, WEADACHE, OTHER SPECIFIED PARIN NIEFT WEST, PARIN NIEFT SHOULDER, WEADACHE, OTHER SPECIFIED PARIN NIEFT WEST, PARIN NIEFT SHOULDER, WEADACHE, OTHER SPECIFIED PARIN NIEFT WEST, PARIN NIEFT SHOULDER, WEADACHE, OTHER SPECIFIED PARIN NIEFT WEST, PARIN NIEFT SHOULDER, WEADACHE, OTHER SPECIFIED NAA PARIN NIEST WEST, PARIN NIEFT SHOULDER, WEST, PARIN NIEFT SHOULDER, PARIN NIEFT SHOULDER, WEST, PARIN NIETT SHOULDER, WEST, PARIN NIE	N/A		,	Rehab Provider		3	3					
NA			PAIN IN LEFT SHOULDER, UNSPECIFIED DISORDER OF SYNOVIUM									
MA			· · · · · · · · · · · · · · · · · · ·									
PAIN IN LIFET WISST PAIN IN LIFET HAND, STIFFNESS OF LIFET WIRST, PAIN IN LIFET HAND, STIFFNESS OF LIFET WIRST, Rehab Provider 1			,			1	1					
PAIN IN LEFT WRIST, PAIN IN LEFT HAND, STIFFNESS OF LEFT WRIST, Rehab Provider 1			,			1	1					
NA	N/A			Rehab Provider		1	1					
NA												
PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT PODULTEY 1	•				1							
PAIN IN RIGHT ANKE AND JOINTS OF RIGHT FOOT, ACHILLES			·		1							
PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, ACHILLES Rehab Provider 2 2 2 2 PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, DISPL BIMALLEGO F.R. ILOW LEG, SUBS FOR CLOS F.W. ROUTH HEAL PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, MUSCLE VEAKNESS (GENERALIZED), PAIN IN LEFT ANNEA AND JOINTS OF RIGHT FOOT, MUSCLE VEAKNESS (GENERALIZED), PAIN IN LEFT ANNEA AND JOINTS OF RIGHT FOOT, MUSCLE VEAKNESS (GENERALIZED), PAIN IN LEFT ANNEA AND JOINTS OF RIGHT FOOT, TOTHER NSTABILTY, RIGHT ANNEA, SPRAN OF OTHER LIGAMENT OF RIGHT NAME, INITIAL ENCOUNTER PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POST-PROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANNEA, OTHER ABNORMALTIES OF GAIT AND MOBILITY PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, TOTHER NAME AND JOINTS OF LEFT FOOT, ACHILLES TENDINITIS, RIGHT LEG, ACHILLES TENDINITIS, LEFT LEG PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, SPRAIN OF DELTOID ULGAMENT OF RIGHT ANNEA, SUBS ENCHTE, MUSCLE VEAKNESS (GENERALIZED), WIST-EADINISTS, OF RIGHT FOOT, SPRAIN OF DELTOID ULGAMENT OF RIGHT ANNEA, SUBS ENCHTE, MUSCLE VEAKNESS (GENERALIZED), UNSTEADINESS OF RIGHT FOOT, STRENESS OF RIGHT ANNEA, NOT ELSEWHERE CLASSIFIED OF RIGHT FOOT, STRENESS OF RIGHT ANNEA, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN NA WALKING, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN NA PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, STRENESS OF RIGHT ANNEA, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN NA PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, STRENESS OF RIGHT ANNEA, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN NA PAIN IN RIGHT ANNEA AND JOINTS OF RIGHT FOOT, STRENESS OF RIGHT ANNEA, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN NA PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN RIGHT ELBOW PAIN IN R				PODIATRY	1							
NA	N/A			Rehab Provider	1	4	4					
PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, DISPL BIMALLEOL FX ROWLEG, SUBS FOR CLOS FX W ROUTH HEAL RAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, HALLUX VALGUS NA RENA IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, HALLUX VALGUS (ACQUIRED), UNSPECIFIED FOOT PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEARNESS, [GENERALIZED, PAIN IN LETT ANKLE AND JOINTS OF LEFT FOOT PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE, SPRAIN OF OTHER LIGAMENT OF RIGHT N/A PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POSTPROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANKLE, AND JOINTS OF LIGHT FOOT, AND MOBILITY PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF LIGHT FOOT, AND MOBILITY PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF LIGHT FOOT, ACHILLES TENDINITIS, RIGHT LIG, ACHILLES TENDINITIS, LEFT LEG PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN IN LEFT PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, SPRINTS OF RIGHT ANKLE, AND LIGHT SPAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFOUNT IN Rehab Provider 1 1 2 2 3 4 4 5 5 6 6 6 7 6 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8			PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, ACHILLES									
N/A BIBMALEOL FX LOW LEG, SUBS FOR CLOS FX W ROUTH HEAL Rehab Provider 1 PAN IN RIGHT ANKLE AND IOINTS OF RIGHT FOOT, HALLUX VALUUS LEGAL FOR THE PAN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEAKNESS (GENERALIZED), PAN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEAKNESS (GENERALIZED), PAN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, OTHER RISTABILITY, RIGHT ANKLE, AND LOINTS OF RIGHT FOOT, OTHER RISTABILITY, RIGHT ANKLE, AND LOINTS OF RIGHT FOOT, OTHER SPECIFIED POSTPROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POSTPROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, ST	N/A		TENDINITIS, RIGHT LEG	Rehab Provider	2	2	2					
N/A BIMALIEOL FX LOW LEG, SUBS FOR CLOS FX W ROUTH HEAL Rehab Provider 1 PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, AUGUS SUB- N/A REPAIR OF RIGHT FOOT, MUSCLE WEAKNESS (GENERALIZED), HAS IN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEAKNESS (GENERALIZED), HAS IN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POOTPROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POOTPROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, FAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT FOOT, SPRAIN OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, ST												
PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, HALLUX VALGUS (ACQUIRED), LUNSPECIFIED FOOT PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEAKNESS (GENERALIZED), PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER ANKLE, INTITUDE ENCOUNTER PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POST FOOCODURAL STATES, OTHER INSTABILITY, RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, ACHILLES TENDINITIS, RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, ACHILLES TENDINITIS, RIGHT LEG, ACHILLES TENDINITIS, LEFT LEG PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, SPRAIN OF DELTOID DIGAMENT OF RIGHT ANKLE, SUBS ENCORT, MUSCLE PAIN IN RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN N/A PAIN RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN N/A PAIN IN RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN N/A PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN N/A PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN N/A PAIN IN RIGHT ELBOW, MUSCLE WEAKNESS (GENERALIZED), PAIN IN RIGHT ELBOW, MUSCLE WEAKNESS (GENERALIZED), Rehab Provider 1 1 PAIN IN RIGHT ELBOW, MUSCLE WEAKNESS (GENERALIZED),			PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, DISPL									
ACQUIRED, UNSPECIFIED POOT Rehab Provider 1	N/A		BIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	1							
PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE WEAKNESS (GENERALIZED), PAIN IN LEFT ANKLE AND JOINTS OF ILEFT FOOT PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE, SAND FO THER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POSTPROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, PAIN IN LEFT ANKLE, AND JOINTS OF RIGHT FOOT, PAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, PAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, CHILLES TENDINITIS, RIGHT LEG ACHILLES TENDINITIS, LEFT LEG PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, SPAIN OF DELTOID LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, MUSCLE PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, STIFENESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN ROAD BAIL ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN ROAD SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, SPRAIN OF DEATH ANKLE, NOT ELSEWHERE CLASSIFIED, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, SPRAIN OF PAIN IN RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, SPRAIN OF PAIN IN RIGHT ELBOW PAIN PAIN PAIN PAIN PAIN PAIN PAIN PAIN			PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, HALLUX VALGUS									
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N/A LEFT FOOT PAIN IN RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, OTHER INSTABILITY, RIGHT ANKLE, SPRAIN OF OTHER LIGAMENT OF RIGHT N/A ANKLE, INITIAL ENCOUNTER PAIN IN RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, OTHER SPECIFIED POSTPROCEDURAL STATES, OTHER INSTABILITY, RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, CHILES TENDINITIS, RIGHT FOOT, PAIN IN LEFT ANKLE AND JOINTS OF RIGHT FOOT, ACHILLES TENDINITIS, RIGHT LEG, ACHILLES TENDINITIS, LEFT LEG PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, SPRAIN OF DELTOID LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, MUSCLE PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, SPRAIN OF DELTOID LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, MUSCLE PAIN IN RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, AND JOINTS OF RIGHT FOOT, STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN SCHOOL STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED, OHR SYMPTOMS AND SIGNS INVOLUTION THE MUSCULO KREATER ASSEMBLY, SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, Rehab Provider 1 1 N/A PAIN IN RIGHT ELBOWW Rehab Provider 1 1 PAIN IN RIGHT ELBOWW Rehab Provider 1 1 PAIN IN RIGHT ELBOWW Rehab Provider 1 1 PAIN IN RIGHT ELBOWW REHABLESS (GENERALIZED),			PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, MUSCLE									
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printed of more electricated include total in the printed of the p	N/A		, , , , , , , , , , , , , , , , , , , ,	Rehah Provider		1	1					
PAIN IN RIGHT ELBOW, OTHER SPECIFIED DISORDERS OF BONE,					1	1-	l*					
N/A UPPER ARM, MEDIAL EPICONDYLITIS, RIGHT ELBOW Rehab Provider 1 1	N/A		,	Rehah Provider		1	1					
N/A PAIN IN RIGHT FOOT GENERAL SURGERY 1					1	1-	l*					
N/A PAIN IN RIGHT FOOT PODIATRY 3					3	1						+

NAME RESIDENCE FOOT, OPENCIALTY IN MAJARISK, NOT ELSAWORES Laboration Labor	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NA	Procedure code Description		Flovider Specialty	Approvais	Demais	Demais	Demais	Delliais	Approved	Deffied	by inc
MA											
MAX	N/A		Rehab Provider		1	1					
PARA IN RIGHT FOOT, FAMIL NE BOTH FOOT, FAMIL NE BOTH STORT, RESIDENT FOOT, CHIEF RESIDENTIAL, RESIDENTIAL SOURCES, RESIDENT FOOT, BUT					1	1					
NA	_ ′	•									
MATA MATA MASSA BONESS, RIGHT FOOT, BIT											
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NA	,										
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DAMA IN BIGHT PIRP, DIFFICULTY IN WALKING, NOT ELSEWHERE	N/A		Rehab Provider		1	1					
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ANA PARN N RIGHT HIP, MUSICE WEARNESS (GENERALIZED) FORTOW		PAIN IN RIGHT HIP, DIFFICULTY IN WALKING, NOT ELSEWHERE									
ANN IN RIGHT HIP, MUSICE WEAKNESS (GENERALZED), DIFFICULTY Rehab Provider 1 1 1 1 1 1 1 1 1	N/A	CLASSIFIED, STIFFNESS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
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N/A	N/A	BAND SYNDROME, RIGHT LEG	Rehab Provider		1	1					
PAIN IN RIGHT HIP, PAIN IN RIGHT KNEE, MUSCLE WEAKNESS Rehab Provider PAIN IN RIGHT HIP, STIFFNESS OR RIGHTS HOULDER, NOT CLEWHARE CLASSIFIED, COMPLETE ROTATR-CLIFF TEACH, POTATR-CL		PAIN IN RIGHT HIP, NONDISP AVULSION FX RIGHT ISCHIUM, SUBS									
PAIN IN BIGHT RIFE, DIFFICULTY IN WALKING, NOT ELSEWHERE N/A PAIN IN RIGHT KNEE, DIFFICULTY IN WALKING, NOT ELSEWHERE PAIN IN RIGHT KNEE, PISTORY OF FALLING, STEFFED STEFF	N/A		Rehab Provider		1	1					
N/A	N/A	PAIN IN RIGHT HIP, PAIN IN LEFT HIP	Rehab Provider		1	1					
PAIN IN RICHT HIP, STIEFRESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED, COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA PAIN IN RICHT HIP, UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT N/A HIP Rohab Provider Rehab Provider R		PAIN IN RIGHT HIP, PAIN IN RIGHT KNEE, MUSCLE WEAKNESS									
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KNEE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1 1 N/A PAIN IN RIGHT KNEE, LOW BACK PAIN PAIN IN RIGHT KNEE, MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES N/A CALORIES Rehab Provider PAIN IN RIGHT KNEE, MUSCLE WEAKNESS (GENERALIZED) PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT Rehab Provider 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	AFTERCARE	Rehab Provider		2	2					
N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1 1 1 1 N/A PAIN IN RIGHT KNEE, LOW BACK PAIN PAIN IN RIGHT KNEE, MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES Rehab Provider N/A PAIN IN RIGHT KNEE, MUSCLE WEAKNESS (GENERALIZED) PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT Rehab Provider 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PAIN IN RIGHT KNEE, HISTORY OF FALLING, STIFFNESS OF RIGHT									
N/A PAIN IN RIGHT KNEE, LOW BACK PAIN PAIN IN RIGHT KNEE, MORBID (SEVERE) OBESITY DUE TO EXCESS N/A CALORIES Rehab Provider 1 N/A PAIN IN RIGHT KNEE, MUSCLE WEAKNESS (GENERALIZED) PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1 1		KNEE, NOT ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT									
PAIN IN RIGHT KNEE, MORBID (SEVERE) OBESITY DUE TO EXCESS N/A CALORIES Rehab Provider 1 N/A PAIN IN RIGHT KNEE, MUSCLE WEAKNESS (GENERALIZED) PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1	N/A	ELSEWHERE CLASSIFIED	Rehab Provider	1	1	1					
N/A CALORIES Rehab Provider 1 N/A PAIN IN RIGHT KNEE, MUSCLE WEAKNESS (GENERALIZED) Rehab Provider 1 PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT Rehab Provider 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	PAIN IN RIGHT KNEE, LOW BACK PAIN	Rehab Provider	1							
N/A PAIN IN RIGHT KNEE, MUSCLE WEAKNESS (GENERALIZED) PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1		PAIN IN RIGHT KNEE, MORBID (SEVERE) OBESITY DUE TO EXCESS									
PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1	N/A	CALORIES	Rehab Provider	1		<u> </u>	<u> </u>		<u> </u>		
MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1	N/A	PAIN IN RIGHT KNEE, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	1							
THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1		PAIN IN RIGHT KNEE, OTHER MENISCUS DERANGEMENTS, UNSP									
N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1		MENISCUS, RIGHT KNEE, OTH SYMPTOMS AND SIGNS INVOLVING									
N/A ELSEWHERE CLASSIFIED Rehab Provider 1 1		THE MUSCULOSKELETAL SYSTEM, STIFFNESS OF RIGHT KNEE, NOT									
	N/A		Rehab Provider		1	1					
promition mace, rout in certain, controlling to the processing the second secon		PAIN IN RIGHT KNEE, PAIN IN LEFT HIP, LOW BACK PAIN, PAIN IN									
N/A LEFT KNEE Rehab Provider 1	N/A		Rehab Provider	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	PAIN IN RIGHT KNEE, PAIN IN LEFT KNEE	Rehab Provider	Approvais	5	5	Demais	Delliais	Approveu	Dellieu	by INO
	PAIN IN RIGHT KNEE, PAIN IN LEFT KNEE PAIN IN RIGHT KNEE, PAIN IN LEFT KNEE, OTHER CHRONIC PAIN,	Reliab Flovidei		3	3					-
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Rehab Provider		1	1					
N/A	PAIN IN RIGHT KNEE, PAIN IN LEFT KNEE, PATELLAR TENDINITIS, LEFT	nenas i rovidei	+	1	1					
	KNEE, STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND									
N/A	TENDON, SUBS	Rehab Provider		2	2					
	PAIN IN RIGHT KNEE, PAIN IN LEFT SHOULDER	Rehab Provider		1	1					
	PAIN IN RIGHT KNEE, PERSON INJURED IN UNSP MOTOR-VEHICLE	nendo i rovide:		_	-					
N/A	ACCIDENT, TRAFFIC, SUBS	Rehab Provider		2	2					
1471	7.00.0 2.111, 110.1110, 00.00	nendo i rovide:		_	-					
N/A	PAIN IN RIGHT KNEE, PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider		2	2					
	PAIN IN RIGHT KNEE, PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT, STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED,									
N/A	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	Rehab Provider		1	1					
	PAIN IN RIGHT KNEE, SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS, OTH TEAR OF LAT MENSC, CURRENT INJURY,									
N/A	RIGHT KNEE, SUBS	Rehab Provider		1	1					
-	PAIN IN RIGHT KNEE, SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF									
N/A	RIGHT KNEE	Rehab Provider		2	2					
	PAIN IN RIGHT KNEE, STIFFNESS OF LEFT KNEE, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider	1	2	2					
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		2	2					
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
	CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED,									
N/A	HISTORY OF FALLING	Rehab Provider		1	1					
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
	CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED,									
	WEAKNESS, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE,									
	PAIN IN LEFT KNEE, STIFFNESS OF LEFT KNEE, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		1	1					
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
	CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN									
N/A	WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
	CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED), PLICA SYNDROME,									
N/A	UNSPECIFIED KNEE	Rehab Provider		1	1					
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
	CLASSIFIED, OTH TEAR OF UNSP MENISCUS, CURRENT INJURY, LEFT									
N/A	KNEE, SUBS	Rehab Provider	1							
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
	CLASSIFIED, WEAKNESS, LOCALIZED SWELLING, MASS AND LUMP,									
N/A	RIGHT LOWER LIMB	Rehab Provider		1	1					<u> </u>
	PAIN IN RIGHT KNEE, STRAIN OF RIGHT QUADRICEPS MUSCLE,									
	FASCIA AND TENDON, SUBS, ENCOUNTER FOR OTHER ORTHOPEDIC									
N/A	AFTERCARE	Rehab Provider	1	1	1					
	PAIN IN RIGHT KNEE, UNILATERAL PRIMARY OSTEOARTHRITIS,									
	RIGHT KNEE, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED,									
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	1	2	2					ļ
	PAIN IN RIGHT KNEE, UNILATERAL PRIMARY OSTEOARTHRITIS,									
N/A	RIGHT KNEE, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
N/A	PAIN IN RIGHT SHOULDER	PHYSICAL THERAPY	3							

						Medical	Experimental &	Network	Total	Total	
				Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
N/A		PAIN IN RIGHT SHOULDER	Rehab Provider	1	8	8					
N/A		PAIN IN RIGHT SHOULDER, BURSITIS OF RIGHT SHOULDER	Rehab Provider		1	1					
		PAIN IN RIGHT SHOULDER, CERVICALGIA, MUSCLE WEAKNESS									
N/A		(GENERALIZED)	Rehab Provider		1	1					
		PAIN IN RIGHT SHOULDER, COMPLETE ROTATR-CUFF TEAR/RUPTR									
		OF R SHOULDER, NOT TRAUMA, STIFFNESS OF UNSPECIFIED JOINT,									
N/A		NOT ELSEWHERE CLASSIFIED	Rehab Provider		3	3					
N/A		PAIN IN RIGHT SHOULDER, EFFUSION, RIGHT SHOULDER	Rehab Provider		3	3					
		PAIN IN RIGHT SHOULDER, ENCOUNTER FOR OTHER ORTHOPEDIC									
N/A		AFTERCARE, UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Rehab Provider		1	1					
		PAIN IN RIGHT SHOULDER, IMPINGEMENT SYNDROME OF RIGHT									
		SHOULDER, STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT									
		SHOULDER, SUBS, ENCOUNTER FOR OTHER ORTHOPEDIC									
N/A		AFTERCARE	Rehab Provider		2	2					
		PAIN IN RIGHT SHOULDER, IMPINGEMENT SYNDROME OF RIGHT									
		SHOULDER, UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER,									
N/A		NOT TRAUMA	Rehab Provider		1	1					+
N/A		PAIN IN RIGHT SHOULDER, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
		PAIN IN RIGHT SHOULDER, MUSCLE WEAKNESS (GENERALIZED),									
		STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER,									
N/A		SUBS	Rehab Provider		2	2					
N/A		PAIN IN RIGHT SHOULDER, OTHER INSTABILITY, RIGHT SHOULDER	Rehab Provider	1							
IV/A		PAIN IN RIGHT SHOULDER, OTHER INSTABILITY, RIGHT SHOULDER,	iteriab i rovider	+							+
N/A		WEAKNESS	Rehab Provider		2	2					
N/A		PAIN IN RIGHT SHOULDER, PAIN IN LEFT SHOULDER	Rehab Provider		1	1					-
,		PAIN IN RIGHT SHOULDER, PAIN IN LEFT SHOULDER, OTHER									_
		SHOULDER LESIONS, RIGHT SHOULDER, OTHER SHOULDER LESIONS,									
N/A		LEFT SHOULDER	Rehab Provider	1							
		PAIN IN RIGHT SHOULDER, PAIN IN LEFT SHOULDER, STIFFNESS OF									
		RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED, STIFFNESS OF LEFT									
N/A		SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1	1	1					
		PAIN IN RIGHT SHOULDER, PAIN IN LEFT SHOULDER, STRAIN OF									
		MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, SUBS,									
N/A		IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Rehab Provider		1	1					
		PAIN IN RIGHT SHOULDER, PAIN IN SHOULDER, STIFFNESS OF RIGHT									
		SHOULDER, NOT ELSEWHERE CLASSIFIED, STIFFNESS OF LEFT									
N/A		SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
		PAIN IN RIGHT SHOULDER, POSTMASTECTOMY LYMPHEDEMA									
N/A		SYNDROME	Rehab Provider		1	1					
		PAIN IN RIGHT SHOULDER, PRESENCE OF RIGHT ARTIFICIAL									
		SHOULDER JOINT, AFTERCARE FOLLOWING JOINT REPLACEMENT									
N/A		SURGERY	Rehab Provider	-	1	1	1				++
N/A		PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
1,		PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT		1	l'	l'					+
1		ELSEWHERE CLASSIFIED, COMPLETE ROTATR-CUFF TEAR/RUPTR OF									
N/A		R SHOULDER, NOT TRAUMA	Rehab Provider		5	5					
l		PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT									
N/A		ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	3	2	12					

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT									
21/2	ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED),	Data to Data Calada		4						
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
	PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED),									
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT									
N/A	TRAUMA	Rehab Provider	1	1	1					
14/1	PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT SHOULDER, NOT	Renabilionaei	-	1	_					
	ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED),									
N/A	UNSPECIFIED LACK OF COORDINATION	Rehab Provider		2	2					
147.	PAIN IN RIGHT SHOULDER, UNSP ROTATR-CUFF TEAR/RUPTR OF	nendo i rovide:		_	_					
	RIGHT SHOULDER, NOT TRAUMA, ENCOUNTER FOR OTHER									
N/A	ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
N/A	PAIN IN RIGHT SHOULDER, WEAKNESS	Rehab Provider		1	1					
	PAIN IN RIGHT SHOULDER, WEAKNESS, STIFFNESS OF RIGHT									
	SHOULDER, NOT ELSEWHERE CLASSIFIED, DISP FX OF CORACOID									
N/A	PROCESS, RIGHT SHOULDER, INIT	Rehab Provider		2	2					
N/A	PAIN IN RIGHT TOE(S)	ORTHOPEDIC SURGERY	1							
N/A	PAIN IN RIGHT WRIST	Rehab Provider	1	1	1					
	PAIN IN THORACIC SPINE, CONTRACTURE OF MUSCLE, LEFT THIGH,									
N/A	CONTRACTURE OF MUSCLE, RIGHT THIGH	Rehab Provider		1	1					
	PAIN IN THORACIC SPINE, LOW BACK PAIN, WEDGE COMPRSN FX									
N/A	T11-T12 VERTEBRA, SUBS FOR FX W ROUTN HEAL	Rehab Provider		1	1					
	PAIN IN THORACIC SPINE, MUSCLE WASTING AND ATROPHY, NEC,									
	RIGHT SHOULDER, CERVICALGIA, SPINAL INSTABILITIES, CERVICAL									
N/A	REGION	Rehab Provider		1	1					
N/A	PAIN IN THORACIC SPINE, OTHER CHRONIC PAIN, LOW BACK PAIN	Rehab Provider		1	1					
	PAIN IN THORACIC SPINE, STIFFNESS OF UNSPECIFIED JOINT, NOT									
	ELSEWHERE CLASSIFIED, CERVICALGIA, LEFT TEMPOROMANDIBULAR									
N/A	JOINT DISORDER, UNSPECIFIED	Rehab Provider		1	1					
N/A	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	Rehab Provider		3	3					
	DAIN IN LINESPECIFIED ANIZI E AND IGINTS OF LINESPECIFIED FOOT									
NI/A	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT, SPRAIN OF UNSP LIGAMENT OF UNSPECIFIED ANKLE, INIT ENCNTR	Robab Broyidar		1	1					
N/A	PAIN IN UNSPECIFIED FOOT, CONTRACTURE, RIGHT ANKLE,	Rehab Provider		1	1					
	UNSPECIFIED INJURY OF RIGHT ACHILLES TENDON, INIT ENCNTR,									
N/A	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider		1	1					
14/1	TAIN IN RIGHT ANKLE AND JOINTS OF RIGHT 1001	Reliab i Tovidei		1	1					
N/A	PAIN IN UNSPECIFIED FOOT, RADICULOPATHY, LUMBAR REGION	Rehab Provider		1	1					
N/A	PAIN IN UNSPECIFIED KNEE	Rehab Provider	<u> </u>	2	2					
N/A	PAIN IN UNSPECIFIED SHOULDER, WEAKNESS	Rehab Provider	1	_	-					
N/A	PAIN, UNSPECIFIED	NEUROSURGERY	1							
·		CARDIOVASCULAR	1							
N/A	PALPITATIONS	SURGERY	2							
N/A	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	NEUROLOGY	1							
N/A	PAROXYSMAL ATRIAL FIBRILLATION	PULMONARY MEDICINE	2							
	PASNGR IN PK-UP/VAN INJURED IN CLSN W STATNRY OBJECT									
	NONTRAF, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED,									
N/A	WEAKNESS	Rehab Provider	<u> </u>	1	1					
	•	•	•	•	•					

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	PATELLOFEMORAL DISORDERS, LEFT KNEE, PAIN IN LEFT KNEE, PATELLOFEMORAL DISORDERS, RIGHT KNEE, WEAKNESS, OTHER									
N/A		Rehab Provider		1	1					
N/A N/A	ABNORMALITIES OF GAIT AND MOBILITY PATELLOFEMORAL DISORDERS, RIGHT KNEE	Rehab Provider		1	1					
N/A	FATELLOFEWORAL DISORDERS, RIGHT RIVLE	Reliab Flovidei		1	1					
	PATELLOFEMORAL DISORDERS, RIGHT KNEE, MUSCLE WEAKNESS									
	(GENERALIZED), OTHER INSTABILITY, UNSPECIFIED KNEE,									
N/A	PATELLOFEMORAL DISORDERS, LEFT KNEE	Rehab Provider		1	1					
	,									
N/A	PATELLOFEMORAL DISORDERS, RIGHT KNEE, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
	PATELLOFEMORAL DISORDERS, RIGHT KNEE, PATELLOFEMORAL									
N/A	DISORDERS, LEFT KNEE	Rehab Provider		1	1					
	PATELLOFEMORAL DISORDERS, RIGHT KNEE, PATELLOFEMORAL									
	DISORDERS, LEFT KNEE, PAIN IN RIGHT KNEE, OTHER INSTABILITY,									
N/A	RIGHT KNEE	Rehab Provider		1	1					
	PATELLOFEMORAL DISORDERS, RIGHT KNEE, STIFFNESS OF									
N/A	UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	PELVIC AND PERINEAL PAIN, STRESS INCONTINENCE (FEMALE)									
N/A	(MALE)	Rehab Provider	1							
N/A	PERIFOLLICULITIS CAPITIS ABSCEDENS	DERMATOLOGY	1							
	PERONEAL TENDINITIS, LEFT LEG, OTHER INSTABILITY, LEFT ANKLE,									
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, MUSCLE WEAKNESS									
N/A	(GENERALIZED)	Rehab Provider	1							
	PERONEAL TENDINITIS, LEFT LEG, PAIN DUE TO INTERNAL									
N/A	ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Rehab Provider		1	1					
N/A	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	1							
	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE									
N/A	ORGANS	OPHTHALMOLOGY	3							
	DEDCOMAL HISTORY OF MANUSHANT NEODI ASSA OF DROSTATE	HEMATOLOGY/ONCOLOG								
N/A	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Υ	1							
N/A	DEDCONAL HISTORY OF OTHER DISEASES OF THE DISESTIVE SYSTEM	GENERAL SURGERY	1							
N/A	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	GENERAL SURGERT	1							
N/A	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN	DERMATOLOGY	2							
N/A	FERSONAL HISTORY OF OTHER MALIGNANT NEOFLASIN OF SKIN	DERIVIATOLOGI	2							
N/A	PERSONAL HISTORY OF PNEUMONIA (RECURRENT)	PULMONARY MEDICINE	2							
N/A	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	2							
1471	PLANTAR FASCIAL FIBROMATOSIS, OTHER ABNORMALITIES OF GAIT	. 05#11111	_							
N/A	AND MOBILITY, PAIN IN LEFT FOOT	Rehab Provider		1	1					
	PLANTAR FASCIAL FIBROMATOSIS, PAIN IN LEFT FOOT, PAIN IN									
N/A	RIGHT FOOT	Rehab Provider	1							
	PLANTAR FASCIAL FIBROMATOSIS, PAIN IN RIGHT FOOT, MUSCLE									
	WASTING AND ATROPHY, NEC, RIGHT ANKLE AND FOOT, STIFFNESS									
N/A	OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	PLANTAR FASCIAL FIBROMATOSIS, POSTERIOR TIBIAL TENDINITIS,									
N/A	UNSPECIFIED LEG	Rehab Provider		1	1					
	PLANTAR FASCIAL FIBROMATOSIS, STIFFNESS OF LEFT ANKLE, NOT								·	
	ELSEWHERE CLASSIFIED, STIFFNESS OF RIGHT ELBOW, NOT									
	ELSEWHERE CLASSIFIED, DIFFICULTY IN WALKING, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		1	1					
N/A	PLANTAR WART	PODIATRY	2							
N/A	Pleural effusion, not elsewhere classified	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Pleural effusion, not elsewhere classified	FACILITY	1							

Procedure Code Description Diagnosis Code Description Provider Specialty A Approvals LONG TERM CARE ACUTE HOSPITAL 2 N/A Pneumonia, unspecified organism NURSING FACILITY N/A Pneumonia, unspecified organism NURSING FACILITY N/A Pneumonia, unspecified organism RADIOLOGY - CT N/A Pneumonia, unspecified organism RADIOLOGY - MRI	by IRO
N/A Pneumonia, unspecified organism HOSPITAL 2	
N/A	
N/A Pneumonia, unspecified organism RADIOLOGY - CT 1	
N/A Pneumonia, unspecified organism RADIOLOGY - MRI 1 N/A Pneumonia, unspecified organism RADIOLOGY - PET 1 SIGILLED NURSING SIGILLED NURSING N/A Pneumonia, unspecified organism FACILITY 3 N/A Pneumoniis due to inhalation of food and vomit FACILITY 1 N/A Pneumoniitis due to inhalation of food and vomit FACILITY 1 N/A POLYCYSTIC OVARIAN SYNDROME ENDOCRINOLOGY 1 N/A Polyosteoarthritis, unspecified Nursing Services 1 N/A Polyosteoarthritis, unspecified Nursing Services 1 N/A Polyosteoarthritis, unspecified Nursing Services 1 N/A Polyosteoarthritis, unspecified PHYSICAL THERAPY 1 N/A Polyosteoarthritis, unspecified PHYSICAL THERAPY 1 N/A Polyosteoarthritis, unspecified PHYSICAL THERAPY 1 POSTERIOR SUBLUXATION OF RIGHT HUMERUS, SUBSEQUENT ENCOUNTER, INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R N/A SHOULDER, NOT TRAUMA Rehab Provider 1 1 POSTERIOR TIBIAL TENDINITIS, RIGHT LEG Rehab Provider 1 1 POSTERIOR TIBIAL TENDINITIS, RIGHT LEG MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN WALKING, NOT ELSEWHERE Rehab Provider 1 1	
N/A Pneumonia, unspecified organism SKILLED NURSING FACILITY 3 SKILLED NURSING SKILLED NURSING SKILLED NURSING Pneumonitis due to inhalation of food and vomit FACILITY 1 SKILLED NURSING POLYCYSTIC OVARIAN SYNDROME ENDOCRINOLOGY 1 SWILLED NURSING FACILITY 1 SWILLED	
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N/A SHOULDER, NOT TRAUMA Rehab Provider 1 1 1 N/A POSTERIOR TIBIAL TENDINITIS, RIGHT LEG Rehab Provider 1 1 1 POSTERIOR TIBIAL TENDINITIS, RIGHT LEG, MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN WALKING, NOT ELSEWHERE N/A CLASSIFIED Rehab Provider 1 1 1	
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POSTERIOR URIAL TENDINIUS RIGHT LEG POSTERIOR URIAL I I I I I I I I I I I I I I I I I I	
TENDINITIS, LEFT LEG, PERONEAL TENDINITIS, RIGHT LEG, PERONEAL	
N/A TENDINITIS, LEFT LEG Rehab Provider 1	
POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG, OTHER SPECIFIED LEG, OTHER	
N/A POSTPROCEDURAL STATES Rehab Provider 1 1 1 N/A Postlaminectomy syndrome, not elsewhere classified Other Provider 1 1	
N/A Postlaminectomy syndrome, not elsewhere classified Other Provider 1	
N/A POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED Rehab Provider 1	
SKILLED NURSING	
N/A Postlaminectomy syndrome, not elsewhere classified FACILITY 1	
POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED, LOW	
N/A BACK PAIN, PAIN IN RIGHT HIP Rehab Provider 1	
N/A Postpartum depression MH/SUD Inpatient 1	
MH/SUD All Other	
N/A Post-traumatic stress disorder, unspecified Outpatient 2	
N/A Post-traumatic stress disorder, unspecified MH/SUD Inpatient 2	
INTERVENTIONAL	
N/A PREDIABETES CARDIOLOGY 1	
OBSTETRICS &	
N/A PREGNANT STATE, INCIDENTAL GYNECOLOGY 2	
CARDIAC	
N/A PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR ELECTROPHYSIOLOGY 1	
SKILLED NURSING SKILLED NURSING	
N/A Presence of cardiac pacemaker FACILITY 1	
PRESENCE OF LEFT ARTIFICIAL HIP JOINT, UNILATERAL PRIMARY	
OSTEOARTHRITIS, LEFT HIP, PAIN IN LEFT HIP, STIFFNESS OF LEFT	
N/A HIP, NOT ELSEWHERE CLASSIFIED Rehab Provider 1 1	
N/A PRESENCE OF LEFT ARTIFICIAL KNEE JOINT Rehab Provider 2 2 2 2	
PRESENCE OF LEFT ARTIFICIAL KNEE JOINT, UNILATERAL PRIMARY	
OSTEOARTHRITIS, LEFT KNEE, STIFFNESS OF LEFT KNEE, NOT	
N/A ELSEWHERE CLASSIFIED, PAIN IN LEFT KNEE Rehab Provider 1 1	

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT, STIFFNESS OF LEFT									
	SHOULDER, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS									
N/A	(GENERALIZED)	Rehab Provider		1	1					
N/A	PRESENCE OF PROSTHETIC HEART VALVE	CARDIAC								
N/A	PRESENCE OF PROSTHETIC HEART VALVE	ELECTROPHYSIOLOGY SKILLED NURSING	1							+
N/A	Presence of right artificial hip joint	FACILITY	1							
N/A	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider	1	2	2					+
19/4	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT, EFFUSION, RIGHT KNEE,	Reliabiliovidei								+
	PAIN IN RIGHT LEG, STIFFNESS OF SHOULDER, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		1	1					
,	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT, OTHER			_						
	ABNORMALITIES OF GAIT AND MOBILITY, WEAKNESS, PAIN IN RIGHT									
N/A	KNEE	Rehab Provider		2	2					
N/A	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT, PAIN IN RIGHT KNEE	Rehab Provider	1	1	1					
	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT, PAIN IN RIGHT KNEE,									
N/A	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider		1	1					
N/A	Pressure ulcer of sacral region, stage 4	NURSING FACILITY	1							
N/A	Pressure ulcer of sacral region, stage 4	RADIOLOGY - CT	1							
N/A	Pressure ulcer of sacral region, stage 4	RADIOLOGY - MRI	1							
N/A	Pressure ulcer of sacral region, stage 4	RADIOLOGY - PET	1							
		SKILLED NURSING								
N/A	Pressure ulcer of sacral region, stage 4	FACILITY	1							++
N/A	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL	OPHTHALMOLOGY	1							
N/A	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE PRIMARY OSTEOARTHRITIS, LEFT SHOULDER, PASNGR IN PK-UP/VAN	OPHTHALMOLOGY	1							+
	INJURED IN CLSN W STATNRY OBJECT NONTRAF, SPRAIN OF LEFT									
	ROTATOR CUFF CAPSULE, IMPINGEMENT SYNDROME OF LEFT									
	SHOULDER, STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider	1							
N/A	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	PHYSICAL THERAPY	1							+
N/A	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Rehab Provider	1	1	1					+
,	, , , , , , ,									
	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER, MUSCLE WEAKNESS									
	(GENERALIZED), PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT									
N/A	SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1							
	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER, PAIN IN RIGHT									
N/A	SHOULDER, AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY			1	1					
N/A	PROTEINURIA, UNSPECIFIED	ENDOCRINOLOGY	1							
l		L								
N/A	PRPH TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, SUBS	Rehab Provider		2	2					
	PRPH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS,									
	OTH TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, SUBS, PRPH									
N/A	TEAR OF MEDIAL MENISCUS, CURRENT INJURY, L KNEE, SUBS,	Robab Browide	1							
N/A	CHONDROMALACIA PATELLAE, RIGHT KNEE PYOGENIC ARTHRITIS, UNSPECIFIED, STIFFNESS OF RIGHT HIP, NOT	Rehab Provider	1							+
N/A	ELSEWHERE CLASSIFIED, PAIN IN RIGHT HIP	Rehab Provider	1							
14/1	LESEWHERE CLASSIFIED, FAIN IN RIGHT HIF	SKILLED NURSING	1							+
N/A	Quadriplegia, C5-C7 complete	FACILITY	1							
N/A	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	Rehab Provider	1							+
N/A	RADICULOPATHY, CERVICAL REGION	PAIN MANAGEMENT	1							+
N/A	RADICULOPATHY, CERVICAL REGION RADICULOPATHY, CERVICAL REGION	Rehab Provider	1	5	5					+
1.4			1*	<u> ~ </u>	1-	I .		1		

MACE MACE	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MACHINESS (SERRORLEDIS) Seek Provider 2 2 2	Troccaire code pessilption		1 To True Tope County	7.661.010.0	Demais	Demais	Demais	2 cmais	/ ipproved	Demea	27 me
MADICULOPATHY (CRIVING RECORD RECORD Relate)	N/A		Rehah Provider		2	2					
NA	.47.	· · ·	rends i rovidei	+	_	-					
MADICULOPATHY, CREVICAL RECORM, MANUAL OTHER STIE,	N/A		Rehab Provider		1	1					
SCHEMALIZED Reliab Provider 1	.47	,	rends i rovidei		_	-					
MACHINE MACH	N/A		Rehab Provider		1	1					
MA	·	,									
MAX	N/A		Rehab Provider		1	1					
MA											
MAP MAP	N/A		Rehab Provider		1	1					
MAP MAP		· · · · · · · · · · · · · · · · · · ·									
MACH	N/A	RADICULOPATHY, CERVICAL REGION, PAIN IN RIGHT SHOULDER	Rehab Provider		2	2					
RADICUJOPATHY, CENVICAL REGORN, RADICUJOPATHY, LUMBAR REGORN, SARONETHY, CENVICAL REGORN, SARONETHY, CENVICAL REGORN, WEAKNESS, ABNORMAL DESCRIPTION D											
RADICUJOPATHY, CENVICAL REGORN, RADICUJOPATHY, LUMBAR REGORN, SARONETHY, CENVICAL REGORN, SARONETHY, CENVICAL REGORN, WEAKNESS, ABNORMAL DESCRIPTION D	N/A	REGION, RADICULOPATHY, THORACIC REGION	Rehab Provider		1	1					
Chropator 1	·										
RADICLIOPATHY, CUMBAR REGION Rahab Provider 1		REGION, SACROILIITIS, NOT ELSEWHERE CLASSIFIED, MUSCLE SPASM									
RADICLIOPATHY, CUMBAR REGION Rahab Provider 1	N/A		Chiropractor		1	1					
NA			,								
NA	N/A		Rehab Provider		1	1					
NA	N/A	RADICULOPATHY, LUMBAR REGION			1			1			
NA	N/A	RADICULOPATHY, LUMBAR REGION	ORTHOPEDIC SURGERY	2							
RADICULOPATHY, LUMBAR REGION, DORSALGIA, UNSPECIFIED, OTHER INTERVERTERRAL DISC DEGENERATION, LUMBAR REGION, REMAIN CERVICAGIA, PARESTERS ALD SCAN DE SANCE AND REMAIN CERVICAGIA, PARESTERS AND SCAN DE SANCE AND REMAIN CERVICAGIA, PARESTERS ALD SCAN DE SANCE AND REMAIN CERVICAGIA, PARESTERS AND SCAN DE SANCE AND REMAIN CERVICAGE AND REMAIN CERVICAGE. N/A SADICULOPATHY, LUMBAR REGION, MUSCLE WEAKNESS (GENERALIZED) RADICULOPATHY, LUMBAR REGION, MUSCLE WEAKNESS (GENERALIZED), OTHER INTERVERTERRAL DISC DESPLACEMENT, LUMBAR REGION, OTHER INTERVERTERRAL DISC DESPLACEMENT, LUMBAR REGION, OTHER INTERVERTERRAL DISC DESPLACEMENT, LUMBAR REGION, STRAIN OF MUSCLE, FASCA AND TENDON OF LOWER READ Provider N/A RADICULOPATHY, LUMBAR REGION, MYALISIA, UNSPECIFIED STRE, SPONYLOUSS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION, STRAIN OF MUSCLE, FASCA AND TENDON OF LOWER READ PROVIDER N/A BACK, SUBS RADICULOPATHY, LUMBAR REGION, STREET SECOND TO STRAIGHT AND CENTRAL STREET SECOND STRAIN OF MUSCLE WEAKNESS (GENERALIZED) N/A BADICULOPATHY, LUMBAR REGION, SCROILUTIS, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED) N/A RADICULOPATHY, LUMBAR REGION, SCROILUTIS, NOT ELSEWHERE NAME OF A REGION REGIO				2							
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GENERALIZED), CTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION, OTHER INTERVERTEBRAL DISC DEGENERATION, Rehab Provider 1 1 1 1 1 1 1 1 1	IVA		Reliabilitovidei	+							
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SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION, STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER REGION, STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER REGION, STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER REGION, OTHER SPECIFIED POSTPROCEDURAL STATES, DIFFICULTY IN WALKING, NOT POSTPROCEDURAL STATES, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED) Rehab Provider 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	LUMBAR REGION	Rehab Provider		1	1					
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N/A ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED) Rehab Provider 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RADICULOPATHY, LUMBAR REGION, OTHER SPECIFIED									
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N/A CLASSIFIED, RADICULOPATHY, LUMBAR REGION, SPONDYLOLISTHESIS, LUMBAR RADICULOPATHY, LUMBAR REGION, SPONDYLOLISTHESIS, LUMBAR REGION RADICULOPATHY, LUMBOSACRAL REGION N/A RADICULOPATHY, LUMBOSACRAL REGION N/A RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,	N/A	ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
N/A CLASSIFIED, RADICULOPATHY, LUMBAR REGION, SPONDYLOLISTHESIS, LUMBAR RADICULOPATHY, LUMBAR REGION, SPONDYLOLISTHESIS, LUMBAR REGION RADICULOPATHY, LUMBOSACRAL REGION N/A RADICULOPATHY, LUMBOSACRAL REGION N/A RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,											
RADICULOPATHY, LUMBAR REGION, SPONDYLOLISTHESIS, LUMBAR REGION Rehab Provider 2 2 2		RADICULOPATHY, LUMBAR REGION, SACROILIITIS, NOT ELSEWHERE	1								
N/A REGION R	N/A		Rehab Provider	1							
N/A RADICULOPATHY, LUMBOSACRAL REGION NEUROLOGY N/A RADICULOPATHY, LUMBOSACRAL REGION Rehab Provider RADICULOPATHY, LUMBOSACRAL REGION, PERONEAL TENDINITIS, RIGHT LEG, SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, LOW BACK PAIN, OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION, RADICULOPATHY, LUMBAR N/A REGION RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,		RADICULOPATHY, LUMBAR REGION, SPONDYLOLISTHESIS, LUMBAR									
N/A RADICULOPATHY, LUMBOSACRAL REGION REGION, PERONEAL TENDINITIS, RIGHT LEG, SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, LOW BACK PAIN, OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION, RADICULOPATHY, LUMBAR REGION RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,	N/A	REGION	Rehab Provider		2	2					
RADICULOPATHY, LUMBOSACRAL REGION, PERONEAL TENDINITIS, RIGHT LEG, SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, LOW BACK PAIN, OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION, RADICULOPATHY, LUMBAR N/A REGION RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,	N/A	RADICULOPATHY, LUMBOSACRAL REGION	NEUROLOGY	1							
RIGHT LEG, SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR, LOW BACK PAIN, OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION, RADICULOPATHY, LUMBAR REGION RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,	N/A	RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider		1	1					
SUBS ENCNTR, LOW BACK PAIN, OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION, RADICULOPATHY, LUMBAR REGION RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,		RADICULOPATHY, LUMBOSACRAL REGION, PERONEAL TENDINITIS,	1								
DISPLACEMENT, LUMBAR REGION, RADICULOPATHY, LUMBAR REGION REGION RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,		RIGHT LEG, SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE,									
N/A REGION Rehab Provider 1 1 1		SUBS ENCNTR, LOW BACK PAIN, OTHER INTERVERTEBRAL DISC									
RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,		DISPLACEMENT, LUMBAR REGION, RADICULOPATHY, LUMBAR	1								
RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,	N/A	REGION	Rehab Provider		1	1					
N/A LUMBAR REGION, SPONDYLOLYSIS, LUMBAR REGION Rehab Provider 1 1 1		RADICULOPATHY, LUMBOSACRAL REGION, SPONDYLOLISTHESIS,									
	N/A	LUMBAR REGION, SPONDYLOLYSIS, LUMBAR REGION	Rehab Provider		1	1					

	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
N/A		RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	Rehab Provider	1							
N/A		RASH AND OTHER NONSPECIFIC SKIN ERUPTION	DERMATOLOGY	1							
			OBSTETRICS &								
N/A		RECTOCELE	GYNECOLOGY	1							
		RECURRENT DISLOCATION OF PATELLA, LEFT KNEE, DIFFICULTY IN									
		WALKING, NOT ELSEWHERE CLASSIFIED, OTH TEAR OF LAT MENSC,									
N/A		CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider		1	1					
		RECURRENT DISLOCATION, LEFT SHOULDER, STIFFNESS OF LEFT									
		SHOULDER, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS									
N/A		(GENERALIZED), PAIN IN LEFT SHOULDER	Rehab Provider	1							
N/A		RECURRENT DISLOCATION, RIGHT ANKLE	Rehab Provider		3	3					
N/A		REPEATED FALLS	NEUROLOGY	1							
N/A		Repeated falls	NURSING FACILITY	1							
N/A		Repeated falls	Nursing Services	1							
N/A		Repeated falls	OCCUPATIONAL THERAPY	1							
N/A		Repeated falls	PHYSICAL THERAPY	1							
·			SKILLED NURSING								
N/A		Repeated falls	FACILITY	1							
			LONG TERM CARE ACUTE								
N/A		Respiratory failure, unsp, unsp w hypoxia or hypercapnia	HOSPITAL	5							
N/A		Rhabdomyolysis	INTERNAL MEDICINE						1		
N/A		Rhabdomyolysis	NURSING FACILITY	1							
		7.1	SKILLED NURSING								†
N/A		Rhabdomyolysis	FACILITY	2							
N/A		RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	1							
N/A		RIGHT UPPER QUADRANT PAIN	GENERAL SURGERY	1							
,		SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED,									
		INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL									
		REGION, LOW BACK PAIN, MUSCLE WASTING AND ATROPHY, NEC,									
N/A		RIGHT THIGH	Rehab Provider		1	1					
		SACROILIITIS, NOT ELSEWHERE CLASSIFIED, INTVRT DISC DISORDERS			-	_					
N/A		W RADICULOPATHY, LUMBOSACRAL REGION, LOW BACK PAIN	Rehab Provider		1	1					
,,,,		SACROILIITIS, NOT ELSEWHERE CLASSIFIED, RADICULOPATHY,	nendo i rovidei	1	1	-					+ -
		LUMBAR REGION, LOW BACK PAIN, MUSCLE WASTING AND									
N/A		ATROPHY, NEC, UNSP SITE	Rehab Provider		1	1					
IV/A		ATROTTII, NEC, ONSI SITE	iteriab i rovider		-	-					+
		SCAR CONDITIONS AND FIBROSIS OF SKIN, MUSCLE WEAKNESS									
		(GENERALIZED), UPPER ABDOMINAL PAIN, UNSPECIFIED,									
N/A		ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
N/A		SCIATICA, LEFT SIDE, LOW BACK PAIN, CERVICALGIA			1	1					+
N/A N/A		SCIATICA, LEFT SIDE, LOW BACK PAIN, CERVICALGIA SCIATICA, RIGHT SIDE, LOW BACK PAIN	Rehab Provider	1	1	1	1				++
N/A		SCIATICA, RIGHT SIDE, LOW BACK PAIN SCIATICA, UNSPECIFIED SIDE	Rehab Provider	1	1	1					\vdash
N/A N/A		SCOLIOSIS, UNSPECIFIED, MUSCLE SPASM OF BACK	Rehab Provider	1	1	1					++
IV/A		SCULIUSIS, UNSPECIFIED, WUSCLE SPASINI OF BACK	Rehab Provider	1	1	1	-				\vdash
N/A		SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	1							
N/A		Sedative, hypnotic or anxiolytic dependence, uncomplicated	MH/SUD All Other Outpatient	5							
N/A		Sedative, hypnotic or anxiolytic dependence, uncomplicated	MH/SUD Inpatient	3							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION, CERVICAL DISC DISORDER W RADICULOPATHY, UNSP CERVICAL									
	REGION, CERVICALGIA, SEGMENTAL AND SOMATIC DYSFUNCTION									
	OF THORACIC REGION, INTVRT DISC DISORDERS W RADICULOPATHY, THORACIC REGION, PAIN IN THORACIC	Chiropractor		1	1					
IVA	MONACIC REGION, FAIN IN MONACIC	Сппоргассог		1	1					
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION,									
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION, BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED,									
	MYALGIA OF MASTICATION MUSCLE	Chiropractor	1							
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION,									
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION, SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Chiropractor		1	1					
				_						
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION,									
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION, SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	Chiropractor		1	1					
N/A	SEGIVIENTAL AND SOLVIATIC DISPUNCTION OF PELVIC REGION	Chiropractor		1	1					
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION,									
	RADICULOPATHY, LUMBOSACRAL REGION, SEGMENTAL AND									
	SOMATIC DYSFUNCTION OF CERVICAL REGION, SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	Chiropractor	1							
N/A	SOMATIC DISFONCTION OF ITIONACIC REGION	Сппортассог	1							
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION,									
N/A	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Chiropractor		2	2					
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION,									
	STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX, INIT,									
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION,									
N/A	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractor		1	1					
N/A	Sepsis due to Methicillin susceptible Staphylococcus aureus	NURSING FACILITY	1							
,	, , , , , , , , , , , , , , , , , , ,	SKILLED NURSING								
	Sepsis due to Methicillin susceptible Staphylococcus aureus	FACILITY	1							
	Sepsis, unspecified organism Sepsis, unspecified organism	NURSING FACILITY RADIOLOGY - CT	1							
	Sepsis, unspecified organism	RADIOLOGY - CI	1							
	Sepsis, unspecified organism	RADIOLOGY - PET	1							
		SKILLED NURSING								
N/A	Sepsis, unspecified organism	FACILITY ALLERGY &	1		-					1
N/A	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	IMMUNOLOGY	1							
	,	LONG TERM CARE ACUTE								
N/A	Severe sepsis with septic shock	HOSPITAL	1							
	SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE, PAIN IN RIGHT									
	ANKLE AND JOINTS OF RIGHT FOOT, EFFUSION, RIGHT ANKLE	Rehab Provider		1	1					
		CARDIOVASCULAR								
	SHORTNESS OF BREATH	SURGERY	1							
	Single liveborn infant, delivered by cesarean SLTR-HARIS TYPE II PHYSL FX LOW END L TIBIA, 7THD, PAIN IN LEFT	Other Provider						1		
	ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider	1							
	SNORING	NEUROLOGY	1							

December Code Description	Discussio Code Description	Bussides Cassielle	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Delliais	Delliais	Demais	Delilais	Approved	Dellieu	by IRO
N/A	SNORING	PULMONARY MEDICINE	2							
N/A	SOLITARY PULMONARY NODULE	PULMONARY MEDICINE	1							
N/A	SPASMODIC TORTICOLLIS, CERVICALGIA, HEADACHE	Rehab Provider	1	1	1					\vdash
N/A	SPASTIC DIPLEGIC CEREBRAL PALSY	Rehab Provider		1	1					\vdash
N/A	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	Rehab Provider	3	_	1					
N/A	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Rehab Provider	1	2	2					
THE STATE OF THE S	STEERING DEVELOTIMENTAL DISONDER OF MOTOR TOROTOR	iteriab i rovider								
	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION,									
N/A	AUTISTIC DISORDER, UNSPECIFIED LACK OF COORDINATION	Rehab Provider	1							
.,,,,	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION,	nendo i rovide:	1							
N/A	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
N/A	Spinal stenosis, cervical region	NURSING FACILITY	1	_	_					
.,,,,	opinal scenosis) cervical region	SKILLED NURSING								
N/A	Spinal stenosis, cervical region	FACILITY	1							
14/1	SPINAL STENOSIS, CERVICAL REGION, FUSION OF SPINE, CERVICAL	TACILITY	-							
N/A	REGION, RADICULOPATHY, CERVICAL REGION	Rehab Provider		1	1					
N/A	SPINAL STENOSIS, CERVICAL REGION, MUSCLE WASTING AND	iteriab i rovider		_	_					
N/A	ATROPHY, NEC, MULTIPLE SITES, ABNORMAL POSTURE	Rehab Provider		1	1					
14/1	ATROTTIT, NEC, MOETILEE SITES, ABRONWINE FOSTORE	nendo i rovide:		-	_					
N/A	Spinal stenosis, lumbar region with neurogenic claudication	Other Provider							2	
THE STATE OF THE S	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC	Other Frovider								
N/A	CLAUDICATION	Rehab Provider		1	1					
THE STATE OF THE S	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD,	iteriab i rovider		_	-					
	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION,									
	STIFFNESS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED, SPINAL									
N/A	INSTABILITIES, LUMBAR REGION	Rehab Provider	1							
IV/A	SPINAL STENOSIS, LUMBOSACRAL REGION, SPONDYLOSIS W/O	iteriab i rovider	1							\vdash
	MYELOPATHY OR RADICULOPATHY, LUMBAR REGION, LOW BACK									
N/A	PAIN	Rehab Provider		1	1					
N/A	SPONDYLOLISTHESIS, LUMBAR REGION, LOW BACK PAIN, MUSCLE	Kellab Flovidei		1	1					\vdash
N/A	SPASM OF BACK	Rehab Provider	1							
IV/A	SPONDYLOLISTHESIS, LUMBAR REGION, OTHER SPONDYLOSIS WITH	iteriab i rovider	1							\vdash
N/A	MYELOPATHY, LUMBAR REGION	Rehab Provider		1	1					
N/A	SPONDYLOLISTHESIS, LUMBAR REGION, UNSP THORACIC,	Tieriab i Toviaci	-	<u> </u>	_					
N/A	THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Rehab Provider		1	1					
N/A	SPONDYLOLISTHESIS, LUMBOSACRAL REGION, SEGMENTAL AND	Tieriab i Toviaci	-	<u> </u>	_					
	SOMATIC DYSFUNCTION OF LUMBAR REGION, MUSCLE SPASM OF									
	BACK, SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL									
N/A	REGION	Chiropractor	1							
.,,,,	The state of the s	ciii opractor	1							
	SPONDYLOLYSIS, CERVICAL REGION, CERVICALGIA, LOW BACK PAIN,									
N/A	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	Rehab Provider		1	1					
N/A	SPONDYLOLYSIS, LUMBAR REGION	Rehab Provider	1	_	1					
.4	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR		ť	 						
	REGION, SPONDYLS W/O MYELOPATHY OR RADICULOPATHY,									
N/A	LUMBOSACR REGION	Rehab Provider		2	2					
.4	ESTABLISH REGION		1	-	-	 				\vdash
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT,									
	PAIN IN LEFT KNEE, OTHER SPECIFIED POSTPROCEDURAL STATES,									
N/A	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1							
IN/A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,	nenas i iovidei	1							\vdash
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, MUSCLE									
N/A	WEAKNESS (GENERALIZED), PAIN IN LEFT KNEE	Rehab Provider		3	3					
IVA	WEARINESS (GENERALIZED), FAIN IN LEFT KINLE	iterias Flovidei	1	,	٥	1		1		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,									
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, PAIN IN LEFT KNEE, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1							
N/A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,	Reliab Provider	1							
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE, WEAKNESS,									
N/A	EFFUSION, LEFT KNEE	Rehab Provider		1	1					
	,									
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,									
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE, MUSCLE									
	WASTING AND ATROPHY, NEC, LEFT THIGH, STIFFNESS OF LEFT									
N/A	KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1	1	1					
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,									
N/A	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
N/A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,	Dahah Duaridan			1					
N/A	OTHER SPECIFIED POSTPROCEDURAL STATES SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,	Rehab Provider		1	1					
N/A	PAIN IN LEFT KNEE	Rehab Provider		1	1					
1474	TAIN IN CELL I KNEE	Rendb i Tovidei		1	1					
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS,									
	UNSP TEAR OF UNSP MENISCUS, CURRENT INJURY, LEFT KNEE, SUBS,									
N/A	OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider		1	1					
N/A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Rehab Provider		1	1					
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT,									
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		1	1					
21/2	CORAIN OF ANTERIOR CRUCIATE US ANTAIT OF RIGHT WAITS CURS	Dalach Day 1day								
N/A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider		1	1					
N/A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS, EFFUSION, RIGHT KNEE	Rehab Provider		1	1					
IVA	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS,	Reliab Flovidei		1	1					
N/A	PAIN IN RIGHT KNEE	Rehab Provider		1	1					
.4	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS,				_					
	PAIN IN RIGHT KNEE, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE									
N/A	CLASSIFIED	Rehab Provider		1	1					
	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER,									
N/A	INVALID DIAGNOSIS CODE	Chiropractor		1	1					
N/A	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, SUBS	Rehab Provider	1	1	1					
	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS,									
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS,									
N/A	CHONDROMALACIA, RIGHT KNEE, COMPLEX TEAR OF MEDIAL MENSC, CURRENT INJURY, R KNEE, SUBS, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
1975	MENSO, CONNENT INSONT, IN MALE, SUBS, FAIN IN MIGHT KNEE	nenab i Tovidel		-	-					
	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS,									
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS,									
N/A	COMPLEX TEAR OF MEDIAL MENSC, CURRENT INJURY, R KNEE, SUBS	Rehab Provider		1	1					
	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT									
	ENCOUNTER, PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT,									
N/A	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR,									
N/A	UNSPECIFIED INJURY OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	Rehab Provider		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	SPRAIN OF OTHER SPECIFIED PARTS OF RIGHT KNEE, INIT ENCNTR,									
N/A	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY, STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A	SPRAIN OF POSTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Rehab Provider		1	1					
N/A	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	Rehab Provider		1	1					
N/A	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	Rehab Provider		1	1					
	STIFFNESS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED, OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM, EFFUSION, LEFT ANKLE, NONDISP COMMNT FX SHAFT OF L									
N/A	TIBIA, 7THD	Rehab Provider		1	1					-
N/A	STIFFNESS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED, WEAKNESS	Rehab Provider	1							
N/A	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT KNEE	Rehab Provider		1	1					
	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED, STRAIN OF									
N/A	LEFT QUADRICEPS MUSCLE, FASCIA AND TENDON, INIT, PAIN IN LEFT KNEE, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
N/A	STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED, CERVICALGIA, ABNORMAL POSTURE	Rehab Provider		1	1					
N/A	STIFFNESS OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED, PAIN IN RIGHT FOOT	Rehab Provider	1							
N/A	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED	Rehab Provider	_	2	2					
	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED, DISP FX OF SHAFT OF UNSP MC BONE, SUBS FOR FX W ROUTN HEAL, PAIN IN									
N/A	RIGHT FINGER(S), ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED, STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED), UNSP INJURY AT C4 LEVEL OF CERVICAL SPINAL									
N/A	CORD, SUBS ENCNTR	Rehab Provider		1	1					
	STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED,									
N/A	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION, OTHER MUSCLE SPASM, OTHER SPECIFIED MONONEUROPATHIES	Rehab Provider	1							
N/A	STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, LEFT LEG, SUBS, PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider		2	2					
N/A	STRAIN OF LEFT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBS	Rehab Provider		1	1					
	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, RIGHT LEG, SUBS, STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, SUBS,									
N/A	OTHER SPECIFIED POSTPROCEDURAL STATES STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, SUBS, PAIN IN LEFT SHOULDER, STIFFNESS OF LEFT SHOULDER, NOT	Rehab Provider		1	1					
N/A	ELSEWHERE CLASSIFIED, MUSCLE WASTING AND ATROPHY, NEC, LEFT SHOULDER	Rehab Provider		1	1					
N/A	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, SUBS	Rehab Provider		2	2					
DVD.	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX,	nenab i iovidei		_	-					
N/A	SUBS	Rehab Provider	2							
N/A	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	HOSPITAL	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
N/A	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	Rehab Provider		2	2					
N/A	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	Reliab Provider		2	2					
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION,									
N/A	TORTICOLLIS, CERVICALGIA	Chiropractor	1							
	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, SUBS,									
N/A	PAIN IN LEFT ARM, CERVICALGIA, STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A	NOT ELSEWHERE CLASSIFIED	Reliab Provider		1	1					
	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, SUBS,									
	SPRAIN OF SACROILIAC JOINT, SUBSEQUENT ENCOUNTER,									
N/A	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SUBS ENCNTR	Rehab Provider		1	1					
	STRAIN OF MUSCLE, FASCIA AND TENDON OF LEFT HIP, SUBS									
N/A	ENCNTR, CHONDROMALACIA PATELLAE, LEFT KNEE, SPRAIN OF UNSP LIGAMENT OF UNSPECIFIED ANKLE, SUBS ENCNTR	Rehab Provider	1							
N/A	ONSI EIGAMENT OF ONSI EGITED ANALE, SODS ENGINA	Renabilionaei	-							
	STRAIN OF MUSCLE, FASCIA AND TENDON OF LEFT HIP, SUBS									
	ENCNTR, SPRAIN OF UNSP LIGAMENT OF UNSPECIFIED ANKLE, SUBS									
N/A	ENCNTR, CHONDROMALACIA PATELLAE, LEFT KNEE	Rehab Provider		1	1					
	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT,									
N/A	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	Chiropractor		1	1					
,	, , , , , , , , , , , , , , , , , , , ,									
N/A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBS	Rehab Provider		3	3					
	STRAIN OF MUSCLE, FASCIA AND TENDON OF RIGHT HIP, SUBS,									
N/A	OTHER SPECIFIED OSTEOCHONDROPATHIES OTHER, PAIN IN RIGHT HIP	Rehab Provider		1	1					
NA	i iir	Reliab Flovidei		1	1					
	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER,									
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, PAIN IN									
N/A	RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider		1	1					
	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER, PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT, DIFFICULTY IN									
N/A	WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		2	2					
.,,,,	White the object the control of the	nendo i rovider		_						
N/A	STRAIN OF UNSP MUSC/FASC/TEND AT THI LEV, LEFT THIGH, INIT	Rehab Provider		1	1					
	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM,									
N/A	SUBS	Rehab Provider SKILLED NURSING		1	1					
N/A	Stress fracture, left femur	FACILITY	1							
	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SUBS		-							
	ENCNTR, ANTERIOR DISLOCATION OF LEFT HUMERUS, SUBSEQUENT									
N/A	ENCOUNTER	Rehab Provider		1	1					
	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, SUBS,									
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA, PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER, BICIPITAL									
N/A	TENDINITIS, RIGHT SHOULDER	Rehab Provider	1							
		SKILLED NURSING								
N/A	Syncope and collapse	FACILITY	1							
	CVNIONITIC AND TENOCYNIONITIC LINCOPPOSITION OF AT FOOT PAGE									
	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED, FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT, POSTERIOR TIBIAL TENDINITIS,									
N/A	LEFT LEG, PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Rehab Provider		1	1					
N/A	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	RHEUMATOLOGY	1							
N/A	TESTICULAR HYPOFUNCTION	UROLOGY	2							
N/A	TESTICULAR PAIN, UNSPECIFIED	UROLOGY	1							

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N/A	Thombos of atrium/auric append/ventr as current comp fol AMI	NURSING FACILITY	1							
11/4	The characteristic for the control of the control o	SKILLED NURSING								
N/A N/A	Thombos of atrium/auric append/ventr as current comp fol AMI	FACILITY PODIATRY	1							
N/A	TINEA UNGUIUM TORTICOLLIS, PLAGIOCEPHALY, UNSP SYMPTOMS AND SIGNS	PODIATRY	1							
N/A	INVOLVING THE MUSCULOSKELETAL SYSTEM	Rehab Provider		1	1					
N/A	Tracheostomy status	NURSING FACILITY	1	_	1					
N/A	Tracheostomy status	Nursing Services	1							
.47.										
N/A	Tracheostomy status	OCCUPATIONAL THERAPY	1							
N/A	Tracheostomy status	PHYSICAL THERAPY	1							
	·	SKILLED NURSING								
N/A	Tracheostomy status	FACILITY	1							
	TRANSIENT SYNOVITIS, RIGHT KNEE, TRANSIENT SYNOVITIS, LEFT									
N/A	KNEE, PAIN IN RIGHT KNEE, PAIN IN LEFT KNEE	Rehab Provider		1	1					
N/A	TRIGGER FINGER, RIGHT MIDDLE FINGER	ORTHOPEDIC SURGERY	1							
N/A	TRIGGER FINGER, RIGHT RING FINGER	ORTHOPEDIC SURGERY	1							
N/A	TROCHANTERIC BURSITIS, LEFT HIP	ORTHOPEDIC SURGERY	1							
	TROCHANTERIC BURSITIS, LEFT HIP, PAIN IN LEFT HIP, MUSCLE									
N/A	WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
	TROCHANTERIC BURSITIS, LEFT HIP, RADICULOPATHY, LUMBAR									
N/A	REGION	Rehab Provider		1	1					
N/A	TROCHANTERIC BURSITIS, RIGHT HIP	ORTHOPEDIC SURGERY	1							
	TROCHANTERIC BURSITIS, RIGHT HIP, PAIN IN RIGHT HIP, MUSCLE									
N/A	WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
N/A	Type 1 diabetes mellitus with ketoacidosis without coma	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Type 1 diabetes mellitus with ketoacidosis without coma	FACILITY	1							
N/A	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY	1							
N/A	Type 1 diabetes mellitus without complications	NURSING FACILITY	1							
NI/A	Tune 1 dishetes mellitus without complications	SKILLED NURSING FACILITY	1							
N/A	Type 1 diabetes mellitus without complications TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L	FACILITY	1							
N/A	EYE	OPHTHALMOLOGY	2							
IN/A	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R	OFITTIALIVIOLOGI	2							
N/A	EYE	OPHTHALMOLOGY	1							
N/A	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, R	OT TITTIALWIOLOGT	_							
N/A	EYE	OPHTHALMOLOGY	2							
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	ENDOCRINOLOGY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	NEPHROLOGY	3							
·		CARDIO-THORACIC								
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	SURGERY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	ENDOCRINOLOGY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	GENERAL SURGERY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	NEUROLOGY	1							
		CARDIO-THORACIC								
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	SURGERY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	GENERAL SURGERY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	NEUROLOGY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		CARDIO-THORACIC								
N/A	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	SURGERY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	GENERAL SURGERY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	CARDIOVASCULAR SURGERY	1							
N/A	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY	2							
N/A	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	OPHTHALMOLOGY	3							
.4		SKILLED NURSING								
N/A	Type 2 diabetes mellitus with hyperglycemia	FACILITY	1							
N/A	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY	1							
N/A	Type 2 diabetes mellitus without complications	NURSING FACILITY	1							
N/A	Type 2 diabetes mellitus without complications	Nursing Services	1							
N/A	Type 2 diabetes mellitus without complications	OCCUPATIONAL THERAPY	1							
N/A	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	OPHTHALMOLOGY	3							
N/A	Type 2 diabetes mellitus without complications	PHYSICAL THERAPY	1							
		SKILLED NURSING								
N/A	Type 2 diabetes mellitus without complications	FACILITY	2							
N/A	TYPE 2 DIABETES W OTH DIABETIC OPHTHALMIC COMPLICATION	ENDOCRINOLOGY	1							
N/A	TYPE 2 DIABETES W OTH DIABETIC OPHTHALMIC COMPLICATION	OPHTHALMOLOGY	1							
N/A	TYPE 2 DIABETES W UNSP DIABETIC RTNOP W/O MACULAR EDEMA	OPHTHALMOLOGY	1							
	ULNAR COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, SUBS									
N/A	ENCNTR	Rehab Provider		1	1					
N/A	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	GENERAL SURGERY	1							
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PAIN MANAGEMENT	2							
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Rehab Provider	1	2	2					
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, Body mass									
	index [BMI] 45.0-49.9, adult, UNILATERAL PRIMARY									
N/A	OSTEOARTHRITIS, RIGHT KNEE	Rehab Provider		1	1					
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, CHONDROMALACIA PATELLAE, LEFT KNEE, CHRONIC INSTABILITY OF KNEE, LEFT KNEE, COMPLEX TEAR OF MEDIAL MENSC, CURRENT INJURY, L KNEE, SUBS, PRESENCE OF LEFT ARTIFICIAL KNEE JOINT,									
N/A	ENCOUNTER FOR OTHER ORTHOPEDIC AF	Rehab Provider		1	1					
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, ENCOUNTER									
N/A	FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	1							
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, MUSCLE									
N/A	WEAKNESS (GENERALIZED)	Rehab Provider		2	2					
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, PAIN IN LEFT									
N/A	KNEE, STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					<u> </u>
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Rehab Provider	1	2	2					
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, PRESENCE OF									
	LEFT ARTIFICIAL KNEE JOINT, DIFFICULTY IN WALKING, NOT									
N/A	ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, PRESENCE OF									
	LEFT ARTIFICIAL KNEE JOINT, PAIN IN LEFT KNEE, STIFFNESS OF LEFT									
N/A	KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	1	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP, TROCHANTERIC									
N/A	BURSITIS, RIGHT HIP, PAIN IN RIGHT KNEE, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
	LINIU ATERAL DRIMARY OCTEGARTURITIC RICHT HIR INFAKNIECC									
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP, WEAKNESS, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A	Unilateral primary osteoarthritis, right knee	NURSING FACILITY	1	1	1					
N/A	Unilateral primary osteoarthritis, right knee	RADIOLOGY - CT	1							
N/A	Unilateral primary osteoarthritis, right knee	RADIOLOGY - MRI	1							
N/A	Unilateral primary osteoarthritis, right knee	RADIOLOGY - PET	1							
N/A	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rehab Provider		2	2					
	,	SKILLED NURSING								
N/A	Unilateral primary osteoarthritis, right knee	FACILITY	1							
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE, COMPLEX									
N/A	TEAR OF MEDIAL MENSC, CURRENT INJURY, R KNEE, INIT	Rehab Provider		2	2					
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE, LOCALIZED									
N/A	EDEMA, PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider		1	1					
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE, MUSCLE									
	WEAKNESS (GENERALIZED), PRESENCE OF RIGHT ARTIFICIAL KNEE									
N/A	JOINT	Rehab Provider	1							
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE, PAIN IN									
	RIGHT KNEE, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE,									
N/A	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider		1	1					
21/4	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE, PRESENCE OF	Data to Day 11th a			4					
N/A	RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider		1	1					
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE, PRESENCE OF									
	RIGHT ARTIFICIAL KNEE JOINT, DIFFICULTY IN WALKING, NOT									
N/A	ELSEWHERE CLASSIFIED, PAIN IN RIGHT KNEE	Rehab Provider		1	1					
N/A	UNSP DISLOCATION OF LEFT ULNOHUMERAL JOINT, SUBS ENCNTR,	Reliab Provider		1	1					
N/A	PAIN IN LEFT ELBOW	Rehab Provider	1							
N/A	Unsp fracture of left femur, subs for clos fx w routn heal	NURSING FACILITY	1							
N/A	Unsp fracture of left femur, subs for clos fx w routn heal	RADIOLOGY - CT	1							
N/A	Unsp fracture of left femur, subs for clos fx w routn heal	RADIOLOGY - MRI	1							
N/A	Unsp fracture of left femur, subs for clos fx w routn heal	RADIOLOGY - PET	1							
		SKILLED NURSING								
N/A	Unsp fracture of left femur, subs for clos fx w routn heal	FACILITY	1							
	UNSP FRACTURE OF LEFT PATELLA, SUBS FOR CLOS FX W ROUTN									
	HEAL, PAIN IN LEFT KNEE, STIFFNESS OF LEFT KNEE, NOT ELSEWHERE									
N/A	CLASSIFIED, PAIN IN LEFT FOOT	Rehab Provider		1	1					
N/A	UNSP FRACTURE OF RIGHT TOE(S), INIT FOR CLOS FX	ORTHOPEDIC SURGERY	1							
	UNSP FRACTURE OF UNSP WRS/HND, SUBS FOR FX W ROUTN HEAL,									
N/A	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
N/A	UNSP FX FIRST LUM VERTEBRA, SUBS FOR FX W ROUTN HEAL	Rehab Provider	1	1	1					
	UNSP FX SHAFT OF HUMER, RIGHT ARM, SUBS FOR FX W ROUTN									
l	HEAL, PAIN IN RIGHT SHOULDER, STIFFNESS OF RIGHT SHOULDER,]_	l <u>.</u>					
N/A	NOT ELSEWHERE CLASSIFIED, MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider		1	1					
l	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN									
N/A	HEAL	Rehab Provider	1	2	2					
N/A	UNICE EX THE LOWER FAIL BOARD CHECK FOR CLOCKEY WAS CHITALLIES	Dahah Duawidan		[_						
N/A	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	nenau Provider	<u> </u>	lτ	ΙT					L

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Procedure Code Description	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUTN	Provider Specialty	Approvais	Delliais	Delliais	Demais	Delliais	Approveu	Deffied	by IKO
	HEAL, MUSCLE WEAKNESS (GENERALIZED), EFFUSION, RIGHT WRIST,									
	STIFFNESS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED, PAIN IN									
N/A	RIGHT WRIST	Rehab Provider		1	1					
-4	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUTN									
	HEAL, PAIN IN RIGHT WRIST, VERY LOW LEVEL OF PERSONAL									
N/A	HYGIENE	Rehab Provider	1							
,										
	UNSP FX UPPER END OF L TIBIA, SUBS FOR CLOS FX W ROUTN HEAL,									
	TRAUMATIC COMPARTMENT SYNDROME OF LEFT LOWER									
	EXTREMITY, SUBS, MUSCLE WASTING AND ATROPHY, NEC, LEFT									
N/A	THIGH, STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider		2	2					
	UNSP INJ MSL/TND LNG FLXR MSL TOE AT ANK/FT LEV, L FT, SUBS,									
	UNSP INJ MSL/TND LNG EXTN MSL TOE AT ANK/FT LEV, L FT, SUBS,									
	STRESS FRACTURE, LEFT FOOT, SUBS FOR FX W ROUTN HEAL,									
N/A	PLANTAR FASCIAL FIBROMATOSIS	Rehab Provider		1	1					
	UNSP INJURY AT C5 LEVEL OF CERVICAL SPINAL CORD, INIT ENCNTR,									
	OTHER ABNORMALITIES OF GAIT AND MOBILITY, WEAKNESS,									
N/A	STIFFNESS OF UNSPECIFIED KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider		1	1					
	UNSP INJURY OF MUSCLE, FASCIA AND TENDON OF RIGHT HIP, INIT,									
N/A	TROCHANTERIC BURSITIS, RIGHT HIP	Rehab Provider		1	1					
N/A	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Rehab Provider		1	1					
	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD,									
N/A	INVALID DIAGNOSIS CODE	Rehab Provider	1							
	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD,									
N/A	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	2							
	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD,									
N/A	UNSPECIFIED DISORDER OF PSYCHOLOGICAL DEVELOPMENT	Rehab Provider		1	1					
N/A	Unsp psychosis not due to a substance or known physiol cond	MH/SUD Inpatient	1							
N/A	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	ORTHOPEDIC SURGERY	1							
N/A	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Rehab Provider	1							
	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT									
N/A	TRAUMA, IMPINGEMENT SYNDROME OF LEFT SHOULDER	Rehab Provider	1	2	2					
	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT									
N/A	TRAUMA, PAIN IN UNSPECIFIED SHOULDER	Rehab Provider		1	1					
l	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT			1.						
N/A	TRAUMA, ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider		1	1					
	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT									
N/A	TRAUMA, PAIN IN RIGHT SHOULDER	Rehab Provider		1	1					
	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC									
N/A	DISORDER	Rehab Provider		1	1					
N/A	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	2						-	-
N/A	Unspecified abdominal pain	Other Provider	1		1				1	-
	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY, OTH									
	MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, RIGHT									
	KNEE, UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE,									
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE, WEAKNESS,									
N/A	SEGMENTAL AND SOMATIC DYSFUNCTION OF LOWER	Rehab Provider		1	1					
N/A	UNSPECIFIED ACUTE AND SUBACUTE IRIDOCYCLITIS	OPHTHALMOLOGY	1							

December Code Description	Discussion Code Description	Duncidas Canalellas	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty SKILLED NURSING	Approvals	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IRO
N/A	Unspecified asthma with (acute) exacerbation	FACILITY	1							
N/A	UNSPECIFIED ASTHMA, UNCOMPLICATED	HOSPITALIST	1	1			1			
.4										†
N/A	UNSPECIFIED ASTHMA, UNCOMPLICATED	PULMONARY MEDICINE	1							
		CARDIOVASCULAR								
N/A	UNSPECIFIED ATRIAL FIBRILLATION	SURGERY	2							
		SKILLED NURSING								
N/A	Unspecified atrial fibrillation	FACILITY	1							
N/A	Unspecified atrial flutter	NURSING FACILITY	1							ļ
N/A	Unspecified atrial flutter	SKILLED NURSING FACILITY	1							
N/A N/A	UNSPECIFIED CATARACT	OPHTHALMOLOGY	1							
N/A	UNSFECIFIED CATARACT	OFTITIALINIOLOGI	1							-
N/A	UNSPECIFIED CIRRHOSIS OF LIVER	PULMONARY MEDICINE	2							
N/A	UNSPECIFIED CONVULSIONS	NEUROLOGY	1							
N/A	UNSPECIFIED DISLOCATION OF LEFT PATELLA, SUBS ENCNTR, OTHER ABNORMALITIES OF GAIT AND MOBILITY, WEAKNESS, STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	-	1	1					
N/A	UNSPECIFIED DISORDER OF VESTIBULAR FUNCTION, LEFT EAR	Rehab Provider		1	1					
N/A	UNSPECIFIED FALL, INITIAL ENCOUNTER	HOSPITAL	1							
N/A	Unspecified fall, initial encounter	RADIOLOGY - CT	1							
N/A	Unspecified fall, initial encounter	RADIOLOGY - MRI	1							
N/A	Unspecified fall, initial encounter	RADIOLOGY - PET	1							-
N/A	Unspecified fall, initial encounter	SKILLED NURSING FACILITY	1							
N/A	onspecified fall, filicial eficounter	SKILLED NURSING	1							
N/A	Unspecified fall, sequela	FACILITY	1							
	onspeciment run) sequent	SKILLED NURSING	1							
N/A	Unspecified fracture of right femur, sequela	FACILITY	1							
N/A	UNSPECIFIED FRACTURE OF RIGHT FOREARM, SEQUELA, UNSPECIFIED FRACTURE OF LOWER END OF RIGHT HUMERUS, SEQUELA, PAIN IN RIGHT ELBOW, UNSPECIFIED DISLOCATION OF RIGHT ULNOHUMERAL JOINT, SEQUELA	Rehab Provider		1	1					
N/A	UNSPECIFIED GLAUCOMA	OPHTHALMOLOGY	4	_	1					
			1							
N/A	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	Rehab Provider		1	1					
N/A	Unspecified injury	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Unspecified injury	FACILITY	1							
21/0	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE, CONTUSION OF LEFT HIP, SUBSEQUENT ENCOUNTER, SPRAIN OF MEDIAL	Dahah Dawidan								
N/A	COLLATERAL LIGAMENT OF LEFT KNEE, SUBS UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE, PAIN IN	Rehab Provider		1	1					\vdash
N/A	RIGHT KNEE	Rehab Provider	1							
.4	UNSPECIFIED LACK OF COORDINATION, UNSPECIFIED		1	<u> </u>						+
	ABNORMALITIES OF GAIT AND MOBILITY, MUSCLE WEAKNESS									
N/A	(GENERALIZED)	Rehab Provider	1							
	UNSPECIFIED LACK OF COORDINATION, UNSPECIFIED	1								
N/A	ABNORMALITIES OF GAIT AND MOBILITY, TORTICOLLIS	Rehab Provider	1			ļ				ļ
N/A	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	GENERAL SURGERY	1			ļ				ļ
l.,,	Harris of the decrease of the first of the decrease of the first of the decrease of the first of the decrease of the first of the decrease of the first of the decrease of the first of the decrease of the first of the decrease of the first of the decrease	MH/SUD All Other								
N/A	Unspecified mood [affective] disorder	Outpatient	3		<u> </u>	<u> </u>				ш

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·	-	OBSTETRICS &								
N/A	UNSPECIFIED OVARIAN CYST, LEFT SIDE	GYNECOLOGY	1							
N/A	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	GYNECOLOGY	1							
		OBSTETRICS &								
N/A	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	GYNECOLOGY	1							
		CARDIOVASCULAR								
N/A	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	SURGERY	1							
N/A	Unspecified systolic (congestive) heart failure	NURSING FACILITY	1							
		SKILLED NURSING								
N/A	Unspecified systolic (congestive) heart failure	FACILITY	1							
N/A	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	Rehab Provider		1	1					
N/A	Unsteadiness on feet	NURSING FACILITY	1							
N/A	Unsteadiness on feet	Nursing Services	1							
N/A	Unsteadiness on feet	OCCUPATIONAL THERAPY	1							
N/A	Unsteadiness on feet	PHYSICAL THERAPY	1							
		SKILLED NURSING								
N/A	Unsteadiness on feet	FACILITY	1							
N/A	UNSTEADINESS ON FEET, DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT, PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider		3	3					
	URGE INCONTINENCE, MYALGIA, UNSPECIFIED SITE, WEAKNESS,									
N/A	LOW BACK PAIN	Rehab Provider		1	1					
N/A	Urinary tract infection, site not specified	INTERNAL MEDICINE	1							
N/A	Urinary tract infection, site not specified	NURSING FACILITY	3	1	1					
N/A	Urinary tract infection, site not specified	RADIOLOGY - CT	1	1	1					
N/A	Urinary tract infection, site not specified	RADIOLOGY - MRI	1	1	1					
N/A	Urinary tract infection, site not specified	RADIOLOGY - PET	1	1	1					
		SKILLED NURSING								
N/A	Urinary tract infection, site not specified	FACILITY	5	1	1					
N/A	URINARY TRACT INFECTION, SITE NOT SPECIFIED	UROLOGY	1							
N/A	VAGINISMUS, CONSTIPATION, UNSPECIFIED, PELVIC AND PERINEAL PAIN, MULTIPLE SCLEROSIS	Rehab Provider		1	1					
		CARDIO-THORACIC								
N/A	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY	1							
N/A	VERTEBRO-BASILAR ARTERY SYNDROME	NEUROLOGY	1							
N/A	VIRAL WART, UNSPECIFIED	DERMATOLOGY	2							
N/A	VITAMIN D DEFICIENCY, UNSPECIFIED	NEPHROLOGY	1							
N/A	VITREOUS HEMORRHAGE, RIGHT EYE	OPHTHALMOLOGY	1							
N/A	WEAKNESS	Rehab Provider		1	1					
N/A	Weakness	SKILLED NURSING FACILITY	3							
11/4	WEAVAIRES ACUTE IVANDUODI ACTIO : TIMET IN THE TIMET IN	Data to Day 11								
N/A	WEAKNESS, ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Rehab Provider	1							
N/A	WEAKNESS, CERVICALGIA	Rehab Provider		1	1					
N/A	WEAKNESS, PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS, ESSENTIAL (PRIMARY) HYPERTENSION, OTHER MALAISE	Rehab Provider		1	1					
N/A	WEAKNESS, WEAKNESS	Rehab Provider		1	1					
N/A	XEROSIS CUTIS	DERMATOLOGY	1	-						
NABUMETONE 500 MG TABLET	Bilateral primary osteoarthritis of knee	FAMILY MEDICINE	1							
NAFTIN 2 % GEL (GRAM)	N/A	DERMATOLOGY	1							
NALFON 600 MG TABLET	N/A	SPORTS MEDICINE	1	1						\vdash
NALFON 600 MG TABLET	PAIN IN RIGHT SHOULDER(73221)	PODIATRY	1	1						\vdash
NAPROXEN 125 MG/5ML ORAL SUSP	N/A	NEUROLOGY	1	1						
	I. a	1	<u>ı-</u>	L	<u> </u>	<u> </u>				1

					Medical	Experimental &	Network	Total	Total	
Providence Code Providence	Discourt Code Description	Burnet day Consider	Total UM	Total UM Denials	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description NAPROXEN SODIUM CR 375 MG TBMP 24HR	Diagnosis Code Description	Provider Specialty PODIATRY	Approvals	Deniais	Denials	Denials	Denials	Approved	Denied	by IRO
NAPROXEN SODIUM CR 375 MG 18MP 24HR NAPROXEN SODIUM CR 500 MG TBMP 24HR	N/A N/A	INTERNAL MEDICINE	1	1	1					
INAPROXEN SODIOW CR 500 MIG I BIVIP 24HR	N/A	INTERNAL MEDICINE	1							
NAPROXEN-ESOMEPRAZ DR 500-20MG	Bilateral primary osteoarthritis of knee	SURGERY, ORTHOPEDIC		1	1					
NAPROXEN-ESOMEPRAZ DR 500-20MG	N/A	PHYSICIAN ASSISTANT		1	1					
TWI NOMEN ESCIMENTAL BIT 500 ZOWIG	IN/A	TTTSICIANTASSISTANT		1	1					—
	Unknown(64493),Unknown(64493),SPONDYLOSIS W/O									
	MYELOPATH/RADICULOPATHY LUMB RGN(64493),SPONDYLOSIS									
	W/O MYELOPATH/RADICULOPATHY LUMB RGN(64493									
),SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB									
NAPROXEN-ESOMEPRAZ DR 500-20MG	RGN(64494),SPONDYLOSIS W/O MYELOPATH/RADICU	Other Provider		1	1					
NAPROXEN-ESOMEPRAZ DR 500-20MG	Unspecified osteoarthritis, unspecified site	RHEUMATOLOGY		1	1					
NAPROXEN-ESOMEPRAZOLE MAG 500MG-20MG TAB IR DR	N/A	INTERNAL MEDICINE		1	1					
NAPROXEN-ESOMEPRAZOLE MAG 500MG-20MG TAB IR DR	N/A	RHEUMATOLOGY		2	2					
NAPROXEN-ESOMEPRAZOLE MAG 500MG-20MG TAB IR DR	N/A	SURGERY, ORTHOPEDIC		1	1					
NARATRIPTAN HCL 2.5 MG TABLET	N/A	NEUROLOGY		1	1					
NASAL APPLICATION DEVICE	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	PULMONARY DISEASE	1	0	0	0	0			
NASAL APPLICATION DEVICE	CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	PULMONARY DISEASE	1	0	0	0	0			
				_	_		_			
NASAL APPLICATION DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
NASAL APPLICATION DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	5	0	0	0	0			
NASAL APPLICATION DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	11	0	0	0	0			
NASAL APPLICATION DEVICE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			
NASAL APPLICATION DEVICE	OTHER DISEASES OF VOCAL CORDS	PULMONARY DISEASE	1	0	0	0	0			
NASAL APPLICATION DEVICE	PERSONAL HISTORY OF COLONIC POLYPS	INTERNAL MEDICINE	1	0	0	0	0			
NASAL APPLICATION DEVICE	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	PULMONARY DISEASE	1	0	0	0	0			
NASAL ENDO EUSTACHIAN TUBE	OTH DISRD OF EUSTACHIAN TUBE, UNSPECIFIED EAR	OTOLARYNGOLOGY (EAR,	0	1	0	1	0			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOSE, AND THROAT)								
NASAL ENDO EUSTACHIAN TUBE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NASAL ENDOSCOPY DX	CONGENITAL MALFORMATIONS OF LIPS, NOT ELSEWHERE CLASSIFIED	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NASAL ENDOSCOPY DX	CONGENITAL MALFORMATIONS OF LIPS, NOT ELSEWHERE CLASSIFIED	NOSE, AND THROAT)	1	U	U	U	U			
NASAL ENDOSCOPY DX	OTHER SEASONAL ALLERGIC RHINITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
NASAL SURGERY PROCEDURE	ABSCESS, FURUNCLE AND CARBUNCLE OF NOSE	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NASAL SURGERY PROCEDURE	CHRONIC ETHMOIDAL SINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	0	1	0			-
NASAE SUNGENT PROCEDURE	CHRONIC ETHINIOIDAE SINOSTTIS	NOSE, AND THROAT)	U	1	U	1	U			
NASAL SURGERY PROCEDURE	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
		NOSE, AND THROAT)								
NASAL SURGERY PROCEDURE	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR,	0	3	2	1	0			
NASAL SURGERY PROCEDURE	HYPERTROPHY OF NASAL TURBINATES	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	0	0	1			-
NASAE SONGENT PROCEDURE	THE EKROTHI OF WASAE FORBINATES	NOSE, AND THROAT)	ľ	1	o .	o a	-			
NASAL SURGERY PROCEDURE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR,	0	5	3	2	0			
		NOSE, AND THROAT)		_		_				
NASAL/SINUS ENDOSCOPY SURG	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NASAL/SINUS ENDOSCOPY SURG	CHRONIC MAXILLARY SINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	2	0	0	0	0			—
This registres encosed it solls	annome minutes and sines in s	NOSE, AND THROAT)		ŭ	ŭ					
NASAL/SINUS ENDOSCOPY SURG	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
NACAL (CINIUS FAIDOSCODA CLIDS	COMPUGENT UPARING LOCG BULATER !!	NOSE, AND THROAT)	<u> </u>			0	0			
NASAL/SINUS ENDOSCOPY SURG	CONDUCTIVE HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	ľ	U	U	U			
NASAL/SINUS ENDOSCOPY SURG	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
•		NOSE, AND THROAT)								
NASAL/SINUS ENDOSCOPY SURG	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NASCODAL	Vitamia D definiena, manarified	NOSE, AND THROAT)	 							\vdash
NASCOBAL	Vitamin B deficiency, unspecified	FAMILY MEDICINE	<u> </u>						1	

					Medical	Experimental &	Network	Total	Total	
Dunandium Cada Danninkian	Discussis Code Description	Duranidas Caracialas	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description NASCOBAL 500 MCG NASAL SPRAY	Diagnosis Code Description Chronic inflammatory demyolinating polygourities	Provider Specialty NEUROLOGY	Approvals	Denials 1	Denials 1	Denials	Denials	Approved	Denied	by IRO
NASCOBAL 500 MCG NASAL SPRAY	Chronic inflammatory demyelinating polyneuritis N/A	FAMILY MEDICINE	2	2	2					
NASCOBAL 500 MCG NASAL SPRAY	N/A	INTERNAL MEDICINE	1	2	2					
			1	1	1					
NASCOBAL 500 MCG NASAL SPRAY	N/A	Other Provider	1	1	1					
NASCOBAL 500 MCG NASAL SPRAY	Vitamin B deficiency, unspecified	FAMILY MEDICINE		1	1					-
NASCOBAL 500 MCG NASAL SPRAY	VITAMIN D DEFICIENCY, UNSPECIFIED	DERMATOLOGY		1	1					
NASCOBAL 500MCG/SPR SPRAY	N/A	FAMILY MEDICINE	1	5	4	1				
NASCOBAL 500MCG/SPR SPRAY	N/A	INTERNAL MEDICINE	1	1	1					
NASCOBAL 500MCG/SPR SPRAY	N/A	PHYSICIAN ASSISTANT		3	2	1				
NASCOBAL 500MCG/SPR SPRAY	N/A	PULMONARY DISEASE		1	1					
NASCOBAL 500MCG/SPR SPRAY	N/A	SURGERY, GENERAL	1	6	5	1				
NASCOBAL 500MCG/SPR SPRAY	N/A	SURGERY, VASCULAR		1		1				
NASONEX 50 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	ALLERGY/IMMUNOLOGY		1	1					
		OTOLARYNGOLOGY (EAR,								
NASONEX 50 MCG SPRAY/PUMP	N/A	NOSE, AND THROAT)		1	1					
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	HEMATOLOGY	1	0	0	0	0			
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	NEUROLOGY	12	1	1	0	0			
NATALIZUMAB INJECTION	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
		OBSTETRICS/GYNECOLOG								
NATAZIA 3-2-1(28) TABLET	N/A	Y		1	1					
NATAZIA 3-2-1(28) TABLET	N/A	Other Provider	1	1	1					
NATESTO 5.5/0.122 GEL MD PMP	N/A	FAMILY MEDICINE	_	1	1					
NATESTO 5.5/0.122 GEL MD PMP	N/A	INTERNAL MEDICINE		1	1					
NATESTO 5.5/0.122 GEL MID PMP	N/A	PHYSICIAN ASSISTANT		1	1					
NATESTO 5.5/0.122 GEL MID PMP	N/A	UROLOGY	1	_	-					
NATESTO NASAL 5.5 MG/0.122 GM	Testicular hypofunction	UROLOGY	1	2	2					
NATESTO NASAE 3.5 MIG/0.122 GIVI	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY;	UKULUGI		2	2					
	DYSPNEA UNSPECIFIED; PRESENCE OF AORTOCORONARY BYPASS	CARDIOVASCULAR								
Native coronary artery catheterization with left heart cath and grafts	GRAFT	DISEASE	1							
		CARDIOVASCULAR								
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	DISEASE	3							
		CARDIOVASCULAR								
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	DISEASE	2							
	CHEST PAIN UNSPECIFIED; TYPE 2 DIABETES MELLITUS WITH									
	HYPERGLYCEMIA; MIXED HYPERLIPIDEMIA; TYPE 2 DIABETES	CARDIOVASCULAR								
Native coronary artery catheterization with left heart catheterization	MELLITUS W/OTH SPEC COMPLICATION	DISEASE	1							
·	·	CARDIOVASCULAR								
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	DISEASE		1	1					
	PRECORDIAL PAIN; VENTRICULAR PREMATURE DEPOLARIZATION;									
	PALPITATIONS; ESSENTIAL PRIMARY HYPERTENSION; MIXED									
Native coronary artery catheterization with left heart catheterization		INTERNAL MEDICINE	1							
Native coronary artery catheterization with left flear catheterization	THI EXCILIBERITA	CARDIOVASCULAR	-							
Native coronary artery catheterization with left heart catheterization	LINSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	DISEASE	1							
mative coronary artery catheterization with left fleart catheterization	ONSI EGITLED STSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR	-	-	 					
Native coronary artery cathotorization with left heart cathotorization	LINSTADI E ANGINA		2							
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANUINA	DISEASE								
Mark a second of the second of	ADMODRANI DECLUT OTU CARDIOVACCIUD EUNICTICA CTUDV	CARDIOVASCULAR	l,							
Native coronary artery catheterization with right and left heart cath	ABNORMAL RESULT OTH CARDIOVASCULK FUNCTION STUDY	DISEASE	1		-					
Native coronary artery catheterization with right and left heart cath	CARDIOMYOPATHY UNSPECIFIED	INTERNAL MEDICINE	1							
	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS									
NAYZILAM 5 MG NASAL SPRAY	EPILEPTICUS	PEDIATRIC NEUROLOGY		1	1					
NAYZILAM 5 MG NASAL SPRAY	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	NEUROLOGY	l _T	1	1	l .				

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·	Localization-related (focal) (partial) symptomatic epilepsy and	. ,								
	epileptic syndromes with complex partial seizures, intractable, with	PEDIATRIC NURSE								
NAYZILAM 5 MG NASAL SPRAY	status epilepticus	PRACTITIONER	1							
NAYZILAM 5 MG NASAL SPRAY	N/A	PEDIATRIC NEUROLOGY	6							
		CLINICAL								
NAYZILAM 5 MG NASAL SPRAY	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	NEUROPHYSIOLOGY	1							
	· ·									
NAYZILAM 5 MG NASAL SPRAY	UNSPECIFIED CONVULSIONS	PEDIATRIC NEUROLOGY	1							
		CLINICAL								
NAYZILAM 5 MG/SPRAY SPRAY	N/A	NEUROPHYSIOLOGY	1							
NAYZILAM 5 MG/SPRAY SPRAY	N/A	NEUROLOGY	2							
NAYZILAM 5 MG/SPRAY SPRAY	N/A	NURSE PRACTITIONER	1							
	1,7.									
NAYZILAM 5 MG/SPRAY SPRAY	N/A	PEDIATRIC NEUROLOGY	3	1	1					
NAYZILAM 5 MG/SPRAY SPRAY	N/A	SLEEP MEDICINE	1							
NDSC DCMPRN 1 NTRSPC LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NDSC DCMPRN 1 NTRSPC LUMBAR	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NEBULIZER ADMINISTRATION SET	SNORING	PULMONARY DISEASE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
NEBULIZER WITH COMPRESSION	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	FAMILY MEDICINE	1	0	0	0	0			
NESOCIEEN WITH COMMINESSION	Entertain on detectable ribber medicine extra try o ribbonium entronium	Trumer Medicine		Ü						
NEBULIZER WITH COMPRESSION	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	INTERNAL MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	FAMILY MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	INTERNAL MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	PEDIATRICS	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	FAMILY MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	OTHER ASTHMA	PEDIATRICS	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	PHIMOSIS	PEDIATRICS	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	PNEUMONIA, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	FAMILY MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	UNSPECIFIED ASTHMA, UNCOMPLICATED	FAMILY MEDICINE	1	0	0	0	0			
NEBULIZER WITH COMPRESSION	UNSPECIFIED ASTHMA, UNCOMPLICATED	INTERNAL MEDICINE	1	0	0	0	0			
NECK SPINE DISK SURGERY	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	ARTHRODESIS STATUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK COUNT FLICES BENNOV BELICO	CERVICAL RICC RICORRED AT CE. CC LEVEL MUTUANCE ORATIN	CURCERY ORTHORERIC	2	0	0		0			
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	SURGERY, ORTHOPEDIC	2	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, NEUROLOGICAL	2	0	0	0	0			ļ!
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	3	1	1	0	0			
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
	2.55 2.55 2.55 2.55 CENTONE REGION		<u> </u>							
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER, UNSP, UNSPECIFIED CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	CERVICALGIA	SURGERY, NEUROLOGICAL	2	1	1	0	0			
NECK SPINE FUSE&REMOV BEL C2	CERVICALGIA	SURGERY, ORTHOPEDIC	2	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	DEHYDRATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	DISEASE OF SPINAL CORD, UNSPECIFIED	BEHAVIORAL NURSE	1	0	0	0	0			+
NECK SPINE FUSE&REMOV BEL C2	DISEASE OF SPINAL CORD, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			†
NECK SPINE FUSE&REMOV BEL C2	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	5	0	0	0	0			
INCOM STRING TO SECURIOUS BEE CZ	DISEASE OF STRANE CORD, UNSTECHTED	SONGLINI, INLUNULUGICAL	1	<u> </u>	<u> </u>	·	-			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NECK SPINE FUSE&REMOV BEL C2	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, ORTHOPEDIC	2	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	SURGERY, NEUROLOGICAL	2	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OSSEOUS AND SUBLUX STENOSIS OF INTVRT FORAMIN OF CERV REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OSTEOPHYTE, VERTEBRAE	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	FAMILY MEDICINE	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
NECK SPINE FUSE&REMOV BEL C2	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	2	1	0	1	0			+
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DEGENERATION AT C5-C7 LEVEL	SURGERY, ORTHOPEDIC	1	1	1	0	0			+
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DEGENERATION AT CO-CY LEVEL OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DEGENERATION, ONSP CERVICAL REGION OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	· · · · · · · · · · · · · · · · · · ·	0	1	1	0	0			
		SURGERY, ORTHOPEDIC	0	1	1	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	SURGERY, ORTHOPEDIC	1	U	0	U	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	3	2	2	0	0			<u> </u>
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	4	1	1	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	FAMILY MEDICINE	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	4	1	1	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	FAMILY MEDICINE	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	4	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	5	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSE&REMOV BEL C2	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	0	1	1	0	0			†
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	9	0	0	0	0			+
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	6	1	1	0	0			1
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	16	0	0	0	0			+
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	15	2	2	0	0			+
NECK SPINE FUSE&REMOV BEL C2	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			+
NECK SPINE FUSE&REMOV BEL C2 NECK SPINE FUSE&REMOV BEL C2	SPONDYLOGISTHESIS, CERVICAL REGION SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
NECK SPINE FUSE&REMOV BEL C2	UNSPECIFIED ATRIAL FIBRILLATION	CLIDGEDY NEUDOLOGICA:	1	0	0	0	0			+
		SURGERY, NEUROLOGICAL	1	0	0	0	0			+
NECK SPINE FUSE&REMOV BEL C2	UNSPECIFIED KYPHOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSE&REMOVE ADDL	Cervical disc disorder with myelopathy, occipito-atlanto-axial region	Other Provider		ļ		ļ		1		<u> </u>
NECK SPINE FUSE&REMOVE ADDL	Other spondylosis with radiculopathy, cervical region	Other Provider						1		+
NECK SPINE FUSE&REMOVE ADDL	Radiculopathy, cervical region	SURGERY, ORTHOPEDIC							1	<u> </u>
NECK SPINE FUSION	BENIGN NEOPLASM OF SPINAL MENINGES	SURGERY, NEUROLOGICAL	1	U	U	U	U			
NECK SPINE FUSION	BREAKDOWN (MECHANICAL) OF INT FIX OF VERTEBRAE, INIT Breakdown (mechanical) of internal fixation device of vertebrae,	SURGERY, ORTHOPEDIC	0	1	1	0	0			
NECK SPINE FUSION	initial encounter	SURGERY, ORTHOPEDIC				1		1		
NECK SPINE FUSION	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
NECK SPINE FUSION	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
NECK SPINE FUSION	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
NECK SPINE FUSION	OTHER CERVICAL DISC DISORDERS, CERVICOTHORACIC REGION	FAMILY MEDICINE	1	0	0	0	0			
NECK SPINE FUSION	OTHER CERVICAL DISC DISORDERS, CERVICOTHORACIC REGION OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	n	0	0	0			+
111201 01 1112 1 001011	O CERTICAL DISC DIST ENCLIVERY, OTOST CERTICAL REGION	SOMELINI, OMITIOI EDIC	1-	1~	I~	I~	ı~	l	1	1

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		SURGERY,								
NECK SPINE FUSION	Other spondylosis with myelopathy, cervical region	NEUROLOGICAL							1	
NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSION	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	0	3	3	0	0			
NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSION	RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NECK SPINE FUSION	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
NECK/CHEST SURGERY PROCEDURE	BRACHIAL PLEXUS DISORDERS	SURGERY, VASCULAR	1	1	1	0	0			
NECK/CHEST SURGERY PROCEDURE	PECTUS EXCAVATUM	CARDIOVASCULAR DISEASE	0	1	1	0	0			
NEEDLE BIOPSY CHEST LINING	MELENA	PULMONARY DISEASE	1	0	0	0	0			
NEEDLE BIOPSY LYMPH NODES	GENERALIZED ENLARGED LYMPH NODES	PEDIATRIC INFECTIOUS	1	0	0	0	0			
		DISEASE								
NEEDLE BIOPSY MUSCLE	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	VASCULAR &	0	1	0	0	1			
		INTERVENTIONAL								
NEEDLE BIOPSY OF LIVER	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	RADIOLOGY GASTROENTEROLOGY	1	0	0	0	0			+
NEEDLE BIOPSY OF LIVER NEEDLE BIOPSY OF LIVER	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES		1	0	0	0	0			
		GASTROENTEROLOGY	1	0	0	0	0			
NEEDLE BIOPSY OF LIVER	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	GASTROENTEROLOGY	2	0	0	0	0			
NEEDLE BIOPSY OF LIVER	HYPOKALEMIA	HEMATOLOGY	1	0	0	0	0			
NEEDLE BIOPSY OF LIVER	ILLNESS, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
NEEDLE BIOPSY OF LIVER	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
NEEDLE BIOPSY OF LIVER	NONSPEC ELEV OF LEVELS OF TRANSAMNS & LACTIC ACID DEHYDRGNSE	GASTROENTEROLOGY	1	0	0	0	0			
NEEDLE BIOPSY OF LIVER	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY	1	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	BICIPITAL TENDINITIS, LEFT SHOULDER	SURGERY, ORTHOPEDIC	2	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SPORTS MEDICINE	1	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT KNEE	PEDIATRICS	1	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SPORTS MEDICINE	1	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	TROCHANTERIC BURSITIS, RIGHT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	FAMILY MEDICINE	1	0	0	0	0			
NEEDLE LOCALIZATION BY XRAY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	SURGERY, ORTHOPEDIC	2	0	0	0	0			
NEG PRESS WOUND THERAPY PUMP	ABSCESS OF THE BREAST AND NIPPLE	SURGERY, PLASTIC	1	0	0	0	0			1
NEG PRESS WOUND THERAPY PUMP	CARDIAC ARREST, CAUSE UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			1
NEG PRESS WOUND THERAPY PUMP	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, SUBS	SURGERY, PLASTIC	1	0	0	0	0			
NEG PRESS WOUND THERAPY PUMP	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			
NEG PRESS WOUND THERAPY PUMP	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
NEG PRESS WOUND THERAPY PUMP	LOCALIZED ADIPOSITY	SURGERY, PLASTIC	1	0	0	0	0			
NEG PRESS WOUND THERAPY PUMP	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	SURGERY, PLASTIC	1	0	0	0	0			
NEG PRESS WOUND THERAPY PUMP	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER	SURGERY, ORTHOPEDIC	3	0	0	0	0			+
NEG PRESS WOUND THERAPY PUMP	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, PLASTIC	1	0	0	0	0			+
NEG PRESS WOUND THERAPY PUMP	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BUTTOCK, INIT ENCNTR	SURGERY, GENERAL	1	0	0	0	0			
NEG PRESS WOUND TX <=50 CM	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less th Nephrectomy with total ureterectomy and bladder cuff; through separate incision	Infection following a procedure, other surgical site, init Malignant neoplasm of left ureter	ORTHOPEDIC SURGERY UROLOGY	1							
•	ואימוקוומות ווכטףומאווו טו וכוג עוכנפו	UNULUGI	1	-	-	1			-	+
Nephrectomy with total ureterectomy and bladder cuff; through separate incision	Other hydronephrosis	UROLOGY	1							

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NERLYNX 40 MG TABLET	N/A	ONCOLOGY	1							
NERLYNX 40 MG TABLET	N/A	Other Provider	1							
NERVE GRAFT HAND/FOOT 4 CM</td <td>INJURY OF DIGITAL NERVE OF RIGHT MIDDLE FINGER, SUBS ENCNTR</td> <td>SURGERY, ORTHOPEDIC</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>	INJURY OF DIGITAL NERVE OF RIGHT MIDDLE FINGER, SUBS ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NERVE GRAFT HEAD/NECK 4 CM</td <td>BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED</td> <td>SURGERY, PLASTIC</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
NERVE GRAFT HEAD/NECK 4 CM</td <td>INJURY OF TRIGEMINAL NERVE, LEFT SIDE, INITIAL ENCOUNTER</td> <td>SURGERY, ORAL AND MAXILLOFACIAL</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>	INJURY OF TRIGEMINAL NERVE, LEFT SIDE, INITIAL ENCOUNTER	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
NERVE GRAFT HEAD/NECK >4 CM	BELL'S PALSY	SURGERY, PLASTIC	2	0	0	0	0			
NERVE PALSY FASCIAL GRAFT	BELL'S PALSY	SURGERY, PLASTIC	1	0	0	0	0			
NERVE PALSY FASCIAL GRAFT	INJURY OF FACIAL NERVE, LEFT SIDE, SUBSEQUENT ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			
NERVE PEDICLE TRANSFER	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
NERVE PEDICLE TRANSFER	NEURALGIA AND NEURITIS, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			+
NERVE PEDICLE TRANSFER	OCCIPITAL NEURALGIA	SURGERY, PLASTIC	1	0	0	0	0			+
NERVE REPAIR W/ALLOGRAFT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
NERVE REPAIR W/ALLOGRAFT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES		2	0	0	0	0	-		
		SURGERY, ORTHOPEDIC	3	0	0	0	0			
NERVE REPAIR W/ALLOGRAFT	INJURY OF TRIGEMINAL NERVE, LEFT SIDE, INITIAL ENCOUNTER	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			<u> </u>
NERVOUS SYSTEM SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	0	1	1	0	0			
NERVOUS SYSTEM SURGERY	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	0	1	0			
		SURGERY,								
NERVOUS SYSTEM SURGERY	Malignant neoplasm of brain, unspecified	NEUROLOGICAL							1	L
NERVOUS SYSTEM SURGERY	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NERVOUS SYSTEM SURGERY	MALIGNANT NEOPLASM OF TEMPORAL LOBE	NEUROLOGY	0	1	1	0	0			1
NERVOUS SYSTEM SURGERY	Malignant neoplasm of temporal lobe	NEUROLOGY							1	
NERVOUS SYSTEM SURGERY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	ANESTHESIOLOGY	0	1	1	0	0			
NERVOUS SYSTEM SURGERY	OTHER DISORDERS OF MENINGES, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
NERVOUS SYSTEM SURGERY	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	PAIN MANAGEMENT	0	1	1	0	0			
NESINA 12.5 MG TABLET	N/A	DIABETIC MEDICINE		1	1					
		PEDIATRIC HEMATOLOGY/ONCOLOG								
NEULASTA 6 MG/0.6 ML SYRINGE	MALIGNANT NEOPLASM CONNECTIVE & DFT TISSUE UNS	Υ	1							
NEULASTA 6 MG/0.6 ML SYRINGE	Neutropenia, unspecified	HEMATOLOGY							1	
NEULASTA 6 MG/0.6ML SYR W/ INJ	N/A	OBSTETRICS/GYNECOLOG Y		1	1					
NEULASTA 6 MG/0.6ML SYRINGE	N/A	ONCOLOGY	1							
NEULASTA 6 MG/0.6ML SYRINGE	N/A	Other Provider	1							
7		PEDIATRIC HEMATOLOGY/ONCOLOG								
NEULASTA 6 MG/0.6ML SYRINGE	N/A	Y	3							<u> </u>
		REPRODUCTIVE ENDOCRINOLOGY/INFERT								
NEUPOGEN 300 MCG/ML VIAL	N/A	ILITY		1	1					
NEURAGEN NERVE GUIDE, PER CM	LACERATION OF MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, INIT	SOCIAL WORK	0	1	1	0	0			
NEURAGEN NERVE GUIDE, PER CM	LACERATION OF MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
NEUROELTRD STIM POST TIBIAL	FREQUENCY OF MICTURITION	FEMALE PELVIC MEDICINE	1	1	1	0	0			1
		AND RECONSTRUCTIVE SURGERY								
		FEMALE PELVIC MEDICINE								
NEUROELTRD STIM POST TIBIAL	Frequency of micturition	AND RECONSTRUCTIVE SURGERY							1	
NEUROELTRD STIM POST TIBIAL	FREQUENCY OF MICTURITION	UROLOGY	2	0	0	0	0			†
NEUROELTRO STIM POST TIBIAL	OVERACTIVE BLADDER	UROLOGY	0	1	1	0	0			+
THE OTHER STIME TO STITUTE			<u> </u>	1-	1-	ř	<u> </u>	 		+
NEUROELTRD STIM POST TIBIAL	URGE INCONTINENCE	RADIATION ONCOLOGY	1	Λ	Λ.	in .	0			

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NEUROELTRD STIM POST TIBIAL	URGENCY OF URINATION	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE	2	0	0	0	0			
NEUROELTRD STIM POST TIBIAL	URGENCY OF URINATION	SURGERY UROLOGY	1	1	1	0	n			+
NEUROELTRD STIM POST TIBIAL	Urgency of urination	UROLOGY	1	1	1	0	U	1		+
NEUROLOGICAL PROCEDURE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	n	2	2	0	n	1		+
NEUROLOGICAL PROCEDURE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
NEUROLOGICAL PROCEDURE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	0	1	1	0	0			
NEUROMUSCULAR JUNCTION TEST	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			
NEUROMUSCULAR JUNCTION TEST	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
NEUROMUSCULAR JUNCTION TEST	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			+
NEUROMUSCULAR JUNCTION TEST	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
NEUROMUSCULAR JUNCTION TEST	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NEUROMUSCULAR JUNCTION TEST	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	5	0	0	0	0			
NEUROMUSCULAR REEDUCATION	AUTISTIC DISORDER	PHYSICAL THERAPY	0	1	0	0	1			
NEUROMUSCULAR REEDUCATION	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	1							
NEUROMUSCULAR REEDUCATION	Bursitis of right shoulder	PHYSICAL THERAPY							1	
NEUROMUSCULAR REEDUCATION	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY	FAMILY MEDICINE	0	1	0	0	1		-	+
NEUROMUSCULAR REEDUCATION	Encounter for other orthopedic aftercare	Other Provider		_		-		1		+
NEUROMUSCULAR REEDUCATION	Muscle wasting and atrophy, not elsewhere classified, unspecified site	PHYSICAL THERAPY						1		
NEUROMUSCULAR REEDUCATION	N/A	OCCUPATIONAL THERAPY							1	
NEUROMUSCULAR REEDUCATION	NEONATAL DIFFICULTY IN FEEDING AT BREAST	SPEECH THERAPY	n	1	n	0	1			+
NEUROMUSCULAR REEDUCATION	Pain in left hip	Other Provider		_		0	_		1	+
NEUROMUSCULAR REEDUCATION NEUROMUSCULAR REEDUCATION	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	PEDIATRICS	1	n	0	0	0		-	+
NEURORRAPHY W/VEIN AUTOGRAFT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	n	0	0	0			+
NEURORRAPHY W/VEIN AUTOGRAFT	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, PLASTIC	0	1	1	0	0			+
NEUROVASCULAR PEDICLE FLAP	GENDER IDENTITY DISORDER, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			+
NEUROVASCULAR PEDICLE FLAP	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
NEUROVASCULAR PEDICLE FLAP	TRANSSEXUALISM	FACILITY	1	0	0	0	0			+
NEW EYE EXAM & TREATMENT	OCULAR HYPERTENSION, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			+
NEXAVAR 200 MG TABLET	N/A	ONCOLOGY	1	-		-				+
NEXIUM 10 MG SUSPDR PKT	N/A	Other Provider	1							+
NEXIUM 20 MG CAPSULE	N/A	FAMILY MEDICINE	-	1	1					_
	.,,	PEDIATRIC		-	-					+
NEXIUM 20 MG SUSPDR PKT	N/A	GASTROENTEROLOGY	1							
NEXIUM 40 MG SUSPDR PKT	N/A	GASTROENTEROLOGY	1	1	1					+
NEXIUM DR 40 MG CAPSULE	Epigastric pain	GASTROENTEROLOGY		1	1					+
NEXIUM DR 40 MG CAPSULE	Gastro-esophageal reflux disease with esophagitis	INTERNAL MEDICINE	2		_					+
NEXIUM DR 40 MG PACKET	Gastro-esophageal reflux disease with esophagitis	GASTROENTEROLOGY	1	1	1					+
		CARDIOVASCULAR		_						
NEXLETOL	Hyperlipidemia, unspecified	DISEASE CARDIOVASCULAR								+
NEXLETOL	Mixed hyperlipidemia	DISEASE	<u></u>	<u></u>			<u> </u>	<u> </u>	1	
NEXLETOL 180 MG TABLET	Hyperlipidemia, unspecified	FAMILY MEDICINE		1	1					
NEXLETOL 180 MG TABLET	Mixed hyperlipidemia	CARDIOVASCULAR DISEASE		1	1					
NEXLETOL 180 MG TABLET	Mixed hyperlipidemia	FAMILY MEDICINE	1	1	1					+
NEALET OF 100 MIG TABLET	тикса пуретиристиа	CARDIOVASCULAR	†	1	-					++
NEXLETOL 180 MG TABLET	N/A	DISEASE		2	2					
NEXLETOL 180 MG TABLET	N/A	GENERAL PRACTICE	1	2	2					+
NEXLETOL 180 MG TABLET NEXLETOL 180 MG TABLET	N/A	Other Provider	1	2	2	-				+

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	Atherosclerotic heart disease of native coronary artery without	CARDIOVASCULAR								
NEXLETON	angina pectoris	DISEASE							1	<u> </u>
NEXLIZET	Hyperlipidemia WITH ASCVD	FAMILY MEDICINE							1	
		CARDIOVASCULAR								
NEXLIZET 180-10 MG TABLET	Pure hyperglyceridemia	DISEASE	1							<u> </u>
NEXLIZET 180MG-10MG TABLET	N/A	FAMILY MEDICINE		1	1					
NICOTROL CARTRIDGE INHALER	N/A	PULMONARY DISEASE	1							
NINLARO 4 MG CAPSULE	N/A	HEMATOLOGY	1							
NINLARO 4 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	1	_	_					
NIPPLE EXPLORATION	MULTIPLE MYELOMA IN REMISSION	SURGERY, GENERAL	1	0	0	0	0			
NITROFURANTOIN 25 MG/5 ML ORAL SUSP	N/A	FAMILY MEDICINE	1							
NITROFURANTOIN 25 MG/5 ML ORAL SUSP	N/A	INTERNAL MEDICINE	1	1		1				
NITROFURANTOIN 25 MG/5 ML ORAL SUSP	N/A	PEDIATRIC UROLOGY	1							
NITROFURANTOIN 25 MG/5 ML ORAL SUSP	N/A	UROLOGY	1							
NITROFURANTOIN 25 MG/5 ML SUSP	Urinary tract infection, site not specified	PEDIATRICS	1							
NJX AA&/STRD OTHER PN/BRANCH	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD PARACRV NRV	UNSPECIFIED ABDOMINAL PAIN	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	O	0			
NJX AA&/STRD TFRM EPI L/S 1	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W OBST	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PAIN MANAGEMENT	3	0	0	0	0			+
NJX AA&/STRD TFRM EPI L/S 1	HEMORRHAGE OF ANUS AND RECTUM	PAIN MANAGEMENT	1	0	0	0	0			1
NJX AA&/STRD TFRM EPI L/S 1	INTRAMURAL LEIOMYOMA OF UTERUS	PAIN MANAGEMENT	1	0	0	0	0			†
NJX AA&/STRD TFRM EPI L/S 1	LOW BACK PAIN	PAIN MANAGEMENT	1	0	0	0	0			1
NJX AA&/STRD TFRM EPI L/S 1	LUMBAGO WITH SCIATICA, LEFT SIDE	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	LUMBAGO WITH SCIATICA, RIGHT SIDE	PAIN MANAGEMENT	2	0	0	0	0			1
NJX AA&/STRD TFRM EPI L/S 1	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	MELENA	PAIN MANAGEMENT	3	0	0	0	0			1
NJX AA&/STRD TFRM EPI L/S 1	MUSCLE SPASM OF BACK	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	OTH EXTRARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	PAIN MANAGEMENT	2	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	OTHER CHRONIC PAIN	PAIN MANAGEMENT	2	0	0	0	0			1
NJX AA&/STRD TFRM EPI L/S 1	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PAIN MANAGEMENT	2	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	OTHER IRON DEFICIENCY ANEMIAS	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	RADICULOPATHY, LUMBAR REGION	FAMILY MEDICINE	2	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	RADICULOPATHY, LUMBAR REGION	GENERAL PRACTICE	0	1	0	0	1			
NJX AA&/STRD TFRM EPI L/S 1	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	39	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	RADICULOPATHY, LUMBOSACRAL REGION	PAIN MANAGEMENT	3	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	PAIN MANAGEMENT	2	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PHYSICAL MEDICINE	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	TRIGEMINAL NEURALGIA	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S 1	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	1	0	0	0	0			
NJX AA&/STRD TFRM EPI L/S EA	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PHYSICAL MEDICINE	1	0	0	0	0			
NJX AA&/STRD TRIGEMINAL NRV	TRIGEMINAL NEURALGIA	FAMILY MEDICINE	1	0	0	0	0			
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	COUNSELING	2	0	0	0	0			↓
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	3	0	0	0	0			—
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	GENERAL PRACTICE	4	1	1	0	0			
NJX CNTRST KNE ARTHG/CT/MRI	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PAIN MANAGEMENT	9	0	0	0	0			↓
NJX CNTRST KNE ARTHG/CT/MRI	OTHER CHRONIC SINUSITIS	PAIN MANAGEMENT	1	0	0	0	0			
NJX CNTRST KNE ARTHG/CT/MRI	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	1	0	0	0	0			
NJX CNTRST KNE ARTHG/CT/MRI NJX CNTRST KNE ARTHG/CT/MRI	SACROILIITIS, NOT ELSEWHERE CLASSIFIED UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	PAIN MANAGEMENT PAIN MANAGEMENT	1	0	0	0	0			-

December Code Description	Diamoris Code Description	Duraidos Casciella	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	PAIN MANAGEMENT PAIN MANAGEMENT	3	0	1	0	0			
NJX CNTRST KNE ARTHG/CT/MRI			1	0	0	0	0			
NJX CNTRST KNE ARTHG/CT/MRI	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	3	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	PAIN MANAGEMENT	2	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PAIN MANAGEMENT	3	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	LUMBAGO WITH SCIATICA, LEFT SIDE	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	LUMBAGO WITH SCIATICA, RIGHT SIDE	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	PAIN MANAGEMENT	2	0	0	0	0			1
NJX INTERLAMINAR LMBR/SAC	LUNG TRANSPLANT STATUS	PAIN MANAGEMENT	1	0	0	0	0			1
NJX INTERLAMINAR LMBR/SAC	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	MUSCLE SPASM OF BACK	PAIN MANAGEMENT	2	0	0	0	0			+
NJX INTERLAMINAR LMBR/SAC	N/A	PAIN MANAGEMENT	1							+
NJX INTERLAMINAR LMBR/SAC	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	PAIN MANAGEMENT	1	0	n	0	0			+
NJX INTERLAMINAR LMBR/SAC	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PAIN MANAGEMENT	1	0	0	0	0			+
NJX INTERLAMINAR LMBR/SAC	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	FAMILY MEDICINE	1	0	0	0	0			+
NJX INTERLAMINAR LMBR/SAC	OTHER CERVICAE BISC BEGENERATION, ONSI CERVICAE REGION	FAMILY MEDICINE	1	0	0	0	0			+
NJX INTERLAMINAR LMBR/SAC	OTHER CHRONIC PAIN	PAIN MANAGEMENT	2	0	0	0	0			+
NJX INTERLAMINAR LIMBR/SAC	OTHER CHRONIC PAIN OTHER FORMS OF DYSPNEA	PAIN MANAGEMENT	1	0	0	0	0			+
NJX INTERLAMINAR LMBR/SAC	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	FAMILY MEDICINE	1	0	0	0	0			+
NJX INTERLAMINAR LMBR/SAC	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PAIN MANAGEMENT	0	0	0	0	0			+
NJX INTERLAMINAR LMBR/SAC	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	PAIN MANAGEMENT	2	0	0	0	0			+
NJX INTERLAMINAR LIMBR/SAC	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC NJX INTERLAMINAR LMBR/SAC	PAIN IN RIGHT WRIST	PAIN MANAGEMENT	1	0	0	0	0			
			1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	PAIN MANAGEMENT	0	1	1	0	0			
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	ANESTHESIOLOGY	0	1	1	0	0			
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	COUNSELING	0	1	1	0	0			
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	FAMILY MEDICINE	3	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	28	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	SNORING	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
NJX INTERLAMINAR LMBR/SAC	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	SPONDYLOLISTHESIS, LUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	PHYSICAL MEDICINE	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	UNSPECIFIED FRACTURE OF HEAD OF LEFT FEMUR, SEQUELA	PAIN MANAGEMENT	1	0	0	0	0			
NJX INTERLAMINAR LMBR/SAC	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	PAIN MANAGEMENT	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	CELLULITIS OF LEFT LOWER LIMB	PODIATRY	0	1	0	0	1			
NJX NONCMPND SCLRSNT 1 VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	COMPRESSION OF VEIN	RADIOLOGY	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	EDEMA, UNSPECIFIED	CARDIOVASCULAR DISEASE	4	0	0	0	0			1
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NJX NONCMPND SCLRSNT 1 VEIN	NON-PRS CHRONIC ULCER OTH PRT L LOW LEG W NECROSIS OF MUSCLE	SURGERY, VASCULAR	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	PAIN IN RIGHT LOWER LEG	SURGERY, GENERAL	1	0	0	n	0			
NJX NONCMPND SCERSNT 1 VEIN	PAIN IN RIGHT LOWER LEG	SURGERY, PLASTIC	1	1	1	0	0			+
NJX NONCMPND SCLRSNT 1 VEIN	PARALYTIC PTOSIS OF RIGHT EYELID	CARDIOVASCULAR DISEASE	1	0	0	0	0			
NIV NONCARNID CCI DON'T A VEIN	VARICOC VALUES COMER EVEREATIVALE CEUER COMBUSATIONS	CHROERY WASSIII AR	4	0	0		0			
NJX NONCMPND SCLRSNT 1 VEIN NJX NONCMPND SCLRSNT 1 VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR CARDIOVASCULAR DISEASE	6	0	0	0	0			+
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NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	DERMATOLOGY	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	3	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	10	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	6	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR	7	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOVASCULAR DISEASE	1	1	1	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	Varicose veins of bilateral lower extremities with pain	Physician						1		
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	1	0	0	0	0			†
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	2	0	0	0	0			†
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, VASCULAR	1	0	0	0	0			+
NJX NONCMPND SCERSNT 1 VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	1	0	0	0	0			+
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	VASCULAR &	1	0	0	0	0			+
NJA NONCMPNO SCERSNI I VEIN	VARICUSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	INTERVENTIONAL RADIOLOGY	1	U	0	U	U			
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	RADIOLOGY RADIOLOGY, DIAGNOSTIC	2	0	0	0	0			†
NJX NONCMPND SCLRSNT 1 VEIN	Varicose veins of right lower extremities with pain	Other Provider			-	-		1		†
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	RADIOLOGY	1	0	0	0	0			+
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, GENERAL	1	0	0	0	0			+
NJX NONCMPND SCERSNT 1 VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	VASCULAR &	12	1	1	0	0			+
NA NONCIVIFIED SCERSINI I VEIN	VANCOSE VEINS OF NIGHT EOWER EATHERNITT WITH FAIN	INTERVENTIONAL RADIOLOGY	12	1	1					
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOLOGY,	3	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	INTERVENTIONAL CARDIOVASCULAR DISEASE	4	0	0	0	0			1
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	EMERGENCY MEDICINE	2	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	FAMILY MEDICINE	2	0	0	0	0	-		+
			2	0	0	0	0			+
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	RADIOLOGY	6	0	0	0	0			+
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	RADIOLOGY, DIAGNOSTIC	10	2	2	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	6	0	0	0	0			
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	11	0	0	0	0			↓
NJX NONCMPND SCLRSNT 1 VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR & INTERVENTIONAL	1	0	0	0	0			
NUV NONCAMBRID CCI DCNIT MILITANI	CURONIC VENIOUS LITNIAL OTH COMP OF BUILDERAL COMPENSA	RADIOLOGY	2	0	0	0	0			+
NJX NONCMPND SCLRSNT MLT VN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	VASCULAR & INTERVENTIONAL	2	0	U	U	0			
NJX NONCMPND SCLRSNT MLT VN	INTRAMURAL LEIOMYOMA OF UTERUS	RADIOLOGY VASCULAR &	2	0	0	n	0			+
TOTAL TOTAL THE SCENSIN INC. INC.	THE PROPERTY OF THE PROPERTY O	INTERVENTIONAL RADIOLOGY	_							
NJX NONCMPND SCLRSNT MLT VN	NON-PRS CHRONIC ULCER OTH PRT L LOW LEG W NECROSIS OF MUSCLE	SURGERY, VASCULAR	1	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	PHLBTS AND THOMBOPHLB OF SUPERFIC VESSELS OF LOW EXTRM, BI	SURGERY, GENERAL	2	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	PHLEBITIS AND THROMBOPHLEBITIS OF LOWER EXTREMITIES, UNSP	FAMILY MEDICINE	2	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	9	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	15	2	2	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	1	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	1	1	1	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	RADIOLOGY	1	0	0	0	0			1
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, CARDIOVASCULAR	9	1	1	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	PAIN MANAGEMENT	2	0	0	0	0			1
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	RADIOLOGY	2	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF UNSP LOWER EXTREMITY W ULCER OF UNSP SITE	RADIOLOGY	1	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	SURGERY, GENERAL	3	0	0	0	0			1
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	2	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	FAMILY MEDICINE	3	0	0	0	0	t		†
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	PAIN MANAGEMENT	2	0	0	0	0	†		+
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	RADIOLOGY	6	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, CARDIOVASCULAR	3	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	0	1	1	0	0			+
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	1	0	0	0	0			
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR & INTERVENTIONAL	12	3	3	0	0			
NJX PLATELET PLASMA	HALLUX RIGIDUS, RIGHT FOOT	RADIOLOGY PODIATRY	0	1	1	n	0			+
NJX PLATELET PLASMA	LATERAL EPICONDYLITIS, RIGHT ELBOW	SURGERY, ORTHOPEDIC	0	1	0	0	1			+
NJX PLATELET PLASMA	Osteoarthritis of knee, unspecified	Other Provider	o .	1	U	o .	1		1	
NJX PLATELET PLASMA	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	PODIATRY	0	1	0	1	0			
NJX PX DISCOGRAPHY CRV/THRC	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	PAIN MANAGEMENT	0	1	0	1	0			+
NJX PX DISCOGRAPHY CRV/THRC	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PAIN MANAGEMENT	0	1	1	0	0	-		
NJX PX DISCOGRAPHY LUMBAR	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	PAIN MANAGEMENT	1	0	0	0	0			+
NJX PX DISCOGRAPHY LUMBAR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	ANESTHESIOLOGY	1	0	0	0	0			1
NJX PX DISCOGRAPHY LUMBAR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	3	0	0	0	0			1
NJX PX DISCOGRAPHY LUMBAR	LOW BACK PAIN	PAIN MANAGEMENT	0	1	1	0	0			†
NJX PX DISCOGRAPHY LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	ANESTHESIOLOGY	0	1	1	0	0			1
NJX PX DISCOGRAPHY LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PAIN MANAGEMENT	2	1	1	0	0			1
NJX PX DISCOGRAPHY LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	PHYSICAL MEDICINE	0	1	1	0	0			
NJX PX DISCOGRAPHY LUMBAR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	0	1	1	0	0			†
NJX PX DISCOGRAPHY LUMBAR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	0	1	0	1	0			
NJX PX DISCOGRAPHY LUMBAR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	0	1	1	0	0			
NJX PX DISCOGRAPHY LUMBAR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
NJX PX DISCOGRAPHY LUMBAR	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	PAIN MANAGEMENT	1	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	ARTERIOVENOUS MALFORMATION, OTHER SITE	RADIOLOGY	2	0	0	0	0	İ		
NJX SCLRSNT 1 INCMPTNT VEIN	COMPRESSION OF VEIN	RADIOLOGY	2	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	SURGERY, THORACIC	0	1	1	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOLOGY, INTERVENTIONAL	0	2	2	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	1	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	2	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	1	0	0	0	0	1		1

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NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	4	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR	1	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	FAMILY MEDICINE	1	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	INTERNAL MEDICINE	1	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	4	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, VASCULAR	3	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	2	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	2	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	3	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	2	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	FAMILY MEDICINE	3	0	0	0	0			
NJX SCLRSNT 1 INCMPTNT VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	ALTERED MENTAL STATUS, UNSPECIFIED	PSYCHOLOGY	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	ALTERED MENTAL STATUS, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	DERMATOLOGY	4	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	RADIOLOGY	1	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	COMPRESSION OF VEIN	RADIOLOGY	5	1	1	0	0			
NJX SCLRSNT MLT INCMPTNT VN	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSP	BEHAVIORAL NURSE	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSP	RADIOLOGY	3	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	PSYCHOLOGY	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	SURGERY, VASCULAR	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, SUBS ENCNTR	SURGERY, GENERAL	2	1	1	0	0			
NJX SCLRSNT MLT INCMPTNT VN	LOCALIZED EDEMA	SURGERY, THORACIC	1	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH UNSP SEVERITY	SURGERY, VASCULAR	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	OTHER DISEASES OF CAPILLARIES	PSYCHOLOGY	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	OTHER DISEASES OF CAPILLARIES	SURGERY, VASCULAR	2	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	RADIOLOGY, DIAGNOSTIC	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	OTHER SPECIFIED SOFT TISSUE DISORDERS	SURGERY, GENERAL	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	PHLBTS AND THOMBOPHLB OF SUPERFIC VESSELS OF LOW EXTRM, BI	CARDIOVASCULAR DISEASE	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	SADDLE EMBOLUS OF PULMONARY ARTERY WITH ACUTE COR PULMONALE	SURGERY, GENERAL	0	1	1	0	0			
NJX SCLRSNT MLT INCMPTNT VN	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	SURGERY, VASCULAR	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOVASCULAR DISEASE	18	2	2	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	3	0	0	0	0			†
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	DERMATOLOGY	1	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	2	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	3	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	11	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	8	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SOCIAL WORK	4	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, GENERAL	24	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR	12	3	3	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	VASCULAR & INTERVENTIONAL	4	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY ANESTHESIOLOGY	1	0	0	0	0			

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NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	CARDIOVASCULAR DISEASE	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	DERMATOLOGY	4	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	FAMILY MEDICINE	10	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	PSYCHOLOGY	18	2	0	2	0			†
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	14	1	1	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	4	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, VASCULAR	24	4	2	2	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	2	0	0	0	0			+
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	VASCULAR & INTERVENTIONAL	1	0	0	0	0			
ANN COLOCUE AND AND ADDRESS OF		RADIOLOGY								
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	PSYCHOLOGY	1	U	U	U	U	-		₩
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	4	U	U	U	0			₩
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	PSYCHOLOGY	10	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	13	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	4	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	FAMILY MEDICINE	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	RADIOLOGY	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	35	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	CARDIOVASCULAR DISEASE	4	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	PSYCHOLOGY	3	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, GENERAL	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	8	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	FAMILY MEDICINE	2	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, GENERAL	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	10	2	0	2	0			
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	VASCULAR & INTERVENTIONAL RADIOLOGY	3	2	2	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	14	4	2	2	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	EMERGENCY MEDICINE	2	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	FAMILY MEDICINE	12	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	GENERAL PRACTICE	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	INTERNAL MEDICINE	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	NEPHROLOGY	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	PSYCHIATRY	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	RADIOLOGY	1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	RADIOLOGY, DIAGNOSTIC	4	0	0	0	0			1
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, CARDIOVASCULAR	R 1	0	0	0	0			
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	9	1	1	0	0	-		+
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	24	4	4	0	0			+
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR & INTERVENTIONAL RADIOLOGY	5	2	2	0	0			
NJX SCLRSNT SPIDER VEINS	HEMANGIOMA UNSPECIFIED SITE	SURGERY, GENERAL	2	0	0	0	0			
NOCDURNA 55.3 MCG TABLET SL	NOCTURIA	UROLOGY		1	1					
Non-Hodgkins Lymphoma	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	RADIATION ONCOLOGY	1							
Non-Hodgkins Lymphoma	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	RADIATION ONCOLOGY	1							

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Non-Hodgkins Lymphoma	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	RADIATION ONCOLOGY	1							
Non-Hodgkins Lymphoma	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	RADIATION ONCOLOGY	2							
Non-Hodgkins Lymphoma	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	RADIATION ONCOLOGY	1							
Non-Hodgkins Lymphoma	Follicular lymphoma grade I, lymph nodes of head, face, and neck	RADIATION ONCOLOGY	1							
Non-Hodgkins Lymphoma	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	RADIATION ONCOLOGY	1							
Non-Hodgkins Lymphoma	Mantle cell lymphoma, lymph nodes of multiple sites	RADIATION ONCOLOGY	1							
Non-Hodgkins Lymphoma	Mycosis fungoides, extranodal and solid organ sites	RADIATION ONCOLOGY	1							
No. 11 dell'est conferen	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ	DADIATION ONCOLOGY								
Non-Hodgkins Lymphoma NON-OSSEOINTEGRATED SND PROC	sites CONDUCTIVE HEARING LOSS, UNSPECIFIED	RADIATION ONCOLOGY PEDIATRIC	1	0	0	0	0			+
NON-OSSECINTEGRATED SND PROC	CONDUCTIVE REARING LOSS, UNSPECIFIED	OTOLARYNGOLOGY	1	U	U	U	U			
NON-PNEUM WALK BOOT PRE CST	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THD	SPORTS MEDICINE	1	0	0	0	0			1
NON-PNEUM WALK BOOT PRE CST	PAIN IN RIGHT TOE(S)	PEDIATRICS	1	0	0	0	0			1
NON-PNEUM WALK BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
NON-PNEUM WALK BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	PEDIATRICS	2	0	0	0	0			†
NON-PNEUM WALK BOOT PRE OTS	DISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	FAMILY MEDICINE	1	0	0	0	0			1
NON-PNEUM WALK BOOT PRE OTS	DISPL TRIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	COUNSELING	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	DISPL TRIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	EFFUSION, RIGHT ANKLE	FAMILY MEDICINE	2	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, RIGHT LEG, INIT	SPORTS MEDICINE	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	PEDIATRICS	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	NONDISP FX OF FIFTH METATARISAL BONE, RIGHT FOOT, INIT	PEDIATRICS	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	NONDISP FX OF SECOND METATARISAL BONE, RIGHT FOOT, INIT	SPORTS MEDICINE	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	NONDISPER OF SECOND METATARSAL BONE, RIGHT FOOT, INTI	COUNSELING	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	NONDISPLACED UNSP FRACTURE OF RIGHT LESSER TOE(S), INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS NON-PNEUM WALK BOOT PRE OTS	OTH FX LOWER END OF L TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	OTH FX LOWER END OF E TIBIA, 30BS FOR CLOS FX W ROUTH HEAL	SPORTS MEDICINE	1	0	0	0	0			-
NON-PNEUM WALK BOOT PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	ENDOCRINOLOGY AND	1	0	0	0	0			
NON-PNEUM WALK BOOT PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	METABOLISM INTERNAL MEDICINE	1	0	0	n	0			+
NON-PNEUM WALK BOOT PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	SPORTS MEDICINE	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	STRESS FRACTURE, RIGHT FOOT, INITIAL ENCOUNTER FOR FRACTURE	PODIATRY	1	0	0	0	0			+
NON-PNEUM WALK BOOT PRE OTS	TYPE 2 DIABETES MELLITUS W DIABETIC NEUROPATHIC ARTHROPATHY	PODIATRY	1	0	0	0	0			+
NOW THEOM WALK BOOTTRE 013	THE 2 DIABETES MELETICS W DIABETIC NEOROTATING ARTIMOTATIN	OBIATIO	ľ				O			
NON-PNEUM WALK BOOT PRE OTS	UNSPECIFIED INJURY OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
NON-PNEUM WALK BOOT PRE OTS	UNSPECIFIED SPRAIN OF RIGHT FOOT, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the ce	Chronic obstructive pulmonary disease, unspecified	CARDIOVASCULAR DISEASE	1							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Non-selective catheter placement, thoracic aorta, with angiography										
of the extracranial carotid, vertebral, and/or intracranial vessels,										
unilateral or bilateral, and all associated radiological supervision and		CARDIOVASCULAR								
interpretation, includes angiography of the ce	Dizziness and giddiness	DISEASE	1							
Non-selective catheter placement, thoracic aorta, with angiography										
of the extracranial carotid, vertebral, and/or intracranial vessels,										
unilateral or bilateral, and all associated radiological supervision and		CARDIOVASCULAR								
interpretation, includes angiography of the ce	Essential (primary) hypertension	DISEASE	2							
No. of all and a substitute of the substitute of										
Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels,										
unilateral or bilateral, and all associated radiological supervision and		CARDIOVASCULAR								
interpretation, includes angiography of the ce	Oth symptoms and signs involving the circ and resp systems	DISEASE	1							
Non-selective catheter placement, thoracic aorta, with angiography										
of the extracranial carotid, vertebral, and/or intracranial vessels,										
unilateral or bilateral, and all associated radiological supervision and	Other consistent strict fibrillation	CARDIOVASCULAR								
interpretation, includes angiography of the ce	Other persistent atrial fibrillation	DISEASE	1							
Non-selective catheter placement, thoracic aorta, with angiography										
of the extracranial carotid, vertebral, and/or intracranial vessels,										
unilateral or bilateral, and all associated radiological supervision and		CARDIOVASCULAR								
interpretation, includes angiography of the ce	Presence of aortocoronary bypass graft	DISEASE	2							
No. of all and a substitute of the substitute of										
Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels,										
unilateral or bilateral, and all associated radiological supervision and		CARDIOVASCULAR								
interpretation, includes angiography of the ce	Pure hypercholesterolemia, unspecified	DISEASE	1							
Non-selective catheter placement, thoracic aorta, with angiography										
of the extracranial carotid, vertebral, and/or intracranial vessels,		CARRIOVACCIII AR								
unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the ce	Tobacco use	CARDIOVASCULAR DISEASE	1							
interpretation, includes angiography of the ce	Tobacco use	DISEASE	1							
Non-selective catheter placement, thoracic aorta, with angiography										
of the extracranial carotid, vertebral, and/or intracranial vessels,										
unilateral or bilateral, and all associated radiological supervision and		CARDIOVASCULAR								
interpretation, includes angiography of the ce	Type 2 diabetes mellitus without complications	DISEASE	1							
Non-Small Cell Lung Cancer	Malignant neoplasm of lower lobe, left bronchus or lung	RADIATION ONCOLOGY	1							
Non-Small Cell Early Carreer	That grant neoplasmon lower lose, lett stonenas er lang	THE STATE OF THE SECOND	-							
Non-Small Cell Lung Cancer	Malignant neoplasm of lower lobe, right bronchus or lung	RADIATION ONCOLOGY	2							
Non-Small Call Lung Concer	Malignant population of quarianging sites of left because and left	DADIATION ONCOLOGY	1							
Non-Small Cell Lung Cancer	Malignant neoplasm of overlapping sites of left bronchus and lung	RADIATION ONCOLOGY	1							
Non-Small Cell Lung Cancer	Malignant neoplasm of upper lobe, left bronchus or lung	RADIATION ONCOLOGY	5							
Non-Small Cell Lung Cancer	Malignant neoplasm of upper lobe, right bronchus or lung	RADIATION ONCOLOGY	2	1	1					<u> </u>
NOONAN SPECTRUM DISORDERS	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRICS	1	0	U	U	U			
NORCO NORCO	Chronic pain syndrome Chronic pain syndrome	INTERNAL MEDICINE Physician						1		
NORCO 10-325 TABLET	Chronic pain syndrome Chronic pain syndrome	INTERNAL MEDICINE		1	1			1		
NORCO 10-325 TABLET	RADICULOPATHY CERVICAL REGION(72141)	Other Provider	1	-	_					
NORCO 10MG-325MG TABLET	N/A	FAMILY MEDICINE	1							
	ı '		1	1	1	1	1	1		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NORCO 5-325 TABLET	Chronic pain syndrome	Other Provider	1							
NORCO 5-325 TABLET	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY, ORTHOPEDIC	1							
NORCO 7.5-325 TABLET	Generalized abdominal pain	Other Provider	1							
NORDITROPIN	Hypopituitarism	Physician							1	
NORDITROPIN	Idiopathic short stature	Physician							1	+
NORDITRODIN	Newborn small for gostational age, unspecified weight	PEDIATRIC							1	
NORDITROPIN NORDITROPIN	Newborn small for gestational age, unspecified weight	ENDOCRINOLOGY Other Provides							1	
NORDITROPIN NORDITROPIN FLEXPRO 10 MG/1.5	Short stature (child) Hypopituitarism	Other Provider Other Provider	1	1	1				1	+
NORDITROPIN FLEXPRO 10 MIG/1.5	пурорісцісанізін	PEDIATRIC PEDIATRIC	1	1	1					+
NORDITROPIN FLEXPRO 10 MG/1.5	Hypopituitarism	ENDOCRINOLOGY	1	1	1					
NORDITROPIN FLEXPRO 10 Mg/1.5	N/A	Other Provider	1	2	2					++
NORDITROTTIVILEXTRO 10 MG/1.5		PEDIATRIC		2	2					+
NORDITROPIN FLEXPRO 10 MG/1.5	Short stature (child)	ENDOCRINOLOGY	1							
NORDITROTTIVILEXTRO 10 MG/1.5	Short stature (child)	ENDOCRINOLOGY AND	1							+
NORDITROPIN FLEXPRO 10MG/1.5ML PEN INJCTR	N/A	METABOLISM	1							
NORDITROTTIVILEXTRO TOMO, 1.5WETEN INSCIN		PEDIATRIC	1							+
NORDITROPIN FLEXPRO 10MG/1.5ML PEN INJCTR	N/A	ENDOCRINOLOGY	4	2	2					
NORDITION IN TEEN NO TOMO, I.SWET EN INSER	in the second se	ENDOCHINOLOGI	1	_	-			-		+
NORDITROPIN FLEXPRO 10MG/1.5ML PEN INJCTR	N/A	PEDIATRIC NEPHROLOGY	1							
NORDING IN TEEN NO TOING LISTEL EN INDEN	10/7	PEDIATRIC	_							+
NORDITROPIN FLEXPRO 15 MG/1.5	Hypopituitarism	ENDOCRINOLOGY	2							
NORDITROPIN FLEXPRO 15MG/1.5ML PEN INJCTR	N/A	Endocrinology	1							+
None in the least to a sing a sine that the sine in	1,177	PEDIATRIC	-							+-
NORDITROPIN FLEXPRO 15MG/1.5ML PEN INJCTR	N/A	ENDOCRINOLOGY	4	2	2					
None in the least to a sing a sine that the sine in	1,177	PEDIATRIC		_	-					+-
NORDITROPIN FLEXPRO 30 MG/3 ML	Hypopituitarism	ENDOCRINOLOGY	1	1	1					
NORDITROPIN FLEXPRO 30 MG/3 ML PEN INJCTR	N/A	Other Provider	-	1	1					+-
		PEDIATRIC			_					
NORDITROPIN FLEXPRO 30 MG/3 ML PEN INJCTR	N/A	ENDOCRINOLOGY	1							
NORITATE 1 % CREAM(GM)	N/A	DERMATOLOGY		1	1					†
NORMAL SALINE SOLUTION INFUS	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	FAMILY MEDICINE	1	0	0	0	0			
NORMAL SALINE SOLUTION INFUS	ANEMIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
NORMAL SALINE SOLUTION INFUS	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
NORMAL SALINE SOLUTION INFUS	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
NORMAL SALINE SOLUTION INFUS	OTHER SHOCK	ONCOLOGY	1	0	0	0	0			
NORMAL SALINE SOLUTION INFUS	SOLITARY PULMONARY NODULE	ONCOLOGY	1	0	0	0	0			
		CARDIOVASCULAR								
NORTHERA 100 MG CAPSULE	N/A	DISEASE	2							
NORTHERA 100 MG CAPSULE	N/A	NEUROLOGY	1							
		CARDIOVASCULAR								
NORTHERA 200 MG CAPSULE	N/A	DISEASE	1] ,
NOVAFIX PER SQ CM	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	PODIATRY	0	1	0	1	0			
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT] ,
NOVAREL 10,000 UNITS VIAL	N/A	ILITY	1]
NOVAREL 10,000 UNITS VIAL	Testicular hypofunction	UROLOGY		1	1					
NOVAREL 10000 UNIT VIAL	N/A	FAMILY MEDICINE	1							
NOVAREL 10000 UNIT VIAL	N/A	Other Provider		1	1					
		ENDOCRINOLOGY AND								
NOVAREL 5,000 UNIT VIAL	Hypopituitarism	METABOLISM		1	1					
NOVAREL 5,000 UNIT VIAL	Testicular hypofunction	SPORTS MEDICINE		2	2					
		ENDOCRINOLOGY AND								
NOVOLIN 70-30 70-30/ML VIAL	N/A	METABOLISM	1							
NOVOLIN 70-30 70-30/ML VIAL	N/A	FAMILY MEDICINE		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
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NOVOLIN N 100/ML VIAL	N/A	FAMILY MEDICINE		2	2					
NOVOLINI D ELEVDENI 100/MI /2) INICIJI NI DENI	N/A	ENDOCRINOLOGY AND								
NOVOLOG	N/A Type 1 diabetes mellitus without complications	METABOLISM INTERNAL MEDICINE		1	1				1	
NOVOLOG NOVOLOG	Type 1 diabetes mellitus without complications Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE						1	1	L
NOVOLOG	Type 2 diabetes menitus with Hypergrycemia	PEDIATRIC						1		
NOVOLOG 100 UNIT/ML CARTRIDGE	Type 1 diabetes mellitus without complications	ENDOCRINOLOGY	1							
NOVOLOG 100 UNIT/ML FLEXPEN	Type 1 diabetes mellitus without complications	FAMILY MEDICINE	-	1	1					
,	7	ENDOCRINOLOGY AND			_					
NOVOLOG 100 UNIT/ML FLEXPEN	Type 2 diabetes mellitus with diabetic polyneuropathy	METABOLISM		1	1					
·		ENDOCRINOLOGY AND								
NOVOLOG 100 UNIT/ML FLEXPEN	Type 2 diabetes mellitus with hyperglycemia	METABOLISM		2	2					
		ENDOCRINOLOGY AND								
NOVOLOG 100 UNIT/ML FLEXPEN	Type 2 diabetes mellitus with other specified complication	METABOLISM		1	1					
NOVOLOG 100 UNIT/ML FLEXPEN	Type 2 diabetes mellitus without complications	Endocrinology	1							
NOVOLOG 100 UNIT/ML FLEXPEN	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		2	2					
NOVOLOG 100 UNIT/ML FLEXPEN	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
NOVOLOG 100 UNIT/ML VIAL	N/A	METABOLISM	1							
NOVOLOG 100 UNIT/ML VIAL	Other general symptoms and signs	INTERNAL MEDICINE		1	1					
		ENDOCRINOLOGY AND								
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	METABOLISM	1							
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	INTERNAL MEDICINE	1	1	1					
		PEDIATRIC								
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY		1	1					
NOVOLOG 100 UNIT/ML VIAL	Type 1 diabetes mellitus without complications	FAMILY MEDICINE		1	1					
NOVOLOG 100 UNIT/ML VIAL	Type 2 diabetes mellitus without complications	Other Provider	1							
NOVOLOG 100/AAL CARTRIDGE	N/A	ENDOCRINOLOGY AND	1							
NOVOLOG 100/ML CARTRIDGE	N/A	METABOLISM ENDOCRINOLOGY AND	1							
NOVOLOG 100/ML VIAL	N/A	ENDOCRINOLOGY AND METABOLISM		2	2					
NOVOLOG 100/ML VIAL NOVOLOG 100/ML VIAL	N/A N/A	INTERNAL MEDICINE		1	1					
NOVOLOG 100/ML VIAL	N/A	Other Provider	2	2	2					
NOVOLOG 100/WE VIAL	IV/A	PEDIATRIC	2	2	2					
NOVOLOG 100/ML VIAL	N/A	ENDOCRINOLOGY	1	1	1					
INC TO LOCATION IN LETTER STATE TO THE TIME	147.	ENDOCRINOLOGY AND	-	-	-					
NOVOLOG FLEXPEN 100/ML (3) INSULN PEN	N/A	METABOLISM	4	4	4					
NOVOLOG FLEXPEN 100/ML (3) INSULN PEN	N/A	FAMILY MEDICINE	1	2	2					
NOVOLOG FLEXPEN 100/ML (3) INSULN PEN	N/A	INTERNAL MEDICINE		1	1					
NOVOLOG FLEXPEN 100/ML (3) INSULN PEN	N/A	Other Provider	4	1	1					
NOVOLOG FLEXPEN 100/ML (3) INSULN PEN	N/A	PHYSICIAN ASSISTANT		1	1					
NOVOLOG MIX 70-30 FLEX 70-30/ML INSULN PEN	N/A	INTERNAL MEDICINE		1	1					
		ENDOCRINOLOGY AND								
NOVOLOG MIX 70-30 FLEXPEN 70-30/ML INSULN PEN	N/A	METABOLISM		1	1					
NOVOLOG MIX 70-30 FLEXPEN 70-30/ML INSULN PEN	N/A	INTERNAL MEDICINE		1	1					
NOVOLOG MIX 70-30 FLEXPEN 70-30/ML INSULN PEN	N/A	Other Provider	1	1	1					
		CARDIOVASCULAR								
NOXAFIL 200 MG/5ML ORAL SUSP	N/A	DISEASE	1							
NRPSYC TST EVAL PHYS/QHP 1ST	N/A	NEUROLOGY	1							
NRV CNDJ TEST 13/> STUDIES	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	NEUROLOGY	1	0	0	0	0			
NRV CNDJ TEST 13/> STUDIES	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
NRV CNDJ TEST 13/> STUDIES	N/A	NEUROLOGY	1	1						+
NRV CNDJ TEST 13/> STUDIES NRV CNDJ TEST 13/> STUDIES	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			+
NRV CNDJ TEST 13/> STUDIES	RADICULOPATHY, LUMBOSACRAL REGION	NEUROLOGY	1	ř		_	,			+
NRV CNDJ TEST 13/2 STODIES	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1.	 	t	-				+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NRV CNDJ TEST 9-10 STUDIES	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
NRV CNDJ TEST 9-10 STUDIES	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NRV CNDJ TEST 9-10 STUDIES	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NRV CNDJ TEST 9-10 STUDIES	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	5	0	0	0	0			
NRV CNDJ TST 3-4 STUDIES	N/A	NEUROLOGY	1							
NRV CNDJ TST 3-4 STUDIES	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NRV CNDJ TST 5-6 STUDIES	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
NRV RPR W/NRV ALGRFT 1ST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	1	1	0	0			
NRV RPR W/NRV ALGRFT 1ST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	1	4	3	1	0			
NRV RPR W/NRV ALGRFT 1ST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	1	1	0	1	0			
NRV RPR W/NRV ALGRFT 1ST	LACERAT FLEXOR MUSC/FASC/TEND AT FORARM LV, RIGHT ARM, SUBS	FAMILY MEDICINE	0	1	1	0	0			
NRV RPR W/NRV ALGRFT 1ST	LESION OF FEMORAL NERVE, LEFT LOWER LIMB	SURGERY, PLASTIC	1	0	0	0	0			
NRV RPR W/NRV ALGRFT 1ST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	0	1	0	1	0			
NRV RPR W/NRV ALGRFT 1ST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	0	1	0	1	0			
NRV RPR W/NRV ALGRFT 1ST	TRANSSEXUALISM	GERIATRIC MEDICINE	0	1	1	0	0			
NRV RPR W/NRV ALGRFT EA ADDL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	0	1	1	0	0			
NRV RPR W/NRV ALGRFT EA ADDL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	1	4	3	1	0			
NSL/SINS NDSC SPHN TISS RMVL	ACUTE PANSINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	10	1	0	1	0			
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	4	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	5	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	NODULES OF VOCAL CORDS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	OTHER CHRONIC SINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	4	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	PAROXYSMAL ATRIAL FIBRILLATION	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC SPHN TISS RMVL	POLYP OF NASAL CAVITY	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC SURG FRNT SINS	ACUTE RECURRENT PANSINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC FRONTAL SINUSITIS	NOSE, AND THROAT) FACILITY	1	0	0	0	n			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC FRONTAL SINUSITIS CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGY (EAR,	6	3	3	0	0			
		NOSE, AND THROAT)								
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	COUNSELING	1	0	0	0	0			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	FAMILY MEDICINE	0	1	1	0	0			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	6	2	2	0	0			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC PANSINUSITIS	FAMILY MEDICINE	1	1	1	0	0			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	5	2	2	0	0			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC RHINITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC SURG FRNT SINS	CHRONIC SINUSITIS, UNSPECIFIED	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	4	3	3	0	0			
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	2	1	1	0	0			
NSL/SINS NDSC SURG FRNT SINS	HYPERTROPHY OF NASAL TURBINATES	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	0	0	1			
NSL/SINS NDSC SURG FRNT SINS	HYPOXEMIA	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	0	n			\vdash
NOD SINO NOSC SONO FRANT SINO	THOALMA	NOSE, AND THROAT)	Ĭ .			Ĭ	Ü			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NSL/SINS NDSC SURG FRNT SINS	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
NSL/SINS NDSC SURG FRNT SINS	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR,	5	2	2	0	0			+
		NOSE, AND THROAT)					_			ļ!
NSL/SINS NDSC SURG FRNT SINS	OTHER CHRONIC SINUSITIS	SOCIAL WORK	2	0	0	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	ACUTE RECURRENT PANSINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	U	1	1	0	U			
NSL/SINS NDSC SURG FRNT&SPHN	ALLERGIC RHINITIS DUE TO POLLEN	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	CHEST PAIN, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGY (EAR,	12	1	1	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC FRONTAL SINUSITIS	NOSE, AND THROAT) SURGERY, PLASTIC	0	1	1	0	0			++
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	FAMILY MEDICINE	1	0	0	0	0			\vdash
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR,	30	7	6	0	1			
		NOSE, AND THROAT)								<u> </u>
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	SOCIAL WORK	5	0	0	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	SURGERY, HEAD AND NECK	2	0	0	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	19	9	9	0	0			'
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	18	8	8	0	0			\vdash
		NOSE, AND THROAT)								
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC SPHENOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR,	2	1	1	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	DEVIATED NASAL SEPTUM	NOSE, AND THROAT) FACILITY	1	0	0	0	0			₩
NSL/SINS NDSC SURG FRNT &SPHN NSL/SINS NDSC SURG FRNT &SPHN	DEVIATED NASAL SEPTUM DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR,	1	1	1	0	0			
NSL/SINS NDSC SURG FRN I &SPRIN	DEVIATED NASAL SEPTOW	NOSE, AND THROAT)	4	1	1	U	U			
NSL/SINS NDSC SURG FRNT&SPHN	IMMUNODEFICIENCY, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
NSL/SINS NDSC SURG FRNT&SPHN	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			\vdash
	, , , , , , , , , , , , , , , , , , , ,	NOSE, AND THROAT)								
NSL/SINS NDSC SURG FRNT&SPHN	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHEST PAIN	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHRONIC SINUSITIS	NOSE, AND THROAT) FAMILY MEDICINE	2	0	0	0	0			+
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHRONIC SINUSITIS OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR,	24	1	1	0	0			+
NOLY SING INDICE SONG I KNI KOSFIIN	OTTER CHRONIC SINOSITIS	NOSE, AND THROAT)	24	_	_		U			
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHRONIC SINUSITIS	SOCIAL WORK	14	0	0	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	POLYP OF NASAL CAVITY	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC SURG FRNT&SPHN	RADICULOPATHY, LUMBAR REGION	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
INSL/SINS NOSC SORG FRINT &SPRIN	RADICULOPATHY, LUIVIBAR REGION	NOSE, AND THROAT)	U	1	1	U	U			,
NSL/SINS NDSC SURG FRNT&SPHN	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
NSL/SINS NDSC SURG MAX SINS	ABSCESS, FURUNCLE AND CARBUNCLE OF NOSE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
NSL/SINS NDSC SURG MAX SINS	ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NSL/SINS NDSC SURG MAX SINS	ACUTE RECURRENT PANSINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	0	0			+
- ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOSE, AND THROAT)		<u> </u>						
NSL/SINS NDSC SURG MAX SINS	ALLERGIC RHINITIS DUE TO POLLEN	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
NSL/SINS NDSC SURG MAX SINS	CHEST PAIN, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	FACILITY	1	0	0	0	0			
NSL/SINS NDSC SURG MAX SINS	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	14	1	1	0	0			
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	FAMILY MEDICINE	1	1	1	0	0			† †
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR,	44	13	12	0	1			
		NOSE, AND THROAT)								

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	SOCIAL WORK	5	0	0	0	0			+
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	SURGERY, HEAD AND NECK	2	0	0	0	0			
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	FAMILY MEDICINE	0	1	1	0	0			
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	23	10	10	0	0			
NSL/SINS NDSC SURG MAX SINS	CHRONIC RHINITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	1	1	0	0	-		
INSL/SINS NDSC SURG WAX SINS	CHRONIC RHINITIS	NOSE, AND THROAT)	1	1	1	U	U			
NSL/SINS NDSC SURG MAX SINS	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	26	9	9	0	0			1
	, , , , , , , , , , , , , , , , , , , ,	NOSE, AND THROAT)								
NSL/SINS NDSC SURG MAX SINS	CHRONIC SPHENOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
		NOSE, AND THROAT)								
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	FACILITY	1	0	0	0	0			
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR,	6	2	2	0	0			
NO. (SING NECO CUES NAVY CING	INVESTIGATION OF THE SALE THROUGH THE	NOSE, AND THROAT)								+
NSL/SINS NDSC SURG MAX SINS	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGY (EAR,	1	1	0	0	1			
NSL/SINS NDSC SURG MAX SINS	HYPOXEMIA	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	n	0			+
NOLY SING NEEDS SONG WEAK SING	THI ONLIVIE	NOSE, AND THROAT)	ľ	1	-	o a	Ü			
NSL/SINS NDSC SURG MAX SINS	IMMUNODEFICIENCY, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
·		NOSE, AND THROAT)								
NSL/SINS NDSC SURG MAX SINS	NASAL CONGESTION	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
		NOSE, AND THROAT)								
NSL/SINS NDSC SURG MAX SINS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC SURG MAX SINS	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
NSL/SINS NDSC SONG WAX SINS	OTH ABIN AND INCONCEOSIVE FINDINGS ON DATIVIAGING OF BREAST	NOSE, AND THROAT)	1	U	U	U	U			1
NSL/SINS NDSC SURG MAX SINS	OTHER CHEST PAIN	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
		NOSE, AND THROAT)								1
NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC SINUSITIS	FAMILY MEDICINE	3	0	0	0	0			,
NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR,	30	5	5	0	0			
		NOSE, AND THROAT)								
NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC SINUSITIS	SOCIAL WORK	16	0	0	0	0			'
NSL/SINS NDSC SURG MAX SINS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	SURGERY, PLASTIC	1	0	0	0	0			
NSL/SINS NDSC SURG MAX SINS	POLYP OF NASAL CAVITY	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
NSL/SINS NDSC SURG MAX SINS	RADICULOPATHY, LUMBAR REGION	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NSL/SINS NDSC SURG MAX SINS	VOMITING, UNSPECIFIED	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
INSECTING NOSC SONG WAX SINS	VOIVITING, ONSFECTIED	NOSE, AND THROAT)	1	o o	o	O	o .			
NSL/SINS NDSC SURG SPHN SINS	ACUTE RECURRENT PANSINUSITIS	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
· ·		NOSE, AND THROAT)								
NSL/SINS NDSC SURG SPHN SINS	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
		NOSE, AND THROAT)								ļ!
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	COUNSELING	1	0	0	0	0			
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR,	5	0	0	0	0			'
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	NOSE, AND THROAT) SOCIAL WORK	1	0	0	0	0			+
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINOSITIS CHRONIC PANSINUSITIS	FAMILY MEDICINE	0	1	1	0	0	-		
			0	1	1	0	0			
NSL/SINS NDSC SURG SPHN SINS	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	4	²	4	0	U		1	1
NSL/SINS NDSC SURG SPHN SINS	CHRONIC RHINITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			\vdash
		NOSE, AND THROAT)	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	3	2	2	0	0			
		NOSE, AND THROAT)		ļ		1				<u> </u>
NSL/SINS NDSC SURG SPHN SINS	CHRONIC SPHENOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR,	2	1	1	0	0			'
NSL/SINS NDSC SURG SPHN SINS	DEVIATED NASAL SEPTUM	NOSE, AND THROAT)	0	1	1	0	0	-		+
אווע אוועס אוועס אוועס ארווע אוועס ארווע אוועס אוועס אוועס אוועס אוועס	DEVIATED INASAL SELICINI	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	٦	1	1	U	U		1	1
NSL/SINS NDSC SURG SPHN SINS	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGY (EAR,	0	1	1	0	0	 	 	+
	Edition in or to ble ForbitAtte	NOSE, AND THROAT)	ľ	[Ī	Ī	Ī		1	1 '
NSL/SINS NDSC SURG SPHN SINS	NASAL POLYP, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
NSL/SINS NDSC SURG SPHN SINS	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)			L		L	L		<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NSL/SINS NDSC SURG SPHN SINS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR,	6	0	0	0	0			
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC MAXILLARY SINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	4	0	0	0	0			+
		NOSE, AND THROAT)								
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	4	0	0	0	0			
NSL/SINS NDSC TOT W/SPHENDT	HYPERTROPHY OF NASAL TURBINATES	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	n			+
Note that the second se	THE ENTROLL OF WISHE TO REMAIN TES	NOSE, AND THROAT)	Ī	ŭ	·	ŭ	Ŭ.			
NSL/SINS NDSC TOT W/SPHENDT	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NSL/SINS NDSC TOT W/SPHENDT	OTHER ACQUIRED DEFORMITY OF HEAD	NOSE, AND THROAT) SURGERY, PLASTIC	1	0	0	0	0			+
NSL/SINS NDSC TOT W/SPHENDT	OTHER ACQUIRED DEPONINT OF HEAD	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			+
NSL/SINS NOSC TOT W/SI TIENDT	o men e monte sinosms	NOSE, AND THROAT)	3	·		Ŭ	Ů			
NSL/SINS NDSC TOT W/SPHENDT	POLYP OF NASAL CAVITY	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
ALC: CINCALD CO TOTAL	AA45110001154 1111005015150	NOSE, AND THROAT)								
NSL/SINS NDSC TOTAL	AMENORRHEA, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
NSL/SINS NDSC TOTAL	CALCULUS OF URETER	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			†
		NOSE, AND THROAT)								
NSL/SINS NDSC TOTAL	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
NSL/SINS NDSC TOTAL	CHRONIC FRONTAL SINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
NSE/SINS NOSC TOTAL	CINONIC I NONTAL SINOSITIS	NOSE, AND THROAT)	1	o .	U		ľ			
NSL/SINS NDSC TOTAL	CHRONIC MAXILLARY SINUSITIS	FACILITY	1	0	0	0	0			
NSL/SINS NDSC TOTAL	CHRONIC MAXILLARY SINUSITIS	FAMILY MEDICINE	1	0	0	0	0			
NSL/SINS NDSC TOTAL	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR,	5	0	0	0	0			
NSL/SINS NDSC TOTAL	CHRONIC PANSINUSITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	E	0	0	0	0			+
NSL/SINS NOSC TOTAL	CHRONIC PAINSINGSITIS	NOSE, AND THROAT)	3	U	U	l ^o	U			
NSL/SINS NDSC TOTAL	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	6	0	0	0	0			1
		NOSE, AND THROAT)	_		_					
NSL/SINS NDSC TOTAL	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	1	0	1	0			
NSL/SINS NDSC TOTAL	NASAL CONGESTION	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			†
		NOSE, AND THROAT)								
NSL/SINS NDSC TOTAL	NASAL POLYP, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
NSL/SINS NDSC TOTAL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
NSE/SINS NOSC TOTAL	OBSTRUCTIVE SEEEF AFRICA (ADDET) (FEDIATRIC)	NOSE, AND THROAT)	1	o .	U		ľ			
NSL/SINS NDSC TOTAL	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
NO. CONC. NO. CO. TOTAL		NOSE, AND THROAT)								
NSL/SINS NDSC TOTAL	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	l ^o	0			
NSL/SINS NDSC TOTAL	POLYP OF NASAL CAVITY	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			†
		NOSE, AND THROAT)								
NSL/SINS NDSC TOTAL	VERTICAL STRABISMUS, RIGHT EYE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
NSL/SINS NDSC W/SINS DILAT	Chronic pansinusitis	NOSE, AND THROAT) Physician							1	
NSL/SINS NDSC W/SINS DILAT	Other chest pain	Physician						1	1	+
NSL/SINS NDSC W/TOT ETHMDCT	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0	1		+
		NOSE, AND THROAT)								
NTSTY MODUL RAD TX DLVR CPLX	N/A	HOSPITAL	1							
NTSTY MODUL RAD TX DLVR SMPL	MALIGNANT NEOPLASM OF PAROTID GLAND	RADIATION ONCOLOGY	1	0	0	0	0			
						1				
NTSTY MODUL RAD TX DLVR SMPL	Malignant neoplasm of upper lobe, right bronchus or lung	RADIATION ONCOLOGY				 			1	
NUCALA 100 MG VIAL	N/A	PULMONARY DISEASE	1			ļ				
NUCALA 100 MC/MI AUTO INICT	N/A	ALLEDOV/IN AN ALLINIOLOGY	1			1				
NUCALA 100 MG/ML AUTO INJCT NUCALA 100 MG/ML AUTO INJCT	N/A N/A	ALLERGY/IMMUNOLOGY FAMILY MEDICINE	1		-	+				+
NUCALA 100 MG/ML AUTO INJCT	N/A	Other Provider	1	1	1	 				+
MOCALA 100 MIG/INIL AUTO INJUT	14/0	otilei Flovidei	ļ -	-	-	ļ				

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
NUCALA 100 MG/ML AUTO-INJECTOR	Severe persistent asthma, uncomplicated	PEDIATRICS		1	1					
NUCALA 100 MG/ML AUTO-INJECTOR	Unspecified asthma, uncomplicated	PULMONARY DISEASE		1	1					
NUCALA 100 MG/ML SYRINGE	N/A	INTERNAL MEDICINE		1	1					
NUCLEAR RX IV ADMIN	OTHER BENIGN NEUROENDOCRINE TUMORS	HEMATOLOGY	1	0	0	0	0			
NUCLEAR RX ORAL ADMIN	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
NUCLEAR RX ORAL ADMIN	ENCOUNTER FOR PREGNANCY TEST, RESULT UNKNOWN	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
NUCLEAR RX ORAL ADMIN	MALIGNANT NEOPLASM OF THYROID GLAND	COUNSELING	1	0	0	0	0			
NUCLEAR RX ORAL ADMIN	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY AND METABOLISM	7	0	0	0	0			
NUCLEAR RX ORAL ADMIN	THYROTOXICOSIS, UNSP WITHOUT THYROTOXIC CRISIS OR STORM	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
NUCYNTA	Discoid lupus erythematosus	Other Provider						1		
NUCYNTA 100 MG TABLET	N/A	Other Provider	2	1	1			-		
10011111 200 1110 1110221	14/1	PHYSICAL MEDICINE AND	-	_	_					
NUCYNTA 100 MG TABLET	N/A	REHABILITATION	1							
NUCYNTA 100 MG TABLET	Radiculopathy, lumbar region	PAIN MANAGEMENT	-	1	1					
NUCYNTA 100 MG TABLET	Unspecified abdominal pain	Other Provider	1	-	-					
NUCYNTA 50 MG TABLET	N/A	Other Provider	1		-					
NUCYNTA 50 MG TABLET	N/A	PAIN MANAGEMENT	1							
NOCTIVIA 30 INIC TABLET	IV/A	I AIN WANAGEMENT	_							
NUCYNTA 50 MG TABLET	N/A	SURGERY, ORTHOPEDIC	1							
NUCYNTA 50 MG TABLET	Spinal stenosis, lumbosacral region	INTERNAL MEDICINE	1							
NUCYNTA 75 MG TABLET	N/A	Other Provider	1							
NOCTIVIA 73 IVIG TABLET	IV/A	Other Frovider	T							
NUCYNTA 75 MG TABLET	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN(64493)	Other Provider	1							
NUCYNTA ER	Discoid lupus erythematosus	Physician	1					1		
NUCYNTA ER 100 MG TABLET	Chronic pain syndrome	Other Provider	1							
NUCYNTA ER 100 MG TABLET	Chronic pain syndrome Chronic pain syndrome	PAIN MANAGEMENT	1							
NUCYNTA ER 100 MG TABLET	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	Other Provider	T	1	1					
NUCYNTA ER 150 MG TABLET	N/A	Other Provider	2	2	2					
NUCYNTA ER 200 MG TAB ER 12H	N/A	PAIN MANAGEMENT	1	3	3					
NUCYNTA ER 250 MG TAB ER 12H	N/A	Other Provider	1							
NUCYNTA ER 50 MG TABLET	Other chronic pain	Other Provider	1	4	1					
NOCTIVIA ER 30 MIG TABLET	Other chronic pain	Other Provider		1	1					
NUDT15 GENE COMMON VARIANTS	Acute lymphoblastic leukemia not having achieved remission	Other Provider						1		
NUDT15 GENE COMMON VARIANTS	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	0	1	1	0	0			
NUDT15 GENE COMMON VARIANTS	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	NURSE PRACTITIONER	0	1	1	0	0			
NUDT15 GENE COMMON VARIANTS NUDT15 GENE COMMON VARIANTS	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION	GASTROENTEROLOGY	0	1	1	0	0			
NUPLAZID 34 MG CAPSULE	N/A	NEUROLOGY	4	-	-	0	0			
NURSING ASSESSMENT/EVALUATN	PNEUMONIA, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
NURSING CARE IN HOME RN	ACUTE INTERSTITIAL PNEUMONITIS	INFECTIOUS DISEASE	1	0	0	0	0			
NURSING CARE IN HOME RN	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	FAMILY MEDICINE	0	1	1	0	0			
NURSING CARE IN HOME RN	ALPHA-1-ANTITRYPSIN DEFICIENCY	PULMONARY DISEASE	1	1	1	0	0			
			1	1	1	0	0			
NURSING CARE IN HOME RN	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	PEDIATRICS	0	1	1	0	0			
NURSING CARE IN HOME RN	ARNOLD-CHIARI SYNDROME WITH SPINA BIFIDA	NEONATAL-PERINATAL MEDICINE	U	1	1	U	U			
NURSING CARE IN HOME RN	ARNOLD-CHIARI SYNDROME WITH SPINA BIFIDA	PSYCHIATRY	0	1	1	0	0			
NURSING CARE IN HOME RN	BRONCHOPULMONARY DYSPLASIA ORIGIN IN THE PERINATAL PERIOD	FAMILY MEDICINE	0	1	1	0	0			
NURSING CARE IN HOME RN	CEREBRAL INFARCTION, UNSPECIFIED	NEUROLOGY	2	0	0	0	0			
NURSING CARE IN HOME RN	CEREBRAL INFRC DUE TO UNSP OCCLS OR STENOSIS OF L VERTEB ART	FAMILY MEDICINE	1	0	0	0	0			
NURSING CARE IN HOME RN	CEREBRAL PALSY, UNSPECIFIED	PEDIATRICS	1	1	1	0	0			
NURSING CARE IN HOME RN	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	GERIATRIC MEDICINE	2	0	0	0	0			
NURSING CARE IN HOME RN	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
NORTHING CARE IN HOIVIE KIN	CHRONIC CONIDINED STSTOLIC AND DIASTOLIC HKT FAIL	LAWIET MEDICINE	1+	ľ	٧	V	٧			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
NURSING CARE IN HOME RN	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	FAMILY MEDICINE	0	1	1	0	0			
NURSING CARE IN HOME RN	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	1	1	1	0	0			
NURSING CARE IN HOME RN	CONGEN MALFORM SYNDROMES PREDOM AFFECTING FACIAL	PEDIATRICS	1	0	0	0	0			
NURSING CARE IN HOME RN	APPEARANCE CONGENITAL HYPOTONIA	FAMILY MEDICINE	2	0	0	0	0			+
NURSING CARE IN HOME RN	COVID-19	ONCOLOGY	1	0	0	0	0			+
NURSING CARE IN HOME RN	DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES	PEDIATRICS	1	0	0	0	0			+
NURSING CARE IN HOME RN	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	FAMILY MEDICINE	2	2	2	0	0			+
NURSING CARE IN HOME RN	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	PEDIATRICS	2	2	2	0	0			+
NURSING CARE IN HOME RN	DEPENDENCE ON SUPPLEMENTAL OXYGEN	PEDIATRICS	1	1	1	0	0			+
NURSING CARE IN HOME RN	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			1
NURSING CARE IN HOME RN	DOWN SYNDROME, UNSPECIFIED	PEDIATRICS	0	1	1	0	0			+
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	FAMILY MEDICINE	0	1	1	0	0			†
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	PEDIATRICS	6	1	1	0	0			†
NURSING CARE IN HOME RN	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	FAMILY MEDICINE	1	0	0	0	0			+
NURSING CARE IN HOME RN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	PEDIATRIC PULMONOLOGY	1	1	1	0	0			
NURSING CARE IN HOME RN	FEEDING DIFFICULTIES	PEDIATRICS	0	1	1	0	0			+
NURSING CARE IN HOME RN	GASTROSTOMY STATUS	PEDIATRIC	0	2	2	0	0			
NURSING CARE IN HOME RN	CACTROCTOMAY CTATLIC	GASTROENTEROLOGY	1	2	2	0	0			
NURSING CARE IN HOME RN	GASTROSTOMY STATUS GENERALIZED ABDOMINAL PAIN	PEDIATRICS FAMILY MEDICINE	1	2	2	0	0			+
NURSING CARE IN HOME RN	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	0	1	1	0	0			+
NORSING CARE IN HOIVIE RIN	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	U	1	1	U	U			
NURSING CARE IN HOME RN	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	INTERNAL MEDICINE	1	0	0	0	0			+
NURSING CARE IN HOME RN	HOLOPROSENCEPHALY	FAMILY MEDICINE	0	1	1	0	0			1
NURSING CARE IN HOME RN	HYPOPLASTIC LEFT HEART SYNDROME	ADOLESCENT MEDICINE	0	1	1	0	0			1
NURSING CARE IN HOME RN	HYPOPLASTIC LEFT HEART SYNDROME	PEDIATRICS	1	1	1	0	0			1
NURSING CARE IN HOME RN	HYPOXIC ISCHEMIC ENCEPHALOPATHY [HIE], UNSPECIFIED	NEONATAL-PERINATAL MEDICINE	0	1	1	0	0			
NURSING CARE IN HOME RN	INFECTION OF AMPUTATION STUMP, LEFT UPPER EXTREMITY	FAMILY MEDICINE	0	1	1	0	0			+
NURSING CARE IN HOME RN	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W STAT EPI	PEDIATRICS	0	1	1	0	0			†
NURSING CARE IN HOME RN	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			†
NURSING CARE IN HOME RN	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
NURSING CARE IN HOME RN	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			
NURSING CARE IN HOME RN	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	2	0	0	0	0			
NURSING CARE IN HOME RN	Malignant neoplasm of unspecified site of unspecified female breast	Other Provider						1		
NURSING CARE IN HOME RN	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	INTERNAL MEDICINE	0	1	1	0	0			
NURSING CARE IN HOME RN	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	INTERNAL MEDICINE	1	0	0	0	0			
NURSING CARE IN HOME RN	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	PEDIATRIC NEUROLOGY	1	0	0	0	0			
NURSING CARE IN HOME RN	MULTIPLE FX OF RIBS, RIGHT SIDE, SUBS FOR FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
NURSING CARE IN HOME RN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PEDIATRICS	1	1	1	0	0			
NURSING CARE IN HOME RN	OTHER CEREBRAL PALSY	PEDIATRICS	0	1	1	0	0			
NURSING CARE IN HOME RN	OTHER DISORDERS OF LUNG	PEDIATRICS	1	1	1	0	0			
NURSING CARE IN HOME RN	OTHER ENCEPHALOPATHY	PEDIATRIC PULMONOLOGY	0	1	1	0	0			
NURSING CARE IN HOME RN	OTHER MUSCLE SPASM	PHYSICAL MEDICINE	1	1	1	0	0			+
NURSING CARE IN HOME RN	OTHER SPECIFIED FEMALE PELVIC INFLAMMATORY DISEASES	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			<u> </u>
NURSING CARE IN HOME RN	OVERACTIVE BLADDER	FAMILY MEDICINE	1	0	0	0	0	-		+
NURSING CARE IN HOME RN	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	NEONATAL-PERINATAL	2	2	2	0	0			
NURSING CARE IN HOME RN	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	MEDICINE GYNECOLOGIC ONCOLOGY	1	0	0	0	0	 		+
					-					<u> </u>

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
NURSING CARE IN HOME RN	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
NURSING CARE IN HOME RN	STRIDOR	NEONATAL-PERINATAL MEDICINE	1	U	U	U	U			
NURSING CARE IN HOME RN	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
NURSING CARE IN HOME RN	TRACHEOSTOMY STATUS	PEDIATRIC PULMONOLOGY	1	1	1	0	0			
NURSING CARE IN HOME RN	TRACHEOSTOMY STATUS	PEDIATRICS	1	3	3	0	0			+
NURSING CARE IN HOME RN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	INTERNAL MEDICINE	1	0	0	0	0			
NURSING CARE IN HOME RN	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, SUBS	FAMILY MEDICINE	1	1	1	0	0			
NURSING CARE IN HOME RN	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BUTTOCK, INIT ENCNTR	SURGERY, GENERAL	1	0	0	0	0			
NURSING CARE, IN THE HOME; B	ACUTE INTERSTITIAL PNEUMONITIS	INFECTIOUS DISEASE	1	0	0	0	n			+
NURSING CARE, IN THE HOME; B	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	INTERNAL MEDICINE	1	0	0	0	0			+
NURSING CARE SUBSEQ	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			+
NURSING FAC CARE SUBSEQ	HEMIPLGA FOL UNSP CEREBVASC DISEASE AFF RIGHT DOMINANT SIDE	FAMILY MEDICINE	4	0	0	0	0			<u> </u>
		CLINICAL								
NURTEC ODT 75 MG TAB RAPDIS	N/A	NEUROPHYSIOLOGY	2	1		1				
NURTEC ODT 75 MG TAB RAPDIS	N/A	FAMILY MEDICINE	2	7	7					+
NORTEC ODT 75 WIG TAB RAPDIS	N/A	FAMILY NURSE		/	/					+
NURTEC ODT 75 MG TAB RAPDIS	N/A	PRACTITIONER	1							
NURTEC ODT 75 MG TAB RAPDIS	N/A	GENERAL PRACTICE	1							+
	N/A		1	2	2					+
NURTEC ODT 75 MG TAB RAPPIS		INTERNAL MEDICINE	2	2	2					
NURTEC ODT 75 MG TAB RAPDIS	N/A	NEUROLOGY	10	5	5					├
NURTEC ODT 75 MG TAB RAPDIS	N/A	NURSE PRACTITIONER	2	2	2					
NURTEC ODT 75 MG TAB RAPDIS	N/A	OBSTETRICS/GYNECOLOG y	1							
NURTEC ODT 75 MG TAB RAPDIS	N/A	Other Provider	4	1	1					+
		PHYSICAL MEDICINE AND	1	-	-					
NURTEC ODT 75 MG TAB RAPDIS	N/A	REHABILITATION		1	1					
NURTEC ODT 75 MG TAB RAPDIS	N/A	PHYSICIAN ASSISTANT	1	-	-					+
			_							
NURTEC ODT 75 MG TABLET	Chronic migraine without aura, intractable, with status migrainosus	INTERNAL MEDICINE	1							₩
NURTEC ODT 75 MG TABLET	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY	1							
	Chronic migraine without aura, intractable, without status									
NURTEC ODT 75 MG TABLET	migrainosus	NEUROLOGY	2	1	1					
	Chronic migraine without aura, intractable, without status									
NURTEC ODT 75 MG TABLET	migrainosus	Other Provider	1							
		FAMILY NURSE								
	Chronic migraine without aura, not intractable, without status	PRACTITIONER PRIMARY								
NURTEC ODT 75 MG TABLET	migrainosus	CARE	1							
	Chronic migraine without aura, not intractable, without status									
NURTEC ODT 75 MG TABLET	migrainosus	NEUROLOGY	1							
NURTEC ODT 75 MG TABLET	Migraine with aura, not intractable, without status migrainosus	INTERNAL MEDICINE	1							
NONTECODI 73 IVIG TABLET	ivigrame with atra, not intractable, without status migramosus	IIVI LINAL IVIEDICINE	1							+
NURTEC ODT 75 MG TABLET	Migraine with aura, not intractable, without status migrainosus	NEUROLOGY	2							
NURTEC ODT 75 MG TABLET	Migraine without aura, intractable, without status migrainosus	NEUROLOGY	1							
NURTEC ODT 75 MG TABLET	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY	1	2	2					
NURTEC ODT 75 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	CLINICAL NEUROPHYSIOLOGY		1	1					
	g. E , E			1		<u> </u>				
NURTEC ODT 75 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE	2							

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NURTEC ODT 75 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	INTERNAL MEDICINE		1	1					
NURTEC ODT 75 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	Other Provider	2							
NURTEC ODT 75 MG TABLET	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	1							
NUVIGIL 150 MG TABLET	Circadian rhythm sleep disorder, shift work type	GENERAL PRACTICE		1	1					
		FAMILY NURSE								
NUVIGIL 150 MG TABLET	N/A	PRACTITIONER		1	1					
NUVIGIL 150 MG TABLET	Obstructive sleep apnea (adult) (pediatric)	Other Provider	1							
NUVIGIL 150 MG TABLET	Other general symptoms and signs	NEUROLOGY		1	1					
NUVIGIL 250 MG TABLET	N/A	Other Provider		1	1					
		PEDIATRIC								
NUZYRA 150 MG TABLET	N/A	PULMONOLOGY	1							
NVR CNDJ TST 1-2 STUDIES	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
NVR CNDJ TST 1-2 STUDIES	BENIGN NEOPLASM OF PARATHYROID GLAND	PHYSICAL MEDICINE	1	0	0	0	0			
O&P SUPPLY/ACCESSORY/SERVICE	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
OBINUTUZUMAB INJ	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	NOSE, AND THROAT) ONCOLOGY	1	0	0	0	0	-		
OBINUTUZUMAB INJ	VIRAL PNEUMONIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0	-		
	·		1	0	0	0	0			
OBSTETRICAL CARE	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	MIDWIFERY	1	U	U	U	U			
OBSTETRICAL CARE	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	FAMILY MEDICINE	0	1	0	0	1			
OBSTETRICAL CARE	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	MIDWIFERY	1	2	0	0	2			
OBSTETRICAL CARE	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	OBSTETRICS/GYNECOLOGY	1	2	2	0	0			
OBSTETRICAL CARE	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	ORTHOPAEDIC	0	1	0	0	1			
		TECHNOLOGY								
OBSTETRICAL CARE	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	FAMILY MEDICINE	0	1	0	0	1			
OCALIVA 5 MG TABLET	N/A	GASTROENTEROLOGY		2	2					
OCALIVA 5 MG TABLET	N/A	Other Provider	1							
OCCUPATIONAL THERAPY, IN THE	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	FAMILY MEDICINE	1	0	0	0	0			
OCCUPATIONAL THERAPY, IN THE	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	INTERNAL MEDICINE	1	0	0	0	0			
OCTAGAM	Dermatopolymyositis, unspecified, organ involvement unspecified	RHEUMATOLOGY						1		
OCTAGAM	Myasthenia gravis	NEUROLOGY							1	
OCTAGAM INJECTION	ACQUIRED HEMOLYTIC ANEMIA, UNSPECIFIED	HEMATOLOGY	0	1	1	0	0			
OCTAGAM INJECTION	Acquired hemolytic anemia, unspecified	HEMATOLOGY	1						1	
OCTAGAM INJECTION	ACUTE PULMONARY EDEMA	PULMONARY DISEASE	1	0	0	0	0			
OCTAGAM INJECTION	ANEMIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
OCTAGAM INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	NEUROLOGY	2	2	2	0	0			
OCTAGAM INJECTION	Chronic inflammatory demyelinating polyneuritis	NEUROLOGY							1	l .
OCTAGAM INJECTION	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	HEMATOLOGY	0	1	1	0	0			
OCTAGAM INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OCTAGAM INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	PSYCHIATRY	1	0	0	0	0			
OCTAGAM INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	PEDIATRIC HEMATOLOGY/ONCOLOGY	0	1	1	0	0			
OCTAGAM INJECTION	ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSD ELSWHR	PEDIATRIC NEUROLOGY	0	1	1	0	0			
OCTAGAM INJECTION	HEREDITARY HYPOGAMMAGLOBULINEMIA	HEMATOLOGY	2	0	0	0	0			
OCTAGAM INJECTION	INFLAMMATORY POLYNEUROPATHY, UNSPECIFIED	NEUROLOGY	0	1	1	0	0			
OCTAGAM INJECTION	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	2	0	0	0	0			
OCTAGAM INJECTION	MULTIPLE SCLEROSIS	ONCOLOGY	1	1	1	0	0			
OCTAGAM INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	NEUROLOGY	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
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OCTAGAM INJECTION OCTAGAM INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA NONFAMILIAL HYPOGAMMAGLOBULINEMIA	HEMATOLOGY	2	0	0	0	0			
OCTAGAM INJECTION OCTAGAM INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA NONFAMILIAL HYPOGAMMAGLOBULINEMIA	INFECTIOUS DISEASE ONCOLOGY	1	0	0	0	0			+
OCTAGAM INJECTION OCTAGAM INJECTION	OTHER FORMS OF DYSPNEA	ONCOLOGY	1	0	0	0	0			
OCTAGAM INJECTION OCTAGAM INJECTION	OTHER FORMS OF DYSPNEA OTHER GENERAL SYMPTOMS AND SIGNS	PEDIATRIC	0	1	1	0	0			
OCTAGAIN INJECTION	OTHER GENERAL STWIFTOWNS AND SIGNS	HEMATOLOGY/ONCOLOGY	U		1	Ü	O			
OCTAGAM INJECTION	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	HEMATOLOGY	2	0	0	0	0			
OCTAGAM INJECTION	STIFF-MAN SYNDROME	NEUROLOGY	1	0	0	0	0			
OCTAGAM INJECTION	THROMBOCYTOPENIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
		OBSTETRICS/GYNECOLOG								
OCTREOTIDE ACETATE 100 MCG/ML SYRINGE	N/A	Υ	1							
		CARDIOVASCULAR								'
OCTREOTIDE ACETATE 100 MCG/ML VIAL	N/A	DISEASE	1							
OCTREOTIDE ACETATE 100 MCG/ML VIAL	N/A	FAMILY MEDICINE		1	1					
OCTREOTIDE ACETATE 100 MCG/ML VIAL	N/A	GASTROENTEROLOGY		1	1					
OCTREOTIDE ACETATE 100 MCG/ML VIAL	N/A	Other Provider	1							'
OCTREOTIDE ACETATE 200 MCG/ML VIAL	N/A	PULMONARY DISEASE	1							
OCTREOTIDE INJ, NON-DEPOT	BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSP PORTION	HEMATOLOGY	1	0	0	0	0			
OCTREOTIDE INJ, NON-DEPOT	OTHER CHRONIC PANCREATITIS	SURGERY, GENERAL	0	1	1	0	0			
OCTREOTIDE INJ, NON-DEPOT	OTHER SPECIFIED DISEASES OF PANCREAS	SURGERY, GENERAL	1	0	0	0	0			
OCTREOTIDE INJECTION, DEPOT	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			†
OCTREOTIDE INJECTION, DEPOT	CARCINOID SYNDROME	HEMATOLOGY	1	0	0	0	0			
OCTREOTIDE INJECTION, DEPOT	CARCINOID SYNDROME	INTERNAL MEDICINE	1	0	0	0	0			
OCTREOTIDE INJECTION, DEPOT	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
OCTREOTIDE INJECTION, DEPOT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	HEMATOLOGY	2	0	0	0	0			\vdash
OCULAR IMP, AQUEOUS DRAIN DE	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	OPHTHALMOLOGY	1	0	0	0	0			
ODACTRA 12 SQ-HDM SL TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Other Provider	1							
ODACTRA 12 SQ-HDM SL TABLET	Allergic rhinitis, unspecified	Other Provider	1							
ODACTRA 12 SQ-HDM SL TABLET	OTHER ALLERGIC RHINITIS	ALLERGY/IMMUNOLOGY	2							
ODACTRA 12 SQ-HDM SL TABLET	OTHER ALLERGIC RHINITIS	Other Provider	1	1	1					
ODACTRA 12 SQ-HDM SL TABLET	OTHER ALLERGIC RHINITIS	PEDIATRICS	1							†
ODACTRA 12 SQ-HDM TAB SUBL	N/A	ALLERGY/IMMUNOLOGY	3							
ODEFSEY 200-25-25 TABLET	N/A	INFECTIOUS DISEASE	2							
ODEFSEY 200-25-25 TABLET ODEFSEY TABLET	N/A HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Other Provider INFECTIOUS DISEASE	4							
ODEFSEY TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Other Provider	3							
OFEV OFEV	Idiopathic pulmonary fibrosis	PULMONARY DISEASE	2					1		
OFEV	Interstitial pulmonary disease, unspecified	PULMONARY DISEASE PULMONARY DISEASE						1		\vdash
OFEV 100 MG CAPSULE	N/A	PULMONARY DISEASE	1	1	1			1		
OFEV 150 MG CAPSULE	N/A	INTERNAL MEDICINE	1	1	1					+
OFEV 150 MG CAPSULE	N/A	Other Provider	1							
OFEV 150 MG CAPSULE	N/A	PULMONARY DISEASE	7	2	2					+
OFFICE CONSULTATION	N/A	NEUROLOGY	1	2	2					
OFFICE O/P EST LOW 20-29 MIN	ACUTE BRONCHIOLITIS, UNSPECIFIED	PEDIATRICS	1	0	n	0	n			
OFFICE O/P EST LOW 20-29 MIN	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	INTERNAL MEDICINE	2	0	0	0	0			+
OFFICE O/P EST LOW 20-29 MIN OFFICE O/P EST LOW 20-29 MIN	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	ONCOLOGY	1	0	0	0	0			+
OFFICE O/P EST LOW 20-29 MIN	APRAXIA	FAMILY MEDICINE	1	0	0	0	0			+
OFFICE O/P EST LOW 20-29 MIN	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	INTERNAL MEDICINE	1	0	0	0	0			
0.55105.0 /0.5051.0 014.0 00.0 014.0										
OFFICE O/P EST LOW 20-29 MIN OFFICE O/P EST LOW 20-29 MIN	AUTOIMMUNE THYROIDITIS CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	INTERNAL MEDICINE OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
			[<u> </u>						_
OFFICE O/P EST LOW 20-29 MIN	CELLULITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
OFFICE O/P EST LOW 20-29 MIN	DIABETES DUE TO UNDERLYING CONDITION W DIABETIC NEPHROPATHY	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	DISSECTION OF UNSPECIFIED SITE OF AORTA	CARDIOVASCULAR DISEASE	0	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	OBSTETRICS/GYNECOLOGY	1	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	FACILITY	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, SECOND TRIMESTER	COUNSELING	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, SECOND TRIMESTER	OBSTETRICS/GYNECOLOGY	10	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, THIRD TRIMESTER	OBSTETRICS/GYNECOLOGY	10	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	FAMILY MEDICINE	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	MIDWIFERY	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	OBSTETRICS/GYNECOLOGY	10	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	OBSTETRICS/GYNECOLOGY	2	1	1	0	0			
OFFICE O/P EST LOW 20-29 MIN	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ESSENTIAL (PRIMARY) HYPERTENSION	INTERNAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	EXPRESSIVE LANGUAGE DISORDER	SPEECH THERAPY	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	HYPERKALEMIA	INTERNAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	HYPERTENSIVE URGENCY	INTERNAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	HYPO-OSMOLALITY AND HYPONATREMIA	INTERNAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	HYPOTHYROIDISM, UNSPECIFIED	INTERNAL MEDICINE	2	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	ILLNESS, UNSPECIFIED	FAMILY MEDICINE	1	2	0	0	2			
OFFICE O/P EST LOW 20-29 MIN	ILLNESS, UNSPECIFIED	INTERNAL MEDICINE	2	2	0	0	2			
OFFICE O/P EST LOW 20-29 MIN	ILLNESS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ILLNESS, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	ILLNESS, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
OFFICE OF FOR LOWER OF ANY	U. 11505 11105 505 55	NOSE, AND THROAT)								ļ
OFFICE O/P EST LOW 20-29 MIN	ILLNESS, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			ļ
OFFICE O/P EST LOW 20-29 MIN OFFICE O/P EST LOW 20-29 MIN	ILLNESS, UNSPECIFIED IMMUNODEFICIENCY, UNSPECIFIED	SURGERY, ORTHOPEDIC ALLERGY/IMMUNOLOGY	0	1	0	0	3			
OFFICE O/P EST LOW 20-29 MIN	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	MALIGNANT NEOPOSSIN OF PROSTATE MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0	-		\vdash
OFFICE O/P EST LOW 20-29 MIN	NONTOXIC GOITER, UNSPECIFIED	ENDOCRINOLOGY AND	2	0	0	0	0			
577162 677 257 26 W 26 25 MMV	TOTAL CONTEN, ONLY ECHNES	METABOLISM								
OFFICE O/P EST LOW 20-29 MIN	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	INTERNAL MEDICINE	0	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	OTHER NONRHEUMATIC MITRAL VALVE DISORDERS	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	SURGERY, GENERAL	3	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			<u> </u>
OFFICE O/P EST LOW 20-29 MIN	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
OFFICE O/P EST LOW 20-29 MIN	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	2	0	0	2			
OFFICE O/P EST LOW 20-29 MIN	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, SECOND TRIMESTER	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	SYNCOPE AND COLLAPSE	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	0	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST LOW 20-29 MIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	PHYSICAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	RHEUMATOLOGY	1	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	2	0	0	0	0			
OFFICE O/P EST LOW 20-29 MIN	UNSPECIFIED CATARACT	OPHTHALMOLOGY	0	1	0	0	1			
OFFICE O/P EST MINIMAL PROB	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	RHEUMATOLOGY	1	0	0	0	0			†
OFFICE O/P EST MOD 30-39 MIN	ABNORMAL ELECTROENCEPHALOGRAM [EEG]	SURGERY, GENERAL	1	0	0	0	0			†
OFFICE O/P EST MOD 30-39 MIN	ACTINIC KERATOSIS	DERMATOLOGY	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	ACUTE DILATATION OF STOMACH	SURGERY, GENERAL	1	0	0	0	0			†
OFFICE O/P EST MOD 30-39 MIN	ACUTE VIRAL HEPATITIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			†
OFFICE O/P EST MOD 30-39 MIN	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
OFFICE O/P EST MOD 30-39 MIN	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	ADOLESCENT MEDICINE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	ANXIETY DISORDER, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	SURGERY, ORAL AND	0	1	0	0	1			+
orrige of the bod of the the	THE COLUMN SIDE SIDE SIDE SIDE SIDE SIDE SIDE SIDE	MAXILLOFACIAL	ŭ	Ī			-			
OFFICE O/P EST MOD 30-39 MIN	BACTEREMIA	INTERNAL MEDICINE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	DERMATOLOGY	2	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF RIGHT LEG	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	CELLULITIS OF LEFT LOWER LIMB	PODIATRY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	CERVICALGIA	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	CHEST PAIN, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	COLLES' FRACTURE OF LEFT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	CRACKED NIPPLE ASSOCIATED WITH LACTATION	PEDIATRIC NURSE PRACTITIONER	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	2	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	PEDIATRICS	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	DIAPHRAGMATIC HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	SURGERY, GENERAL	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	DISPL OBLIQUE FX SHAFT OF L FIBULA, INIT FOR OPN FX TYPE I/2	PODIATRY	0	1	0	0	1			†
OFFICE O/P EST MOD 30-39 MIN	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	INTERNAL MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	SURGERY, PLASTIC	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	MIDWIFERY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	MIDWIFERY	1	2	0	0	2			
OFFICE O/P EST MOD 30-39 MIN	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	ORTHOPAEDIC TECHNOLOGY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, THIRD TRIMESTER	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	PEDIATRICS	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	ERYTHEMA INTERTRIGO	SURGERY, PLASTIC	0	1	0	0	1			

OFFICE O/P EST MOD 30-39 MIN OFFICE O/P EST MOD 30-39 MIN	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
OFFICE O/D EST MOD 20-20 MIN	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	1	1	0	0	1			
OTTICE O/F ESTIVIOU 30-35 IVIIIV	FOOT DROP, LEFT FOOT	SURGERY, GENERAL	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	GASTROPARESIS	SURGERY, GENERAL	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	HYPERTROPHIC SCAR	SURGERY, PLASTIC	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	OTOLARYNGOLOGY (EAR,	0	1	0	0	1			\vdash
		NOSE, AND THROAT)								
OFFICE O/P EST MOD 30-39 MIN	LACERAT FLEXOR MUSC/FASC/TEND L RNG FNGR AT WRS/HND LV, INIT	SURGERY, PLASTIC	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	LIMITED MANDIBULAR RANGE OF MOTION	DENTISTRY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	MALIGNANT NEOPLASM OF DUODENUM	HEMATOLOGY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	MALOCCLUSION, ANGLE'S CLASS III	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	MATERN CARE FOR LOW TRANSVERSE SCAR FROM PREV CESAREAN DEL	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MAXILLARY HYPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MIGRAINE, UNSPECIFIED	OSTEOPATHIC MANIPULATIVE MEDICINE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MIGRAINE, UNSPECIFIED	SOCIAL WORK	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MODERATE PROTEIN-CALORIE MALNUTRITION	REGISTERED DIETITIAN	2	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	LICENSED SURGICAL ASSISTANT	2	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	4	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGICAL ASSISTANCE	2	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	MYALGIA OF MASTICATION MUSCLE	DENTISTRY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	MYALGIA OF MASTICATION MUSCLE	PSYCHOLOGY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	NEOPLASM OF UNSP BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	NONTOXIC SINGLE THYROID NODULE	SURGERY, GENERAL	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	DENTISTRY	4	4	0	0	4			
OFFICE O/P EST MOD 30-39 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	2	0	0	2			
OFFICE O/P EST MOD 30-39 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	GENERAL PRACTICE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	1	0	0	0	0			†
OFFICE O/P EST MOD 30-39 MIN	OTHER ABNORMALITIES OF BREATHING	GYNECOLOGIC ONCOLOGY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	SURGICAL ASSISTANCE	1	0	0	0	0			\vdash
OFFICE O/P EST MOD 30-39 MIN	OTHER INSTABILITY, RIGHT ANKLE	SURGERY, ORTHOPEDIC	0	1	0	0	1			\vdash
OFFICE O/P EST MOD 30-39 MIN	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	OTHER MALAISE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	OTHER SPECIFIED IRREGULAR MENSTRUATION	OBSTETRICS/GYNECOLOGY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT. INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			++
OFFICE O/P EST MOD 30-39 MIN	PATHOLOGICAL FRACTURE, LEFT FINGER(S), INIT FOR FX	SURGERY, PLASTIC	0	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF SKIN	DERMATOLOGY	0	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
OFFICE O/P EST MOD 30-39 MIN	PRPH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, L KNEE, INIT	SURGERY, ORTHOPEDIC	0	1	0	0	1			++

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
OFFICE O/P EST MOD 30-39 MIN	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	LICENSED SURGICAL	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	RADICULOPATHY, CERVICAL REGION	ASSISTANT PAIN MANAGEMENT	n	1	n	0	1			+
OFFICE O/P EST MOD 30-39 MIN	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
OFFICE O/P EST MOD 30-39 MIN	RADICULOPATHY, LUMBAR REGION	FAMILY MEDICINE	0	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	SCOLIOSIS, UNSPECIFIED	PHYSICAL THERAPY	0	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	SPINAL INSTABILITIES, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	SPINAL STENOSIS, CERVICAL REGION	FAMILY MEDICINE	1	0	0	0	0			+
OFFICE O/P EST MOD 30-39 MIN	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	FAMILY MEDICINE	0	1	0	0	1			+
OFFICE O/P EST MOD 30-39 MIN	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
OFFICE O/P EST MOD 30-39 MIN	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
OTTICE OF ESTIMOD SO SO WINV	STRAIN OF MOSE, TEND THE NOTATION COST OF MIGHT SHOULDER, INT	Solident, Onthior Ebic	-	·	o .					
OFFICE O/P EST MOD 30-39 MIN	TESTICULAR HYPOFUNCTION	FAMILY MEDICINE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INFECTIOUS DISEASE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	TYPICAL ATRIAL FLUTTER	CARDIOLOGY,	0	1	0	0	1			
		INTERVENTIONAL								1
OFFICE O/P EST MOD 30-39 MIN	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	MULTI-SPECIALTY GROUP	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, INIT	SURGICAL ASSISTANCE	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	UNSPECIFIED CONVULSIONS	NEUROLOGY	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	SURGERY, GENERAL	2	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	PEDIATRIC IMMUNOLOGY	1	0	0	0	0			
OFFICE O/P EST MOD 30-39 MIN	UNSPECIFIED PAPILLEDEMA	FAMILY MEDICINE	0	1	0	0	1			
OFFICE O/P EST MOD 30-39 MIN	VERTICAL STRABISMUS, RIGHT EYE	FAMILY MEDICINE	0	1	0	0	1			
		CARDIOVASCULAR								
OFFICE/OUTPATIENT VISIT	Dissection of unspecified site of aorta	DISEASE							1	
OFFICE/OUTPATIENT VISIT	Malignant neoplasm of bone and articular cartilage, unspecified	HEMATOLOGY							1	
OFFICE/OUTPATIENT VISIT	Obstructive sleep apnea (adult) (pediatric)	Other Provider							1	
OFFICE/OUTPATIENT VISIT	Other chronic pancreatitis	Other Provider							1	
OFFICE/OUTPATIENT VISIT	Unspecified papilledema	OPHTHALMOLOGY							1	
OFFICE/OUTPATIENT VISIT EST	LOW BACK PAIN	PAIN MANAGEMENT	1							
OFFICE/OUTPATIENT VISIT EST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	ENDOCRINOLOGY	1							
		HEMATOLOGY/ONCOLOG								
OFFICE/OUTPATIENT VISIT EST	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Υ	1							
OFFICE/OUTPATIENT VISIT EST	MYALGIA	RHEUMATOLOGY	2							
OFFICE/OUTPATIENT VISIT EST	MYALGIA, UNSPECIFIED SITE	RHEUMATOLOGY	1							
		CARDIO-THORACIC								
OFFICE/OUTPATIENT VISIT EST	N/A	SURGERY	1							
		HEMATOLOGY/ONCOLOG								
OFFICE/OUTPATIENT VISIT EST	N/A	Υ	3							
OFFICE/OUTPATIENT VISIT EST	N/A	NEUROLOGY	1							
OFFICE/OUTPATIENT VISIT EST	N/A	Other	1							
OFFICE/OUTPATIENT VISIT EST	N/A	PAIN MANAGEMENT	1							
OFFICE/OUTPATIENT VISIT EST	N/A	PLASTIC SURGERY	1							
OFFICE/OUTPATIENT VISIT EST	N/A	RHEUMATOLOGY	1							
OFFICE/OUTPATIENT VISIT EST	OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED	RHEUMATOLOGY	1		<u> </u>		<u> </u>	<u> </u>		
OFFICE/OUTPATIENT VISIT EST	OTHER VASCULAR DISORDERS OF IRIS AND CILIARY BODY, RIGHT EYE	OPHTHALMOLOGY	1							
OFFICE/OUTPATIENT VISIT EST	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	1							
OFFICE/OUTPATIENT VISIT EST	RADICULOPATHY, LUMBOSACRAL REGION	NEUROLOGY	1							
OFFICE/OUTPATIENT VISIT EST	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS	RHEUMATOLOGY	2							\vdash
OFFICE/OUTPATIENT VISIT EST	TRIGGER FINGER, RIGHT MIDDLE FINGER	RHEUMATOLOGY	1							\vdash
OFFICE/OUTPATIENT VISIT EST	VITREOUS HEMORRHAGE, BILATERAL	OPHTHALMOLOGY	1							+
,			1-	1	1	l	1			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
OFFICE/OUTPATIENT VISIT NEW	END STAGE RENAL DISEASE	CARDIO-THORACIC SURGERY	4							
OFFICE/OUTPATIENT VISIT NEW OFFICE/OUTPATIENT VISIT NEW	MYALGIA, UNSPECIFIED SITE	RHEUMATOLOGY	1							
OFFICE/OUTPATIENT VISIT NEW OFFICE/OUTPATIENT VISIT NEW	N/A		1			-				+
·	•	NEUROLOGY	1			-				+
OFFICE/OUTPATIENT VISIT NEW	NONTOXIC SINGLE THYROID NODULE	ENDOCRINOLOGY	1							
OFFICE/OUTPATIENT VISIT NEW	PAIN IN UNSPECIFIED JOINT	RHEUMATOLOGY	1			-				+
OFFICE/OUTPATIENT VISIT NEW	RADICULOPATHY, LUMBOSACRAL REGION	NEUROLOGY	1							
Oligometastases	Malignant neoplasm of lower lobe, right bronchus or lung	RADIATION ONCOLOGY	1							
	Secondary and unspecified malignant neoplasm of intrathoracic									
Oligometastases	lymph nodes	RADIATION ONCOLOGY	1							
	Secondary and unspecified malignant neoplasm of lymph nodes of									
Oligometastases	head, face and neck	RADIATION ONCOLOGY	1							
Oligometastases	Secondary malignant neoplasm of bone	RADIATION ONCOLOGY	1							
Olmesartan	N/A	Other Provider							1	
		CARDIOVASCULAR								
OLMESARTAN MEDOXOMIL 20 MG TAB	Essential (primary) hypertension	DISEASE	1							
OLMESARTAN MEDOXOMIL 20 MG TABLET	N/A	FAMILY MEDICINE	1							
		CARDIOVASCULAR								
OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	N/A	DISEASE	1							
		ENDOCRINOLOGY AND								
OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	N/A	METABOLISM	1							
OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
OLUMIANT 2 MG TABLET	N/A	RHEUMATOLOGY	2							
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
OLUMIANT 2 MG TABLET	without organ or systems involvement	Other Provider	1							
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
OLUMIANT 2 MG TABLET	without organ or systems involvement	RHEUMATOLOGY	2							
OLUMIANT 2 MG TABLET	Rheumatoid arthritis without rheumatoid factor, multiple sites	PULMONARY DISEASE	1							
OLUMIANT 2 MG TABLET	Rheumatoid arthritis, unspecified	Other Provider	1							1
OMALIZUMAB INJECTION	CHRONIC SINUSITIS, UNSPECIFIED	ALLERGY	1	0	0	0	0			
OMALIZUMAB INJECTION	COVID-19	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	DERMATOGRAPHIC URTICARIA	PEDIATRIC ALLERGY &	1	0	0	0	0			
		IMMUNOLOGY								
OMALIZUMAB INJECTION	GENERALIZED PUSTULAR PSORIASIS	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	ALLERGY	4	1	0	0	1			
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	ALLERGY/IMMUNOLOGY	33	1	1	0	0			
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	COUNSELING	1	0	0	0	0			
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	GASTROENTEROLOGY	1	0	0	0	0			<u> </u>
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	HEMATOLOGY	2	0	0	0	0			<u> </u>
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	INFECTIOUS DISEASE	0	1	0	0	1			<u> </u>
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	INTERNAL MEDICINE	1	0	0	0	0			<u> </u>
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	PEDIATRIC ALLERGY & IMMUNOLOGY	2	0	0	0	0			
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	PSYCHIATRY	1	0	0	0	0			
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	SOCIAL WORK	1	0	0	0	0			
OMALIZUMAB INJECTION	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY/IMMUNOLOGY	0	1	1	0	0			
OMALIZUMAB INJECTION	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	HEMATOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	ALLERGY	1	0	0	0	0			
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	ALLERGY/IMMUNOLOGY	2	0	0	0	0			
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	FAMILY MEDICINE	2	0	0	0	0			1

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			Total UM	Total UM	Necessity	Experimental & Investigational	Network Adequacy	Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	PEDIATRIC ALLERGY & IMMUNOLOGY	2	0	0	0	0			
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	PSYCHIATRY	2	0	0	0	0			
OMALIZUMAB INJECTION	OTHER SPECIFIED DERMATITIS	HEMATOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	OTHER SPECIFIED DERMATITIS	PEDIATRIC ALLERGY &	1	0	0	0	0			
		IMMUNOLOGY								
OMALIZUMAB INJECTION	OTHER URTICARIA	ALLERGY	2	0	0	0	0			
OMALIZUMAB INJECTION	OTHER URTICARIA	ALLERGY/IMMUNOLOGY	4	0	0	0	0			
OMALIZUMAB INJECTION	OTHER URTICARIA	HEMATOLOGY	3	0	0	0	0			
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	ALLERGY/IMMUNOLOGY	8	1	0	0	1			
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	SOCIAL WORK	1	0	0	0	0			
OMALIZUMAB INJECTION	SNORING	HEMATOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	SNORING	PEDIATRIC ALLERGY &	1	0	0	0	0			
		IMMUNOLOGY								
OMALIZUMAB INJECTION	UNSPECIFIED ACUTE APPENDICITIS	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	UNSPECIFIED ASTHMA, UNCOMPLICATED	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	UNSPECIFIED ASTHMA, UNCOMPLICATED	HEMATOLOGY	1	0	0	0	0			
OMALIZUMAB INJECTION	URTICARIA, UNSPECIFIED	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
OMEPRAZOLE 10 MG CAPSULE DR	N/A	FAMILY MEDICINE		1	1					
		CARDIOVASCULAR								
OMEPRAZOLE 40 MG CAPSULE DR	N/A	DISEASE	1							
OMEPRAZOLE 40 MG CAPSULE DR	N/A	FAMILY MEDICINE	1	1	1					
		FAMILY NURSE								
OMEPRAZOLE 40 MG CAPSULE DR	N/A	PRACTITIONER	1							
OMEPRAZOLE 40 MG CAPSULE DR	N/A	GASTROENTEROLOGY	15							
OMEPRAZOLE 40 MG CAPSULE DR	N/A	INTERNAL MEDICINE	2							
OMEPRAZOLE 40 MG CAPSULE DR	N/A	Other Provider	4	2	2					
		OTOLARYNGOLOGY (EAR,								
OMEPRAZOLE 40 MG CAPSULE DR	N/A	NOSE, AND THROAT)	2							
OMEPRAZOLE 40 MG CAPSULE DR	N/A	PHYSICIAN ASSISTANT	1							
OMEPRAZOLE 40 MG CAPSULE DR	N/A	RHEUMATOLOGY	1							
OMEPRAZOLE 40 MG CAPSULE DR	N/A	SURGERY, GENERAL	1							
OMEPRAZOLE DR 40 MG CAPSULE	Epigastric pain	Other Provider		1	1					
OMEPRAZOLE DR 40 MG CAPSULE	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Other Provider		1	1					
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease with esophagitis	FAMILY MEDICINE	1							
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease with esophagitis	Other Provider	1							
		OTOLARYNGOLOGY (EAR,								
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease with esophagitis	NOSE, AND THROAT)	2	1	1					
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	FAMILY MEDICINE	2	1		İ				
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	6	1		İ				
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	1							
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	Other Provider	1	1	1					
	The state of the s	2	l .	l						
		OTOLARYNGOLOGY (EAR,								
OMEPRAZOLE DR 40 MG CAPSULE	Gastro-esophageal reflux disease without esophagitis	NOSE, AND THROAT)	1							
OMEPRAZOLE DR 40 MG CAPSULE	Heartburn	FAMILY MEDICINE	-	1	1					
OMEPRAZOLE DR 40 MG CAPSULE	N/A	FAMILY MEDICINE		1	1			-		
OMEPRAZOLE DR 40 MG CAPSULE	N/A	GASTROENTEROLOGY	1	1	1			-		
OIVILI NALULL DIN 40 IVIG CAFSULE	14/0	GASTROLINIEROLOGY	-	1	 	1		 		1
		OTOLARVNICOLOGY (FAR								
OMEDDAZOLE DD 40 MC CADSULE	N/A	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	 							
OMERNAZOLE DR 40 MG CAPSULE	N/A		1	 	-			-		1
OMEPRAZOLE-SODIUM BICARBONATE 20MG-1.1G CAPSULE	N/A	Other Provider	1	_						
OMNARIS 50 MCG SPRAY/PUMP	N/A	INTERNAL MEDICINE		l _T	1					1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		ENDOCRINOLOGY AND								
OMNIPOD DASH	Type 1 diabetes mellitus without complications	METABOLISM						1		
OMNIPOD DASH 5 PACK POD	N/A	Other Provider	1							
		PEDIATRIC								
OMNIPOD DASH 5 PACK POD	N/A	ENDOCRINOLOGY	1							
OMNIPOD DASH 5 PACK POD	Other general symptoms and signs	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
OMNIPOD DASH 5 PACK POD	Other specified diabetes mellitus without complications	METABOLISM		1	1					
		ENDOCRINOLOGY AND								
OMNIPOD DASH 5 PACK POD	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	METABOLISM	3							
OMNIPOD DASH 5 PACK POD	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other Provider	1							
		ENDOCRINOLOGY AND								
OMNIPOD DASH 5 PACK POD	Type 1 diabetes mellitus without complications	METABOLISM		1	1					
ONANIDOD DACILE DACK DOD	Toron 1 diabates mallitus with autonomiliant	PEDIATRIC	_							
OMNIPOD DASH 5 PACK POD	Type 1 diabetes mellitus without complications	ENDOCRINOLOGY	1							-
OMNIPOD DASH 5 PACK POD	Tuno 2 diabates mollitus with hunoralysemia	ENDOCRINOLOGY AND METABOLISM	1							
OMNIPOD DASH 5 PACK POD	Type 2 diabetes mellitus with hyperglycemia Type 2 diabetes mellitus with hyperglycemia	PHYSICIAN ASSISTANT	1							-
OWNIPOD DASH 3 PACK POD	Type 2 diabetes meintus with hypergrycernia	ENDOCRINOLOGY AND	1							1
OMNIPOD DASH 5 PACK POD	Type 2 diabetes mellitus without complications	METABOLISM		1	1					
OWNIPOD DASH 3 PACK POD	Type 2 diabetes meliitus without complications			1	1					1
OMNIPOD DASH 5 PACK POD CARTRIDGE	N/A	ENDOCRINOLOGY AND METABOLISM	0	4	4					
OMNIPOD DASH 5 PACK POD CARTRIDGE	N/A	FAMILY MEDICINE	0	1	1					
OMNIPOD DASH 5 PACK POD CARTRIDGE	N/A	INTERNAL MEDICINE	1	1	1					
OMNIPOD DASH 5 PACK POD CARTRIDGE	N/A	NURSE PRACTITIONER	1	1	1					
OMNIPOD DASH 5 PACK POD CARTRIDGE	N/A	Other Provider	2	2	2					
OMMIN OF PASITS FACKTOR CARTRIDGE	IV/A	PEDIATRIC								
OMNIPOD DASH 5 PACK POD CARTRIDGE	N/A	ENDOCRINOLOGY	3	2	2					
OMNIPOD PERSONAL DIABETIC MANAGER	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	1							
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	4	2	2					
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	DME	4							
OMNIPOD PERSONAL DIABETIC MANAGER OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	DME	1	1	1					-
OWNIPOD PERSONAL DIABETIC MANAGER	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY	DIVIE	В	1	1					1
OMNIPOD PERSONAL DIABETIC MANAGER	DISEASE	DME	1							
OWNIPOD PERSONAL DIABETIC MANAGER	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY,	DIVIE	1							
OMNIPOD PERSONAL DIABETIC MANAGER	UNSPECIFIED	DME	1							
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	2							
OWNER OF ENSOUNE DINDERE WANTAGEN	THE 2 DIABETES MELLITOS WITH THE ENGERGEMIA	DIVIE								
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	DME	1							
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	1							
		OBSTETRICS/GYNECOLOG								
OMNITROPE 5.8 MG VIAL	N/A	Υ		1	1					
	, i	REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
OMNITROPE 5.8 MG VIAL	N/A	ILITY		1	1					
ONC BREAST MRNA 70 GENES	ANEMIA, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0			
ONC BREAST MRNA 70 GENES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
			1.	ļ	ļ	<u> </u>				1
ONC BREAST MRNA 70 GENES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
ONC BREAST MRNA 70 GENES	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
ONC BREAST MRNA 70 GENES	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
ONC BREAST MRNA 70 GENES	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			†
										1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ONC BRST MRNA 11 GENES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
ONC BRST MRNA 11 GENES	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	2	0	0	0	0			
ONC BRST MRNA 11 GENES	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
ONC BRST MRNA 11 GENES	Malignant neoplasm of lower-inner quadrant of right female breast	Other Provider							1	
ONC BRST MRNA 11 GENES	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	1	0	0	0	0			
ONC PROSTATE 3 GENES	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	5	2	2	0	0			
ONC PROSTATE MRNA 22 CNT GEN	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	1	0	0	0	0			
ONC PROSTATE MRNA 22 CNT GEN	MALIGNANT NEOPLASM OF PROSTATE	SURGERY, GENERAL	1	0	0	0	0			
ONC PROSTATE MRNA 22 CNT GEN	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	4	0	0	0	0			
ONC PROSTATE MRNA 46 GENES	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	1	0	0	0	0			
ONC PROSTATE MRNA 46 GENES	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	3	0	0	0	0			
ONC PRST8 MRNA 17 GENE ALG	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	1	0	0	0	0			
ONC PRST8 MRNA 17 GENE ALG	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	1	0	0	0	0			
ONC PRST8 MRNA 17 GENE ALG	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	5	0	0	0	0			
ONC THYR DNA&MRNA 112 GENES	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
ONCOLOGY BREAST MRNA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	1	0	0	0	0			
ONCOLOGY BREAST MRNA	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	1	0	0	0	0			
ONCOLOGY COLORECTAL SCR	CHEST PAIN, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
ONCOLOGY COLORECTAL SCR	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	FAMILY MEDICINE	1	0	0	0	0			
ONCOLOGY COLORECTAL SCR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	FAMILY MEDICINE	6	0	0	0	0			
ONCOLOGY COLORECTAL SCR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RECTUM	FAMILY MEDICINE	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART	UROLOGY	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	COUNSELING	4	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	SURGERY, GENERAL	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	40	3	3	0	0			
ONCOLOGY PROSTATE PROB SCORE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	ENLARGED LYMPH NODES, UNSPECIFIED	UROLOGY	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	HYPERLIPIDEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	HYPERTROPHY OF NASAL TURBINATES	UROLOGY	1	0	0	0	0			
ONCOLOGY PROSTATE PROB SCORE	INFLAMMATORY DISEASE OF PROSTATE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
ONCOLOGY THYROID	HYPOTHYROIDISM, UNSPECIFIED	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
ONCOLOGY THYROID	NONTOXIC MULTINODULAR GOITER	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
ONCOLOGY THYROID	NONTOXIC MULTINODULAR GOITER	FAMILY MEDICINE	1	0	0	0	0			
ONCOLOGY THYROID	NONTOXIC MULTINODULAR GOITER	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
ONCOLOGY THYROID	NONTOXIC MULTINODULAR GOITER	SURGERY, GENERAL	1	0	0	0	0			
ONCOLOGY THYROID	NONTOXIC SINGLE THYROID NODULE	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
ONCOLOGY THYROID	NONTOXIC SINGLE THYROID NODULE	FAMILY MEDICINE	1	0	0	0	0			

December Code Description	Dispussis Code Description	Dunnidas Speciality	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals Denied	Approved
Procedure Code Description ONCOLOGY THYROID	Diagnosis Code Description NONTOXIC SINGLE THYROID NODULE	Provider Specialty OTOLARYNGOLOGY (EAR,	Approvals	Deniais	Deniais	Denials 0	Denials	Approved	Denied	by IRO
ONCOLOGI IHIKOID	NONTOXIC SINGLE THIROID NODOLE	NOSE, AND THROAT)	2	U	U	O	U			
ONCOLOGY THYROID	NONTOXIC SINGLE THYROID NODULE	PATHOLOGY	1	0	0	0	0			
ONCOLOGY THYROID	NONTOXIC SINGLE THYROID NODULE	PATHOLOGY, ANATOMIC	1	0	0	0	0			
		AND CLINICAL								
ONCOLOGY THYROID	NONTOXIC SINGLE THYROID NODULE	RADIOLOGY	1	0	0	0	0			
ONDANSETRON HCL INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	1	0	0	0	0			
ONDANSETRON HCL INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	ONCOLOGY	1	0	0	0	0			
ONDANSETRON HCL INJECTION	DEHYDRATION	HEMATOLOGY	1	0	0	0	0			
ONDANSETRON HCL INJECTION	DEHYDRATION	ONCOLOGY	1	0	0	0	0			
ONDANSETRON HCL INJECTION	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	INTERNAL MEDICINE	1	0	0	0	0			
ONDANSETRON HCL INJECTION	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	ONCOLOGY	1	0	0	0	0			
ONDANSETRON HCL INJECTION	MALIGNANT NEOPLASM OF GALLBLADDER	HEMATOLOGY	1	0	0	0	0			
		HEMATOLOGY/ONCOLOG								
ONDANSETRON HCL INJECTION	N/A	Υ	3							
ONDANSETRON HCL INJECTION	NAUSEA	HEMATOLOGY	1	0	0	0	0			
ONDANSETRON HCL INJECTION	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
ONETOUCH VERIO TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other Provider	1							
ONEXTON 1.2%-3.75% GEL W/PUMP	N/A	DERMATOLOGY	3	9	9					
ONEXTON 1.2%-3.75% GEL W/PUMP	N/A	INTERNAL MEDICINE		1	1					
ONEXTON 1.2%-3.75% GEL W/PUMP	N/A	Other Provider		4	4					
ONEXTON 1.2%-3.75% GEL W/PUMP	N/A	PHYSICIAN ASSISTANT		2	2					
ONEXTON GEL PUMP	Acne vulgaris	DERMATOLOGY		3	3					
ONEXTON GEL PUMP	Acne vulgaris	Other Provider	1	1	1					
		PEDIATRIC								
ONEXTON GEL PUMP	Acne vulgaris	DERMATOLOGY	1							
ONEXTON GEL PUMP	N/A	DERMATOLOGY		1	1					
ONEXTON GEL PUMP	N/A	FAMILY MEDICINE		1	1					
		CARDIOVASCULAR								
ONFI 2.5 MG/ML ORAL SUSP	N/A	DISEASE	1							
ONGENTYS 50 MG CAPSULE	Parkinson's disease	NEUROLOGY	1							
		ENDOCRINOLOGY AND								
ONGLYZA 5 MG TABLET	N/A	METABOLISM		1	1					
ONGLYZA 5 MG TABLET	N/A	FAMILY MEDICINE	2	2	2					
ONGLYZA 5 MG TABLET	N/A	INTERNAL MEDICINE	1							
ONGLYZA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
ONZETRA XSAIL 11 MG/NOSEPIECE	Migraine without aura, not intractable, with status migrainosus	NEUROLOGY		1	1					
OOCYTE IDENTIFICATION	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	0	1	0	0	1			
		ENDOCRINOLOGY/INFERTILI								
OPDIVO 240 MG/24 ML VIAL	MANUCNIANT MATI ANIONAN OF CIVINI LINICRECIFIED	TY NATIONAL MADDICINE	1							
OPDIVO 240 MG/24 ML VIAL OPEN AORTIC TUBE PROSTH REPR	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	INTERNAL MEDICINE	1	0	0	0	0			+
OPEN BOKTIC TOBE PROSTH REPR OPEN BX/EXC INGUINOFEM NODES	DISORDER OF PENIS, UNSPECIFIED	SURGERY, VASCULAR FAMILY MEDICINE	1	0	0	0	0			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		1	0	0	0	0			
OPEN BX/EXC INGUINOFEM NODES OPEN BX/EXC INGUINOFEM NODES	LOCALIZED ENLARGED LYMPH NODES MALIGNANT NEOPLASM OF ENDOMETRIUM	SURGERY, GENERAL OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
OPEN BA/EAC INGUINOFEIVI NODES	IMALIGNANT NEOPLASM OF ENDOMETRIOM	OBSTETRICS/GYNECOLOGY	1	U	U	U	U			
OPEN NASOETHMOID FX W/O FIXJ	FRACTURE OF NASAL BONES, SUBS FOR FX W ROUTN HEAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			†
		NOSE, AND THROAT)								
OPEN SKULL FOR DRAINAGE	COMPRESSION OF BRAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
Open treatment of femoral supracondylar or transcondylar fracture						_				
without intercondylar extension, includes internal fixation, when										
performed	Unsp fx shaft of right femur, subs for clos fx w nonunion	ORTHOPEDIC SURGERY	1							
OPEN TX NOSE FX UNCOMPLICATD	ACQUIRED DEFORMITY OF NOSE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
		NOSE, AND THROAT)								1
OPEN WEDGE/BX LUNG INFILTR	SOLITARY PULMONARY NODULE	PEDIATRIC SURGERY	1	0	0	0	0			1
OPEN WEDGE/BX LUNG NODULE	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	SURGERY, THORACIC								1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
OPEN/PERQ PLACE STENT 1ST	ATHEROSCLEROSIS OF RENAL ARTERY	FAMILY MEDICINE	1	0	0	0	0			
OPEN/PERQ PLACE STENT 1ST	STRICTURE OF ARTERY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
OPEN/PERQ PLACE STENT EA ADD	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
OPEN/PERQ PLACE STENT EA ADD	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
OPEN/PERQ PLACE STENT EA ADD	COMPRESSION OF VEIN	RADIOLOGY	26	2	2	0	0			
OPEN/PERQ PLACE STENT EA ADD	COMPRESSION OF VEIN	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
OPEN/PERQ PLACE STENT EA ADD	COMPRESSION OF VEIN	SURGERY, VASCULAR	1	0	0	0	0			1
OPEN/PERQ PLACE STENT EA ADD	LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
OPEN/PERQ PLACE STENT EA ADD	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	PSYCHOLOGY	1	1	1	0	0			
OPEN/PERQ PLACE STENT EA ADD	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	1	1	0	0			1
OPEN/PERQ PLACE STENT EA ADD	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
OPEN/PERQ PLACE STENT EA ADD	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	1	0	0	0	0			
OPEN/PERQ PLACE STENT EA ADD	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR & INTERVENTIONAL RADIOLOGY	0	2	2	0	0			
OPEN/PERQ PLACE STENT SAME	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	ACUTE EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	SURGERY, VASCULAR	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	CHRONIC VENOUS HTN W INFLAMMATION OF BILATERAL LOW EXTRM	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	COMPRESSION OF VEIN	RADIOLOGY	28	2	2	0	0			
OPEN/PERQ PLACE STENT SAME	COMPRESSION OF VEIN	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	COMPRESSION OF VEIN	SURGERY, VASCULAR	2	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	END STAGE RENAL DISEASE	SURGERY, VASCULAR	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	LOCALIZED EDEMA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	SURGERY, VASCULAR	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	0	1	1	0	0			
OPEN/PERQ PLACE STENT SAME	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	UNSPECIFIED ATRIAL FIBRILLATION	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
OPEN/PERQ PLACE STENT SAME	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY	1	0	0	0	0			↓
OPEN/PERQ PLACE STENT SAME	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, VASCULAR	1	0	0	0	0			
OPEN/PERQ PLACE STENT SAME	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	0	1	1	0	0			↓
OPEN/PERQ PLACE STENT SAME	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	VASCULAR & INTERVENTIONAL	0	2	2	0	0			
OPN TX COMPLX MALAR FX	ZYGOMATIC FRACTURE, LEFT SIDE, 7THB	RADIOLOGY FAMILY MEDICINE	1	0	0	0	0			
OPSUMIT 10 MG TABLET	N/A	PEDIATRIC PULMONOLOGY	1							1
OPTICAL ENDOMICROSCPY INTERP	CYST OF PANCREAS	GASTROENTEROLOGY	0	1	0	1	0			
ORACEA 40 MG CAP IR DR	N/A	DERMATOLOGY		4	4					
ORACEA 40 MG CAP IR DR	N/A	Other Provider		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ORACEA 40 MG CAPSULE	N/A	DERMATOLOGY	Approvais	1	1	Demais	Delliais	Approved	Demeu	by INC
ORACEA 40 MG CAPSULE	N/A	Other Provider		1	1					
ORAL DEVICE/APPLIANCE CUSFAB	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	DENTISTRY	1	0	0	0	0			
ORAL FUNCTION THERAPY	AUTISTIC DISORDER	PEDIATRICS	0	1	0	0	1			
ORAL FUNCTION THERAPY	FEEDING DIFFICULTIES	PEDIATRICS	1	1	0	0	1			
ORAL PRESCRIP DRUG CHEMO	left parietal brain tumo	NEUROLOGY	-	-			-		1	+
ORAL PRESCRIP DRUG CHEMO	Malignant neoplasm of brain, unspecified	Other Provider							1	
ORALAIR 300 IR SUBLINGUAL TAB	ALLERGIC RHINITIS DUE TO POLLEN	PEDIATRICS	1						_	+
ORCHIOPEXY INGUN/SCROT APPR	BILATERAL INGUINAL TESTES	UROLOGY	1	0	0	0	n			+
ORCHIOPEXY INGUN/SCROT APPR	BILATERAL INTRAABDOMINAL TESTES	PEDIATRIC UROLOGY	1	0	0	0	0			+
ORCHIOPEXY INGON/SCROT APPR ORCHIOPEXY INGUN/SCROT APPR	UNDESCENDED TESTICLE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
ORCHIOPEXY INGUN/SCROT APPR	UNDESCENDED TESTICLE, UNSPECIFIED	UROLOGY	1	0	0	0	0			+
ORCHIOPEXY INGUN/SCROT APPR ORCHIOPEXY INGUN/SCROT APPR	UNSPECIFIED UNDESCENDED TESTICLE, UNILATERAL		1	0	0	0	0			
ORCHIOPEXY INGUN/SCROT APPR	UNSPECIFIED UNDESCENDED TESTICLE, UNILATERAL	PEDIATRICS	1	U	U	U	U			↓
		PEDIATRIC								
ORENCIA	JUVENILE DERMATOMYOSITIS	RHEUMATOLOGY							1	<u> </u>
ORENCIA 125 MG/ML SYRINGE	N/A	Other Provider	1			1				+
		PEDIATRIC								
ORENCIA 125 MG/ML SYRINGE	N/A	RHEUMATOLOGY	1	1	1					<u> </u>
ORENCIA 125 MG/ML SYRINGE	N/A	RHEUMATOLOGY	4							
ORENCIA 125 MG/ML SYRINGE	Rheumatoid arthritis without rheumatoid factor, multiple sites	Other Provider	1							
ORENCIA 125 MG/ML SYRINGE	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	2							
ORENCIA 250 MG VIAL	Rheumatoid arthritis, unspecified	HEMATOLOGY	1							
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
ORENCIA CLICKJECT 125 MG/ML	without organ or systems involvement	INTERNAL MEDICINE	1							
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
ORENCIA CLICKJECT 125 MG/ML	without organ or systems involvement	Other Provider	2	1	1					
	Rheumatoid arthritis with rheumatoid factor of multiple sites									1
ORENCIA CLICKJECT 125 MG/ML	without organ or systems involvement	RHEUMATOLOGY	2							
ORENCIA CLICKJECT 125 MG/ML	Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	1							1
·										
ORENCIA CLICKJECT 125 MG/ML	Rheumatoid arthritis without rheumatoid factor, multiple sites	Other Provider	1							
ORENCIA CLICKJECT 125 MG/ML	Rheumatoid arthritis, unspecified	Other Provider		1	1					1
ORENCIA CLICKJECT 125 MG/ML	Rheumatoid arthritis, unspecified	RHEUMATOLOGY		1	1					+
One it of or or or or or or or or or or or or or	Threathatola distincto, disperanca	PEDIATRIC		-						+
ORENCIA CLICKJECT 125 MG/ML AUTO INJCT	N/A	RHEUMATOLOGY	1							
ORENCIA CLICKJECT 125 MG/ML AUTO INJCT	N/A	RHEUMATOLOGY	15	2	2					
CREIN CEICIGECT 125 WIG/WE/NOTO INSCT	lly A	OBSTETRICS/GYNECOLOG	13	-	_					+
ORIAHNN 300-1-0.5MG/300MG CAPS	N/A	v	1	1	1					
ONIAI IIVIV 300-1-0.5IVIG/300IVIG CAF3	IN/A	REPRODUCTIVE	1	1	1					+
OBILISSA	Dysmonorrhoo unanosified	ENDOCRINOLOGY/INFERT								
ORILISSA	Dysmenorrhea, unspecified								1	
ODUICCA AFO NAC TADUFT	D	OBSTETRICS/GYNECOLOG			4					
ORILISSA 150 MG TABLET	Dysmenorrhea, unspecified	Υ		1	1					
		OBSTETRICS/GYNECOLOG								
ORILISSA 150 MG TABLET	Leiomyoma of uterus, unspecified	Y		1	1					
ORILISSA 150 MG TABLET	N/A	GYNECOLOGY (NO OB)	1							↓
ORILISSA 150 MG TABLET	N/A	NURSE PRACTITIONER	1							
		OBSTETRICS/GYNECOLOG								
ORILISSA 150 MG TABLET	N/A	Υ	20	4	3	1				
ORILISSA 150 MG TABLET	N/A	Other Provider	1							1
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
ORILISSA 150 MG TABLET	N/A	ILITY	2						1	
		OBSTETRICS/GYNECOLOG								
ORILISSA 150 MG TABLET	Other general symptoms and signs	Y		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		OBSTETRICS/GYNECOLOG								
ORILISSA 200 MG TABLET	Dysmenorrhea, unspecified	A CONTESTINCE (CANTECOLOG		1	1					
ODULICA 200 MC TABLET	N/A	OBSTETRICS/GYNECOLOG			2					
ORILISSA 200 MG TABLET	N/A	OBSTETRICS/GYNECOLOG	9	4	3	1				+
ORILISSA 200 MG TABLET	Pelvic and perineal pain	v	1							
ONILISSA 200 WIG TABLET	Pelvic and permear pain	PEDIATRIC	1							+
ORKAMBI 150-188 MG GRAN PACK	N/A	PULMONOLOGY	1							
ORTHOPTIC/PLEOPTIC TRAINING	INTERMITTENT MONOCULAR EXOTROPIA, RIGHT EYE	OPTOMETRY	1	n	0	0	0			+
					-	-				+
ORTHOVISC	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC						1		
ORTHOVISC 15 MG/ML SYRINGE	Bilateral primary osteoarthritis of knee	Other Provider	1							1
ORTHOVISC 15 MG/ML SYRINGE	Bilateral primary osteoarthritis of knee	PAIN MANAGEMENT	1							+
ORTHOVISC 15 MG/ML SYRINGE	Bilateral primary osteoarthritis of knee	RHEUMATOLOGY		1	1					1
ORTHOVISC 15 MG/ML SYRINGE	Bilateral primary osteoarthritis of knee	SPORTS MEDICINE	1							
ORTHOVISC 15 MG/ML SYRINGE	Bilateral primary osteoarthritis of knee	SURGERY, ORTHOPEDIC	3							
										1
ORTHOVISC 15 MG/ML SYRINGE	N/A	SURGERY, ORTHOPEDIC	1							
ORTHOVISC 15 MG/ML SYRINGE	Osteoarthritis of knee, unspecified	SURGERY, ORTHOPEDIC		1	1					
ORTHOVISC 15 MG/ML SYRINGE	Unilateral primary osteoarthritis, left knee	Other Provider		1	1					
ORTHOVISC 15 MG/ML SYRINGE	Unilateral primary osteoarthritis, left knee	SURGERY, ORTHOPEDIC	1							
ORTHOVISC 15 MG/ML SYRINGE	Unilateral primary osteoarthritis, right knee	Other Provider		1	1					
ORTHOVISC 15 MG/ML SYRINGE	Unilateral primary osteoarthritis, right knee	PAIN MANAGEMENT	1							
ORTHOVISC 15 MG/ML SYRINGE	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC	1							
ORTHOVISC 30 MG/2 ML SYRINGE	N/A	Other Provider	1	1	1					
			L							
ORTHOVISC 30 MG/2 ML SYRINGE ORTHOVISC INJ PER DOSE	N/A BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	/	2	2	0	0			
ORTHOVISC INJ PER DOSE ORTHOVISC INJ PER DOSE	BILATERAL POST-TRADMATIC OSTEOARTHRITIS OF RIVEE	SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC	1	1	0	1	0			+
ORTHOVISC INJ PER DOSE ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	ANESTHESIA, CERTIFIED RN	2	1	0	0	0			+
OKTHOVISC IN PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF RIVEE	ANESTHESIA, CENTIFIED KIN	2	U	U	O	U			
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	COUNSELING	6	0	0	0	0			
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ENDOCRINOLOGY AND	2	0	0	0	0			
		METABOLISM								
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	16	1	1	0	0			
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	GENERAL PRACTICE	4	0	0	0	0			
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	INTERNAL MEDICINE	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PAIN MANAGEMENT	31	2	2	0	0			+
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PHYSICAL MEDICINE	4	0	0	0	0			1
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			1
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	PSYCHOLOGY	2	0	0	0	0			1
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	RHEUMATOLOGY	5	0	0	0	0			1
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SPORTS MEDICINE	15	2	2	0	0			1
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	63	7	7	0	0			1
ORTHOVISC INJ PER DOSE	EFFUSION, RIGHT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
ORTHOVISC INJ PER DOSE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PAIN MANAGEMENT	1	0	0	0	0			1
ORTHOVISC INJ PER DOSE	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	PAIN MANAGEMENT	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	OTHER CHRONIC SINUSITIS	PAIN MANAGEMENT	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	PAIN IN LEFT KNEE	PHYSICAL MEDICINE	1	0	0	0	0			

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ORTHOVISC INJ PER DOSE	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	PAIN IN RIGHT KNEE	RHEUMATOLOGY	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	SUBMUCOUS LEIOMYOMA OF UTERUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	SOCIAL WORK	0	1	1	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ANESTHESIOLOGY	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	2	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	INTERNAL MEDICINE	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PAIN MANAGEMENT	6	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICAL MEDICINE	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PSYCHOLOGY	0	1	1	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PSYCHOLOGY, CHILD	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	RHEUMATOLOGY	0	1	1	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	4	0	0	0	0			
ORTHOVISC INJ PER DOSE ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, HAND	1	0	0	0	0			
ORTHOVISC INJ PER DOSE ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	48	2	2	0	0			
ORTHOVISC INJ PER DOSE ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PAIN MANAGEMENT	48	3	3	0	0			
	·		1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ANESTHESIOLOGY	2	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	COUNSELING	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	3	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	7	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICAL MEDICINE	1	1	1	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	RHEUMATOLOGY	2	0	0	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SPORTS MEDICINE	11	1	1	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	64	11	11	0	0			
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	SURGERY, ORTHOPEDIC	2	0	0	0	0			
ORTHOVISC INJ PER DOSE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RHEUMATOLOGY	1	0	0	0	0			
OSELTAMIVIR PHOSPHATE 6 MG/ML SUSP RECON	N/A	PHYSICIAN ASSISTANT	1							
OSELTAMIVIR PHOSPHATE 75 MG CAPSULE	N/A	GENERAL PRACTICE	†	1	1					
OSELTAMIVIR PHOSPHATE 75 MG CAPSULE	N/A	Other Provider		1	1					
OSMOPREP 1.5 G TABLET	N/A	GASTROENTEROLOGY	1		-	İ				
OSMOPREP TABLET	N/A	GASTROENTEROLOGY	1	1						
OST PCH DRAIN W BAR & FILTER	COLOSTOMY STATUS	ONCOLOGY	1	n	n	0	0			
OST CH SIVIII W SIVICA FIELEN	Displaced fracture of fifth metatarsal bone, left foot, initial	0.1002001	+							
OSTEGN STIM NOT SPINL,EL	encounter for closed fracture	Physician							1	
OSTEGIN STIM NOT STINE, EE	Nondisplaced fracture of fifth metatarsal bone, right foot, initial	rifysician	+						-	
OSTEGN STIM NOT SPINL,EL	encounter for closed fracture	Other Provider				1		1		
OSTEGN STIM NOT SPINL,EL	Pseudarthrosis after fusion or arthrodesis	Other Provider	1					1		
OSTEOART ALGRET W/SURF & B1	ABNORMAL REFLEX	SURGERY, NEUROLOGICAL	1	0	0	0	0	1		
OSTEOART ALGRET W/SURF & B1	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
·		· ·	1	0	0	0	0			
OSTEOART ALGRET W/SURF & B1	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	3	1	1	0	0			
OSTEOART ALGRET W/SURF & B1	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	U	U	U	U			
OSTEOART ALGRET W/SURF & B1	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, NEUROLOGICAL	1	U	U	U	U			
OSTEOCHONDRAL TALUS AUTOGRFT	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	PODIATRY	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THK	FAMILY MEDICINE	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THK	SURGERY, HAND	0	1	1	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF MIDDLE THIRD OF NAVICULAR BONE OF L WRIST, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF NAVICULAR OF LEFT FOOT, INIT FOR CLOS FX	SPORTS MEDICINE	0	1	1	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF RIGHT TIBIAL TUBEROSITY, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	0	1	1	0	0			

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OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W DELAY HEAL	GENERAL PRACTICE	0	1	1	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF SHAFT OF RIGHT CLAVICLE, INIT FOR CLOS FX	PHYSICIAN ASSISTANT	0	1	1	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISPL BICONDYLAR FX L TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	DISPLACED TRIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	FRACTURE OF UNSP PART OF L CLAVICLE, SUBS FOR FX W NONUNION	SURGERY, HAND	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP DOME FRACTURE OF RIGHT TALUS, SUBS FOR FX W NONUNION	COUNSELING	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP DOME FRACTURE OF RIGHT TALUS, SUBS FOR FX W NONUNION	PODIATRY	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 2ND METATARSAL BONE, R FT, 7THK	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THD	PODIATRY	0	1	0	1	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF DISTAL POLE OF NAVICULAR BONE OF R WRIST, INIT	SURGERY, HAND	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	FAMILY MEDICINE	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	PODIATRY	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	PODIATRY	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF FIFTH METATARSAL BONE, RIGHT FOOT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF LATERAL CONDYLE OF L TIBIA, 7THG	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF NAVICULAR OF LEFT FOOT, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP TRANSVERSE FX SHAFT OF R ULNA, 7THK	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
OSTEOGEN ULTRASOUND STIMLTOR	OTHER FRACTURE OF LEFT FOOT, 7THK	PODIATRY	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	PATHOLOGICAL FRACTURE, RIGHT TIBIA, INIT ENCNTR FOR FRACTURE	SPORTS MEDICINE	0	1	1	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	PODIATRY	3	0	0	0	0			+
OSTEOGEN ULTRASOUND STIMLTOR	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
OSTEOGEN ULTRASOUND STIMLTOR	STRESS FRACTURE, LEFT FOOT, INITIAL ENCOUNTER FOR FRACTURE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
OSTEOGEN ULTRASOUND STIMLTOR	STRESS FRACTURE, LEFT FOOT, SUBS FOR FX W NONUNION	PODIATRY	1	0	0	0	0			+
OSTEOGEN ULTRASOUND STIMLTOR	STRESS FRACTURE, RIGHT FOOT, SUBS FOR FX W NONUNION	PODIATRY	1	0	0	0	0			+
OSTEOGEN ULTRASOUND STIMLTOR	UNSP FRACTURE OF NAVICULAR BONE OF RIGHT WRIST, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
			1	0	0	0	0			₩
OSTEOGEN ULTRASOUND STIMLTOR OSTEOGEN ULTRASOUND STIMLTOR	UNSP FRACTURE OF NAVICULAR BONE OF UNSP WRIST, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			₩
	UNSP FX NAVICULAR BONE OF LEFT WRIST, SUBS FOR FX W NONUNION	SURGERY, HAND	1	0	0	0	0			<u> </u>
OSTEOGEN ULTRASOUND STIMLTON	UNSP FX THE LOWER END LEFT RAD, SUBS FOR CLOS FX W NONUNION	SURGERY, HAND	1	0	0	0	0			
OSTEOGEN ULTRASOUND STIMLTOR	UNSP FX UPPER END OF UNSP TIBIA, SUBS FOR CLOS FX W NONUNION	SURGERY, ORTHOPEDIC	1	U	U	0	0			
OCTEO CALCTINA CRIMAL FLEC	Authorities to the control of	SURGERY,							١ .	
OSTEOGN STIM SPINAL,ELEC	Arthrodesis status	NEUROLOGICAL							1	
OSTEOGN STIM SPINAL,ELEC	Breakdown (mechanical) of internal fixation device of vertebrae, initial encounter	Other Provider						1		
OSTEOGN STIM SPINAL,ELEC	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY, ORTHOPEDIC							1	
OSTOMY SUPPLY MISC	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	FAMILY MEDICINE	1	0	0	0	0			†
OT EVAL HIGH COMPLEX 60 MIN	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
OT EVAL LOW COMPLEX 30 MIN	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
OT EVAL MOD COMPLEX 45 MIN	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	SURGERY, ORTHOPEDIC	1	n	0	0	0			+
OT EVAL MOD COMPLEX 45 MIN	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRICS	1	lo lo	0	0	0			+
OTEZLA	Hidradenitis suppurativa	DERMATOLOGY	Ť	ř –	Ť	-	-		1	+
OTEZLA	Other general symptoms and signs	Other Provider	+	 	-				1	+
OTEZLA		DERMATOLOGY	1					1	1	+
OTEZLA 10-20-30MG TAB DS PK	Psoriasis vulgaris N/A	DERMATOLOGY	1	2	2	1		1	-	+
OTEZLA 10-20-30MG TAB DS PK OTEZLA 10-20-30MG TAB DS PK	N/A		2	1	1	-			-	+
		Other Provider	4	1	1					+
OTEZLA 10-20-30MG TAB DS PK	N/A	PHYSICIAN ASSISTANT	1.	1	Т					
OTEZLA 10-20-30MG TAB DS PK	N/A	RHEUMATOLOGY	4	 	-					+
OTEZLA 28 DAY STARTER PACK	Arthropathic psoriasis, unspecified	Other Provider	1	<u> </u>		1				
OTEZLA 28 DAY STARTER PACK	N/A	RHEUMATOLOGY	2]]	İ	İ		

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OTEZLA 28 DAY STARTER PACK	Psoriasis vulgaris	DERMATOLOGY	1	Delliais	Delliais	Demais	Delliais	Approved	Demeu	by INO
OTEZLA 28 DAY STARTER PACK	Psoriasis vulgaris	GENERAL PRACTICE	_	1	1					
OTEZLA 28 DAY STARTER PACK	Psoriasis vulgaris	PHYSICIAN ASSISTANT	1	-	-					
OTEZLA 30 MG TABLET	Arthropathic psoriasis, unspecified	Other Provider	2							
OTEZLA 30 MG TABLET	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	6	2	2					
OTEZLA 30 MG TABLET	Dermatitis, unspecified	PHYSICIAN ASSISTANT	1	-	-					
OTEZLA 30 MG TABLET	N/A	DERMATOLOGY	35	3	3					
OTEZLA 30 MG TABLET	N/A	FAMILY MEDICINE	2	-	-					
OTEZLA 30 MG TABLET	N/A	INTERNAL MEDICINE	1							
OTEZLA 30 MG TABLET	N/A	NEUROLOGY	1							
OTEZLA 30 MG TABLET	N/A	Other Provider	12							
OTEZLA 30 MG TABLET	N/A	RHEUMATOLOGY	13	5	5					
OTEZLA 30 MG TABLET	Other general symptoms and signs	DERMATOLOGY	13	1	1					
OTEZLA 30 MG TABLET	Other psoriasis	DERMATOLOGY	1	1	1					
OTEZLA 30 MG TABLET	Psoriasis vulgaris	DERMATOLOGY	17	1	1					
OTEZLA 30 MG TABLET	Psoriasis vulgaris	Other Provider	0	1	1					
OTEZLA 30 MG TABLET	Psoriasis vulgaris Psoriasis vulgaris	PHYSICIAN ASSISTANT	3	 	 	+		-		+
OTEZLA 30 MG TABLET	Psoriasis vulgaris Psoriasis vulgaris	RHEUMATOLOGY	1	1		1		 		
OTEZLA 30 MG TABLET		DERMATOLOGY	1							
OTEZLA 30 MIG TABLET OTEZLA 30 MIG TABLET	Psoriasis, unspecified Psoriasis, unspecified	INTERNAL MEDICINE	1	1		1		 		
OTEZLA 30 MIG TABLET OTEZLA 30 MIG TABLET			1					-		
OTEZLA 30 MG TABLET	Psoriasis, unspecified	Other Provider RHEUMATOLOGY	1					-		
OTEZLA 30 MIG TABLET	Psoriasis, unspecified	RHEUMATOLOGY	1							
Other Cancer	Malignant neoplasm of left choroid	RADIATION ONCOLOGY	1							
Other Cancer	Malignant neoplasm of overlapping sites of brain	RADIATION		1	1					
Other Cancer	Malignant neoplasm of overlapping sites of penis	ONCOLOGY	1							
Other Cancer	Malignant neoplasm of thyroid gland	ENDOCRINOLOGY	4							
		ENDOCRINOLOGY AND								
Other Cancer	Malignant neoplasm of thyroid gland	METABOLISM	2							
Other Cancer	Malignant neoplasm of thyroid gland	INTERNAL MEDICINE	2							
Other Cancer	Malignant neoplasm of thyroid gland	ONCOLOGY	1							
		OTOLARYNGOLOGIST								
Other Cancer	Malignant neoplasm of thyroid gland	(ENT)	1							
Other Cancer	Malignant neoplasm of thyroid gland	RADIATION	1							
Other Cancer	Malignant neoplasm of unspecified ovary	RADIATION ONCOLOGY	1							
		ENDOCRINOLOLGY								
Other Cancer	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	DIABETES	1							
	,									
Other Cancer	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	GENERAL PRACTICE	1							
	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic									
Other Cancer	crisis or storm	ENDOCRINOLOGY	1							
OTHER MANUAL WHEELCHAIR/BASE	PARAPLEGIA, COMPLETE	FAMILY MEDICINE	1	0	0	0	0			
OTREXUP 10MG/0.4ML AUTO INJCT	N/A	RHEUMATOLOGY	1							
OTREXUP 15MG/0.4ML AUTO INJCT	N/A	RHEUMATOLOGY	1							
OTREXUP 20MG/0.4ML AUTO INJCT	N/A	Other Provider	1	1	1	 	1	 	 	<u> </u>
OTREXUP 25MG/0.4ML AUTO INJCT	N/A	RHEUMATOLOGY	1	2	2	 	1	 	 	<u> </u>
OTZELA	Psoriasis vulgaris	DERMATOLOGY	 	<u> </u>	-	+		-	1	1
OUTER EAR SURGERY PROCEDURE	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	SURGERY, PLASTIC	0	1	1	0	n	-	1	+
OUTRIGGER	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0	-		+
- CONTROCEN	ADDEESCENT INFORMATIC SCORIOSIS, ITTORACIC REGION	OBSTETRICS/GYNECOLOG	-							
OVIDREL 250 MCG/0.5 ML SYRG	N/A	Υ	3						1	
OVIDREL 250 MCG/0.5 ML SYRG	N/A	Other Provider	2							
		OBSTETRICS/GYNECOLOG								
OVIDREL 250MCG/0.5 SYRINGE	N/A	Υ	7	1	1					
OVIDREL 250MCG/0.5 SYRINGE	N/A	Other Provider	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		REPRODUCTIVE								
		ENDOCRINOLOGY/INFERT								
OVIDREL 250MCG/0.5 SYRINGE	N/A	ILITY	2	2	2					
OXALIPLATIN	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	3	0	0	0	0			
OXALIPLATIN	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	5	0	0	0	0			1
OXALIPLATIN	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	1	0	0	0	0			
OXALIPLATIN	MALIGNANT NEOPLASM OF RIGHT OVARY	COUNSELING	1	0	0	0	0			
OXALIPLATIN	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	1	0	0	0	0			1
OXALIPLATIN	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	HEMATOLOGY	1	0	0	0	0			1
OXALIPLATIN	SEC AND UNSP MALIG NEOPLASM OF INGUINAL AND LOWER LIMB NODES	HEMATOLOGY	2	0	0	0	0			
OXANDROLONE 10 MG TABLET	Age-related osteoporosis without current pathological fracture	Other Provider	1							
OXANDROLONE 10 MG TABLET OXANDROLONE 10 MG TABLET	N/A	Other Provider Other Provider	1							+
OXANDROLONE 10 MG TABLET OXANDROLONE 10 MG TABLET	,	FAMILY MEDICINE	1							+
OXANDROLONE 10 MG TABLET OXANDROLONE 10 MG TABLET	Other general symptoms and signs		1	1	1					+
OVANDUOLOINE TO INIO TABLET	Pain in unspecified shoulder	Other Provider	 	1	1	 				+
OVERNATA FOR MAC TARLET	N/A	CARDIOVASCULAR	 							
OXBRYTA 500 MG TABLET	N/A	DISEASE	1		4	1				+
OXBRYTA 500 MG TABLET	N/A	HEMATOLOGY	<u> </u>	1	1					
OXBRYTA 500 MG TABLET	N/A	ONCOLOGY	1							
OXERVATE 0.002 % DROPS	N/A	OPHTHALMOLOGY	2							
OXERVATE 0.002% EYE DROP	N/A	OPHTHALMOLOGY	1							
OXICONAZOLE NITRATE 1 % CREAM (G)	N/A	FAMILY MEDICINE	1							
OXICONAZOLE NITRATE 1 % CREAM (G)	N/A	PHYSICIAN ASSISTANT		1	1					
OXICONAZOLE NITRATE 1 % CREAM (G)	N/A	PODIATRY	2							
OXISTAT 1 % LOTION	N/A	DERMATOLOGY		1	1					
OXISTAT 1% LOTION	N/A	PODIATRY		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
OXTELLAR XR 150 MG TAB ER 24H	N/A	CARE		1	1					
OXTELLAR XR 150 MG TAB ER 24H	N/A	Other Provider	1							
OXTELLAR XR 300 MG TAB ER 24H	N/A	Other Provider	1							
OXTELLAR XR 600 MG TAB ER 24H	N/A	NEUROLOGY	1							
OXTELLAR XR 600 MG TAB ER 24H	N/A	NURSE PRACTITIONER	1							
OXTELLAR XR 600 MG TABLET	Bipolar disord, crnt epsd depress, severe, w psych features	Other Provider		2	2					
OXTELLAR XR 600 MG TABLET	N/A	NEUROLOGY		1	1					1
OXYCODON-ACETAMINOPHEN 7.5-325	Other long term (current) drug therapy	Other Provider	1							1
OXYCODONE	Chronic pain syndrome	Physician						1		1
OXYCODONE HCL 10 MG TABLET	N/A	Other Provider	2							
OXYCODONE HCL 10 MG TABLET	Other intervertebral disc degeneration, lumbar region	Other Provider		1	1					
OXYCODONE HCL 10 MG TABLET	RADICULOPATHY CERVICAL REGION(72141)	Other Provider	1							
OXYCODONE HCL 15 MG TABLET	Chronic pain syndrome	PAIN MANAGEMENT	1			1				
		PHYSICAL MEDICINE AND	1			<u> </u>				$\overline{}$
OXYCODONE HCL 15 MG TABLET	Chronic pain syndrome	REHABILITATION	1							
OXYCODONE HCL 15 MG TABLET	N/A	Other Provider	2	1	1	<u> </u>				$\overline{}$
ON CODONE HEE IS MIG INDEE!	1.47.	PHYSICAL MEDICINE AND	_	-	-					+
OXYCODONE HCL 15 MG TABLET	N/A	REHABILITATION	3							
ON CODONE HELE IS MIG TABLET	14/5	PHYSICAL MEDICINE AND	,	†		 				+
OXYCODONE HCL 15 MG TABLET	OTHER CHRONIC POSTPROCEDURAL PAIN	REHABILITATION	1						1	
OXYCODONE HCL 15 MIG TABLET OXYCODONE HCL 20 MIG TABLET	CHRONIC PAIN DUE TO TRAUMA	FAMILY MEDICINE	1	1		+			-	+
OXYCODONE HCL 20 MG TABLET OXYCODONE HCL 20 MG TABLET		PAIN MANAGEMENT	1							+
	Chronic pain syndrome		1	 		1				+
OXYCODONE HCL 20 MG TABLET	N/A	Internal Medicine	1		4					+
OXYCODONE HCL 20 MG TABLET	N/A	Other Provider	1	1	1	1				
OXYCODONE HCL 20 MG TABLET	Other intervertebral disc displacement, lumbar region	Other Provider	1	ļ		ļ				
OXYCODONE HCL 20 MG TABLET	Radiculopathy, lumbar region	FAMILY MEDICINE		1	1					
OXYCODONE HCL 20 MG TABLET	Radiculopathy, lumbar region	Other Provider	1							1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
OXYCODONE HCL 30 MG TABLET	FIBROMYALGIA	Other Provider	1							
OXYCODONE HCL 30 MG TABLET	N/A	Other Provider	2	2	2					
OXYCODONE HCL 30 MG TABLET	N/A	PAIN MANAGEMENT	1							
		PHYSICAL MEDICINE AND								
OXYCODONE HCL 30 MG TABLET	N/A	REHABILITATION	2							
		PHYSICAL MEDICINE AND								
OXYCODONE HCL 30 MG TABLET	Sacroiliitis, not elsewhere classified	REHABILITATION	1							
OXYCODONE HCL 30 MG TABLET	Spinal stenosis, lumbar region with neurogenic claudication	Other Provider	1							
OXYCODONE HCL 5 MG TABLET	Chronic pain syndrome	Other Provider		1	1					
		OBSTETRICS/GYNECOLOG								
OXYCODONE HCL 5 MG TABLET	N/A	Υ		1	1					
		Primary Care – Nurse								
OXYCODONE HCL 5 MG TABLET	N/A	Practitioner	1							
OXYCODONE HCL 5 MG TABLET	Postlaminectomy syndrome, not elsewhere classified	Other Provider	1							
OXYCODONE HCL 5 MG TABLET	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	SURGERY, ORTHOPEDIC	1							<u> </u>
OXYCODONE HCL 5 MG/5 ML SOLUTION	N/A	Other Provider	1							
OXYCODONE HCL ER 10 MG TABLET	CHRONIC PAIN DUE TO TRAUMA	BRAIN INJURY MEDICINE	1							
OXYCODONE HCL ER 20 MG TABLET	Chronic pain syndrome	Other Provider		1	1					
		PHYSICAL MEDICINE AND								
OXYCODONE HCL ER 30 MG TAB ER 12H	N/A	REHABILITATION	2							
OXYCODONE HCL ER 30 MG TABLET	N/A	Other Provider		1	1					
OXYCODONE-ACETAMINOPHE 10MG-325MG TABLET	N/A	Other Provider	1							
OXYCODONE-ACETAMINOPHE 10MG-325MG TABLET	N/A	PAIN MANAGEMENT	1							
OXYCODONE-ACETAMINOPHEN 10-325	Chronic pain syndrome	Other Provider	1	1	1					
OXYCODONE-ACETAMINOPHEN 10-325	Chronic pain syndrome	PAIN MANAGEMENT	1							
	· ·	PHYSICAL MEDICINE AND								
OXYCODONE-ACETAMINOPHEN 10-325	Chronic pain syndrome	REHABILITATION	2							
OXYCODONE-ACETAMINOPHEN 10-325	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY, ORTHOPEDIC	1							
OXYCODONE-ACETAMINOPHEN 10-325	FIBROMYALGIA	FAMILY MEDICINE	1							
OXYCODONE-ACETAMINOPHEN 10-325	TRIGEMINAL NEURALGIA	Other Provider	1							
OXYCODONE-ACETAMINOPHEN 10-325	Unilateral primary osteoarthritis, right hip	Other Provider	1							
OXYCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	INTERNAL MEDICINE	2							
OXYCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	Other Provider	8							
OXYCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	PAIN MANAGEMENT	2							
	· ·	PHYSICAL MEDICINE AND								
OXYCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	REHABILITATION	1	1	1					
OXYCODONE-ACETAMINOPHEN 10MG-325MG TABLET	N/A	SURGERY, ORTHOPEDIC	2	1	1					
OXYCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	Other Provider	2							\vdash
OXYCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	PAIN MANAGEMENT	1							
	,									†
OXYCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	SURGERY, ORTHOPEDIC	1	1	1					
OXYCODONE-ACETAMINOPHEN 5 MG-325MG TABLET	N/A	SURGERY, PLASTIC	1							
OXYCODONE-ACETAMINOPHEN 5-325	N/A	Other Provider	1							1
OXYCODONE-ACETAMINOPHEN 5-325	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC	1							
OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	PAIN MANAGEMENT	1							
OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	N/A	SURGERY, ORTHOPEDIC	2							
OXYCONTIN	Chronic pain syndrome	Other Provider							1	
OXYCONTIN 10 MG TAB ER 12H	N/A	PAIN MANAGEMENT		1	1					
OXYCONTIN 15 MG TAB ER 12H	N/A	Other Provider			4	1				1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
OXYCONTIN 20 MG TAB ER 12H	N/A	Other Provider		1	1					
OXYCONTIN 40 MG TAB ER 12H	N/A	Other Provider	4	3	3					
OXYCONTIN 80 MG TAB ER 12H	N/A	PAIN MANAGEMENT	2							
OXYCONTIN ER 10 MG TABLET	Chronic pain syndrome	Other Provider		1	1					
OXYCONTIN ER 15 MG TABLET	Chronic pain syndrome	Other Provider		1	1					
		PHYSICAL MEDICINE AND								
OXYCONTIN ER 15 MG TABLET	Chronic pain syndrome	REHABILITATION	1							
OXYCONTIN ER 30 MG TABLET	N/A	FAMILY MEDICINE		1	1					
OXYCONTIN ER 30 MG TABLET	N/A	Other Provider		1	1					
		PHYSICAL MEDICINE AND								
OXYCONTIN ER 30 MG TABLET	Sacroiliitis, not elsewhere classified	REHABILITATION		1	1					
OXYCONTIN ER 80 MG TABLET	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	Other Provider	1							
OXYGEN CONCENTRATOR	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	PULMONARY DISEASE	1	0	0	0	0			
OXYGEN CONCENTRATOR	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	PULMONARY DISEASE	1	0	0	0	0			ļ
OXYGEN CONCENTRATOR	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	INTERNAL MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	BRONCHIECTASIS, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			ļ
OXYGEN CONCENTRATOR	CARDIAC ARREST, CAUSE UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
OXYGEN CONCENTRATOR	CHRONIC KIDNEY DISEASE, STAGE 1	FAMILY MEDICINE	2	0	0	0	0			ļ
OXYGEN CONCENTRATOR	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
OXYGEN CONCENTRATOR	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	NEUROLOGY	1	0	0	0	0			ļ
OXYGEN CONCENTRATOR	CONGENITAL HYPOTONIA	FAMILY MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	DYSPNEA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			ļ
OXYGEN CONCENTRATOR	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	CRITICAL CARE MEDICINE	2	0	0	0	0			
OXYGEN CONCENTRATOR	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
OXYGEN CONCENTRATOR	END STAGE RENAL DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	FRACTURE OF CORPUS CAVERNOSUM PENIS, INITIAL ENCOUNTER	PULMONARY DISEASE	1	0	0	0	0			
OXYGEN CONCENTRATOR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PULMONARY DISEASE	1	0	0	0	0			
OXYGEN CONCENTRATOR	ILLNESS, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
OXYGEN CONCENTRATOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	2	0	0	0	0			
OXYGEN CONCENTRATOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	5	0	0	0	0			
OXYGEN CONCENTRATOR	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	PULMONARY DISEASE	1	0	0	0	0			
OXYGEN CONCENTRATOR	SARCOIDOSIS OF LUNG	CRITICAL CARE MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	SEPSIS, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	SHORTNESS OF BREATH	INTERNAL MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	INTERNAL MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	UNSPECIFIED CHRONIC BRONCHITIS	FAMILY MEDICINE	1	0	0	0	0			
OXYGEN CONCENTRATOR	WEAKNESS	PULMONARY DISEASE	1	0	0	0	0			
OXYMORPHONE HCL 10 MG TABLET	N/A	PAIN MANAGEMENT	1	1	1					
		PHYSICAL MEDICINE AND								
OXYMORPHONE HCL ER 20 MG TAB	Chronic pain syndrome	REHABILITATION	1							
		ENDOCRINOLOGY AND								
OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	METABOLISM						1		
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	DIABETIC MEDICINE	1					_		
	.,,	ENDOCRINOLOGY AND	-							
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	METABOLISM	10							
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	FAMILY MEDICINE	13	1	1					
	<u> </u>	FAMILY NURSE								
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	PRACTITIONER	3							
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	GENERAL PRACTICE		1	1					\vdash
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	INTERNAL MEDICINE	10	1	1					\vdash
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	NURSE PRACTITIONER	-	2	2					\vdash
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	Other Provider	5	4	4					\vdash
OZEMPIC 0.25 OR .5 PEN INJCTR	N/A	PEDIATRICS	1							
OZEMPIC 0.25-0.5 MG DOSE PEN	Metabolic syndrome	FAMILY MEDICINE	_	1	1					
022 10 3.23 0.3 MG DOSE I EN	metabone syndrome	1WHILL WIEDICHAL	L	<u>ı</u>	1*	<u> </u>	L			

					Medical	Experimental &	Network	Total	Total	
December 20th December	Planatic State Provide to	Donald and Constitution	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty FAMILY NURSE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		PRACTITIONER PRIMARY								
OZEMPIC 0.25-0.5 MG DOSE PEN	Metabolic syndrome	CARE		1	1					
OZEMPIC 0.25-0.5 MG DOSE PEN	Metabolic syndrome Metabolic syndrome	Other Provider	1	1	1					+
OZEIVIFIC 0.23-0.3 IVIG DOSE FEIN	Metabolic syndrome	FAMILY NURSE	1							++
		PRACTITIONER PRIMARY								
OZEMPIC 0.25-0.5 MG DOSE PEN	N/A	CARE	1							
OZEMPIC 0.25-0.5 MG DOSE PEN	N/A	INTERNAL MEDICINE	1							+
OZEMPIC 0.25-0.5 MG DOSE PEN	N/A	PHYSICIAN ASSISTANT	1							+
OZEMPIC 0.25-0.5 MG DOSE PEN	PREDIABETES	Other Provider	1	1	1					+
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus with diabetic polyneuropathy	FAMILY MEDICINE	1	-	-					
OZEIWI IC 0.25 0.5 IVIG DOSE I EIV	Type 2 diabetes memors with diabetic polyneuropathy	ENDOCRINOLOGY AND	1							+
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	2	4	4					
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	2	1	1					+
DELINITO DES DISTINO DOSE Y EN	Type 2 diabetes memas with hypergrycemia	FAMILY NURSE		-	-					$\overline{}$
		PRACTITIONER PRIMARY								
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus with hyperglycemia	CARE	1							
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus with hyperglycemia	Other Provider	3							+
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus with other specified complication	FAMILY MEDICINE	3	1	1					$\overline{}$
OLEMNIC CIES CISTING DOSE VEN	Type 2 diabetes memas were other specimed complication	TANNET INEBIGINE		-	-					_
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	INTERNAL MEDICINE	1							
DELINITO DIES DISTINO DOSETEN	THE E SWIDELES MEETINGS WITH CHOICE COMPLETE COMPLETE MICHOLO	ENDOCRINOLOGY AND	1							_
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus without complications	METABOLISM	2							
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	2	1	1					+ + + + + + + + + + + + + + + + + + + +
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1	1	1					\vdash
	7,	OBSTETRICS/GYNECOLOG								\vdash
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus without complications	Y	1							
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus without complications	Other Provider	2							
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus without complications	PEDIATRICS	1							
OZEMPIC 0.25-0.5 MG DOSE PEN	Type 2 diabetes mellitus without complications	PHYSICIAN ASSISTANT		1	1					
OZEMPIC 1 MG DOSE PEN	Metabolic syndrome	INTERNAL MEDICINE	1							
OZEMPIC 1 MG DOSE PEN	Obesity, unspecified	FAMILY MEDICINE		1	1					
OZEMPIC 1 MG DOSE PEN	PREDIABETES	DIABETIC MEDICINE	1	1	1					
OZEMPIC 1 MG DOSE PEN	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
OZEMPIC 1 MG DOSE PEN	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
OZEMPIC 1 MG DOSE PEN	Type 2 diabetes mellitus with hyperglycemia	Other Provider	2							
OZEMPIC 1 MG DOSE PEN	Type 2 diabetes mellitus with other specified complication	FAMILY MEDICINE	1							
OZEMPIC 1 MG DOSE PEN	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1	1	1					
OZEMPIC 1 MG DOSE PEN	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE		1	1					
OZEMPIC 1 MG DOSE PEN	Type 2 diabetes mellitus without complications	Other Provider	1	2	2					
		ADULT NURSE								
		PRACTITIONER PRIMARY								
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	CARE	1							
		CARDIOVASCULAR								
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	DISEASE	1							
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	DIABETIC MEDICINE	1							
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	Endocrinology	1							
		ENDOCRINOLOGY AND								
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	METABOLISM	22	3	3					
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	FAMILY MEDICINE	15	3	3					
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	INTERNAL MEDICINE	9	1	1					
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	NURSE PRACTITIONER	2	1						
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	Other Provider	7	2	2					
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	PEDIATRICS	1							
OZEMPIC 1MG/0.75ML PEN INJCTR	N/A	PHYSICIAN ASSISTANT	4							
PACLITAXEL	Malignant neoplasm of tonsil, unspecified	HEMATOLOGY						1		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PACLITAXEL	Malignant neoplasm of unspecified site of unspecified female breast							1		
PACLITAXEL INJECTION	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	HEMATOLOGY	3	0	0	0	0			ļ
PACLITAXEL INJECTION	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	ONCOLOGY	2	0	0	0	0			
PACLITAXEL INJECTION	DEHYDRATION	HEMATOLOGY	1	0	0	0	0			
PACLITAXEL INJECTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
PACLITAXEL INJECTION	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	4	0	0	0	0			
PACLITAXEL INJECTION	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
PACLITAXEL INJECTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
PACLITAXEL INJECTION	Malignant neoplasm of central portion of right female breast	HEMATOLOGY							1	
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF ENDOCERVIX	HEMATOLOGY	1	0	0	0	0			
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			Î
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	HEMATOLOGY	2	0	0	0	0			
PACLITAXEL INJECTION PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	HEMATOLOGY	1	0	0	0	0			
			1	0	0	0	0			
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	8	0	0	U	0			
PACLITAXEL INJECTION	SNORING	ONCOLOGY	1	0	0	0	0			
PACLITAXEL INJECTION	THROMBOSIS DUE TO VASCULAR PROSTH DEV/GRFT, INIT	HEMATOLOGY	2	0	0	0	0			
PACLITAXEL PROTEIN BOUND	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
PACLITAXEL PROTEIN BOUND	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			1
PACLITAXEL PROTEIN BOUND	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
PACLITAXEL PROTEIN BOUND	N/A	HEMATOLOGY/ONCOLOG	1							
PACLITAXEL PROTEIN BOUND	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	n	0	n	0			
PACLITAXEL PROTEIN BOUND	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	HEMATOLOGY	1	0	0	0	0			
PAIN MGT OPI USE GNOTYP PNL	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	FAMILY MEDICINE	0	1	1	0	0			
PAIN MGT OPI USE GNOTYP PNL	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	0	11	11	0	0			1
PAIN MGT OPI USE GNOTYP PNL	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	PSYCHIATRY	0	2	2	0	0			
PAIN MGT OPI USE GNOTYP PNL	HYPERGLYCEMIA, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			
PAIN MGT OPI USE GNOTYP PNL	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	PSYCHIATRY	0	2	2	0	0			
PAIN MGT OPI USE GNOTYP PNL	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			
PAIN MGT OPI USE GNOTYP PNL	TOXIC GASTROENTERITIS AND COLITIS	FAMILY MEDICINE	0	1	1	0	0			
PAIN MGT OPI USE GNOTYP PNL	WEAKNESS	PSYCHIATRY	0	1	1	0	0			
PALATE/UVULA SURGERY	CELLULITIS AND ABSCESS OF MOUTH	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
PALB2 GENE FULL GENE SEQ	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
PALB2 GENE FULL GENE SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	PATHOLOGY	0	1	1	0	0			†
PALB2 GENE FULL GENE SEQ	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
PALINGEN OR PROMATRX	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	NURSE PRACTITIONER	0	1	1	0	0			†
PALINGEN OR PROMATRX	CONTUSION OF LEFT ANKLE, INITIAL ENCOUNTER	PODIATRY	0	1	0	1	0			
PALINGEN OR PROMATRX	RADICULOPATHY, LUMBAR REGION	PAIN MANAGEMENT	0	1	1	0	0		1	
PALINGEN OR PROMATRX PALONOSETRON HCL	DEHYDRATION	FAMILY MEDICINE	1	1	U	0	0			
			1	0	0	0	0			-
PALONOSETRON HCL	DEHYDRATION	HEMATOLOGY	4	U	U	U	U	1		
PALONOSETRON HCL	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	HEMATOLOGY	1	U	U	U	U			

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			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PALONOSETRON HCL	DIFFUSE LARGE B-CELL LYMPHOMA, NODES OF HEAD, FACE, AND NECK	ONCOLOGY	1	U	U	U	U			
PALONOSETRON HCL	HYPOKALEMIA	HEMATOLOGY	1	0	0	0	0			
PALONOSETRON HCL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
PALONOSETRON HCL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	NURSE PRACTITIONER	1	0	0	0	0			
PALONOSETRON HCL	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
PALONOSETRON HCL	MALIGNANT NEOPLASM OF BODY OF PANCREAS	ONCOLOGY	1	0	0	0	0			+
PALONOSETRON HCL	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	1	1	0	0			
PALONOSETRON HCL	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
PALONOSETRON HCL	MALIGNANT NEOPLASM OF RIGHT OVARY	COUNSELING	2	0	0	0	0			
PALONOSETRON HCL	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	2	0	0	0	0			
PALONOSETRON HCL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	2	0	0	0	0			
					_		_			
PALONOSETRON HCL	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	HEMATOLOGY	1	0	0	0	0			
PALONOSETRON HCL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
PALONOSETRON HCL	PRPH T-CELL LYMPH, NOT CLASS, NODES OF ING RGN AND LOW LIMB	ONCOLOGY	1	0	0	0	0			
PALYNZIQ 10 MG/0.5 ML SYRINGE	N/A	GENETICS	1							
PALYNZIQ 10 MG/0.5 ML SYRINGE	N/A	Other Provider	1							
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	N/A	GENETICS	1	2	2					
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	N/A	Other Provider	1	_						
PALYNZIQ 20 MG/ML SYRINGE	N/A	GENETICS	2							†
TALINE Q 20 Maj M2 0 MM 02		CENTETICS	-		-					+ + +
Pancreatic Cancer	Malignant neoplasm of pancreas, unspecified	RADIATION ONCOLOGY	1							
Pancreatic Cancer	Malignant neoplasm of tail of pancreas	RADIATION ONCOLOGY	2							
PANTOPRAZOLE SOD DR 40 MG TAB	Acute myeloblastic leukemia, in relapse	ONCOLOGY		1	1					
PANTOPRAZOLE SOD DR 40 MG TAB	Epigastric pain	FAMILY MEDICINE		1	1					
PANTOPRAZOLE SOD DR 40 MG TAB	Epigastric pain	GASTROENTEROLOGY	1							
PANTOPRAZOLE SOD DR 40 MG TAB	Epigastric pain	PHYSICIAN ASSISTANT		1	1					
PANTOPRAZOLE SOD DR 40 MG TAB	Gastro-esophageal reflux disease with esophagitis	FAMILY MEDICINE		1	1					
PANTOPRAZOLE SOD DR 40 MG TAB	Gastro-esophageal reflux disease with esophagitis	Other Provider	2							
PANTOPRAZOLE SOD DR 40 MG TAB	Gastro-esophageal reflux disease without esophagitis	FAMILY MEDICINE	4							
PANTOPRAZOLE SOD DR 40 MG TAB	Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	9							
PANTOPRAZOLE SOD DR 40 MG TAB	Gastro-esophageal reflux disease without esophagitis	Other Provider	1							
PANTOPRAZOLE SOD DR 40 MG TAB	Gastro-esophageal reflux disease without esophagitis	PULMONARY DISEASE	1							
PANTOPRAZOLE SOD DR 40 MG TAB	N/A	FAMILY MEDICINE	1							
		FAMILY NURSE								
PANTOPRAZOLE SOD DR 40 MG TAB	N/A	PRACTITIONER	1							
PANTOPRAZOLE SOD DR 40 MG TAB	N/A	GASTROENTEROLOGY	3							
PANTOPRAZOLE SOD DR 40 MG TAB	N/A	Other Provider	5							
PANTOPRAZOLE SOD DR 40 MG TAB	N/A	PULMONARY DISEASE		1	1					
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	ALLERGY/IMMUNOLOGY	1							
		CARDIOVASCULAR								
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	DISEASE	2							
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	FAMILY MEDICINE	9	2	2					
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	GASTROENTEROLOGY	31	4	4					
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	INTERNAL MEDICINE	8		İ					
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	NEPHROLOGY	1							
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	NURSE PRACTITIONER		1	1					
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	ONCOLOGY	1	ľ	t ·					+
	1 7		10	!			!	!		

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PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	PHYSICIAN ASSISTANT	2							+
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	RHEUMATOLOGY	1							
PANTOPRAZOLE SODIUM 40 MG TABLET DR	N/A	SURGERY, GENERAL	1		_	_	_			
PARATHYRD PLANAR W/WO SUBTRJ	BENIGN NEOPLASM OF PARATHYROID GLAND	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
PARATHYRD PLANAR W/WO SUBTRJ	SNORING	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
PARATHYROID PLANAR IMAGING	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
PARICALCITOL	CALCULUS OF KIDNEY	NEPHROLOGY	1	0	0	0	0			1
PAROXETINE HCL 30 MG TABLET	N/A	FAMILY MEDICINE	1							1
PAROXETINE HCL 40 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1							+
TAROXETINE FICE 40 ING TABLET	iviajor depressive disorder, recurrent, moderate		-							+
DAROVETIME LICE AN ACTARLET		ENDOCRINOLOGY AND								
PAROXETINE HCL 40 MG TABLET	N/A	METABOLISM	1							
PAROXETINE HCL 40 MG TABLET	N/A	FAMILY MEDICINE	1							
PART HAND THUMB REM	PARTIAL TRAUMATIC TRANSMETCRPL AMP OF RIGHT HAND, SUBS	SURGERY, HAND	0	2	0	0	2			
PARTIAL AMPUTATION OF TOE	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
PARTIAL AMPUTATION OF TOE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PARTIAL AMPUTATION OF TOE	PAIN, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PARTIAL AMPUTATION OF TOE	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PARTIAL AMPUTATION OF TOE	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
Partial excision (craterization, saucerization, or diaphysectomy)				-	-	-				1
bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	1							
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone			_							
abscess)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	ORTHOPEDIC SURGERY	1	1	1					
42500557	STORMATOR CHOCKET ELOCATED TO MILETO EL MILED SOBSOCI ENTO	MH/SUD All Other	1	-	-					1
Partial Hospital Mental Health Treatment	Congralized anxiety disorder	Outpatient						1		
Partial Hospital Mental Health Healthent	Generalized anxiety disorder	MH/SUD All Other						1		+
Darkiel Henrikel Mantal Health Treatment	National annual discourse and a second annual features	· ·								
Partial Hospital Mental Health Treatment	Major depressv disorder, recurrent severe w/o psych features	Outpatient	+						1	
		MH/SUD All Other								
Partial Hospital Mental Health Treatment	Schizoaffective disorder, depressive type	Outpatient	ļ					1		
		MH/SUD All Other								
Partial Hospital Substance Use Disorders Treatment	Alcohol dependence, uncomplicated	Outpatient							1	-
PARTIAL HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
PARTIAL HYSTERECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
PARTIAL MASTECTOMY	DISORDER OF BREAST, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	n			1
PARTIAL MASTECTOMY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			+
PARTIAL MASTECTOMY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOFLASM OF COLON	SURGERY, GENERAL	1	0	0	0	0			+
PARTIAL MASTECTOMY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST		1	0	0	0	n			
		DERMATOLOGY	1	0	0	0	0			 '
PARTIAL MASTECTOMY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	INTERNAL MEDICINE	1	U	U	U	U			
PARTIAL MASTECTOMY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	1	U	U	0	0			
PARTIAL MASTECTOMY	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
PARTIAL MASTECTOMY	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL MASTECTOMY	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			1
PARTIAL MASTECTOMY	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	3	0	0	0	0			
PARTIAL MASTECTOMY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	2	0	0	0	0			
PARTIAL MASTECTOMY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
PARTIAL MASTECTOMY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	2	0	0	0	0			
PARTIAL MASTECTOMY	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	3	0	0	0	0			
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL MASTECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	2	0	0	0	0			
PARTIAL MASTECTOMY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL MASTECTOMY	OTHER SPECIFIED DISORDERS OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
PARTIAL MASTECTOMY	OTHER SPECIFIED DISORDERS OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL MASTECTOMY	SNORING	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL PROCTECTOMY	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	SURGERY, COLON AND RECTAL	1	0	0	0	0			
PARTIAL PROCTECTOMY	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	SURGERY, COLON AND RECTAL	1	0	0	0	0			
PARTIAL REMOVAL FINGER BONE	OSTEOMYELITIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
PARTIAL REMOVAL FOOT FASCIA	PLANTAR FASCIAL FIBROMATOSIS	COUNSELING	1	0	0	0	0			
PARTIAL REMOVAL FOOT FASCIA	PLANTAR FASCIAL FIBROMATOSIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			l l
PARTIAL REMOVAL OF ARM BONE	OTH FRACTURE OF SHAFT OF R HUMERUS, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
PARTIAL REMOVAL OF BLADDER	MALFORMATION OF URACHUS	UROLOGY	1	0	0	0	0			
PARTIAL REMOVAL OF COLON	DVRTCLOS OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, GENERAL	2	0	0	0	0			
PARTIAL REMOVAL OF COLON	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	SURGERY, COLON AND RECTAL	1	0	0	0	0			
PARTIAL REMOVAL OF COLON	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL REMOVAL OF COLON	GASTROINTESTINAL STROMAL TUMOR OF LARGE INTESTINE	SURGERY, GENERAL	1	0	0	0	0]
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	6	0	0	0	0			
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF LEFT OVARY	SURGERY, GENERAL	1	0	0	0	0]
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF RECTUM	SURGERY, COLON AND RECTAL	1	0	0	0	0			
PARTIAL REMOVAL OF COLON	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY, GENERAL	1	0	0	0	0]
PARTIAL REMOVAL OF COLON	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	SURGERY, COLON AND RECTAL	1	0	0	0	0			
PARTIAL REMOVAL OF ESOPHAGUS	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
PARTIAL REMOVAL OF FIBULA	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	PODIATRY	1	0	0	0	0			
PARTIAL REMOVAL OF FOOT BONE	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W UNSP SEVERITY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PARTIAL REMOVAL OF HYMEN	IMPERFORATE HYMEN	FAMILY MEDICINE	1	0	0	0	0]
PARTIAL REMOVAL OF HYMEN	OTHER CONGENITAL MALFORMATIONS OF VAGINA	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
PARTIAL REMOVAL OF KIDNEY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	2	0	0	0	0			
PARTIAL REMOVAL OF LIVER	BENIGN NEOPLASM OF LIVER	SURGERY, GENERAL	1	0	0	0	0]
PARTIAL REMOVAL OF LIVER	LIVER CELL CARCINOMA	PRACTITIONER	1	0	0	0	0			
PARTIAL REMOVAL OF LIVER	LIVER CELL CARCINOMA	SURGERY, GENERAL	1	0	0	0	0]
PARTIAL REMOVAL OF LIVER	LIVER DISEASE, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0]
PARTIAL REMOVAL OF LIVER	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL REMOVAL OF LIVER	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL REMOVAL OF LUNG	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	SURGERY, THORACIC	1	0	0	0	0			
PARTIAL REMOVAL OF LUNG	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	SURGERY, THORACIC	1	0	0	0	0			
PARTIAL REMOVAL OF LUNG	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL REMOVAL OF LUNG	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA, BRONCHUS AND LUNG	SURGERY, THORACIC	1	0	0	0	0			
PARTIAL REMOVAL OF LUNG	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY, THORACIC	1	0	0	0	0			
PARTIAL REMOVAL OF LUNG	SOLITARY PULMONARY NODULE	SURGERY, GENERAL	2	0	0	0	0			
PARTIAL REMOVAL OF LUNG	SOLITARY PULMONARY NODULE	SURGERY, THORACIC	1	0	0	0	0			
PARTIAL REMOVAL OF NOSE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
PARTIAL REMOVAL OF PANCREAS	CYST OF PANCREAS	ONCOLOGY	2	0	0	0	0			

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PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	ONCOLOGY	1	0	0	0	0			
PARTIAL REMOVAL OF PANCREAS	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	1	0	0	0	0			
PARTIAL REMOVAL OF PANCREAS	OTHER SPECIFIED DISEASES OF PANCREAS	SURGERY, GENERAL	2	0	0	0	0			
PARTIAL REMOVAL OF PHARYNX	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
		NOSE, AND THROAT)								
PARTIAL REMOVAL OF RADIUS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SOCIAL WORK	1	0	0	0	0			
PARTIAL REMOVAL OF RADIUS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PARTIAL REMOVAL OF STERNUM	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	SURGERY, THORACIC	1	0	0	0	0			
PARTIAL REMOVAL OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
PARTIAL REMOVAL OF THYROID	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
PARTIAL REMOVAL OF THYROID	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	NOSE, AND THROAT) SURGERY, HEAD AND NECK	n	1	1	n	n			+
PARTIAL REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
		NOSE, AND THROAT)	1	U	U	U	U			
PARTIAL REMOVAL OF THYROID	THYROTXCOSIS W TOXIC MULTINOD GOITER W/O THYROTOXIC CRISIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
PARTIAL REMOVAL OF TIBIA	OSTEOPHYTE, RIGHT ANKLE	NOSE, AND THROAT) SURGERY, ORTHOPEDIC	1	٥	0	0	0			₩
PARTIAL REMOVAL OF TIBIA PARTIAL REMOVAL OF TIBIA	·	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PARTIAL REMOVAL OF TIBIA PARTIAL REMOVAL OF TIBIA	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT TARSAL TUNNEL SYNDROME, LEFT LOWER LIMB	<u> </u>	1	0	0	0	0			
	·	PODIATRY	1	0	0	0	0			
PARTIAL REMOVAL OF TOE	BENIGN NEOPLASM OF SHORT BONES OF LEFT LOWER LIMB	SURGERY, ORTHOPEDIC	1	0	0	0	0			├
PARTIAL REMOVAL OF TOE	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	PODIATRY	1	0	0	0	0			├
PARTIAL REMOVAL OF TONGUE	LOCALIZED SWELLING, MASS AND LUMP, HEAD	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
PARTIAL REMOVAL OF TONGUE	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
PARTIAL REMOVAL OF TONGUE	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
PARTIAL REMOVAL OF VULVA	ABSCESS OF VULVA	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
PARTIAL REMOVAL OF VULVA	ABSCESS OF VULVA	SOCIAL WORK	1	n	n	0	n			+
PARTIAL REMOVAL OF VULVA	CARCINOMA IN SITU OF VULVA	GYNECOLOGIC ONCOLOGY	2	1	1	0	0			1
PARTIAL REMOVAL OF VULVA	CARCINOMA IN SITU OF VULVA	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
PARTIAL REMOVAL OF VULVA	FUSION OF LABIA	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
PARTIAL REMOVAL OF VULVA	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	COUNSELING	1	0	0	0	0			+
PARTIAL REMOVAL OF VULVA	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
	,	· ·	1	U	U	U	U			
PARTIAL REMOVAL OF VULVA	OTHER SPECIFIED DYSPAREUNIA	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
PARTIAL REMOVAL OF VULVA	OTHER SPECIFIED HYPERTROPHY OF VULVA	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
DARTIAL REAGONAL OF MILINA	Other work of the	OBSTETRICS/GYNECOLOG								
PARTIAL REMOVAL OF VULVA PARTIAL REMOVAL OF VULVA	Other specified hypertrophy of vulva UNSP SUPERFICIAL INJURY OF VAGINA AND VULVA, INIT ENCNTR	OBSTETRICS/GYNECOLOGY	1	0	0	0	0		1	+
PARTIAL REMOVAL OF VULVA	UNSPECIFIED HYPERTROPHY OF VULVA	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
PARTIAL REMOVAL OF VULVA	VULVAR CYST	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			┼
		· ·	1	0	-	0	0			\perp
PARTIAL REMOVAL OF VULVA	VULVODYNIA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	U	U	U	U			
PARTIAL THYROID EXCISION	MALIGNANT NEOPLASM OF THYROID GLAND	HOSPITAL	1							1
PATIENT LIFT ELECTRIC	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
PATIENT LIFT ELECTRIC	ACUTE KIDNEY FAILURE, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			
PATIENT LIFT ELECTRIC	EPILEPTIC SEIZ REL TO EXTRN CAUSES, NOT NTRCT, W/O STAT EPI	PHYSICAL MEDICINE	0	1	1	0	0			
PATIENT LIFT ELECTRIC	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT	PHYSICAL MEDICINE	1	0	0	0	0			
PATIENT LIFT ELECTRIC	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	PEDIATRICS	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PATIENT LIFT ELECTRIC	SICKLE-CELL TRAIT	PHYSICAL MEDICINE	1	0	0	0	0			
PATIENT LIFT HYDRAULIC	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
DATES OF STATES	21/2	ALLED CV/IA AN ALINIOLOGY								
PAZEO 0.7 % DROPS PAZEO 0.7 % DROPS	N/A	ALLERGY/IMMUNOLOGY		1	1					
	N/A	FAMILY MEDICINE		1	1					
PAZEO 0.7 % DROPS PAZEO 0.7 % DROPS	N/A	OPHTHALMOLOGY OPTOMETRY	2	4	4					
PAZEO 0.7 % DROPS PAZEO 0.7 % DROPS	N/A N/A	Other Provider	3	1	1					
PAZEO 0.7 % DROPS	IN/A	Other Provider		1	1					
		OTOLARYNGOLOGY (EAR,								
PAZEO 0.7 % DROPS	N/A	NOSE, AND THROAT)		1	1					
FAZEO 0.7 % DROF3	IN/A	PEDIATRIC ALLERGY &		1	1					
PAZEO 0.7 % DROPS	N/A	IMMUNOLOGY		1	1					
PAZEO 0.7% EYE DROPS	ALLERGIC RHINITIS DUE TO POLLEN	ALLERGY		1	1					
171220 017 N 212 D1010	/ LEEL TO TO THE LET THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET THE LET TO THE LET TO THE LET TO THE LET TO THE LET TO THE LET THE LET TO THE LET TH	TILLETTO!		-	-					
PAZEO 0.7% EYE DROPS	N/A	ALLERGY/IMMUNOLOGY		1	1					
PAZEO 0.7% EYE DROPS	N/A	PEDIATRICS		1	1					
PAZEO 0.7% EYE DROPS	Other general symptoms and signs	OPHTHALMOLOGY		1	1					
PEDCLE FH/CH/M/N/AX/G/H/F	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	UROLOGY	1	0	0	0	0			
PEGLOTICASE INJECTION	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	PODIATRY	0	1	1	0	0			
PEGLOTICASE INJECTION	IDIOPATHIC CHRONIC GOUT, UNSPECIFIED SITE, WITH TOPHUS	NEPHROLOGY	2	0	0	0	0			
PELVIC EXAMINATION	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
		·								
PELVIC EXAMINATION	N/A	HOSPITAL	2							
PELVIS/HIP JOINT SURGERY	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
PELVIS/HIP JOINT SURGERY	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	ORTHOPEDIC SURGERY		1	1					
PELVIS/HIP JOINT SURGERY	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED FEMUR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PELVIS/HIP JOINT SURGERY	ILIOTIBIAL BAND SYNDROME, LEFT LEG	SURGERY, ORTHOPEDIC	0	1	1	0	0			
PELVIS/HIP JOINT SURGERY	Iliotibial band syndrome, left leg	SURGERY, ORTHOPEDIC	1.	ļ	l_	_	_	1		
PELVIS/HIP JOINT SURGERY	LACERATION OF RIGHT QUADRICEPS MUSC/FASC/TEND, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PELVIS/HIP JOINT SURGERY	STRAIN OF MSL/FASC/TND POST GRP AT THI LEV, LEFT THIGH, INIT	SURGERY, ORTHOPEDIC	1	0	0	U	0			
DENANTYDE 42 E NAC TARLET	21/2	CARDIOVASCULAR								
PEMAZYRE 13.5 MG TABLET PENIS PLASTIC SURGERY	N/A CONGENITAL CHORDEE	DISEASE FAMILY MEDICINE	1	0	0	0	0			
PENNSAID 2% PUMP	<u> </u>	PAIN MANAGEMENT	1	U	U	U	U			
PENNSAID 2% PUMP	Bilateral primary osteoarthritis of knee Bilateral primary osteoarthritis of knee	PHYSICIAN ASSISTANT	1	4	1					
PENNSAID 2% PUMP	Bilateral primary osteoarthritis of knee	Rheumatology	1	1	1					
PENNSAID 2% PUMP	N/A	Other Provider	1	1	1					
PENNSAID 2% PUMP	N/A	PAIN MANAGEMENT	1	1	1					
PENNSAID 2% PUMP	N/A	RHEUMATOLOGY	1	1	1					
PENNSAID 2% PUMP	N/A	SPORTS MEDICINE		1	1					
7 E.M.S. M.B. E.76 T. O.M.		O. O. O. O. O. O. O. O. O. O. O. O. O. O		-	-					
PENNSAID 2% PUMP	N/A	SURGERY, ORTHOPEDIC		2	2					
PENNSAID 2% PUMP	Osteoarthritis of knee, unspecified	RHEUMATOLOGY	1	-	_					
PENNSAID 2% PUMP	Osteoarthritis of knee, unspecified	SURGERY, ORTHOPEDIC	1	1	1					
		,	l'	l'	i i	1				
PENNSAID 2% PUMP	PATELLAR TENDINITIS RIGHT KNEE	SURGERY, ORTHOPEDIC	1							
						1				
PENNSAID 2% PUMP	Unilateral primary osteoarthritis, left knee	SURGERY, ORTHOPEDIC	ļ	2	2	ļ				
						ĺ				
PENNSAID 2% PUMP	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC		1	1					
	Unknown(27412),PAIN IN RIGHT KNEE(27412),PAIN IN RIGHT					1				
PENNSAID 2% PUMP	KNEE(J7330),Unknown(J7330),	Other Provider	ļ	1	1	ļ				
PENNSAID 2% PUMP	Unspecified osteoarthritis, unspecified site	Other Provider	<u> </u>	1	1	L				

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PENNSAID 2% PUMP	Unspecified osteoarthritis, unspecified site	SPORTS MEDICINE		1	1					
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	FAMILY MEDICINE	1	3	3					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	CARE		1	1					
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	INTERNAL MEDICINE		1	1					
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	Other Provider	1	6	6					
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	PAIN MANAGEMENT	1	2	2					
		PHYSICAL MEDICINE AND								
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	REHABILITATION		1	1					
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	Rheumatology	1							
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	SPORTS MEDICINE		1	1					
	,									
PENNSAID 20MG/G(2%) SOL MD PMP	N/A	SURGERY, ORTHOPEDIC	2	8	8					
PENTAMIDINE NON-COMP UNIT	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	FAMILY MEDICINE	1	0	0	0	0			
TENTAMIBINE NON COMIT ONLY	ACOTE ETWI HOBEASTIC EEGKEWIA NOT HAVING ACHIEVES KEWISSION	TAINIET WEDICINE	-	o .	o o		Ŭ			
PENTAMIDINE NON-COMP UNIT	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC	1	0	0	0	0			
		HEMATOLOGY/ONCOLOGY								
PENTASA 500 MG CAPSULE	Crohn's disease of small intestine without complications	GASTROENTEROLOGY	1							
PENTAZOCINE-NALOXONE TABLET	Chronic pain syndrome	SURGERY, ORTHOPEDIC	1							
PENTOSTATIN INJECTION	HYPEROSMOLALITY AND HYPERNATREMIA	HEMATOLOGY	2	0	0	0	0			
PERC AV FISTULA, DIRECT	ARTERIOVENOUS FISTULA, ACQUIRED	INTERNAL MEDICINE	0	1	1	0	0			
PERCOCET 10MG-325MG TABLET	N/A	PAIN MANAGEMENT	1							
PERCUT BX LUNG/MEDIASTINUM	ACUTE PULMONARY EDEMA	ONCOLOGY	1	0	0	0	0			
Percutaneous transcatheter closure of the left atrial appendage with										
endocardial implant, including fluoroscopy, transseptal puncture,										
catheter placement(s), left atrial angiography, left atrial appendage		CARDIAC								
angiography, when performed, and radiological supe	Paroxysmal atrial fibrillation	ELECTROPHYSIOLOGY	1							
Percutaneous transcatheter closure of the left atrial appendage with										
endocardial implant, including fluoroscopy, transseptal puncture,										
		CARDIAC								
catheter placement(s), left atrial angiography, left atrial appendage	Unspecified atrial fibrillation	ELECTROPHYSIOLOGY	4							
angiography, when performed, and radiological supe	Onspecified acrial fibrillacion	ELECTROPHISIOLOGI	1							
Description of the left of the										
Percutaneous transcatheter closure of the left atrial appendage with										
endocardial implant, including fluoroscopy, transseptal puncture,										
catheter placement(s), left atrial angiography, left atrial appendage		CARDIOVASCULAR								
angiography, when performed, and radiological supe	Unspecified atrial fibrillation	DISEASE	1							
Percutaneous transcatheter closure of the left atrial appendage with										
endocardial implant, including fluoroscopy, transseptal puncture,										
catheter placement(s), left atrial angiography, left atrial appendage										
angiography, when performed, and radiological supe	Unspecified atrial fibrillation	INTERNAL MEDICINE	1							
Percutaneous transcatheter closure of the left atrial appendage with										
endocardial implant, including fluoroscopy, transseptal puncture,										
catheter placement(s), left atrial angiography, left atrial appendage										
angiography, when performed, and radiological supe	Unspecified atrial fibrillation	RADIOLOGY - PET	1							
PERI-IMPLT CAPSLC BRST COMPL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, GENERAL	2	0	0	0	0			
PERI-IMPLT CAPSLC BRST COMPL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	3	0	0	0	0			
PERI-IMPLT CAPSLC BRST COMPL	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	2	0	0	0	0			
PERI-IMPLT CAPSLC BRST COMPL	BREAST IMPLANT STATUS	COUNSELING	0	1	1	0	0			
PERI-IMPLT CAPSLC BRST COMPL	BREAST IMPLANT STATUS	SURGERY, PLASTIC	0	1	1	0	0			
PERI-IMPLE CAPSEC BRST COMPL	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	EMERGENCY MEDICINE	1	n	n	0	n			
TEM INTER CALSEC BIGH CONFE	CAL SOLAR CONTRACTORE OF BREAST INFEARM, INTIAL ENCOUNTER	EWIENGENCT WIEDICINE	J*			٥	·			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PERI-IMPLT CAPSLC BRST COMPL	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	6	1	1	0	0	Террити		
PERI-IMPLT CAPSLC BRST COMPL	HYPERTROPHY OF BREAST	SURGERY, PLASTIC	2	1	1	0	0			1
PERI-IMPLT CAPSLC BRST COMPL	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	0	2	2	0	0			+
PERI-IMPLT CAPSLC BRST COMPL	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			+
PERI-IMPLT CAPSLC BRST COMPL	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	FACILITY	1	0	0	0	0			
PERI-IMPLT CAPSLC BRST COMPL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
PERI-IMPLT CAPSLC BRST COMPL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			†
PERI-IMPLT CAPSLC BRST COMPL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
PERI-IMPLT CAPSLC BRST COMPL	MASTODYNIA	SURGERY, PLASTIC	2	1	1	0	0			
PERI-IMPLT CAPSLC BRST COMPL	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	SURGERY, PLASTIC	1	1	1	0	0			
PERI-IMPLT CAPSLC BRST COMPL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	0	0			†
PERI-IMPLT CAPSLC BRST COMPL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	10	0	0	0	0			+
PERQ CLSR TCAT L ATR APNDGE	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	0	1	1	0	0			1
PERQ CLSR TCAT L ATR APNDGE	Other persistent atrial fibrillation	Other Provider	 			1			1	+
PERQ CLSR TCAT L ATR APNOGE	PALPITATIONS	CARDIAC	0	1	0	1	0			
PERQ CLSR TCAT L ATR APNDGE	PAROXYSMAL ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIOLOGY, INTERVENTIONAL	0	1	0	1	0			
		CARDIOVASCULAR								
PERQ CLSR TCAT L ATR APNDGE	Paroxysmal atrial fibrillation	DISEASE						1		
PERQ CLSR TCAT L ATR APNDGE	Paroxysmal atrial fibrillation	Other Provider							1	-
PERQ CLSR TCAT L ATR APNDGE	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	0	2	2	0	0			
PERQ CLSR TCAT L ATR APNDGE	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	0	1	1	0	0			
DEDG G CD TCAT LATE ADVIDES	The second of th	CARDIOVASCULAR								
PERQ CLSR TCAT L ATR APNDGE	Unspecified atrial fibrillation	DISEASE							1	
PERQ CLSR TCAT L ATR APNDGE	Unspecified atrial fibrillation	Other Provider						1		↓
PERQ TRANSCATH CLOSURE PDA	PATENT DUCTUS ARTERIOSUS	PEDIATRIC CARDIOLOGY	3	0	0	0	0			
PERQ TX MALAR FRACTURE	MALAR FRACTURE, LEFT SIDE, INIT	SURGERY, PLASTIC	1	0	0	0	0			<u> </u>
PERQ VERTEBRAL AUGMENTATION	AGE-REL OSTEOPOR W CURRENT PATH FRACTURE, VERTEBRA(E), INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
PERQ VERTEBRAL AUGMENTATION	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	1	0	0	0	0			
PERQ VERTEBRAL AUGMENTATION	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	PAIN MANAGEMENT	0	1	1	0	0			<u> </u>
PERQ VERTEBRAL AUGMENTATION	COLLAPSED VERTEBRA, NEC, LUMBAR REGION, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			<u> </u>
PERQ VERTEBRAL AUGMENTATION	PAIN, UNSPECIFIED	PHYSICAL MEDICINE	0	2	2	0	0			
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	ANESTHESIOLOGY	2	0	0	0	0			
PERQ VERTEBRAL AUGMENTATION	Wedge compression fracture of first lumbar vertebra, sequela WEDGE COMPRESSION FRACTURE OF SECOND LUMBAR VERTEBRA, INIT	Other Provider							1	
PERQ VERTEBRAL AUGMENTATION	,	ANESTHESIOLOGY	2	0	U	U	0			
PERQ VERTEBRAL AUGMENTATION	Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture	Other Provider							1	ı
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest	SUPRAVENTRICULAR TACHYCARDIA; CHEST PAIN UNSPECIFIED;	CARDIOVASCULAR								
and/or stress	ABNORMAL ELECTROCARDIOGRAM	DISEASE		1	1					
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest		CARDIOVASCULAR								
and/or stress	SYNCOPE AND COLLAPSE	DISEASE		1	1					
PET IMAGE W/CT FULL BODY	Malignant neoplasm of nasopharynx, unspecified	Other Provider							1	1
PET IMAGE W/CT FULL BODY	N/A	RADIOLOGY	1							1
PET IMAGE W/CT SKULL-THI	Malignant carcinoid tumors of other sites	SURGERY, GENERAL							1	1
PET IMAGE W/CT SKULL-THI	Malignant reoplasm of overlapping sites of colon	Physician						1	_	1
PET IMAGE W/CT SKULL-THI	Malignant neoplasm of unspecified part of right bronchus or lung	ONCOLOGY							1	
PET IMAGE W/CT SKULL-THI	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Other Provider							1	1
PET IMAGE W/CT SKULL-THIGH	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			

2		Parallel Secretary	Total UM	Total UM Denials	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description PET IMAGE W/CT SKULL-THIGH	Diagnosis Code Description ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Provider Specialty PSYCHIATRY	Approvals	Deniais	Denials 0	Denials 0	Denials 0	Approved	Denied	by IRO
PET IMAGE W/CT SKULL-THIGH	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	ONCOLOGY	1	0	0	0	0			
·	,		-	Ü	Ů		•			
PET IMAGE W/CT SKULL-THIGH	END STAGE RENAL DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
PET IMAGE W/CT SKULL-THIGH	LOCALIZED ENLARGED LYMPH NODES	RADIOLOGY	1							
PET IMAGE W/CT SKULL-THIGH	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
PET IMAGE W/CT SKULL-THIGH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	RADIOLOGY	1							
PET IMAGE W/CT SKULL-THIGH	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			
PET IMAGE W/CT SKULL-THIGH	N/A	HEMATOLOGY/ONCOLOG	1							
PET IMAGE W/CT SKULL-THIGH PET IMAGE W/CT SKULL-THIGH	N/A	HOSPITAL	4							
PET IMAGE W/CT SKULL-THIGH PET IMAGE W/CT SKULL-THIGH	N/A	RADIOLOGY	2							
PET IMAGE W/CT SKULL-THIGH	NODULAR SCLER HODGKIN LYMPH, EXTRNOD AND SOLID ORGAN SITES	NURSE PRACTITIONER	1	0	0	0	0			
PET INVAGE W/CT SKOLE-THIGH	NODULAN SCEEN HODGKIN ETIMFTI, EXTINOD AND SOLID ONGAN SITES	NORSE FRACTITIONER	1	O	O	0	O			
PET IMAGE W/CT SKULL-THIGH	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
PET IMAGE W/CT SKULL-THIGH	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
	OTHER NON-FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH	HEMATOLOGY/ONCOLOG					-			
PET IMAGE W/CT SKULL-THIGH	NODES	Υ	1							
PET IMAGE W/CT SKULL-THIGH	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	1	0	0	0	0			
PET IMAGE W/CT SKULL-THIGH	SOLITARY PULMONARY NODULE	RADIOLOGY	1							
PET/CT Imaging, (concurrently acquired CT attenuation correction										
and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	NURSE PRACTITIONER	1							
PET/CT Imaging, (concurrently acquired CT attenuation correction										
and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	ONCOLOGY		1	1					
PET/CT Imaging, (concurrently acquired CT attenuation correction	MALIGNANT MELANOMA OF OTHER PART OF TRUNK; SECONDARY									
and anatomical localization); whole body	MALIGNANT NEOPLASM OF UNSPECIFIED SITE	PHYSICIAN ASSISITANT	1							
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	CHANGE IN BOWEL HABIT; ABDOMINAL DISTENSION GASEOUS	GASTROENTEROLOGY	1							
PET/CT imaging, (concurrently acquired CT for attenuation	FOLLICULAR LYMPHOMA UNS XTRANOD & DE SUID ORGN SITE;									
correction and anatomical localization); skull base to mid-thigh	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	CRITICAL CARE MEDICINE	1							
DET /CT in a line / constraint in a line of CT for all and a line										
PET/CT imaging, (concurrently acquired CT for attenuation	LIOD CIVIN LIVA ADUIONA A LINICOECIFIED LINICOECIFIED CITE	ON COLOGY								
correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	ONCOLOGY		1	1					
DET/CT imaging (consurrently acquired CT for attenuation										
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	PHYSICIAN ASSISITANT		1	1					
correction and anatomical localization), skull base to mid-tright	HODGKIN LTIVIPHOIVIA UNSPECIFIED UNSPECIFIED SITE	PHTSICIAN ASSISTANT		1	1					
PET/CT imaging, (concurrently acquired CT for attenuation	INTRA-ABD & DELVIC SWELLING MASS & DITE;									
correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	1							
correction and anatomical localization), skull base to mid-tright	IMALIG NEOFLASIVI OFFER-OUTER QUAD ET FLIVIALE BREAST	TILIVIATOLOGI	1							
PET/CT imaging, (concurrently acquired CT for attenuation		HEMATOLOGY AND								
correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	ONCOLOGY	1							
correction and unatornical localization), skall base to find tright	INFRESTRANT CARCINOIS TOMOR OF THE BOOSEROW	ONCOLOGI	1							
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANAL CANAL	ONCOLOGY		1	1					
correction and anatomical localization if six an ease to find this.	THE COUNTY TEST E SHI OF THE CHANGE	0.1002001		-	-					
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BASE OF TONGUE	RADIATION ONCOLOGY	1							
The state of the s										
PET/CT imaging, (concurrently acquired CT for attenuation	MALIGNANT NEOPLASM OF COLON UNSPECIFIED; ELEVATED									
correction and anatomical localization); skull base to mid-thigh	CARCINOEMBRYONIC ANTIGEN CEA	NURSE PRACTITIONER	1							
ting!										
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY		2	2					
,,	1		1	1	1					

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
PET/CT imaging, (concurrently acquired CT for attenuation	MAALICNIANT NEODI ACMA OF DICLIT OVADV	GYNECOLOGIC			1					
correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY		1	1					
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THORAX	GYNECOLOGY	1							
PET/CT imaging, (concurrently acquired CT for attenuation	MALIGNANT NEOPLASM OF TONSILLAR FOSSA; SEC & DNS									
correction and anatomical localization); skull base to mid-thigh	MALIG NEO LYMPH NODES HEAD FACE & DECK	ONCOLOGY		1	1					
DET/CT invariant (and an arrange)										
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF VAGINA	GYNECOLOGY		1	1					
correction and undermed rocalization), skull base to find thigh	WALIGUATU NEOF EAST OF VACION	GINECOLOGI		_	_					
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY		1	1					
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	GENERAL SURGERY	2							
PET/CT imaging, (concurrently acquired CT for attenuation										
correction and anatomical localization); skull base to mid-thigh	OTH CLASSICAL HODGKIN LYMPHOMA NODES MX SITES	PHYSICIAN ASSISITANT		1	1				1	
correction and anatomical iscanzation// sitan base to find ting.	CTT OLI SOLO IL TIOS ONIN ETITI TIONIN TROPES ININ STEES	111101011111111111111111111111111111111		-	_					
PET/CT imaging, (concurrently acquired CT for attenuation	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD;									
correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY		1	1					
PET/CT imaging, (concurrently acquired CT for attenuation	SECONDARY MALIG NEOPLASM LIVER & DTRAHEPATIC BD;									
correction and anatomical localization); skull base to mid-thigh PEXEVA 30 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE N/A	INTERNAL MEDICINE Other Provider	1							
PHENOXYBENZAMINE HCL 10 MG CAP	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	SURGERY, GENERAL	1							
PHENTERMINE HCL 30 MG CAPSULE	N/A	Other Provider	1	1	1					
PHLEB VEINS - EXTREM 20+	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, INIT	CARDIOVASCULAR DISEASE	2	0	0	0	0			
PHLEB VEINS - EXTREM 20+	MADICOCE VEING OF BUILDIN EXTREM WOTH COMBUCATIONS	DEDMATOLOGY		0	0		0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	DERMATOLOGY SURGERY, GENERAL	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR	0	1	1	0	0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	VASCULAR &	2	0	0	0	0			
		INTERVENTIONAL								
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	RADIOLOGY DERMATOLOGY	2	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	CARDIOVASCULAR DISEASE	2	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, GENERAL	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOLOGY,	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	INTERVENTIONAL CARDIOVASCULAR DISEASE	7	2	2	0	0			
FILLD VLING - EXTREMIZOT	VENOUS INSUFFICIENCE (CHRONIC) (PERIPHERAL)	CAUDIO AND COLAR DISEASE	<u>'</u>			ď	U			
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, GENERAL	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, THORACIC	1	0	0	0	0			
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	2	0	0	0	0			
DULI ED VEING EVEDEAA 20	Maria de Cara de La Ca	CARDIOVASCULAR								
PHLEB VEINS EXTREM 20+ PHOTOCHEMOTHERAPY WITH UV-B	Venous insufficiency (chronic) (peripheral) LOCALIZED SCLERODERMA [MORPHEA]	DISEASE FAMILY MEDICINE	1	0	0	0	0	1		
PHOTOCHEMOTHERAPY WITH OV-B PHOTOPHERESIS	CHEST PAIN, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PHOTOPHERESIS	LUNG TRANSPLANT REJECTION	PULMONARY DISEASE	1	0	0	0	0			
PHOTOPHERESIS	Lung transplant status	Other Provider						1		
PHOTOPHERESIS	LUNG TRANSPLANT STATUS	PULMONARY DISEASE	0	1	1	0	0			
PHOTOPHERESIS	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
PHYSICAL MEDICINE PROCEDURE	PARTIAL TRAUMATIC TRANSMETCRPL AMP OF RIGHT HAND, SUBS	SURGERY, HAND	0	2	0	0	2			
PHYSICAL THERAPY TREATMENT	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY	FAMILY MEDICINE	0	1	0	0	1			
PHYSICAL THERAPY TREATMENT	N/A	PHYSICAL THERAPY	1							
PHYSICAL THERAPY TREATMENT	OTHER ABNORMALITIES OF GAIT AND MOBILITY	HOSPITAL	1							
PHYSICAL THERAPY TREATMENT	OTHER INSTABILITY, RIGHT KNEE	HOSPITAL	1							
PHYSICAL THERAPY TREATMENT	REPEATED FALLS	HOSPITAL	1							
PHYSICAL THERAPY TREATMENT	UNSTEADINESS ON FEET	HOSPITAL	1							
PHYSICAL THERAPY/VISIT	N/A	HOSPITAL	1					-		
PIERCE SKULL FOR BIOPSY	DISORDER OF BRAIN, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	n	0			-
PIFELTRO 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INFECTIOUS DISEASE	1							-
PIFELTRO 100 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Other Provider	1							
PIK3CA GENE TRGT SEQ ALYS	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	1	1	0	0	-		
FINSON GLINE INGI SEQUEIS	INVALIGNANT NEOFLASIVI OF ASCENDING COLON	TILIVIATULUGT	U	1	1	0	U	-	-	
DIODAY 300 MC DAILY DOSE	Malignant negation of unengrified site of managing of the site of	Internal Madicine	1							
PIQRAY 300 MG DAILY DOSE	Malignant neoplasm of unspecified site of unspecified female breast		1					-		
PIQRAY 300 MG/DAY TABLET	N/A	ONCOLOGY	1	Ļ						<u> </u>
PLACE CATH CAROTD ART	OTHER DISORDER OF CIRCULATORY SYSTEM	FAMILY MEDICINE	1	0	0	0	0			ļ
PLACE CATH CAROTID/INOM ART	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	FAMILY MEDICINE	1	0	0	0	0			ļ
PLACE CATH VERTEBRAL ART	CEREBRAL ANEURYSM, NONRUPTURED	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
PLACE CATH VERTEBRAL ART	CEREBRAL ANEURYSM, NONRUPTURED	SURGERY, NEUROLOGICAL	2	0	0	0	0			
PLACE CATH VERTEBRAL ART	OCCLUSION AND STENOSIS OF LEFT VERTEBRAL ARTERY	SURGERY, NEUROLOGICAL	1	0	0	0	0			
PLACE CATH VERTEBRAL ART	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	FAMILY MEDICINE	1	0	0	0	0			
PLACE CATH VERTEBRAL ART	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	SURGERY, NEUROLOGICAL	1	0	0	0	0			
PLACE CATH XTRNL CAROTID	CEREBRAL ANEURYSM, NONRUPTURED	FAMILY MEDICINE	1	0	0	0	0			
PLACE CATHETER IN ARTERY	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
PLACE CATHETER IN ARTERY	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	NEPHROLOGY	1	0	0	0	0			
PLACE CATHETER IN ARTERY	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
PLACE CATHETER IN ARTERY	DEHYDRATION	NEPHROLOGY	1	0	0	0	0			
PLACE CATHETER IN ARTERY	END STAGE RENAL DISEASE	FAMILY MEDICINE	2	0	0	0	0			
PLACE CATHETER IN ARTERY	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			
PLACE CATHETER IN ARTERY	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	NEPHROLOGY	1	0	0	0	0			
PLACE GASTROSTOMY TUBE	MALIGNANT NEOPLASM OF POSTERIOR WALL OF HYPOPHARYNX	SURGERY, GENERAL	1	n	0	n	0			
PLAQUENIL 200 MG TABLET	N/A	Other Provider	2				Ü	-		
PLAQUENIL 200 MG TABLET	N/A	RHEUMATOLOGY	1							
PLAQUENIL 200 MG TABLET	Rheumatoid arthritis, unspecified	PAIN MANAGEMENT	1							
PLAQUENIL 200 MG TABLET	Sicca syndrome with keratoconjunctivitis	Other Provider	1							
PLASTIC EYE PROSTH CUSTOM	MICROPHTHALMOS	PEDIATRICS	1	0	0	0	0	-		
PLASTIC EYE PROSTH CUSTOM	PRESENCE OF ARTIFICIAL EYE	FAMILY MEDICINE	1	0	0	0	0	-		
	PRESENCE OF ARTIFICIAL EYE PRESENCE OF ARTIFICIAL EYE		2	0	0	0	0			
PLASTIC EYE PROSTH CUSTOM		OPHTHALMOLOGY	2	0	0	0	0			
PLASTIC MOD LOW EXT PAD/LINE	FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT	PODIATRY	1	0	0	0	0			
PLEGRIDY 125MCG/0.5 PEN INJCTR	N/A	Other Provider	1			ļ				
PLEGRIDY 125MCG/0.5 SYRINGE	N/A	Other Provider	1							
PLENVU 140-9-5.2G POWD PK SQ	N/A	GASTROENTEROLOGY	1							<u> </u>
PLENVU 140-9-5.2G POWD PK SQ	N/A	HEPATOLOGY	2			1				<u> </u>
PLENVU POWDER PACKETS	BENIGN NEOPLASM OF COLON, UNSPECIFIED ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF	GASTROENTEROLOGY	1							
PLENVU POWDER PACKETS	COLON	GASTROENTEROLOGY	1							
PLENVU POWDER PACKETS	N/A	GASTROENTEROLOGY	1		†	1	†	t		
PLENVU POWDER PACKETS	Other general symptoms and signs	GASTROENTEROLOGY	2	1	 	1	 	 		
PLENVU POWDER PACKETS PLENVU POWDER PACKETS	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	1	1	 	1	 	 	-	
PLERIXAFOR INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	SURGERY, GENERAL	1	0	0	0	0			
P-MASTECTOMY W/LN REMOVAL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0	-	-	
F-IVIAGLECTOWIT W/ LIN REIVIOVAL	INITIALIS INCOPLASIVI OF OPPER-OUTER QUADRAINT OF LEFT FEMALE BREAST	JUNGENT, GENERAL		Ŭ.	o .	Ü	Ŭ			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
P-MASTECTOMY W/LN REMOVAL	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
P-MASTECTOMY W/LN REMOVAL	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
P-MASTECTOMY W/LN REMOVAL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
P-MASTECTOMY W/LN REMOVAL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
PMS2 GENE DUP/DELET VARIANTS	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
PMS2 GENE DUP/DELET VARIANTS	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	0	1	1	0	0			1
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	1	4	4	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			
PMS2 GENE DUP/DELET VARIANTS	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
PMS2 GENE DUP/DELET VARIANTS	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
PMS2 GENE DUP/DELET VARIANTS	PERSONAL HISTORY OF COLONIC POLYPS	GENETICS	1	0	0	0	0			
PMS2 GENE FULL SEQ ANALYSIS	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
PMS2 GENE FULL SEQ ANALYSIS	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	COUNSELING	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	GASTROENTEROLOGY	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	2	5	5	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	SURGERY, GENERAL	1	0	0	0	0			
PMS2 GENE FULL SEQ ANALYSIS	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF CECUM	FAMILY MEDICINE	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	0	1	1	0	0	1		
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
PMS2 GENE FULL SEQ ANALYSIS	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
PMS2 GENE FULL SEQ ANALYSIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	HEMATOLOGY	1	0	0	0	0			
PMS2 GENE FULL SEQ ANALYSIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	ONCOLOGY	1	0	0	0	0			
PMS2 KNOWN FAMILIAL VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PNEUM COMPRES W/CAL PRESSURE	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	FAMILY MEDICINE	1	0	0	0	0			
PNEUM COMPRES W/CAL PRESSURE	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	FAMILY MEDICINE	1	0	0	0	0			
PNEUM COMPRES W/CAL PRESSURE	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM	FAMILY MEDICINE	1	0	0	0	0			
PNEUM COMPRES W/CAL PRESSURE	HYPERSOMNIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
PNEUM COMPRES W/CAL PRESSURE	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	FAMILY MEDICINE	5	0	0	0	0			1
PNEUM COMPRES W/CAL PRESSURE	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	SURGERY, PLASTIC	3	0	0	0	0			1
PNEUM COMPRES W/CAL PRESSURE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			1
PNEUM COMPRES W/CAL PRESSURE	PAIN IN RIGHT LEG	FAMILY MEDICINE	1	0	0	0	0			
PNEUM COMPRES W/CAL PRESSURE	POSTMASTECTOMY LYMPHEDEMA SYNDROME	FAMILY MEDICINE	1	0	0	0	0			
PNEUM COMPRES W/CAL PRESSURE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	FAMILY MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	ACQUIRED ABSENCE OF LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	BUNION OF RIGHT FOOT	PODIATRY	1	0	0	0	0			1
PNEUMA/VAC WALK BOOT PRE OTS	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMA/VAC WALK BOOT PRE OTS	DISPLACED PILON FRACTURE OF RIGHT TIBIA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF FIFTH METATARSAL BONE, L FOOT, INIT FOR OPN FX	FAMILY MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF FIRST METATARSAL BONE, RIGHT FOOT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF PROX PHALANX OF R GREAT TOE, 7THD	SPORTS MEDICINE	1	n	0	0	n			+
PNEUMA/VAC WALK BOOT PRE OTS	NONDISP FX OF THIRD METATARSAL BONE, LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	1	n	0	0	0			+
PNEUMA/VAC WALK BOOT PRE OTS	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INIT	SPORTS MEDICINE	1	0	0	0	0			+
PNEUMA/VAC WALK BOOT PRE OTS	OTH FRACTURE OF UPPER AND LOWER END OF UNSP FIBULA, INIT	SPORTS MEDICINE	1	0	0	0	0			+
PNEUMA/VAC WALK BOOT PRE OTS	OTHER FORMS OF DYSPNEA	PODIATRY	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	PODIATRY	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
			1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN LEFT FOOT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN LEFT FOOT	PODIATRY	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN LEFT LEG	PEDIATRICS	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	FAMILY MEDICINE	2	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	SPORTS MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN RIGHT FOOT	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PAIN IN RIGHT FOOT	PODIATRY	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	SPORTS MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
PNEUMA/VAC WALK BOOT PRE OTS	UNSPECIFIED INJURY OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, LEFT LEG	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, LEFT LEG	PODIATRY	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, LEFT LEG	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, LEFT LEG	SURGERY, ORTHOPEDIC	3	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, RIGHT LEG	PODIATRY	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, RIGHT LEG	RHEUMATOLOGY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, RIGHT LEG	SPORTS MEDICINE	3	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACHILLES TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	ACUTE PAIN DUE TO TRAUMA	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	BODY MASS INDEX [BMI] 45.0-49.9, ADULT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	BUNION OF RIGHT FOOT	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	CEREBRAL ANEURYSM, NONRUPTURED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	CONTUSION OF LEFT FOOT, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	CONTUSION OF RIGHT ANKLE, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	CONTUSION OF RIGHT GREAT TOE W DAMAGE TO NAIL, INIT ENCNTR	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	CONTUSION OF RIGHT LESSER TOE(S) W/O DAMAGE TO NAIL, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0	İ		1

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Codo Description	Brouider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved
Procedure Code Description PNEUMAT WALKING BOOT PRE CST	Diagnosis Code Description DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Provider Specialty FAMILY MEDICINE	Approvais	n Delliais	O Delliais	O	O Delliais	Approved	Deilleu	by IRO
PNEUMAT WALKING BOOT PRE CST	DISP FX (AVULSION) OF MEDIAL EPICONDYLE OF L HUMERUS, INIT	PODIATRY	1	n	0	0	n			+
PNEUMAT WALKING BOOT PRE CST	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	DISP FX OF FIRST METATARSAL BONE, LEFT FOOT, INIT	FAMILY MEDICINE	1	n	0	0	n			+
PNEUMAT WALKING BOOT PRE CST	DISP FX OF LATERAL MALLEOLUS OF LEFT FIBULA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	DISP FX OF MED MALLEOLUS OF L TIBIA, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	DISPL BIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT FRE CST	DISPLACED PILON FRACTURE OF RIGHT TIBIA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	DISPLACED FILON FIX LEFT TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	n	0	0	n			+
PNEUMAT WALKING BOOT PRE CST	DISPLACED FILENTY LETT HBIA, SUBSTON CLOSTY W ROOTH HEAL	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	DISPLACED TRIMALLEOLAR FRACTURE OF LEFT TIBIA, SEQUELA	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	DISPLACED INIVIALLE OF THE OF RIGHT GREAT TOE, INIT FOR CLOS FX	PODIATRY	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	PODIATRY	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	FAMILY MEDICINE	12	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON END STAGE RENAL DISEASE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST			1	0	0	0	0			
	FX UNSP METATARSAL BONE(S), L FOOT, SUBS FOR FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	HALLUX RIGIDUS, RIGHT FOOT	PODIATRY	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	HYDROCELE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	HYPERSOMNIA, UNSPECIFIED	PODIATRY	2	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	HYPERTROPHIC SCAR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	IDIOPATHIC GOUT, UNSPECIFIED SITE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	INFLAMMATORY POLYARTHROPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, RIGHT LEG, INIT	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	LATERAL SUBLUXATION OF RIGHT PATELLA, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	NONDISP AVULS FRACTURE (CHIP FRACTURE) OF LEFT TALUS, INIT	ORTHOPAEDIC SPORTS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	NONDISP AVULS FRACTURE (CHIP FRACTURE) OF RIGHT TALUS, INIT	MEDICINE SURGERY, ORTHOPEDIC	1	0	n	n	n			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF 5TH METATARSAL BONE, L FT, 7THD	SPORTS MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT FRE CST	NONDISP FX OF CUBOID BONE OF RIGHT FOOT, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF DISTAL PHALANX OF LEFT LESSER TOE(S), INIT	FAMILY MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	FAMILY MEDICINE	1	n	0	0	n			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	SPORTS MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF FIRST METATARSAL BONE, LEFT FOOT, INIT	SPORTS MEDICINE	1	n	0	0	n			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	PHYSICIAN ASSISTANT	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THD	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	FAMILY MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT FRE CST	NONDISP FX OF LATERAL MALLEOLUS OF R FIBULA, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT FRE CST	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	FAMILY MEDICINE	2	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	INTERNAL MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF LATERAL MALLEOLOS OF RIGHT FIBULA, INTI	FAMILY MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NONDISP FX OF SECOND METATARSAL BONE, RIGHT FOOT, INIT	PEDIATRICS	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W FAT LAYER EXPOSED		1	0	0	0	0			+
LINFONNY AWEVING BOOT LUE COL	MON-FRS CHRONIC OLCER OTH PRI LEFT FOUT W FAT LATER EXPOSED	PODIATRY	1	٦	0	o a	0			1
PNEUMAT WALKING BOOT PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PODIATRY	4	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPORTS MEDICINE	3	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			1

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description PNEUMAT WALKING BOOT PRE CST	Diagnosis Code Description OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX OTH FRACTURE OF LEFT LOWER LEG. INIT FOR CLOS FX	COUNSELING SPORTS MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX OTH FRACTURE OF UPPER AND LOWER END OF LEFT FIBULA, INIT	PEDIATRICS	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF LEFT FIBULA, INIT	SPORTS MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INIT	FAMILY MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INIT	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, SEQUELA	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTH FRACTURE OF UPPER AND LOWER END OF UNSP FIBULA, INIT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTH FX SHAFT OF LEFT FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTH FX UPR & LOW END L FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTHER ENTHESOPATHY OF LEFT FOOT AND ANKLE	FAMILY MEDICINE	1	0	0	0	0			+
PNEUMAT WALKING BOOT PRE CST	OTHER FORMS OF DYSPNEA	PODIATRY	1	0	0	0	0			_
PNEUMAT WALKING BOOT PRE CST	OTHER FRACTURE OF RIGHT FOOT, INIT	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTHER INSTABILITY, LEFT FOOT	FAMILY MEDICINE	1	0	0	0	0			_
PNEUMAT WALKING BOOT PRE CST	OTHER INSTABILITY, LEFT FOOT	PODIATRY	1	0	0	0	0			_
PNEUMAT WALKING BOOT PRE CST	OTHER INSTABILITY, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
PNEUMAT WALKING BOOT PRE CST	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTHER SPRAIN OF RIGHT FOOT, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
PNEUMAT WALKING BOOT PRE CST	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	OTHER VIRAL PNEUMONIA	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	SPORTS MEDICINE	5	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	SURGERY, ORTHOPEDIC	3	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT FOOT	FAMILY MEDICINE	4	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT FOOT	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT FOOT	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT FOOT	PODIATRY	3	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT FOOT	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN LEFT FOOT	SURGERY, ORTHOPEDIC	3	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	FAMILY MEDICINE	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	PEDIATRICS	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	PHYSICIAN ASSISTANT	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	PODIATRY	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	SPORTS MEDICINE	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	SURGERY, ORTHOPEDIC	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT FOOT	FAMILY MEDICINE	5	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT FOOT	PODIATRY	7	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT FOOT	SPORTS MEDICINE	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN RIGHT FOOT	SURGERY, ORTHOPEDIC	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN UNSPECIFIED FOOT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PAIN IN UNSPECIFIED TOE(S)	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PERONEAL TENDINITIS, LEFT LEG	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PERONEAL TENDINITIS, LEFT LEG	SURGERY, ORTHOPEDIC	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PERSONAL HISTORY OF COLONIC POLYPS	PHYSICIAN ASSISTANT	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PLANTAR FASCIAL FIBROMATOSIS	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PLANTAR FASCIAL FIBROMATOSIS	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	4	0	0	0	0			ļ
PNEUMAT WALKING BOOT PRE CST	PLANTAR FASCIAL FIBROMATOSIS	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PLANTAR FASCIAL FIBROMATOSIS	SURGERY, ORTHOPEDIC	4	0	0	0	0			\perp
PNEUMAT WALKING BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
Dunandura Code Description	Discussis Code Description	Provider Specialty	Total UM	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved
Procedure Code Description PNEUMAT WALKING BOOT PRE CST	Diagnosis Code Description POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	FAMILY MEDICINE	Approvals	Oeniais	Denials	Deniais	O	Approved	Denied	by IRO
PNEUMAT WALKING BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SPORTS MEDICINE	2	n	n	0	n			
PNEUMAT WALKING BOOT PRE CST	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	PRESENCE OF UROGENITAL IMPLANTS	INTERNAL MEDICINE	1	0	0	0	0			1
PNEUMAT WALKING BOOT PRE CST	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
PNEUMAT WALKING BOOT PRE CST	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	PODIATRY	1	0	0	0	0			1
PNEUMAT WALKING BOOT PRE CST	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	SURGERY, ORTHOPEDIC	1	0	0	0	0			\vdash
PNEUMAT WALKING BOOT PRE CST	SNORING	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SNORING	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SNORING	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF DELTOID LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			\vdash
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
THE OWN WHENTED BOOT THE OST	STRUME OF OTHER EIGENMENT OF EET FAMILE, SOBBEQUENT ENGOGNIEN	Sondeni, Gilliot Ebic		ŭ	ľ					
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	FAMILY MEDICINE	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF TARSAL LIGAMENT OF LEFT FOOT, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	PHYSICIAN ASSISTANT	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SURGERY, ORTHOPEDIC	5	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBS ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	PEDIATRICS	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	PSYCHIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	SURGERY, ORTHOPEDIC	3	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	SPORTS MEDICINE	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	STRAIN MUSC/TEND POST GRP AT LOW LEG LEVEL, LEFT LEG, INIT	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	SPORTS MEDICINE	1	0	0	0	0			\vdash
PNEUMAT WALKING BOOT PRE CST	STRAIN OF MUSCLES AND TENDONS AT ANK/FT LEVEL, L FOOT, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	INTERNAL MEDICINE	1	0	0	0	0			
			1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST PNEUMAT WALKING BOOT PRE CST	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF LEFT CALCANEUS, INIT FOR CLOS FX	SPORTS MEDICINE	1	0	0	0	0			
		SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF LOWER END OF RIGHT TIBIA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF RIGHT FOOT, INIT ENCNTR FOR CLOSED FRACTURE	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF RIGHT FOOT, INIT ENCNTR FOR CLOSED FRACTURE	SOCIAL WORK	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP FRACTURE OF RIGHT FOOT, SUBS FOR FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP INJ MUSC/TEND PERONEAL GRP AT LOW LEG LEV,UNSP LEG,INIT	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSP INJ MUSC/TEND POST GRP AT LOW LEG LEVEL, UNSP LEG, INIT	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED CIRRHOSIS OF LIVER	PAIN MANAGEMENT	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED DISLOCATION OF RIGHT TOE(S), SUBS ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED FALL, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	FAMILY MEDICINE	2	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	PEDIATRICS	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF RIGHT FOOT, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF RIGHT FOOT, INITIAL ENCOUNTER	PODIATRY	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
PNEUMAT WALKING BOOT PRE CST	UNSPECIFIED INJURY OF UNSPECIFIED ANKLE, SUBS ENCNTR	SPORTS MEDICINE	2	0	0	0	0			
PNEUMATIC PROP TIRE INSERT	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
POLISHING ARTIFICAL EYE	PRESENCE OF ARTIFICIAL EYE	OPHTHALMOLOGY	1	0	0	0	0			
POLYSOM <6 YRS 4/> PARAMTRS	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PULMONARY DISEASE	1	0	0	0	0			
POLYSOM <6 YRS 4/> PARAMTRS	APNEA, NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASE	2	0	0	0	0			1
POLYSOM <6 YRS 4/> PARAMTRS	BILATERAL INTRAABDOMINAL TESTES	HEMATOLOGY	1	0	0	0	0			
POLYSOM <6 YRS 4/> PARAMTRS	DENTAL CARIES, UNSPECIFIED	SLEEP MEDICINE	1	0	0	0	0			1
POLYSOM <6 YRS 4/> PARAMTRS	HYPERSOMNIA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			-
POLYSOM <6 YRS 4/> PARAMTRS	HYPERTROPHY OF TONSILS	PULMONARY DISEASE	1	0	0	0	0			+
POLYSOM <6 YRS 4/> PARAMTRS	INSOMNIA DUE TO OTHER MENTAL DISORDER	FAMILY MEDICINE	2	0	0	0	0			+
POLYSOM <6 YRS 4/> PARAMTRS	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			+
POLYSOM <6 YRS 4/> PARAMTRS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			+
POLYSOM <6 YRS 4/> PARAMTRS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0			+
POLYSOM <6 YRS 4/> PARAMITS POLYSOM <6 YRS 4/> PARAMITS	PRADER-WILLI SYNDROME	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			-
POLYSOM <6 YRS 4/> PARAMTRS	SLEEP APNEA, UNSPECIFIED	PEDIATRICS	1	n	0	0	n			
POLYSOM <6 YRS 4/> PARAMTRS	SNORING	PEDIATRICS	1	0	0	0	0			+
POLYSOM <6 YRS 4/> PARAMTRS	SNORING	PULMONARY DISEASE	2	0	0	0	0			+
POLYSOM <6 YRS CPAP/BILVL	SNORING	PULMONARY DISEASE	1	0	0	0	0			+
POLYSOM 6/> YRS 4/> PARAM	ANKYLOGLOSSIA	PULMONARY DISEASE	1	0	0	0	0			+
POLYSOM 6/> YRS 4/> PARAM	APNEA, NOT ELSEWHERE CLASSIFIED		1	U	U	U	U			+
		Other	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	ATYPICAL ATRIAL FLUTTER	PULMONARY DISEASE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	BODY MASS INDEX PEDIATRIC, LESS THAN 5TH PERCENTILE FOR AGE	PEDIATRIC SURGERY	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	PULMONARY DISEASE	2	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	CHEST PAIN, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	CHEST PAIN, UNSPECIFIED	SOCIAL WORK	1	U	U	0	0			 '
POLYSOM 6/> YRS 4/> PARAM	DILATED CARDIOMYOPATHY	PULMONARY DISEASE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	FAMILY MEDICINE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	PULMONARY DISEASE	2	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PULMONARY DISEASE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	HYPERSOMNIA, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	HYPERSOMNIA, UNSPECIFIED	PULMONARY DISEASE	16	0	0	0	0			<u> </u>
POLYSOM 6/> YRS 4/> PARAM	HYPERSOMNIA, UNSPECIFIED	SOCIAL WORK	2	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	PULMONARY DISEASE	2	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	ILLNESS, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	IMPERFORATE HYMEN	PEDIATRICS	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	PULMONARY DISEASE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	MELENA	FAMILY MEDICINE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	N/A	Other	1							
POLYSOM 6/> YRS 4/> PARAM	N/A	PULMONARY MEDICINE	1							
POLYSOM 6/> YRS 4/> PARAM	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	2	0	0	0	0			+
POLYSOM 6/> YRS 4/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	3	0	0	0	0			+
	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NEUROLOGY	1	-	-	L-	-		l	

DOUGHOUSE OF THE AD-PANISM DESTRUCTIVE SEEP AND ADD	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DITS STATE FOR A PARAMA				1							
PROCESSOR (1) THE ADMAN	1/> PARAM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	11	0	0	0	0			
POLYSIAN (1) YES 40 - PARRAM	4/> PARAM	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	PULMONARY DISEASE	2	0	0	0	0			
DICISION (A) **YES A-PRAMAM	1/> PARAM	OTHER FATIGUE	PULMONARY DISEASE	1	0	0	0	0			
PRIVISION DE NES DE PARRAM	1/> PARAM	OTHER HYPERSOMNIA	FAMILY MEDICINE	1	0	0	0	0			1
PRISSON NO. YES AP ARRANA	1/> PARAM	OTHER HYPERSOMNIA	PULMONARY DISEASE	2	0	0	0	0			1
PRINTSMAM CHIEF SAPERAM	1/> PARAM	OTHER HYPERSOMNIA	SOCIAL WORK	1	0	0	0	0			1
POLYSOM 67-YES 46-PARRAM	1/> PARAM	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	FAMILY MEDICINE	1	0	0	0	0			1
PRINSING 6-Y-YES 4-PARAM	1/> PARAM	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	INTERNAL MEDICINE	3	0	0	0	0			
POLYSON 6/- PRABAM	1/> PARAM	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	PULMONARY DISEASE	2	0	0	0	0			
PRISSONAL HISTORY OF D'HER INSTORY OF D'	1/> PARAM	PAIN IN RIGHT LEG	PULMONARY DISEASE	1	0	0	0	0			
PRIJESTON SEPTION PARAM	1/> PARAM	PARASOMNIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
PRIJESTON SEPTION PARAM	4/> PARAM	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	PULMONARY DISEASE	1	0	0	0	0			
POLYSON 66 / YES 45 / PARAM PREUMONIAL UNEFFCIFED DRIANISM PRE				1	0	0	0	0			+
DOLYSOM 6-1-YES 4-7-PARAM				1	0	0	0	0			+
POLYSON 65 / YES 45 - PRARM				1	0	0	0	0			\vdash
POLYSON 66 / PM 64 / PARAM SLEP APMEA, UNSPECIFED ANESTHESICIOGY 0 1 1 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·		1	0	n	0	0			+
POLYSON 6/2 NR 6/2 PARAM		· · ·		n	1	1	0	n			+
POLYSOM 6/2-WS A/2- PARAM		·		0	1	1	0	0			+
POLYSOM 6/2-YRS 4/2- PARAM		·		1	0	0	0	0			+
FOUNDS MAP - NES 4/2- PARAM				1	0	0	0	0			+
POLYSOM 6/-> YES 4/-> PARAM	· ·			-	0	0	0	0			
FOLYSOM 6/-> YES 4/-> PARAM				5	U	U	U	U			
DOLYSOM 6/-YRS 4/-> PARAM	*			1	0			0			——
POLYSOM 6/-> YES 4/-> PARAM	· ·			20	0	0	0	0			——
DOUSSOM 6/- YRS 4/-> PARAM SOMNOLENCE				1	0	0	0	0			——
POLYSOM 6/- YRS 4/-> PARAM				1	0	0	0	0			
POLYSOM 6/-YRS CPA PA/> PARM				1	0	0	0	-			
POLYSOM 6/-YRS CPAP 4/-> PARM APNEA, NOT ELSEWHERE CLASSIFIED Other 1 POLYSOM 6/-YRS CPAP 4/-> PARM CHRONIC RESPIRATORY FAILURE WITH HYPOXIA POLYSOM 6/-YRS CPAP 4/-> PARM ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON INTERNAL MEDICINE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				8	0	0	0	•			
POLYSOM 6/-YRS CPAP 4/> PARM				1	0	0	0	0			
POLYSOM 6/-YRS CPAP 4/> PARM	•			1							
POLYSOM 6/>YRS CPAP 4/> PARM FLUID OVERLOAD, UNSPECIFIED PULMONARY DISEASE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
POLYSOM 6/>YRS CPAP 4/> PARM				2	0	0	0	0			
FOLYSOM 6/>YRS CPAP 4/> PARM		*		1	0	0	0	0			
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POLYSOM 6/>YRS CPAP 4/> PARM SLEEP APNEA, UNSPECIFIED FAMILY MEDICINE 1 0 0 0 0 POLYSOM 6/>YRS CPAP 4/> PARM SNORING Other 1 1 POLYSOM 6/>YRS CPAP 4/> PARM SNORING PULMONARY DISEASE 3 0 0 0 0			ENDOCRINOLOGY AND	1	0	0	0	0			
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POLYSOM 6/>YRS CPAP 4/> PARM SNORING PULMONARY DISEASE 3 0 0 0 0 0				1		-	-	-			†
				3	0	n	0	0			+
Processors of the processor of the proce	-			1	0	n	0	0			+
POLYSOMNOGRAPHY 4 OR MOR Hypersomnia, unspecified Other Provider	-		_	l*	-		-			1	+
POLYSOMNOGRAPHY 4 OR MOR Obstructive sleep apnea (adult) (pediatric) Other Provider 1				1	 		1		4	1	+

STANDARDORAPHY 4 OR MOR	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
CHYSTAMORICARING A DE MIRE Christantine Resignance (public) posturine (public) Christantine Resignance (public) Christantine Resignantine Resignance (public) Christantine Resignance (public) Ch			0701 4 8 / 4 / 5 0 1 0 6 / 7 / 5 4 8								
DISTORMINGGRAPHY OR MORE	DOLVCOMANO CRARLIV A OR MOR	Obstanting along and a fadulth (and interior)									
POLYSOMMOGRAMPH										1	+
DISTANDAMORAMMY W/CPAP Distructive steep pages (builty [codemic) NAMEY MERICO (SV 2 2 2 2 2 2 2 2 2				1							1
DOSSON/MOGRAPHY W/CRPA Discussive sees games levels (jeedarins) NCLINGLOOF									1	1	+
POLYSPANNED Obstactive Steep sparse (adult) (pelluris) Other Provider									_	1	+
POMANYS 7 MG CAPSULE NAT PORTAGE OF CONTRETS, GAS OTHER SPECIFIED PRESSTITAL PULMONARY DISASES PULMONARY	•										+
PROMINENTS 2 MIG CAPARILE				1					5		+
DOTATE DE CONTENTS, GAS				1							
PORTRALE AGS MOREN SYSTEM PORTRALE AGS MORE AGS MOREN SYSTEM PORTRALE AGS MORE AGS MOREN SYSTEM PORTRALE AGS MORE AGS MO		,		1	0	0	0	0			+
PRIVATE SESSIONED SCHOOL PROPERTY PROP				1	0	0	0	0			+
PORTABLE GRADIOLS 02				1	0	0	0	0			
DISTRICTURE SANCHUS SC				1	0	0	0	0			
PORTABLE DUDIE 02 PORTABLE DIVISION CONCENTRATOR INTERSTITUTA PURIONARY DISASES. PORTABLE DIVISION CONCENTRATOR PERSONAL HISTORY OF OTHER INTERCTUCUS AND PARASTIC DISASES. PULMOMARY DISASES. PULMOMARY DISASES. 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	ļ	0			—
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PORTABLE DAYS (NO METER UNRECEITED CHRONG BRONCHITS FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	-	•			
DOKTABLE PEAK FLOW METER				1	0	0	ŭ.	•			
POS.ARMAY PRESSURE FILTER				1	0	0	ŭ	•			
POS ARRIVAY PRESSURE FILTER ABR FINDINGS ON DX IMAGING OF ADD REGIONS, INC RETROPERTON PULMONARY DISEASE 1		•		1	0	0	ŭ	0			
POS ARRIVAY PRESSURE FILTER ARN FINDINGS ON DX (MAGNING SEE AD BEGGIONS, INC RETROPERTON) POS ARRIVAY PRESSURE FILTER MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRANOSUS POS ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP APRICA (ADULT) (PEDIATRIC) CARTICAL CARE MEDICINE 1 0 0 0 0 0 1 1 POS ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP APRICA (ADULT) (PEDIATRIC) SARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIVA (ADULT) (PEDIATRIC) FOR ARRIVAY PRESSURE FILTER DISTRICTVE SLEEP ARRIV				0	1	0	•	1			
POS ARWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) POS ARWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OBSTRUCTIVE				2	0	0	<u> </u>	0			
POS ARWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) POS ARWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) POS ARWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) POS ARWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) POS ARWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OTOLARHINGOLOFY (AR., 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	POS AIRWAY PRESSURE FILTER	ABN FINDINGS ON DX IMAGING OF ABD REGIONS, INC RETROPERITON	PULMONARY DISEASE	1	0	0	0	0			
POS ARRWAY PRESSURE FILTER	POS AIRWAY PRESSURE FILTER	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	PULMONARY DISEASE	1	0	0	0	0			
POS.ARWAY PRESSURE FILTER	POS AIRWAY PRESSURE FILTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	1	0	0	0	0			1
POS.AIRWAY PRESSURE FILTER	POS AIRWAY PRESSURE FILTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	EMERGENCY MEDICINE	0	1	0	0	1			1
POS AIRWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) NOS. AINTHORATT POS AIRWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) POS AIRWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) POS AIRWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) SOCIAL WORK 2 0 0 0 0 0 D 0 0 0 0 0 0 0 0 0 0 0 0 0	POS AIRWAY PRESSURE FILTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	3	0	0	0	0			1
NOSE, AND THROATT NOSE	POS AIRWAY PRESSURE FILTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			1
POS AIRWAY PRESSURE FILTER	POS AIRWAY PRESSURE FILTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	0	0	0	0			
POS AIRWAY PRESSURE FILTER OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) SOCIAL WORK 2 0 0 0 0 0 1 POS AIRWAY PRESSURE TURING OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) EMERGENCY MEDICINE 1 0 0 1 1 POSACONAZOLE DR 100 MG TABLET N/A POSACONAZOLE DR 100 MG TABLET N/A ONCOLOGY 2 0 POSACONAZOLE DR 100 MG TABLET N/A ONCOLOGY 2 0 OTHER Provider 2 0 0 0 0 0 0 0 ONCOLOGY 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	POS AIRWAY PRESSURE FILTER	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		4	0	0	0	0			
POS AIRWAY PRESSURE TUBING OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) EMERGENCY MEDICINE 0 1 0 0 1 POSACONAZOLE DR 100 MG TABLET N/A ONCOLOGY 2 POSACONAZOLE DR 100 MG TABLET N/A ONCOLOGY 2 POSACONAZOLE DR 100 MG TABLET N/A ONCOLOGY 2 POSACONAZOLE DR 100 MG TABLET N/A POST FUSION 13/- VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 13/- VERT SEG NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFED SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 13/- VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION POST FUSION 13/- VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION FAMILY MEDICINE 2 0 0 0 0 POST FUSION 13/- VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION POST FUSION T-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 7-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 7-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 7-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 7-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 7-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 POST FUSION 7-12 VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 DO 0 0 0 DO 0 0 0 0 DO 0 0 0 0 0 0 0 DO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
POSACONAZOLE DR 100 MG TABLET N/A ONCOLOGY ONCOL				0	1	0	0	1			
POSACONAZOLE DR 100 MG TABLET N/A ORCOLOGY 2 POSACONAZOLE DR 100 MG TABLET N/A ORCONAZOLE DR 100 MG TABLET N/A ORCONAZOLE DR 100 MG TABLET N/A POST FUSION 13/- VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1							†
POSACONAZOLE DR 100 MG TABLET N/A POSACONAZOLE DR 100 MG TABLET N/A POST FUSION 13/> VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 POST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 POST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 POST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION FAMILY MEDICINE 2 0 0 0 0 0 POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 3 0 0 0 0 POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION SURGERY, ORTHOPEDIC 3 0 0 0 0 0 POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION SURGERY, ORTHOPEDIC 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2							
POST FUSION 13/> VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC DOST FUSION 13/> VERT SEG ADDLESCENT IDIOPATHIC SCOLIOSIS, STE UNSPECIFIED SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC OO OO OO OO OO OO OO OO OO OO OO OO OO		,		2							†
POST FUSION 13/> VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC DOST FUSION 13/> VERT SEG MARRAN'S SYNDROME, UNSPECIFIED SURGERY, ORTHOPEDIC DOST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED SURGERY, ORTHOPEDIC DOST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC DO DO DO DO DO DO DO DO DO D		N/A		1							†
POST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC NEGION SURGERY, ORTHOPEDIC 3 0 0 0 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation, sublaminar wiring at C1, facet screw fixation), sublaminar wiring at C1, facet screw fixation, lumbar region Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation, sublaminar wiring at C1, facet screw fixation, sublaminar wiring at C1, facet screw fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw				1	0	0	0	0			†
POST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION SURGERY, ORTHOPEDIC DO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	POST FUSION 13/> VERT SEG	MARFAN'S SYNDROME, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
POST FUSION 13/> VERT SEG NEUROMUSCULAR SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION POST FUSION 7-12 VERT SEG ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION SURGERY, ORTHOPEDIC DO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	POST FUSION 13/> VERT SEG	NEUROMUSCULAR SCOLIOSIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION SURGERY, ORTHOPEDIC NEUROSURGERY 1 Other intervertebral disc degeneration, lumbar region NEUROSURGERY 1 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw				2	0	0	0	0			†
Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION SURGERY, ORTHOPEDIC NEUROSURGERY 1 NEUROSURGERY 1 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw				1	0	0	0	0			†
technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced Other intervertebral disc degeneration, lumbar region NEUROSURGERY 1 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw	POST FUSION 7-12 VERT SEG	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
transarticular screw fixation, sublaminar wiring at C1, facet screw	technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced Posterior non-segmental instrumentation (eg, Harrington rod	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							
							1				
	fixation) (List separately in addition to code for primary proced	Spinal enthesopathy, thoracic region	NEUROSURGERY	1			ĺ				

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Posterior non-segmental instrumentation (eg, Harrington rod										
technique, pedicle fixation across 1 interspace, atlantoaxial										
transarticular screw fixation, sublaminar wiring at C1, facet screw	Calcal standard lumbar sada suith an acceptable disation	NELIDOCLIDOEDV								
fixation) (List separately in addition to code for primary proced	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
Posterior non-segmental instrumentation (eg, Harrington rod										
technique, pedicle fixation across 1 interspace, atlantoaxial										
transarticular screw fixation, sublaminar wiring at C1, facet screw										
1 · · · · · · · · · · · · · · · · · · ·	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1							
fixation) (List separately in addition to code for primary proced	wedge compression fracture of 111-112 vertebra, fint	INEURUSURGERT	1							
Posterior segmental instrumentation (eg, pedicle fixation, dual rods										
with multiple hooks and sublaminar wires); 3 to 6 vertebral										
	Other intervertebral disc degeneration, lumbar region	NEUROSURGERY	1							
Posterior segmental instrumentation (eg, pedicle fixation, dual rods						1				
with multiple hooks and sublaminar wires); 3 to 6 vertebral						1				
segments (List separately in addition to code for primary procedure)	Spinal enthesopathy, thoracic region	NEUROSURGERY	1							
Posterior segmental instrumentation (eg, pedicle fixation, dual rods										
with multiple hooks and sublaminar wires); 3 to 6 vertebral										
segments (List separately in addition to code for primary procedure)	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	1							
Posterior segmental instrumentation (eg, pedicle fixation, dual rods										
with multiple hooks and sublaminar wires); 3 to 6 vertebral										
	Wedge compression fracture of T11-T12 vertebra, init	NEUROSURGERY	1			_	_			
POV GROUP 1 STD UP TO 300LBS	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	FAMILY MEDICINE	0	1	1	0	0			
POV GROUP 1 STD UP TO 300LBS	END STAGE RENAL DISEASE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
POV GROUP 1 STD UP TO 300LBS POV GROUP 2 STD UP TO 300LBS	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY MULTIPLE SCLEROSIS	NEUROLOGY NEUROLOGY	1	0	0	0	0			
POV GROUP 2 VHD 451-600 LBS	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	INTERNAL MEDICINE	1	0	0	0	0			
POWERED AIR FLOTATION BED	END STAGE RENAL DISEASE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
POWERED AIR FLOTATION BED	END STAGE RENAL DISEASE	CARDIOVASCULAR	1	U	U	U	U			
PRALUENT	Familial hypershelectorolomia	DISEASE							1	
FRALOLINI	Familial hypercholesterolemia	CARDIOVASCULAR							1	
PRALUENT	Pure hypercholesterolemia	DISEASE							1	
PRALUENT 75 MG/ML PEN	Familial hypercholesterolemia	INTERNAL MEDICINE		2	2					
TRACOCIVI 75 WIGHNET EN	i annia nypercholesterolenia	CARDIOVASCULAR	+							
PRALUENT 75 MG/ML PEN	Hyperlipidemia, unspecified	DISEASE		2	2					
PRALUENT 75 MG/ML PEN	Hyperlipidemia, unspecified	NURSE PRACTITIONER		1	1					
THE ESTITION OF THE PERSON OF	- Trypering and an appearance	CARDIOVASCULAR		-	-					
PRALUENT 75 MG/ML PEN	N/A	DISEASE		2	2					
Three Ett 75 maj met et		CARDIOVASCULAR			_					
PRALUENT 75 MG/ML PEN	Other hyperlipidemia	DISEASE		1	1					
		CARDIOLOGY,								
PRALUENT PEN 150 MG/ML PEN INJCTR	N/A	INTERVENTIONAL		1	1					
·		CARDIOVASCULAR								
PRALUENT PEN 150 MG/ML PEN INJCTR	N/A	DISEASE		2	2	1				
PRALUENT PEN 150 MG/ML PEN INJCTR	N/A	FAMILY MEDICINE		1	1					
PRALUENT PEN 150 MG/ML PEN INJCTR	N/A	Other Provider		1	1					
		CARDIOVASCULAR								
PRALUENT PEN 75 MG/ML PEN INJCTR	N/A	DISEASE	4	4	4					
PRALUENT PEN 75 MG/ML PEN INJCTR	N/A	NEPHROLOGY		1	1					
PRECISION XTRA STRIP	N/A	FAMILY MEDICINE	1	1	1					
PREGNYL 10,000 UNITS VIAL	N/A	PHYSICIAN ASSISTANT	1	1	1]]		

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
		OBSTETRICS/GYNECOLOG								
PREGNYL 10000 UNIT VIAL	N/A	Υ		1	1					
PREGNYL 10000 UNIT VIAL	N/A	Other Provider	1							
PREP CORNEAL ENDO ALLOGRAFT	BULLOUS KERATOPATHY, LEFT EYE	FAMILY MEDICINE	1	0	0	0	0			
PREPARE EMBRYO FOR TRANSFER	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	2	1	0	0	1			
PREPARE EMBRYO FOR TRANSFER	OTHER MALE INFERTILITY	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	CELLULITIS AND ABSCESS OF MOUTH	DENTISTRY	0	1	1	0	0			
PREPARE FACE/ORAL PROSTHESIS	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	DISTURBANCES IN TOOTH ERUPTION	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	ENTHESOPATHY, UNSPECIFIED	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	MANDIBULAR HYPERPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	MANDIBULAR HYPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	4	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	MAXILLARY HYPERPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			
PREPARE FACE/ORAL PROSTHESIS	MAXILLARY HYPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	10	1	1	0	0			
PREPARE FACE/ORAL PROSTHESIS	MYALGIA OF MASTICATION MUSCLE	SURGERY, ORAL AND MAXILLOFACIAL	1	1	1	0	0			
PREPARE FACE/ORAL PROSTHESIS	NEOPLASM OF UNCERTAIN BEHAVIOR OF SITES OF THE ORAL CAVITY	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	DENTISTRY	0	3	2	0	1			
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	0	7	7	0	0			
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	4	3	0	1			
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	0	1	0	0	1			
PREPARE FACE/ORAL PROSTHESIS	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	OTHER JAW ASYMMETRY	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	OTHER SPECIFIED DISEASES OF JAWS	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	PLAGIOCEPHALY	DENTISTRY	2	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	PLAGIOCEPHALY	FAMILY MEDICINE	2	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	SLEEP RELATED BRUXISM	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
PREPARE FACE/ORAL PROSTHESIS	TESTICULAR PAIN, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
PREPARE FACE/ORAL PROSTHESIS	UNSPECIFIED CYST OF JAW	DENTISTRY	0	3	3	0	0			
PREVACID 30 MG CAPSULE DR	N/A	GASTROENTEROLOGY		1	1					
PREVENTIVE COUNSELING INDIV	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	PEDIATRICS	2	0	0	0	0			
PREVENTIVE COUNSELING INDIV	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	4	0	0	0	0			
PREVENTIVE COUNSELING INDIV	NEONATAL DIFFICULTY IN FEEDING AT BREAST	REGISTERED NURSE	2	0	0	0	0			
PREVYMIS 480 MG TABLET	Illness, unspecified	PHYSICIAN ASSISTANT	1							
PREVYMIS 480 MG TABLET	N/A	ONCOLOGY	1							
PREVYMIS 480 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
PREZCOBIX 800 MG-150 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	INTERNAL MEDICINE	1							
PREZCOBIX 800 MG-150 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Other Provider	3			1				1
PREZCOBIX 800 MG-150 MG TABLET	N/A	FAMILY MEDICINE	1	1	1	1				1

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
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PREZCOBIX 800-150 MG TABLET	N/A	INFECTIOUS DISEASE	4	2	2					
PREZCOBIX 800-150 MG TABLET	N/A	Other Provider	4							
Primary CNS Neoplasms	Benign neoplasm of cerebral meninges	RADIATION ONCOLOGY	1							
Primary CNS Neoplasms	Benign neoplasm of cranial nerves	RADIATION ONCOLOGY	3							
Primary CNS Neoplasms	Benign neoplasm of pituitary gland	ONCOLOGY	1							
Primary CNS Neoplasms	Malignant neoplasm of brain stem	RADIATION ONCOLOGY	1							
Primary CNS Neoplasms	Malignant neoplasm of brain, unspecified	RADIATION ONCOLOGY	2							
Primary CNS Neoplasms	Malignant neoplasm of cerebellum	RADIATION ONCOLOGY	1							
Primary CNS Neoplasms	Malignant neoplasm of cerebrum, except lobes and ventricles	RADIATION ONCOLOGY	1							
	Malignant neoplasm of connective and soft tissue of head, face and									
Primary CNS Neoplasms	neck	ONCOLOGY	1							
Primary CNS Neoplasms	Malignant neoplasm of frontal lobe	RADIATION ONCOLOGY	2							
Division CNC No. of the con-	Marks and an advance of a surface of the office of the office	DADIATION ONCOLOGY								
Primary CNS Neoplasms	Malignant neoplasm of overlapping sites of brain	RADIATION ONCOLOGY	1							+
Primary CNS Neoplasms	Malignant neoplasm of parietal lobe	RADIATION ONCOLOGY	3							
Primary CNS Neoplasms	Malignant neoplasm of pineal gland	RADIATION ONCOLOGY	2							
Primary CNS Neoplasms	Malignant neoplasm of spinal cord	RADIATION ONCOLOGY	1							
Primary CNS Neoplasms	Malignant neoplasm of temporal lobe	RADIATION ONCOLOGY	3							
PRISTIQ 50 MG TAB ER 24H	N/A	PEDIATRICS		1	1					
PRISTIQ ER 100 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1							
PRISTIQ ER 100 MG TABLET	Major depressive disorder, single episode, moderate	Other Provider		1	1					
PRISTIQ ER 100 MG TABLET	N/A	FAMILY MEDICINE	1							
PRIVATE DUTY/INDEPENDENT NSG	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	PEDIATRICS	0	1	1	0	0			
PRIVIGEN	Nonfamilial hypogammaglobulinemia	HEMATOLOGY							1	L
PROAIR DIGIHALER 90 MCG INHALR	Mild persistent asthma, uncomplicated	Other Provider		1	1					<u> </u>
PROAIR HFA 90 MCG HFA AER AD	N/A	FAMILY MEDICINE	1							ļ!
PROAIR HFA 90 MCG HFA AER AD	N/A	INTERNAL MEDICINE	1	1	1					
PROAIR HFA 90 MCG HFA AER AD	N/A	Other Provider	2							
PROAIR HFA 90 MCG HFA AER AD	N/A	PEDIATRICS	1							
PROAIR HFA 90 MCG INHALER	N/A	Other Provider		1	1					
PROAIR RESPICLICK 90 MCG AER POW BA PROAIR RESPICLICK 90 MCG AER POW BA	N/A N/A	INTERNAL MEDICINE PEDIATRICS	1							
			1							+ +
PROAIR RESPICLICK 90 MCG INHLR	N/A	ALLERGY/IMMUNOLOGY	1							 '
PROBE NASOLACRIMAL DUCT	ACQUIRED STENOSIS OF BILATERAL NASOLACRIMAL DUCT	OPHTHALMOLOGY	1	0	0	0	0			 '
PROBE NASOLACRIMAL DUCT	ACQUIRED STENOSIS OF LEFT NASOLACRIMAL DUCT	OPHTHALMOLOGY	1	0	0	0	0			
PROBE NASOLACRIMAL DUCT	ACQUIRED STENOSIS OF RIGHT NASOLACRIMAL DUCT	FAMILY MEDICINE	1	0	0	0	0			+
PROBE NASOLACRIMAL DUCT	ACQUIRED STENOSIS OF RIGHT NASOLACRIMAL DUCT	OPHTHALMOLOGY	1	0	0	0	0			+
PROBE NASOLACRIMAL DUCT	EVERSION OF LEFT LACRIMAL PUNCTUM	OPHTHALMOLOGY	0	1	1	0	0			+
PROBE, PERC LUMB DISC PROCHLORPERAZINE INJECTION	SPINAL STENOSIS, CERVICAL REGION ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	FAMILY MEDICINE HEMATOLOGY	1	U	0	0	0			+
PROCHLORPERAZINE INJECTION PROCHLORPERAZINE INJECTION	DISORIENTATION, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			+
PROCHLORPERAZINE INJECTION PROCHLORPERAZINE INJECTION	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			+
PROCHLORPERAZINE INJECTION PROCHLORPERAZINE INJECTION	PERST MIGRAINE AURA W/O CEREBRAL INFRC, NTRCT, W STAT MIGR	NEUROLOGY	1	0	0	0	0			+
PROCRIT	Chronic kidney disease, unspecified	NEPHROLOGY	l*	_		-	~		1	+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PROCRIT 20000/ML VIAL	N/A	NEPHROLOGY	3							
PROLIA	Age-related osteoporosis without current pathological fracture	ENDOCRINOLOGY AND METABOLISM						1		
PROLIA	Age-related osteoporosis without current pathological fracture	FAMILY MEDICINE							1	
PROLIA	Age-related osteoporosis without current pathological fracture	INTERNAL MEDICINE							1	
PROLIA	Age-related osteoporosis without current pathological fracture	Other Provider						1		
PROLIA	Age-related osteoporosis without current pathological fracture	Physician						1		
PROLIA	Age-related osteoporosis without current pathological fracture	RHEUMATOLOGY							1	
PROLIA 60 MG/ML SYRINGE	Age-related osteoporosis without current pathological fracture	FAMILY MEDICINE	1	2	2					
PROLIA 60 MG/ML SYRINGE	Age-related osteoporosis without current pathological fracture	INTERNAL MEDICINE OBSTETRICS/GYNECOLOG	1							
PROLIA 60 MG/ML SYRINGE	Age-related osteoporosis without current pathological fracture	Y	1							
PROLIA 60 MG/ML SYRINGE	Age-related osteoporosis without current pathological fracture	Other Provider	1	1	1					
PROLIA 60 MG/ML SYRINGE	Age-related osteoporosis without current pathological fracture	RHEUMATOLOGY							1	
PROLIA 60 MG/ML SYRINGE	N/A	FAMILY MEDICINE	2							
		OBSTETRICS/GYNECOLOG								
PROLIA 60 MG/ML SYRINGE	N/A	Υ	2							
PROLIA 60 MG/ML SYRINGE	N/A	Other Provider	1							
PROLIA 60 MG/ML SYRINGE	Other general symptoms and signs	INTERNAL MEDICINE	1							
PROLNG SVC O/P 1ST HOUR	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	4	0	0	0	0			
PROLNG SVC O/P 1ST HOUR PROMACTA 25 MG TABLET	NEONATAL DIFFICULTY IN FEEDING AT BREAST N/A	REGISTERED NURSE	1	U	U	U	U			
PROMACTA 25 MG TABLET	N/A	ONCOLOGY Other Provider	1	1	1					
PROMACTA 50 MG TABLET	N/A	ONCOLOGY	1	_	-					
PROMACTA 50 MG TABLET	N/A	Other Provider	1	1	1					
PROMACTA 50 MG TABLET	N/A	PHYSICIAN ASSISTANT	1	_	_					
PROMETHAZINE HCL INJECTION	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	HEMATOLOGY	1	0	0	0	0			
PROMETHAZINE HCL INJECTION	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
PROMETHAZINE HCL INJECTION	UNSPECIFIED JAUNDICE	HEMATOLOGY	1	0	0	0	0			
PROMETHAZINE-CODEINE 6.25-10/5 SYRUP	N/A	FAMILY MEDICINE	2							
PROMETHAZINE-CODEINE 6.25-10/5 SYRUP	N/A	Other Provider	1							
PROMETHAZINE-CODEINE 6.25-10/5 SYRUP	N/A	PULMONARY DISEASE	1							
PROMETHAZINE-CODEINE SYRUP	ACUTE BRONCHOSPASM	FAMILY MEDICINE	1							
PROMETHAZINE-CODEINE SYRUP	Cough	FAMILY MEDICINE	1							
PROMETHAZINE-CODEINE SYRUP	Unspecified asthma, uncomplicated	INTERNAL MEDICINE	1							
Prophylactic treatment (nailing, pinning, plating or wiring) with or	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	OPTHODEDIC SUBGERY	1							
without methylmethacrylate; clavicle Prostate Adenocarcinoma	Malignant neoplasm of prostate	ORTHOPEDIC SURGERY INTERNAL MEDICINE	1	-						
Prostate Adenocarcinoma	Malignant neoplasm of prostate	MEDICAL ONCOLOGY	1	-						
Prostate Adenocarcinoma	Malignant neoplasm of prostate	ONCOLOGY	3							
Prostate Adenocarcinoma	Malignant neoplasm of prostate	Other Provider	1							
Prostate Adenocarcinoma	Malignant neoplasm of prostate	PED RADIOLOGY ONCOLOGY	1							
Prostate Adenocarcinoma	Malignant neoplasm of prostate	RADIATION	2							
Prostate Adenocarcinoma	Malignant neoplasm of prostate	RADIATION ONCOLOGY	45	6	6					
PROSTATE SATURATION SAMPLING	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	1	0	0	0	0			

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PROSTATECTOMY (TURP)	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	FAMILY MEDICINE	1	0	0	0	0			
PROSTATECTOMY (TURP)	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	1	0	0	0	0			
PROSTATECTOMY (TURP)	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	UROLOGY	2	0	0	0	0			
PROSTATECTOMY (TURP)	RETENTION OF URINE, UNSPECIFIED	UROLOGY	2	0	0	0	0			
PROSTATECTOMY (TURP)	SUPRAVENTRICULAR TACHYCARDIA	UROLOGY	1	0	0	0	0			
PROSTATECTOMY (TURP)	TROCHANTERIC BURSITIS, RIGHT HIP	UROLOGY	1	0	0	0	0			
PROSTATECTOMY (TURP)	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	UROLOGY	3	0	0	0	0			
PROSTHETIC IMPLANT NOS	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	1	0	0	0	0			
PROTHROMBIN TIME	N/A	DIAGNOSTIC RADIOLOGY		1			1			
PROTON TREATMENT COMPLEX	Malignant neoplasm of tonsil, unspecified	RADIATION ONCOLOGY							1	
PROTONIX 40 MG SUSPENSION	Dysphagia, unspecified	INTERNAL MEDICINE		1	1				-	+
	7, 6, 10, 7, 1, 11, 11	CARDIOVASCULAR								+
PROTONIX DR 40 MG TABLET	Chest pain, unspecified	DISEASE	1							
PROTONIX DR 40 MG TABLET	Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY		1	1					
PROVENTIL HFA 90 MCG HFA AER AD	N/A	FAMILY MEDICINE	1	1	1					
PROVENTIL HFA 90 MCG HFA AER AD	N/A	INTERNAL MEDICINE		1	1					
PROVENTIL HFA 90 MCG INHALER	ACUTE BRONCHITIS UNSPECIFIED	FAMILY MEDICINE		1	1					
PROVIDE INR TEST MATER/EQUIP	PRESENCE OF PROSTHETIC HEART VALVE	INTERNAL MEDICINE	1	0	0	0	0			
PROVIDE INR TEST MATER/EQUIP	PRESENCE OF PROSTHETIC HEART VALVE	PSYCHOLOGY	1	0	0	0	0			
PROZAC 20 MG PULVULE	Unspecified mood [affective] disorder	Other Provider	1							
PRP I/HERN INIT REDUC >5 YR	ATAXIA, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR	FAMILY MEDICINE	3	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	LIVER DISEASE, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	PERSONAL HISTORY OF COLONIC POLYPS	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	PLANTAR FASCIAL FIBROMATOSIS	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	RIGHT LOWER QUADRANT PAIN	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	FAMILY MEDICINE	2	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	INTERNAL MEDICINE	7	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	SURGERY, GENERAL	26	1	1	0	0			
PRP I/HERN INIT REDUC >5 YR	UNILATERAL INGUINAL HERNIA, W OBST, W/O GANGRENE, RECURRENT	INTERNAL MEDICINE	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	UNILATERAL INGUINAL HERNIA, W OBST, W/O GANGRENE, RECURRENT	SURGERY, GENERAL	1	0	0	0	0			
PRP I/HERN INIT REDUC >5 YR	VITREOUS HEMORRHAGE, RIGHT EYE	SURGERY, GENERAL	1	0	0	0	0			
PSG, < 6 YEARS OLD	CONGENITAL MALFORMATION, UNSPECIFIED	Respiratory Therapy	1							
PSG, < 6 YEARS OLD	ENCEPHALOPATHY, UNSPECIFIED	Respiratory Therapy	1							
PSG, < 6 YEARS OLD	HYPERTROPHY OF TONSILS	Respiratory Therapy	2							+
PSG, < 6 YEARS OLD	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Respiratory Therapy	2							
PSG, < 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	15							
PSG, < 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory Therapy	1							
PSG, < 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy	13							
PSG, < 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy	2							
PSG, < 6 YEARS OLD	SNORING	Respiratory Therapy	9							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ALLERGIC RHINITIS, UNSPECIFIED	Respiratory Therapy		1	1					

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Codo Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	Diagnosis Code Description APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory Therapy	Approvais	2	2	Demais	Delliais	Approveu	Dellieu	by INO
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CANDIDAL CHEILITIS	Respiratory Therapy		1	1					+
130, >= 0 TEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT	Respiratory merapy		_	1					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	STATUS MIGRAINOSUS	Respiratory Therapy	1	1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC PANSINUSITIS	Respiratory Therapy	-	1	1					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	Respiratory Therapy		1	1					+
	CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH	песрическу постару								
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPOXIA OR HYPERCAPNIA	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Respiratory Therapy		1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	Respiratory Therapy	4							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	COMPRESSION OF BRAIN	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION SYNDROME	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	DISORDER OF BRAIN, UNSPECIFIED	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	DYSPNEA, UNSPECIFIED	Respiratory Therapy	1	1	1					
	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS									
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	EPILEPTICUS	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory Therapy		3	3					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HEADACHE	Respiratory Therapy		1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERSOMNIA, UNSPECIFIED	Respiratory Therapy	14	9	9					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERTROPHY OF TONSILS	Respiratory Therapy	3							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Respiratory Therapy	4							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Respiratory Therapy	2							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	INSOMNIA, UNSPECIFIED	Respiratory Therapy	3	3	3					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Respiratory Therapy		1	1					
	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE									
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	BREAST	Respiratory Therapy		1	1					
	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS									
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MIGRAINOSUS	Respiratory Therapy	1							
	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS									
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MIGRAINOSUS	Respiratory Therapy	1							
	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS									
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MIGRAINOSUS	Respiratory Therapy	1	1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Respiratory Therapy	1	1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory Therapy		3	3					+
DCC - CVEADCOLD A CHANNEL ATTENDED	AAODDID (CEVEDE) ODECITY MAITH ANY FOL AD HIVDOVENTH AT ION	D								
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITH CATAPLEXY NARCOLEPSY WITHOUT CATAPLEXY	Respiratory Therapy	4							+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBESITY, UNSPECIFIED	Respiratory Therapy	4	1	1					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	172	352	352					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER ABNORMALITIES OF BREATHING	Respiratory Therapy Respiratory Therapy	1	JJ2	JJ2					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER FATIGUE		1	2	2					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER FORMS OF DYSPNEA	Respiratory Therapy Respiratory Therapy		1	1					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER HYPERSOMNIA	Respiratory Therapy	6	10	10					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER INSOMNIA	Respiratory Therapy	1	1	1					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP APNEA	Respiratory Therapy	+	2	2					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SLEEP DISORDERS	Respiratory Therapy	2	1	1					\vdash
in the state of th	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN		Ť	Ī	_					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PHYSIOLOGICAL CONDITION	Respiratory Therapy	5	9	9					1 '
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SPECIFIED RESPIRATORY DISORDERS	Respiratory Therapy	1	1	1					-
	The state of the s			_	_					\vdash
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory Therapy	1							1 '
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PARASOMNIA, UNSPECIFIED	Respiratory Therapy	2			1				

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Respiratory Therapy	1	1	1					
	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC	,,								
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	DISEASES	Respiratory Therapy		1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	POLYNEUROPATHY, UNSPECIFIED	Respiratory Therapy		1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRIMARY CENTRAL SLEEP APNEA	Respiratory Therapy	3							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PRIMARY INSOMNIA	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PSYCHOPHYSIOLOGIC INSOMNIA	Respiratory Therapy		1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	RECURRENT HYPERSOMNIA	Respiratory Therapy		1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	REM SLEEP BEHAVIOR DISORDER	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	RESTLESS LEGS SYNDROME	Respiratory Therapy	1							1
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SECONDARY POLYCYTHEMIA	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Respiratory Therapy		1	1					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SICKLE-CELL DISEASE WITHOUT CRISIS	Respiratory Therapy	1							
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy	36	74	74					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy	7	13	13					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SNORING	Respiratory Therapy	27	18	18					
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SOMNOLENCE	Respiratory Therapy	4	9	9					+
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	UNSPECIFIED ASTHMA, UNCOMPLICATED	Respiratory Therapy	1	,	,					
PSYCL/NRPSYC TECH 1ST	N/A	NEUROLOGY	1							\vdash
PT EVAL HIGH COMPLEX 45 MIN	N/A	PHYSICAL THERAPY	2							+
PT EVAL LOW COMPLEX 20 MIN	N/A	HOSPITAL	2							+
PT EVAL MOD COMPLEX 30 MIN	N/A	HOSPITAL	1							+
PT EVAL MOD COMPLEX 30 MIN	OTHER ABNORMALITIES OF GAIT AND MOBILITY	HOSPITAL	1							+
PT EVAL MOD COMPLEX 30 MIN	OTHER ABNORWALTIES OF GATT AND MOBILITY OTHER INSTABILITY, RIGHT KNEE	HOSPITAL	1							
PT EVAL MOD COMPLEX 30 MIN PT EVAL MOD COMPLEX 30 MIN	REPEATED FALLS	HOSPITAL	1							\vdash
PT EVAL MOD COMPLEX 30 MIN	TORTICOLLIS	FAMILY MEDICINE	0	1	0	0	1			+
PT EVAL MOD COMPLEX 30 MIN	UNSTEADINESS ON FEET	HOSPITAL	1	1	U	U	1			
PT EVAL MOD COMPLEX SO MIN PT IN THE HOME PER DIEM	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	FAMILY MEDICINE	1	0	0	0	0			
PT IN THE HOME PER DIEM	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES		1	0	0	0	0			+
	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	PULMONARY DISEASE	1	0	0	0	0			
PT IN THE HOME PER DIEM	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	INTERNAL MEDICINE	1	0	0	0	2			
PT IN THE HOME PER DIEM		PEDIATRICS	1	2	0	0	2			
PT IN THE HOME PER DIEM	UNSPECIFIED FALL, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
PT PRGRM FOR IMPLT NEUROSTIM	FREQUENCY OF MICTURITION	UROLOGY	1	0	0	0	0			
PT PRGRM FOR IMPLT NEUROSTIM	PARKINSON'S DISEASE	NEUROLOGY	1	0	0	0	0			
PT PRGRM FOR IMPLT NEUROSTIM	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	1	0	0	0	0			
PTEN GENE DUP/DELET VARIANT	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			1
PTEN GENE DUP/DELET VARIANT	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	n	0			\vdash
PTEN GENE FULL SEQUENCE	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			\vdash
TEN GENE POLESEQUENCE	Enterminent Entermine (destende) (Noorme) vij o noormasines	obsternies, critecoes cr		-	1		ľ			'
PTEN GENE FULL SEQUENCE	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
PTEN GENE FULL SEQUENCE	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	GENETICS	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	PEDIATRICS	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	PATHOLOGY	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
										<u> </u>
PTEN GENE FULL SEQUENCE	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	INTERNAL MEDICINE	0	1	1	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			
PTEN GENE FULL SEQUENCE PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF CECUM MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	FAMILY MEDICINE	0	1	1	0	0			
		ONCOLOGY	U	1	1	U	U			
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			
PULMICORT 180 MCG FLEXHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Other Provider		1	1					
PULMICORT 90 MCG FLEXHALER	Allergic rhinitis, unspecified	PEDIATRICS		1	1					
PULMICORT 90 MCG FLEXHALER	Chronic obstructive pulmonary disease, unspecified	PHYSICIAN ASSISTANT		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
PULMICORT 90 MCG FLEXHALER	N/A	CARE		1	1					
PULMICORT 90 MCG FLEXHALER	N/A	PHYSICIAN ASSISTANT		1	1					
PULMICORT FLEXHALER	Mild parcictant arthma with (acuta) avacarbation	ALLERGY/IMMUNOLOGY						1		
POLIVICORT FLEXITALER	Mild persistent asthma with (acute) exacerbation	ALLERGI/IIVIIVIONOLOGI								
PULMICORT FLEXHALER 180 MCG AER POW BA	N/A	ALLERGY/IMMUNOLOGY		1	1					
PULMICORT FLEXHALER 180 MCG AER POW BA	N/A	FAMILY MEDICINE	1	4	4					
PULMICORT FLEXHALER 180 MCG AER POW BA	N/A	INTERNAL MEDICINE		2	2					
PULMICORT FLEXHALER 180 MCG AER POW BA	N/A	Other Provider		2	2					
PULMICORT FLEXHALER 180 MCG AER POW BA	N/A	PHYSICIAN ASSISTANT	1							
PULMICORT FLEXHALER 90 MCG AER POW BA	N/A	ALLERGY/IMMUNOLOGY	1							
PULMICORT FLEXHALER 90 MCG AER POW BA	N/A	FAMILY MEDICINE	1							
PULMICORT FLEXHALER 90 MCG AER POW BA	N/A	Other Provider	2							
PULMICORT FLEXHALER 90 MCG AER POW BA	N/A	PEDIATRICS		1	1					
PULMICORT FLEXHALER 90 MCG AER POW BA	N/A	PHYSICIAN ASSISTANT		1	1					
PULMICORT FLEXHALER 90 MCG AER POW BA	N/A	PULMONARY DISEASE		1	1					
PULMONARY SERVICE/PROCEDURE	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	CARDIOVASCULAR DISEASE	0	1	1	0	0			
PULMONARY STRESS TESTING	ANGINA PECTORIS, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	1	0	0	1			
PULMONARY STRESS TESTING	DISORDER OF WHITE BLOOD CELLS, UNSPECIFIED	ADVANCED HEART FAILURE	1	0	0	0	0			
		AND TRANSPLANT								
		CARDIOLOGY	1	_		_	_			
PULMONARY STRESS TESTING	PULMONARY HYPERTENSION, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
PULMONARY STRESS TESTING	SECONDARY PULMONARY ARTERIAL HYPERTENSION	ADVANCED HEART FAILURE AND TRANSPLANT	2	0	0	0	0			
DUI NACTIVA S A NAC (NA ANADIU	11/4	CARDIOLOGY								
PULMOZYME 1 MG/ML AMPUL	N/A	PULMONARY DISEASE	1							
DULANOZVANE 1 MAC/MAL COLUTION	21/2	PEDIATRIC								
PULMOZYME 1 MG/ML SOLUTION	N/A	PULMONOLOGY	1	2	2					
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	27	2	2					-
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	DME	1							
DUMAR EVT INICIONA MANIMER 1250 1150	TVDE 4 DIADETEC MELLITUS WITH HARDESIES COMMUNICATIONS	DAME	2	_						
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	DME	40	-	-			-		++
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY	DME	18	-				-		
DIMP BY INFLISION MINIMED INSULIN	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE	DME	1							
PUMP, EXT INFUSION, MINIMED, INSULIN PUMP, EXT INFUSION, MINIMED, INSULIN		DME DME	1	-	-			-		++
	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS		2	1	1			 		++
PUMP, EXT INFUSION, MINIMED, INSULIN	TITE 2 DIADETES WELLITUS WITHOUT CONPLICATIONS	DME		1	1			-		+
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	45	3	3					
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	8	3	3					
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	6							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
PWC GP 2 STD CAP CHAIR	MULTIPLE SCLEROSIS	PSYCHIATRY	1	0	0	0	0			
PWC GP 2 STD PORT CAP CHAIR	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			
PWC GP3 HD MULT POW OPT S/B	CEREBRAL INFARCTION, UNSPECIFIED	PHYSICAL MEDICINE	2	0	0	0	0			
PWC GP3 HD MULT POW OPT S/B	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	PHYSICAL MEDICINE	1	0	0	0	0			
PWC GP3 HD MULT POW OPT S/B	FEVER, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
PWC GP3 HD MULT POW OPT S/B	SPINAL STENOSIS, THORACOLUMBAR REGION	PHYSICAL MEDICINE	0	1	1	0	0			
PWC GP3 STD MULT POW OPT S/B	AMYOTROPHIC LATERAL SCLEROSIS	NEUROLOGY	1	0	0	0	0			
PWC GP3 STD MULT POW OPT S/B	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	FAMILY MEDICINE	1	0	0	0	0			
PWC GP3 STD MULT POW OPT S/B	CONGENITAL MYOPATHY, UNSPECIFED	NEUROLOGY	1	0	0	0	0			
PWC GP3 STD MULT POW OPT S/B	CRITICAL ILLNESS MYOPATHY	NEUROLOGY	1	0	0	0	0			
PWC GP3 STD MULT POW OPT S/B	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	PHYSICAL MEDICINE	1	0	0	0	0			
PWC GP3 STD MULT POW OPT S/B	FEVER, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			+
PWC GP3 STD MULT POW OPT S/B	HEMIPLGA FOLLOWING CEREBRAL INFRC AFF RIGHT DOMINANT SIDE	PHYSICAL MEDICINE	1	0	0	0	0			+
PWC GP3 STD MULT POW OPT S/B	INCLUSION BODY MYOSITIS [IBM]	PSYCHIATRY	n	1	1	0	0			+
PWC GP3 STD MULT POW OPT S/B	MULTIPLE SCLEROSIS	ALLERGY/IMMUNOLOGY	1	0	0	0	0			1
PWC GP3 STD MULT POW OPT S/B	PARAPLEGIA, INCOMPLETE	PHYSICAL MEDICINE	1	0	0	0	0			1
PWC GP3 STD MULT POW OPT S/B	PRESSURE ULCER OF SACRAL REGION, STAGE 3	PHYSICAL MEDICINE	1	0	0	0	0			\vdash
PWC GP3 STD MULT POW OPT S/B	QUADRIPLEGIA, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			\vdash
PWC GP3 STD MULT POW OPT S/B	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
PWC GP3 STD MULT POW OPT S/B	TOXIC ENCEPHALOPATHY	NEUROLOGY	1	0	0	0	0			-
PWC GP3 VHD SING POW OPT S/B	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	INFECTIOUS DISEASE	1	1	1	0	0			-
·			U	1	1	U	U			-
PWC GR 3 VHD SNG PWR S/B	Osteoarthritis of knee, unspecified	Other Provider						1	- 1	-
PWC GR3 STD MULT PWR S/B	Inclusion body myositis [IBM]	Other Provider							1	-
PWC GR3 STD MULT PWR S/B	Paranlagia unconsified	PHYSICAL MEDICINE AND REHABILITATION							1	
PWR SEAT COMBO W/ SHEAR	Paraplegia, unspecified Quadriplegia, unspecified	Other Provider						1		+
PWR SEAT COMBO W/ SHEAR	AMYOTROPHIC LATERAL SCLEROSIS	NEUROLOGY	1	n	n	0	0			+
PWR SEAT COMBO W/SHEAR	CEREBRAL INFARCTION, UNSPECIFIED	PHYSICAL MEDICINE	2	n	n	0	n			-
PWR SEAT COMBO W/SHEAR	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	FAMILY MEDICINE	1	0	n	0	0			+
PWR SEAT COMBO W/SHEAR	CONGENITAL MYOPATHY, UNSPECIFED	NEUROLOGY	1	n	n	0	n			-
PWR SEAT COMBO W/SHEAR	CRITICAL ILLNESS MYOPATHY	NEUROLOGY	1	0	n	0	0			+
PWR SEAT COMBO W/SHEAR	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	PHYSICAL MEDICINE	1	0	0	0	0			
PWR SEAT COMBO W/SHEAR	FEVER, UNSPECIFIED	PHYSICAL MEDICINE	0	1	1	0	0			
PWR SEAT COMBO W/SHEAR	HEMIPLGA FOLLOWING CEREBRAL INFRC AFF RIGHT DOMINANT SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
PWR SEAT COMBO W/SHEAR	MULTIPLE SCLEROSIS	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
PWR SEAT COMBO W/SHEAR	PARAPLEGIA, INCOMPLETE	PHYSICAL MEDICINE	1	0	0	0	0			ļ
PWR SEAT COMBO W/SHEAR	PRESSURE ULCER OF SACRAL REGION, STAGE 3	PHYSICAL MEDICINE	1	0	0	0	0			
PWR SEAT COMBO W/SHEAR	QUADRIPLEGIA, UNSPECIFIED	FAMILY MEDICINE	1	1	1	0	0			ļ
PWR SEAT COMBO W/SHEAR	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
PWR SEAT COMBO W/SHEAR	SPINAL STENOSIS, THORACOLUMBAR REGION	PHYSICAL MEDICINE	0	1	1	0	0			
PWR SEAT COMBO W/SHEAR	TOXIC ENCEPHALOPATHY	NEUROLOGY	1	0	0	0	0			
PWR SEAT ELEVATION SYS	AMYOTROPHIC LATERAL SCLEROSIS	NEUROLOGY	0	1	1	0	0			
PWR SEAT ELEVATION SYS	CEREBRAL INFARCTION, UNSPECIFIED	PHYSICAL MEDICINE	0	1	1	0	0			
PWR SEAT ELEVATION SYS	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	FAMILY MEDICINE	0	1	1	0	0			
PWR SEAT ELEVATION SYS	FEVER, UNSPECIFIED	PHYSICAL MEDICINE	U	1	1	U	U			
PWR SEAT ELEVATION SYS	HEMIPLGA FOLLOWING CEREBRAL INFRC AFF RIGHT DOMINANT SIDE	PHYSICAL MEDICINE	0	1	1	0	0			
PWR SEAT ELEVATION SYS	PARAPLEGIA, INCOMPLETE	PHYSICAL MEDICINE	1	U	U	U	U			
PWR SEAT ELEVATION SYS	PARAPLEGIA, UNSPECIFIED	PHYSICAL MEDICINE	U	1	1	U	U			
PWR SEAT ELEVATION SYS	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
PWR SEAT ELEVATION SYS	SPINAL STENOSIS, THORACOLUMBAR REGION	PHYSICAL MEDICINE	0	1	1	0	0			
PWR SEAT ELEVATION SYS	TOXIC ENCEPHALOPATHY	NEUROLOGY	0	1	1	0	0			ļ
PWR SEAT TILT	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY	PHYSICAL MEDICINE	1	0	0	0	0			
PWR SEAT TILT	INCLUSION BODY MYOSITIS [IBM]	PSYCHIATRY	0	1	1	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
PWR SEAT TILT	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	INFECTIOUS DISEASE	0	1	1	0	0	/ ipproved	Demea	2,
PWR SEAT TILT	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PEDIATRICS	1	0	0	0	0			+
PWR SEAT TILT	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			+
PYLERA 125-125 MG CAPSULE	N/A	GASTROENTEROLOGY	1	2	2					†
PYLERA 125-125 MG CAPSULE	N/A	INTERNAL MEDICINE	1	1	1					†
PYLERA 125-125 MG CAPSULE	N/A	Other Provider		2	2					†
PYLERA CAPSULE	N/A	Other Provider		1	1					1
QBREXZA	Primary focal hyperhidrosis, axilla	DERMATOLOGY						1		+
	, , , , , , , , , , , , , , , , , , , ,	CARDIOVASCULAR								1
QBREXZA 2.4 % TOWELETTE	N/A	DISEASE	1							
QBREXZA 2.4 % TOWELETTE	N/A	DERMATOLOGY	9	2	2					+
QBREXZA 2.4 % TOWELETTE	N/A	Other Provider	4	1	1					†
QBREXZA 2.4 % TOWELETTE	N/A	PHYSICIAN ASSISTANT	1							1
QBREXZA 2.4% CLOTH	N/A	DERMATOLOGY	1							+
QBREXZA 2.4% CLOTH	N/A	NURSE PRACTITIONER	1							1
QBREXZA 2.4% CLOTH	N/A	PEDIATRICS	1							1
QBREXZA 2.4% CLOTH	N/A	PHYSICIAN ASSISTANT	1							+
QBREXZA 2.4% CLOTH	Primary focal hyperhidrosis, axilla	DERMATOLOGY	8	3	3			-		+
QBREXZA 2.4% CLOTH	Primary focal hyperhidrosis, axilla	FAMILY MEDICINE	1	3	3					+
QBREXZA 2.4% CLOTH	Primary focal hyperhidrosis, axilla	Other Provider	3					-		+
QBREXZA 2.4% CLOTH	Primary focal hyperhidrosis, axilla	PHYSICIAN ASSISTANT	1							+
QNASL	Allergic rhinitis, unspecified	Physician	1						1	+
QNASE	Allergic Hillitis, unspecified	Filysician								+
QNASL 80 MCG HFA AER AD	N/A	ALLERGY/IMMUNOLOGY	1	1	1					
QNASL 80 MCG HFA AER AD	N/A	FAMILY MEDICINE		1	1					
QNASL 80 MCG HFA AER AD	N/A	INTERNAL MEDICINE		2	2					1
QNASL 80 MCG HFA AER AD	N/A	Other Provider	1	1	1					
QNASL 80 MCG HFA AER AD	N/A	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)		1	1					
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	ALLERGY/IMMUNOLOGY	2	2	2					
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Other Provider	1	_	-			-		+
QWISE SO MICC WISHEST TAT	ALLERGIC WHINTIS BOL TO TOLLEN	Other Frovider	_							+
QNASL 80 MCG NASAL SPRAY	Allergic rhinitis, unspecified	ALLERGY/IMMUNOLOGY		1	1					
QNASL 80 MCG NASAL SPRAY	CHRONIC RHINITIS	ALLERGY/IMMUNOLOGY	1							
QNASL 80 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Other Provider	-	1	1					1
QNHP OL DIG ASSMT&MGMT 21+	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	3	0	0	0	0			+
QSYMIA 3.75 MG-23 MG CAPSULE	N/A	INTERNAL MEDICINE		1	1	-	_	-		+
QSYMIA 3.75 MG-23 MG CAPSULE	Obesity, unspecified	Other Provider		1	1			-		+
QSYMIA 3.75-23 MG CPMP 24HR	N/A	Other Provider	1	_	-			-		+
QSYMIA 7.5MG-46MG CPMP 24HR	N/A	Other Provider	1							+
QTERN 10 MG-5 MG TABLET	N/A	INTERNAL MEDICINE	1							+
QTERN 10 MG-5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	_	1	1					+
QUAL NONMD EST PT 21>MIN	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	2	0	0	0	0			+
QUAL NOTING EST 1 212 MIN	Chronic migraine without aura, intractable, without status	REGISTERED NOTISE	3	0	Ů.	0	0			+
QUDEXY XR	migrainosus	PHYSICIAN ASSISTANT							1	1
		CLINICAL								1
QUDEXY XR 100 MG CAP SPR 24	N/A	NEUROPHYSIOLOGY		1	1					
QUDEXY XR 100 MG CAPSULE	Chronic migraine without aura, not intractable, without status migrainosus	PHYSICIAN ASSISTANT		1	1					
QUDEXY XR 100 MG CAPSULE	Headache	PEDIATRIC NEUROLOGY		1	1					
QUDEXY XR 150 MG CAP SPR 24	N/A	NEUROLOGY	1	2	2	1	 	 		+
QUELLI AR 150 MIG CAL SER 24	1975	NEUROLOGY	ļ -	,	J		ļ			

QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUDEXY XR 50 MG CAPSULE QUILLICHEW QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention-	nigraine without aura, intractable, without status	Provider Specialty PAIN MANAGEMENT NEUROLOGY NEUROLOGY Other Provider Physician Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS SLEEP MEDICINE Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS	Total UM Approvals 1 1 1 1 1 1 3	Total UM Denials 1 3 1 1 1 1 1 1 1	Medical Necessity Denials 1 1 1 1 1	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
QUDEXY XR 200 MG CAP SPR 24 QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUILLICHEW QUILLICHEW QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB	nigraine without aura, not intractable, without status sus nigraine without aura, intractable, without status sus nigraine without aura, intractable, without status sus ndeficit hyperactivity disorder, combined type ndeficit hyperactivity disorder, combined type ndeficit hyperactivity disorder, predominantly inattentive ndeficit hyperactivity disorder, predominantly inattentive ndeficit hyperactivity disorder, unspecified type ndeficit hyperactivity disorder, combined type ndeficit hyperactivity disorder, combined type ndeficit hyperactivity disorder, combined type	PAIN MANAGEMENT NEUROLOGY Other Provider Physician Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider Other Provider Other Provider PEDIATRICS Other Provider				_				
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QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUDEXY XR 50 MG CAPSULE QUILLICHEW QUILLICHEW QUILLICHEW ER 20 MG CHEW TAB Attention- QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention-	nigraine without aura, intractable, without status sus indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, predominantly inattentive indeficit hyperactivity disorder, predominantly inattentive indeficit hyperactivity disorder, unspecified type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type	NEUROLOGY Other Provider Physician Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS SLEEP MEDICINE Other Provider PEDIATRICS Other Provider Other Provider Other Provider PEDIATRICS Other Provider	1 1 1 1 1 6 2 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1		
QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUDEXY XR 200 MG CAPSULE QUDEXY XR 50 MG CAPSULE QUILLICHEW QUILLICHEW QUILLICHEW ER 20 MG CHEW TAB Attention- QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention-	nigraine without aura, intractable, without status sus indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, predominantly inattentive indeficit hyperactivity disorder, predominantly inattentive indeficit hyperactivity disorder, unspecified type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type indeficit hyperactivity disorder, combined type	NEUROLOGY Other Provider Physician Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS SLEEP MEDICINE Other Provider PEDIATRICS Other Provider Other Provider Other Provider PEDIATRICS Other Provider	1 1 1 1 1 6 2 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1			1		
QUDEXY XR 200 MG CAPSULE QUDEXY XR 50 MG CAPSULE QUILLICHEW QUILLICHEW QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 40 MG CHEW TAB Attention-QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB Attention-QUILLICHEW ER 40 MG CHEW TAB Attention-	nigraine without aura, intractable, without status susdeficit hyperactivity disorder, combined typedeficit hyperactivity disorder, combined typedeficit hyperactivity disorder, combined typedeficit hyperactivity disorder, predominantly inattentivedeficit hyperactivity disorder, unspecified typedeficit hyperactivity disorder, unspecified type	Other Provider Physician Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider PEDIATRICS Other Provider Other Provider PEDIATRICS Other Provider	1 1 1 1 1 6 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1			1		
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QUILLICHEW ER 20 MG CHEW TAB QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 20 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB	n-deficit hyperactivity disorder, combined type n-deficit hyperactivity disorder, combined type	Other Provider PEDIATRICS SLEEP MEDICINE Other Provider PEDIATRICS Other Provider	1 6 2 1	1 1 1	1					
QUILLICHEW ER 20 MG TAB CBP24H N/A QUILLICHEW ER 20 MG TAB CBP24H N/A QUILLICHEW ER 20 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB TAB CBP24H Attention- QUILLICHEW ER 40 MG CHEW TAB TAB CBP24H ATTENTION- QUILLICHEW ER 40 MG CHEW TAB TAB CBP24H TAB TABLEST TA	n-deficit hyperactivity disorder, combined type n-deficit hyperactivity disorder, combined type	Other Provider PEDIATRICS SLEEP MEDICINE Other Provider PEDIATRICS Other Provider	6 2 1 3	1 1 1	1					
QUILLICHEW ER 20 MG TAB CBP24H N/A QUILLICHEW ER 20 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB type	n-deficit hyperactivity disorder, combined type	PEDIATRICS SLEEP MEDICINE Other Provider PEDIATRICS Other Provider	2 1 3	1	1				l	+
QUILLICHEW ER 20 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 30 MG TAB CBP24H N/A QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB type	n-deficit hyperactivity disorder, combined type	SLEEP MEDICINE Other Provider PEDIATRICS Other Provider	3	1						1
QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 30 MG TAB CBP24H QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB Attention- type	n-deficit hyperactivity disorder, combined type	Other Provider PEDIATRICS Other Provider	3	1		1				
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QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB Attention- Attention- QUILLICHEW ER 40 MG CHEW TAB QUILLICHEW ER 40 MG CHEW TAB	n-deficit hyperactivity disorder, combined type	Other Provider			-					
QUILLICHEW ER 40 MG CHEW TAB Attention- QUILLICHEW ER 40 MG CHEW TAB Attention- type	n-deficit hyperactivity disorder, combined type		İ	1	1					
Attention- QUILLICHEW ER 40 MG CHEW TAB type			1	1	1					
QUILLICHEW ER 40 MG CHEW TAB type	r-deficit hyperactivity disorder, predominantly hyperactive		_	1	_					-
		Other Provider	1							
QUILLICHEW ER 40 ING CHEW TAB [Attention-	deficit hyperactivity disorder unspecified type	PEDIATRICS	2							
	n-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Z							├ ──
	n-deficit hyperactivity disorder, predominantly inattentive	EANAILY NAEDICINE								
QUILLIVANT XR type QUILLIVANT XR 25 MG/5 ML SUSP Attention-	deficit hungractivity disorder, combined type	FAMILY MEDICINE Other Provider	2					1		
	n-deficit hyperactivity disorder, combined type	Other Provider	2							├ ──
	n-deficit hyperactivity disorder, predominantly hyperactive	Other Dravider	1							
QUILLIVANT XR 25 MG/5 ML SUSP type QUILLIVANT XR 25 MG/5 ML SUSP Attention-	deficit hyperactivity disorder unspecified type	Other Provider	1	1	1					├ ──
	n-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	2	1	1					
QUILLIVANT XR 5 MG/ML SU ER RC24 N/A R & L HEART CATH CONGENITAL DISCORDAN	NT VENTRICULOARTERIAL CONNECTION	PEDIATRICS	3	0	0	0	0			
		PEDIATRIC CARDIOLOGY	3	0	0	0	0			
	LAR SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
	ANSPLANT STATUS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
	RMS OF DYSPNEA	FAMILY MEDICINE	1	0	0	0	0			├
R&L HRT ART/VENTRICLE ANGIO ILLNESS, UN	INSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
R&L HRT ART/VENTRICLE ANGIO WILLIAMS S	SYNDROME	PEDIATRIC CARDIOLOGY	1	1	1	0	0			
R&L HRT CATH W/VENTRICLGRPHY OTHER ASCI		CARDIOVASCULAR DISEASE	1	0	0	0	0			
			_	_	-					
RABEPRAZOLE SOD DR 20 MG TAB Gastro-eso	sophageal reflux disease without esophagitis	FAMILY MEDICINE	1	1	1					
RABEPRAZOLE SODIUM 20 MG TABLET DR N/A		GASTROENTEROLOGY	3							
RAD W/BACKUP NON INV INTRFC HYPOXEMIA	IA	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
DAD W/DACKUD MONUNIV INITIES	TIVE CLEED ADMEA (ADMIT) (DEDIATRIC)	EARAH V MAEDICINIE	1	0	0	0	0			
	TIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
	TIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	U O	0			├──
	KIDNEY DISEASE, STAGE 4 (SEVERE)	PULMONARY DISEASE	1	U	U	U	U			
	E RENAL DISEASE	PULMONARY DISEASE	1	0	U	0	U			
	ATORY POLYARTHROPATHY	PULMONARY DISEASE	1	U	U	U	U			
RAD W/O BACKUP NON-INV INTFC MIGRAINE V	W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	PULMONARY DISEASE	1	U	U	U	U			1
RAD W/O BACKUP NON-INV INTFC OBSTRUCTIV	TIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
	TIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	2	0	0	0	0			
	TIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	13	0	0	0	0			
	TIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			
	- CARCINOMA	RADIATION ONCOLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
RADIATION PHYSICS CONSULT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION PHYSICS CONSULT	N/A	HOSPITAL	2							
RADIATION PHYSICS CONSULT	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	2	0	n	0	0			
RADIATION THERAPY DOSE PLAN	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY DOSE PLAN	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY DOSE PLAN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY DOSE PLAN	N/A	HOSPITAL	4							
RADIATION THERAPY DOSE PLAN	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY PLANNI	Malignant neoplasm of base of tongue	Other Provider							1	
RADIATION THERAPY PLANNING	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY PLANNING	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY PLANNING	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			1
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	1	0	0	0	0			
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	5	0	0	0	0			
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	1	0	0	0	0			
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	2	0	0	0	0			
RADIATION THERAPY PLANNING	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	RADIATION ONCOLOGY	1	0	0	0	0			1
RADIATION THERAPY PLANNING	N/A	HOSPITAL	4							
RADIATION THERAPY PLANNING	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION THERAPY PLANNING	SHORTNESS OF BREATH	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TREATMENT AID(S)	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TREATMENT AID(S)	MALIGNANT ASCITES	HEMATOLOGY	1	0	0	0	0			
RADIATION TREATMENT AID(S)	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	2	0	0	0	0			
RADIATION TREATMENT AID(S)	N/A	HOSPITAL	4							
RADIATION TREATMENT AID(S)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TREATMENT AID(S)	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TREATMENT DELIVERY	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
RADIATION TREATMENT DELIVERY	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TREATMENT DELIVERY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	2	0	0	0	0			
RADIATION TREATMENT DELIVERY	N/A	HOSPITAL	1							
RADIATION TREATMENT DELIVERY	OTH GRANULOMATOUS DISORDERS OF THE SKIN, SUBCU	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TREATMENT DELIVERY	SHORTNESS OF BREATH	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TX MANAGEMENT X5	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
RADIATION TX MANAGEMENT X5	N/A	HOSPITAL	2							
RADIOFQ TRSMTR FOR IMPLT NEU	COMPLEX REGIONAL PAIN SYNDROME I OF LOWER LIMB, BILATERAL	PSYCHIATRY	0	1	0	1	0			
Radiofrequency ablation, nerves innervating the sacroiliac joint, with		ANECTHECIOLOGY								
image guidance (ie, fluoroscopy or computed tomography)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY		1	1					
	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH SAC & amp; SC;									
Radiofrequency ablation, nerves innervating the sacroiliac joint, with		ANIFOTHECIC: CC			_					
image guidance (ie, fluoroscopy or computed tomography)	MYELOPATH/RADICULPATHY LS RGN	ANESTHESIOLOGY	 	1	Т					
Radiofrequency ablation, nerves innervating the sacroiliac joint, with										
image guidance (ie, fluoroscopy or computed tomography)	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT		1	1					
RADIOGRAPHIC PROCEDURE	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	PEDIATRICS	0	1	1	0	0			
RADIOGRAPHIC PROCEDURE	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
RADIOGRAPHIC PROCEDURE	LIVER DISEASE, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
RADIOGRAPHIC PROCEDURE	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
RADIOLOGY PORT IMAGES(S)	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOLOGY PORT IMAGES(S)	N/A	HOSPITAL	1							
RADIOTHERAPY DOSE PLAN IMRT	ACQUIRED ABSENCE OF LARYNX	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
RADIOTHERAPY DOSE PLAN IMRT	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	FAMILY MEDICINE	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	FEVER, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF GALLBLADDER	HEMATOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	6	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	4	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	MELENA	HEMATOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	N/A	HOSPITAL	1							
RADIOTHERAPY DOSE PLAN IMRT	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	FAMILY MEDICINE	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	HEMATOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	PAIN, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HEMATOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	SNORING	RADIATION ONCOLOGY	1	0	0	0	0			
RADIOTHERAPY DOSE PLAN IMRT	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	UROLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	CENTRAL RETINAL ARTERY OCCLUSION, UNSPECIFIED EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	2	0	0	0	0			
RANIBIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	5	0	0	0	0			
RANIBIZUMAB INJECTION	DEGENERATIVE MYOPIA, BILATERAL	OPHTHALMOLOGY	1	1	1	0	0			
RANIBIZUMAB INJECTION	DEGENERATV MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, BI EYE	OPHTHALMOLOGY	3	0	0	0	0			
RANIBIZUMAB INJECTION	DEGENERATV MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, R EYE	OPHTHALMOLOGY	2	0	0	0	0			
RANIBIZUMAB INJECTION	DIARRHEA, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	END STAGE RENAL DISEASE	OPHTHALMOLOGY	3	0	0	0	0			
RANIBIZUMAB INJECTION	ESSENTIAL (PRIMARY) HYPERTENSION	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	4	0	0	0	0			
RANIBIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	6	0	0	0	0			
RANIBIZUMAB INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	OPHTHALMOLOGY	2	0	0	0	0			
RANIBIZUMAB INJECTION	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	OPHTHALMOLOGY	2	0	0	0	0			
RANIBIZUMAB INJECTION	LOWER ABDOMINAL PAIN, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	N/A	OPHTHALMOLOGY	1							
RANIBIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	SEROUS DETACHMENT OF RETINAL PIGMENT EPITHELIUM, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	5	0	0	0	0			
RANIBIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	OPHTHALMOLOGY	2	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
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RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, R EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB W PROLIF DIAB RTNOP W TRCTN DTCH N-MCLA, R EYE	OPHTHALMOLOGY	1	0	0	0	0			1
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	1	0	0	0	0			1
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	3	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	CARDIOVASCULAR DISEASE	1	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	21	0	0	0	0			1
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, LEYE	OPHTHALMOLOGY	6	0	0	0	0			
	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L									
RANIBIZUMAB INJECTION	EYE	OPHTHALMOLOGY	1							
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	3	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	OPHTHALMOLOGY	5	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, R EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	OPHTHALMOLOGY	7	0	0	0	0			1
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, L EYE	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	OPHTHALMOLOGY	2	0	0	0	0			
RANIBIZUMAB INJECTION	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	OPHTHALMOLOGY	1	0	0	0	0			+
RANIBIZUMAB INJECTION	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	URINARY TRACT INFECTION, SITE NOT SPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	VITREOUS HEMORRHAGE, BILATERAL	OPHTHALMOLOGY	1	0	0	0	0			
RANIBIZUMAB INJECTION	VITREOUS HEMORRHAGE, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			1
RASAGILINE MESYLATE 0.5 MG TABLET	N/A	NEUROLOGY		1	1					
RASUVO 12.5/0.25 AUTO INJCT	N/A	RHEUMATOLOGY	1							
RASUVO 15 MG/0.3 ML AUTOINJ	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	RHEUMATOLOGY	1							
RASUVO 15 MG/0.3 ML AUTOINJ	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	1							
RASUVO 17.5/0.35 AUTO INJCT	N/A	RHEUMATOLOGY	1							1
RASUVO 20 MG/0.4 ML AUTOINJ	N/A	RHEUMATOLOGY	1	1	1					
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
RASUVO 20 MG/0.4 ML AUTOINJ	without organ or systems involvement	RHEUMATOLOGY	1	1	1					
RASUVO 25 MG/0.5 ML AUTOINJ	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	1							
RASUVO 25MG/0.5ML AUTO INJCT	N/A	RHEUMATOLOGY	1							
RAYOS	Rheumatoid arthritis with rheumatoid factor, unspecified	FAMILY MEDICINE							1	
RAYOS	Rheumatoid arthritis, unspecified	RHEUMATOLOGY				ļ		1		
RAYOS 1 MG TABLET DR	N/A	RHEUMATOLOGY		1	1					
RAYOS 2 MG TABLET DR	N/A	RHEUMATOLOGY	1	2	2	ļ				
RAYOS 5 MG TABLET DR	N/A	FAMILY MEDICINE		1	1					↓
RAYOS 5 MG TABLET DR	N/A	PODIATRY	1							
RAYOS 5 MG TABLET DR	N/A	RHEUMATOLOGY		3	3					
RAYOS DR 2 MG TABLET	Atopic dermatitis, unspecified	RHEUMATOLOGY		1	1	ļ				
RAYOS DR 2 MG TABLET	OTHER ALLERGIC RHINITIS	RHEUMATOLOGY		1	1	ļ				
RAYOS DR 2 MG TABLET	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	RHEUMATOLOGY		1	1					
		PHYSICAL MEDICINE AND								
RAYOS DR 5 MG TABLET	N/A	REHABILITATION		1	1				1	

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RAYOS DR 5 MG TABLET	Rheumatoid arthritis with rheumatoid factor, unspecified	FAMILY MEDICINE	простан	1	1	Demais	Demais	ripproved	Demea	z, me
RAYOS DR 5 MG TABLET	Rheumatoid arthritis, unspecified	FAMILY MEDICINE		1	1					
RCMETS	Secondary malignant neoplasm of left lung	Physician						1		1
REBIF 44 MCG/0.5 ML SYRINGE	Multiple sclerosis	NEUROLOGY	1							
REBIF 44 MCG/0.5 ML SYRINGE	Multiple sclerosis	Other Provider	1							
REBIF 44MCG/.5ML SYRINGE	N/A	NEUROLOGY	1							
REBIF REBIDOSE 22 MCG/0.5 ML	Multiple sclerosis	NEUROLOGY	1							
REBIF REBIDOSE 44MCG/.5ML PEN INJCTR	N/A	Neurology	3							
REBUILD EARDRUM STRUCTURES	N/A	HOSPITAL	1							
REBUILD EARDRUM STRUCTURES	OTH EXTRARTIC FX LOW END R RAD, 7THD	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
RECHANNELING OF ARTERY	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	SURGERY, VASCULAR	1	0	0	0	0			
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	SURGERY, THORACIC	1	0	0	0	0			
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	SOCIAL WORK	1	0	0	0	0			
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	SURGERY, THORACIC	1	0	0	0	0			
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
RECHANNELING OF ARTERY	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	SURGERY, THORACIC	1	0	0	0	0			
RECONST LWR JAW W/FIXATI	Maxillary hypoplasia	Other Provider						1		
RECONST LWR JAW W/FIXATION	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
RECONST LWR JAW W/FIXATION	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	SURGERY, ORAL AND	0	1	1	0	0			
RECONST LWR JAW W/FIXATION	MANDIBULAR HYPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	6	0	0	0	0			
RECONST LWR JAW W/FIXATION	MAXILLARY ASYMMETRY	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
RECONST LWR JAW W/FIXATION	MAXILLARY HYPOPLASIA	DENTISTRY	1	0	0	0	0			
RECONST LWR JAW W/FIXATION	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			
RECONST LWR JAW W/FIXATION	MAXILLARY HYPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	6	2	2	0	0			
RECONST LWR JAW W/FIXATION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
RECONST LWR JAW W/FIXATION	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
RECONST LWR JAW W/FIXATION	OTHER JAW ASYMMETRY	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
RECONST LWR JAW W/FIXATION	OTHER SPECIFIED ANOMALIES OF JAW SIZE	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
RECONST LWR JAW W/FIXATION	OTHER SPECIFIED DISEASES OF JAWS	SURGERY, ORAL AND MAXILLOFACIAL	2	0	0	0	0			
RECONST LWR JAW W/FIXATION	REVERSE ARTICULATION	FAMILY MEDICINE	1	0	0	0	0			
RECONST LWR JAW W/O GRAFT	MANDIBULAR HYPOPLASIA	SURGERY, ORAL AND	1	0	0	0	0			
RECONST LWR JAW W/O GRAFT	MAXILLARY HYPOPLASIA	MAXILLOFACIAL SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
RECONSTR LWR JAW SEGMENT	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
RECONSTR LWR JAW SEGMENT	MANDIBULAR HYPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
RECONSTRUCT CLEFT PALATE	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	SURGERY, PLASTIC	1	0	0	0	0			
RECONSTRUCT FINGER JOINT	FLAIL JOINT, LEFT HAND	SURGERY, PLASTIC	1	0	0	0	0			
RECONSTRUCT INJURED CHEST	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	SURGERY, GENERAL	1	0	0	0	0			
RECONSTRUCT MIDFACE LEFO	Cleft hard and soft palate with unilateral cleft lip	SURGERY, PLASTIC						1		
RECONSTRUCT MIDFACE LEFO	Other jaw asymmetry	Other Provider						1		
RECONSTRUCT ORBIT/FOREHEAD	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	1	0	0	0	0			
RECONSTRUCT ORBIT/FOREHEAD	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	FAMILY MEDICINE	2	0	0	0	0			
	1		L	l	1			1		

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RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
RECONSTRUCT UPPER JAW BONE	MAXILLARY HYPOPLASIA	SURGERY, ORAL AND MAXILLOFACIAL	1	0	0	0	0			
RECONSTRUCT URETHRA/PENIS	HYPOSPADIAS, PENOSCROTAL	UROLOGY	1	0	0	0	0			
RECONSTRUCT URETHRA/PENIS	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	UROLOGY	1	0	0	0	0			
RECONSTRUCT VENA CAVA	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	1	0	0	0	0			
RECONSTRUCTION KNEE	OTHER INSTABILITY, LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			
RECONSTRUCTION KNEE	OTHER INSTABILITY, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0			
RECONSTRUCTION KNEE	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
RECONSTRUCTION OF CHIN	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
RECONSTRUCTION OF CHIN	OTHER SPECIFIED DISEASES OF JAWS	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
RECONSTRUCTION OF JAW	UNSPECIFIED CYST OF JAW	DENTISTRY	0	1	1	0	0			+
		SURGERY, ORAL AND								
RECONSTRUCTION OF JAW JO	Maxillary hyperplasia	MAXILLOFACIAL						1		
RECONSTRUCTION OF JAW JOINT	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	SURGERY, ORAL AND	2	0	0	0	0	_		1
		MAXILLOFACIAL								
RECONSTRUCTION OF JAW JOINT	CONGENITAL FACIAL ASYMMETRY	SURGERY, ORAL AND	0	1	1	0	0			'
DECONCEDUCTION OF IAW IOINE	DISLOCATION OF IAW LEFT SIDE SEQUELA	MAXILLOFACIAL		4	4	0	0			
RECONSTRUCTION OF JAW JOINT	DISLOCATION OF JAW, LEFT SIDE, SEQUELA	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			'
RECONSTRUCTION OF JAW JOINT	MAXILLARY HYPERPLASIA	SURGERY, ORAL AND	0	1	1	0	0			
		MAXILLOFACIAL					_			
RECONSTRUCTION OF JAW JOINT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	SURGERY, ORAL AND	1	0	0	0	0			
		MAXILLOFACIAL								
		SURGERY, ORAL AND								1
RECONSTRUCTION OF LOWER	Developmental odontogenic cysts	MAXILLOFACIAL						1		
RECONSTRUCTION OF LOWER JAW	BENIGN NEOPLASM OF LOWER JAW BONE	SURGERY, ORAL AND	1	0	0	0	0			'
RECONSTRUCTION OF LOWER JAW	DEVELOPMENTAL ODONTOGENIC CYSTS	MAXILLOFACIAL SURGERY, ORAL AND	0	1	1	0	0			1
RECONSTRUCTION OF LOWER JAW	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	MAXILLOFACIAL SURGERY, ORAL AND	1	0	0	0	0			1
RECONSTRUCTION OF NOSE	CLEFT HARD PALATE WITH BILATERAL CLEFT LIP	MAXILLOFACIAL SURGERY, ORAL AND	1	0	0	0	0			
DECONSTRUCTION OF MOSE	DEVIATED NASAL SERTLIM	MAXILLOFACIAL	0	1	1	0	0			
RECONSTRUCTION OF NOSE	DEVIATED NASAL SEPTUM DEVIATED NASAL SEPTUM	COUNSELING	0	1	1	0	0			
RECONSTRUCTION OF NOSE	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	U	1	1	U	U			'
RECONSTRUCTION OF NOSE	DEVIATED NASAL SEPTUM	SURGERY, PLASTIC	0	2	2	0	0			1
RECONSTRUCTION OF NOSE	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
		NOSE, AND THROAT)								
RECONSTRUCTION OF NOSE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			'
RECONSTRUCTION OF NOSE	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	0	0			+
RECONSTRUCTION OF NOSE	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY STOTEM	NOSE, AND THROAT)	0	-	1		Ů			<u> </u>
Rectal Adenocarcinoma	Malignant neoplasm of ascending colon	RADIATION ONCOLOGY	1							
Rectal Adenocarcinoma	Malignant neoplasm of colon, unspecified	RADIATION ONCOLOGY	1							
Rectal Adenocarcinoma	Malignant neoplasm of rectum	RADIATION ONCOLOGY	3	1	1					
REDUCTION OF FACIAL BONES	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
REDUCTION OF FOREHEAD	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
REDUCTION OF FOREHEAD	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY, PLASTIC	1	0	0	0	0			
REDUCTION OF LARGE BREAS	Hypertrophy of breast	Other Provider						2		
REDUCTION OF LARGE BREAS	Hypertrophy of breast	SURGERY, GENERAL							1	
REDUCTION OF LARGE BREAS	Malignant neoplasm of overlapping sites of right female breast	Physician							1	ı

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
REDUCTION OF LARGE BREAS	Personal history of malignant neoplasm of breast	SURGERY, PLASTIC						1		
REDUCTION OF LARGE BREAST	N/A	HOSPITAL	1	0	0	0	0			
REDUCTION OF RECTAL PROLAPSE	ANAL FISSURE, UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			
REDUCTION OF RECTAL PROLAPSE	ANAL FISSURE, UNSPECIFIED	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REGADENOSON INJECTION	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	HOSPITAL	1							†
REGADENOSON INJECTION	CARDIAC MURMUR, UNSPECIFIED	HOSPITAL	1							
REGADENOSON INJECTION	CHEST PAIN, UNSPECIFIED	HOSPITAL	1							†
REGADENOSON INJECTION	DYSPNEA, UNSPECIFIED	HOSPITAL	1							
	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR									
REGADENOSON INJECTION	EXAMINATION	HOSPITAL	1							
REGADENOSON INJECTION	ESSENTIAL (PRIMARY) HYPERTENSION	HOSPITAL	1							
		CARDIOVASCULAR	1							†
REGADENOSON INJECTION	N/A	SURGERY	1							
REGADENOSON INJECTION	PALPITATIONS	HOSPITAL	1							
REIMPLANT URETER IN BLADDER	OTHER SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	UROLOGY	1	0	0	0	0			
	The second state of the se		<u> </u>							<u> </u>
REINSERT SPINAL FIXATION	BREAKDOWN (MECHANICAL) OF INT FIX OF VERTEBRAE, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REINSERT SPINAL FIXATION	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REINSERT SPINAL FIXATION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REINSERT SPINAL FIXATION	Other intervertebral disc degeneration, lumbosacral region	SURGERY, ORTHOPEDIC							1	
REINSERT SPINAL FIXATION	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	n	0			\vdash
REINSERT SPINAL FIXATION	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REINSERT SPINAL FIXATION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	0	1	1	0	0			+
RELEASE OF LOWER LEG TENDON	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
RELEASE OF SKULL SEAMS	CRANIOSYNOSTOSIS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
RELEASE OF SKULL SEAMS	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	1	0	0	0	0			+
RELEASE SPINAL CORD LUMBAR	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	SURGERY, NEUROLOGICAL	1	0	0	0	0			
RELIEVE INNER EYE PRESSURE	ANOREXIA	OPHTHALMOLOGY	2	0	0	0	0			
RELIEVE INNER EYE PRESSURE	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH	OPHTHALMOLOGY	2	0	0	0	0			
RELISTOR	Constipation, unspecified	GASTROENTEROLOGY	ſ		-	-		1		†
RELISTOR 12MG/0.6ML SYRINGE	N/A	ONCOLOGY	1					-		+
RELISTOR 150 MG TABLET	Drug induced constipation	Other Provider	1	1	1					+
RELISTOR 150 MG TABLET	Drug induced constipation	PAIN MANAGEMENT	3	-	_					+
RELISTOR 150 MG TABLET	N/A	GASTROENTEROLOGY	1	1	1					+
RELISTOR 150 MG TABLET	N/A	ONCOLOGY	1	-	1					+
RELISTOR 150 MG TABLET	N/A	Other Provider	1	2	2			1		+
NELISTON 130 WIG TABLET	IN/A	PHYSICAL MEDICINE AND	+	_	_	1				+
RELISTOR 150 MG TABLET	N/A	REHABILITATION	2							
RELISTOR 150 MG TABLET	OTHER CONSTIPATION	GASTROENTEROLOGY		1	1	1				+
REM ENDOVAS VENA CAVA FILTER	OTHER CONSTIPATION OTHER DISORDERS OF LUNG	FAMILY MEDICINE	1	0	0	n	n			+
REM ENDOVAS VENA CAVA FILTER	OTHER DISORDERS OF LONG OTHER DISORDERS OF LUNG	HEMATOLOGY	1	0	0	0	0			+
REM ENDOVAS VENA CAVA FILTER REM ENDOVAS VENA CAVA FILTER	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	ONCOLOGY	1	0	0	0	0			+
REM ENDOVAS VENA CAVA FILTER REM ENDOVAS VENA CAVA FILTER	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	HEMATOLOGY	1	0	0	0	0			+
INCINI CINDOVAS VEINA CAVA FILTER		TILIVIATOLOGY	1	·	0		0			<u> </u>
REMICADE	Crohn's disease of both small and large intestine with unspecified complications	GASTROENTEROLOGY							1	<u> </u>
REMICADE	Crohn's disease of large intestine with unspecified complications	GASTROENTEROLOGY							1	_
Remicade	Crohn's disease, unspecified, without complications	Other Provider							1	
REMICADE	Rheumatoid arthritis, unspecified	RHEUMATOLOGY						1		<u> </u>
REMICADE 100 MG VIAL	N/A	GASTROENTEROLOGY		1	1					<u> </u>
REMICADE 100 MG VIAL	N/A	Other Provider	1							<u> </u>
		PEDIATRIC	Ť			1				\vdash
REMICADE 100 MG VIAL	N/A	GASTROENTEROLOGY	2							

Procedure Code Description											
Marchance (1998 Marchance				Total LIM	Total UM						Approved
### ### ### ### ### ### ### ### ### ##	Procedure Code Description	Diagnosis Code Description	Provider Specialty				•				
INDECORATION CONTROL	-			2	Demais	Demais	Demais	Demais	Арргочец	Demea	by inc
MANUAL MASCRICE 1				1							_
MODIFICATION CONTROLL CONTR		· ·		0	1	0	0	1			\vdash
MINORAL DISPORT CORDETS CONTROL PERSONNEL ANAMAS OF SERVICES OF CORNAL TIPE CONTROL PERSONNEL ANAMAS OF SERVICES OF CORNAL TIPE CONTROL PERSONNEL ANAMAS OF SERVICES OF CORNAL TIPE CONTROL PERSONNEL ANAMAS OF SERVICES OF SERV				0	1	1	0	0			_
STREAM CONTROL COMMITTED STREAM CONTROL STREAM CONT		·		1	0	0	0	0			_
MINONAL DIES PORTENANCIA MINONAL PRIEST P											
MANDARD ROPE OF MANDEAL MALESANE FROM PROCESS OF RENAND PROVED BOTHER PROVIDED BY CONTROL OF RESPECTEND DODORS OF ROOM TO METER PROVIDED BY CONTROL OF RESPECTEND DODORS OF ROOM TO METER PROVIDED BY CONTROL OF RESPECTEND DODORS OF ROOM TO METER PROVIDED BY CONTROL OF RESPECTED DODORS OF ROOM TO METER PROVIDED BY CONTROL OF ROOM TO DODORS OF ROOM TO				1	0	0	0	0			
MANDYANA OF ADDROODS	REMOVAL KIDNEY OPEN RADICAL	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	SURGERY, GENERAL	1	0	0	0	0			
MANOVALO FA ADRINGOS				1	0	0	0	0			
REMOVAL OF ACENDICIS ACUTE SUPPR OTHER MEDIA W/O SPON BLUFT EAR DRUM, RECUR, BI OTHER MEDIA AND ACENDROS CHICADOS SAROLAS OTHER MEDIA BLUTTERAL OTHER MEDIA AND ACENDROS COMECTY HARA (OS.), URB, RICHT FAB., W LUMESTS HEAR LOTTERA DEP OTHER MEDIA AND ACENDROS COMECTY HARA (OS.), URB, RICHT FAB., W LUMESTS HEAR LOTTERA DEP OTHER MEDIA AND ACENDROS COMECTY HARA (OS.), URB, RICHT FAB., W LUMESTS HEAR LOTTERA DEP OTHER MEDIA AND ACENDROS COMECTY HARA (OS.), URB, RICHT FAB., W LUMESTS HEAR LOTTERA DEP OTHER MEDIA AND ACENDROS COMECTY HARA (OS.), URB, RICHT FAB., W LUMESTS HEAR LOTTERA DEP OTHER MEDIA AND ACENDROS COMECTY HARA (OS.), URB, RICHT FAB., W LUMESTS HEAR LOTTERA DEP OTHER MEDIA AND ACENDROS REMOVAL OF	REMOVAL KIDNEY OPEN RADICAL	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER		2	0	0	0	0			
MONTAL OF ADMINIODS CHRONIC STROLLS DYTES MIDIA, REATTRAL OTCLA-MYCOLOGY (AM, 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL OF ADENOIDS	ACUTE SUPPR OTITIS MEDIA W SPON RUPT EAR DRUM, RECURRENT, BI	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL OF ACRESIONS	REMOVAL OF ADENOIDS	ACUTE SUPPR OTITIS MEDIA W/O SPON RUPT EAR DRUM, RECUR, BI		1	0	0	0	0			
REMOVAL OF ADENIODS	REMOVAL OF ADENOIDS	CHRONIC SEROUS OTITIS MEDIA, BILATERAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
MEMOVAL OF ADENDIOS	REMOVAL OF ADENOIDS	CONDCTV HEAR LOSS LINE RIGHT FAR WILINRESTR HEAR CNTRA SIDE		1	0	0	0	0			+
REMOVALO FADENDIDS	REMOVAL OF ADENOIDS	CONDETY TIEAR 2005, ONI, RIGHT EAR, W ONRESTRITEAR CRITICA SIDE		1	U	U	o o	O			
REMOVALO PADRINDIS	REMOVAL OF ADENOIDS	CONDUCTIVE HEARING LOSS, BILATERAL		1	0	0	0	0			
REMOVALO FADENIODS											
RIMOVALO PADRINDIS OTHER SPECIFED DISORDERS OF EUSTACHAN TUBE, BILATERAL FAMALY MEDICINE 1	REMOVAL OF ADENOIDS	HYPERTROPHY OF ADENOIDS		5	0	0	0	0			
REMOVALO FIGURE OF REART CHONDROMALACIA, LEFT INTE	REMOVAL OF ADENOIDS	OTHER SPECIEIED DISORDERS OF FLISTACHIAN TURE BILATERAL		1	0	0	0	0			+
REMOVALO F BORN F DR GRAFT		·		2	0	0	0	0			+
REMOVALO FOR SORAFT CHONDROMALACIA, HET KNEE SURGEN, ORTHOPEDIC 1 0 0 0 0 0 0 0 1 1 1 1 1	REMIOVAL OF ADENOIDS	SNORING		2	U	U	O .	U			
REMOVALO FROME FOR GRAFT	REMOVAL OF BONE FOR GRAFT	CHONDROMALACIA, LEFT KNEE		1	0	0	0	0			
REMOVALO FROME FOR GRAFT SPEUDARTHROSS AFTER FUSION OR A RETHROSOPS REMOVALO FROME FOR GRAFT SPEUDARTHROSS AFTER FUSION OR A RETHROSOPS REMOVALO FROME FOR GRAFT SPEUDARTHROSS AFTER FUSION OR A RETHROSOPS REMOVALO FROME FOR GRAFT SPEUDARTHROSS AFTER FUSION OR A RETHROSOPS REMOVALO FROME FOR GRAFT SPEUDARTHROSS AFTER FUSION OR A RETHROSOPS SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL OF BONE FOR GRAFT	CHONDROMALACIA, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVAL OF BONE FOR GRAFT	REMOVAL OF BONE FOR GRAFT	DISLOCATION OF TARSOMETATARSAL JOINT OF LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVAL OF BONE FOR GRAFT SPONDY-OLISTHESIS, LIMBAR REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0	REMOVAL OF BONE FOR GRAFT	OTH TEAR OF LAT MENSC, CURRENT INJURY, LEFT KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVAL OF BORNE FOR GRAFT SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INT ENCHTR SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL OF BONE FOR GRAFT	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	3	0	0	0	0			
REMOVAL OF BRAIN LESION BENIGN NEOPLASM OF CRANIAL NERVES SURGERY, NEUROLOGICAL 1 0 0 0 0 0 REMOVAL OF BRAIN LESION MALIGNATT REOPLASM OF BRAIN, UNSPECIFIED SURGERY, NEUROLOGICAL 1 0 0 0 0 0 REMOVAL OF BRAIN LESION MALIGNAT REOPLASM OF BRAIN, UNSPECIFIED SURGERY, NEUROLOGICAL 1 0 0 0 0 0 REMOVAL OF BRAIN LESION MALIGNATI REOPLASM OF CREMEN, EXCEPT LOBES AND VENTRICLES REMOVAL OF BRAIN LESION NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN SURGERY, NEUROLOGICAL 1 0 0 0 0 0 REMOVAL OF BRAIN LESION NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN SURGERY, NEUROLOGICAL 1 0 0 0 0 0 REMOVAL OF BRAIN LESION OTHER BIOMECHANICAL LESIONS OF HEAD REGION NEUROLOGY 1 0 0 0 0 REMOVAL OF BRAIN LESION OTHER SPECIFIED DISORDERS OF BRAIN SURGERY, NEUROLOGICAL REMOVAL OF BRAIN LESION OTHER SPECIFIED DISORDERS OF BRAIN SURGERY, NEUROLOGICAL REMOVAL OF BRAIN LESION OTHER SPECIFIED DISORDERS OF BRAIN SURGERY, NEUROLOGICAL REMOVAL OF BRAIN LESION OTHER SPECIFIED DISORDERS OF BRAIN SURGERY, NEUROLOGICAL 1 0 0 0 0 REMOVAL OF BRAIN LESION OTHER SPECIFIED DISORDERS OF BRAIN SURGERY, NEUROLOGICAL 1 0 0 0 0 REMOVAL OF BRAIN TISSUE OTHER SPECIFIED CONSENTIAL MALFORMATIONS OF NERVOUS SYSTEM SURGERY, NEUROLOGICAL 1 0 0 0 0 REMOVAL OF BRRAST LESION BENIGN NEOPLASM OF LEFT BREAST SURGERY, PLANTICULAR OF LEFT SELECTION BENIGN NEOPLASM OF LEFT BREAST SURGERY, PLANTICULAR OF LEFT SELECTION BENIGN NEOPLASM OF LEFT BREAST SURGERY, GENERAL 1 0 0 0 0 0 REMOVAL OF BRRAST LESION DISORDER OF BREAST, UNSPECIFIED FAMILY MEDICINE REMOVAL OF BRRAST LESION DISORDER OF BREAST, UNSPECIFIED FAMILY MEDICINE REMOVAL OF BRRAST LESION DISORDER OF BREAST, UNSPECIFIED REMOVAL OF BRRAST LESION DISORDER OF BREAST, UNSPECIFIED REMOVAL OF BRRAST LESION DISORDER OF BREAST, UNSPECIFIED REMOVAL OF BRRAST LESION DISORDER OF BREAST, UNSPECIFIED REMOVAL OF BRRAST LESION DISORDER OF BREAST, UNSPECIFIED REMOVAL OF BREAST LESION DISORDER OF BREAST, UNSPECIFIED REMOVAL OF BRRAST L	REMOVAL OF BONE FOR GRAFT	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVAL OF BRAIN LESION RENIGN REOPLASM OF FINEAL GLAND SURGERY, NEUROLOGICAL 1	REMOVAL OF BONE FOR GRAFT	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVAL OF BRAIN LESION RENIGN REOPLASM OF FINEAL GLAND SURGERY, NEUROLOGICAL 1	REMOVAL OF BRAIN LESION	BENIGN NEOPLASM OF CRANIAL NERVES	SURGERY, NEUROLOGICAL	1	0	0	0	0			_
REMOVAL OF BRAIN LESION MALIGNANT REOPLASM OF BRAIN, UNSPECIFIED SURGERY, NEUROLOGICAL 1				1	0	0	0	0			
REMOVAL OF BRAIN LESION MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES FAMILY MEDICINE REMOVAL OF BRAIN LESION NEOPLASM OF UNSPECIFIED BENAVIOR OF BRAIN SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
REMOVAL OF BRAIN LESION OTHER BIOMECHANICAL LESIONS OF HEAD REGION NEUROLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		·	· · · · · · · · · · · · · · · · · · ·	1	0	0	0	0			
REMOVAL OF BRAIN LESION OTHER BIOMECHANICAL LESIONS OF HEAD REGION NEUROLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEMOVAL OF PRAIN LECION	NEODI ACAA OF LINCRECIFIED DELIANION OF BRAIN	CURCERY MEUROLOGICAL	4	0	0		0			
REMOVAL OF BRAIN LESION OTHER SPECIFIED DISORDERS OF BRAIN SURGERY, NEUROLOGICAL 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
REMOVAL OF BRAIN TISSUE BENIGN NEOPLASM OF PITUITARY GLAND SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			+
REMOVAL OF BRAIN TISSUE OTHER SPECIFIED CONGENITAL MALFORMATIONS OF NERVOUS SYSTEM SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			+
REMOVAL OF BREAST LESION ACCESSORY BREAST SURGERY, PLASTIC SURGERY, PLASTIC SURGERY, PLASTIC SURGERY, PLASTIC SURGERY, PLASTIC SURGERY, PLASTIC SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
REMOVAL OF BREAST LESION BENIGN NEOPLASM OF LEFT BREAST SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			,	1	U	U	U	U			
REMOVAL OF BREAST LESION DISORDER OF BREAST, UNSPECIFIED REMOVAL OF BREAST LESION DISORDER OF BREAST, UNSPECIFIED INTERNAL MEDICINE REMOVAL OF BREAST LESION DISORDER OF BREAST, UNSPECIFIED SURGERY, GENERAL SURGERY, GENER				3	0	0	0	0			
REMOVAL OF BREAST LESION DISORDER OF BREAST, UNSPECIFIED SURGERY, GENERAL 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			1
REMOVAL OF BREAST LESION DISORDER OF BREAST, UNSPECIFIED SURGERY, GENERAL 5 0 0 0 0 0 0 REMOVAL OF BREAST LESION GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0		*		1	0	0	0	0			
REMOVAL OF BREAST LESION GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·		4	0	0	0	0			
REMOVAL OF BREAST LESION MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· ·		5	0	0	0	0			
REMOVAL OF BREAST LESION MULTIPLE MYELOMA IN REMISSION SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
REMOVAL OF BREAST LESION OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL OF BREAST LESION	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF BREAST LESION OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL OF BREAST LESION	MULTIPLE MYELOMA IN REMISSION	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF BREAST LESION OTHER SPECIFIED DISORDERS OF BREAST INTERNAL MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL OF BREAST LESION	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
REMOVAL OF BREAST LESION OTHER SPECIFIED DISORDERS OF BREAST SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL OF BREAST LESION	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF BREAST LESION PELVIC AND PERINEAL PAIN SURGERY, GENERAL 1 0 0 0 0	REMOVAL OF BREAST LESION	OTHER SPECIFIED DISORDERS OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
	REMOVAL OF BREAST LESION	OTHER SPECIFIED DISORDERS OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
	REMOVAL OF BREAST LESION	PELVIC AND PERINEAL PAIN	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF BREAST LESION PERSONAL HISTORY OF COLONIC POLYPS SURGERY, GENERAL 1 0 0 0 0 0 0 0 0 0	REMOVAL OF BREAST LESION	PERSONAL HISTORY OF COLONIC POLYPS	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF BREAST LESION UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT INTERNAL MEDICINE 1 0 0 0 0	REMOVAL OF BREAST LESION	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	INTERNAL MEDICINE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
REMOVAL OF BREAST LESION	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	SURGERY, GENERAL	2	0	0	0	0			
REMOVAL OF BREAST LESION	UNSPECIFIED LUMP IN THE RIGHT BREAST, UPPER OUTER QUADRANT	SURGERY, GENERAL	2	0	0	0	0			1
REMOVAL OF BREAST LESION	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	INTERNAL MEDICINE	1	0	0	0	0			
REMOVAL OF BREAST LESION	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF BREAST TISSUE	Hypertrophy of breast	Other Provider						1		
REMOVAL OF BREAST TISSUE	HYPERTROPHY OF BREAST	PEDIATRIC SURGERY	0	1	1	0	0			
REMOVAL OF CLOT IN GRAFT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVAL OF COLON	MALIGNANT CARCINOID TUMOR OF THE CECUM	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REMOVAL OF COLON	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			Ī
REMOVAL OF COLON	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
REMOVAL OF COLON/ILEOSTOMY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			1
REMOVAL OF COLON/ILEOSTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	4	0	0	0	0			
REMOVAL OF EYE LESION	AMYLOID PTERYGIUM OF RIGHT EYE	OPHTHALMOLOGY	2	0	0	0	0			
REMOVAL OF EYE LESION	UNSPECIFIED PTERYGIUM OF LEFT EYE	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL OF EYE LESION	UNSPECIFIED PTERYGIUM OF LEFT EYE	OPHTHALMOLOGY	3	0	0	0	0			
REMOVAL OF EYE LESION	UNSPECIFIED PTERYGIUM OF RIGHT EYE	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL OF FASCIA FOR GRAFT	STRESS INCONTINENCE (FEMALE) (MALE)	SURGERY, PLASTIC	1	0	0	0	0			
REMOVAL OF FOOT FOREIGN BODY	RESIDUAL FOREIGN BODY IN SOFT TISSUE	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL OF FOOT LESION	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, ORTHOPEDIC	1	n	n	0	0			
REMOVAL OF FOOT LESION	LESION OF PLANTAR NERVE, LEFT LOWER LIMB	SURGERY, ORTHOPEDIC	1	0	n	0	0			
REMOVAL OF FOREIGN BODY	SUPERFICIAL FOREIGN BODY OF LEFT THUMB, INITIAL ENCOUNTER	SOCIAL WORK	1	0	0	0	0			
REMOVAL OF FOREIGN BODY	SUPERFICIAL FOREIGN BODY OF LEFT THOMB, INITIAL ENCOUNTER SUPERFICIAL FOREIGN BODY OF LEFT THUMB, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			-
REMOVAL OF FOREIGN BODY REMOVAL OF GALLBLADDER	MALIGNANT NEOPLASM OF LEFT THOMB, INITIAL ENCOUNTER	SURGERY, GENERAL	1	0	0	0	0			<u> </u>
		,	1	0	0	0	0			
REMOVAL OF HEART LESION	BENIGN NEOPLASM OF HEART	SURGERY, THORACIC	1	0	0	0	0			<u> </u>
REMOVAL OF HEEL SPUR	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	1	0	0	0	0			<u> </u>
REMOVAL OF HYDROCELE	HYDROCELE, UNSPECIFIED	UROLOGY	5	0	0	0	0			<u> </u>
REMOVAL OF HYDROCELE	SENSORINEURAL HEARING LOSS, BILATERAL	UROLOGY	1	0	0	0	0			
Removal of implant; deep (eg, buried wire, pin, screw, metal band,										!
nail, rod or plate)	Unsp fx shaft of right femur, subs for clos fx w nonunion	ORTHOPEDIC SURGERY	1							<u> </u>
REMOVAL OF INNER EYE FLUID	DERMATOCHALASIS OF RIGHT UPPER EYELID	OPHTHALMOLOGY	2	0	0	0	0			
REMOVAL OF INNER EYE FLUID	END STAGE RENAL DISEASE	OPHTHALMOLOGY	1	0	0	0	0			
REMOVAL OF INTRANASAL LESION	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	2	0	0	0	0			
REMOVAL OF INTRANASAL LESION	EPISTAXIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
		NOSE, AND THROAT)	1							
REMOVAL OF JAW BONE LESION	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
REMOVAL OF KIDNEY & URETER	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	NOSE, AND THROAT) UROLOGY	2	0	0	0	0			
REMOVAL OF KIDNEY & ORETER	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	1	0	0	0	0			
REMOVAL OF KIDNEY STONE	CALCULUS OF KIDNEY	UROLOGY	2	2	0	0	0			-
REMOVAL OF KIDNET STONE REMOVAL OF KNEECAP			2	2	2	0	0			<u> </u>
REMOVAL OF KNEECAP REMOVAL OF LYMPH NODES NECK	PREPATELLAR BURSITIS, LEFT KNEE BENIGN NEOPLASM OF CAROTID BODY	SURGERY, ORTHOPEDIC OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
REMOVAL OF LYMPH NODES NECK	MALIGNANT NEOPLASM OF THYROID GLAND	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
REMOVAL OF LYMPH NODES NECK	NEOPLM OF UNCRT BEHAV OF LYMPHOID, HEMATPOETC & REL TISS, UNSP	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
REMOVAL OF LYMPH NODES NECK	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
REMOVAL OF NAIL BED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	NOSE, AND THROAT) COUNSELING	1	0	0	0	0			
REMOVAL OF NAIL BED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
		,	1	0	0	0	0			
REMOVAL OF OMENTUM REMOVAL OF OVARIAN CYST(S)	MALIGNANT NEOPLASM OF LEFT OVARY LEFT LOWER QUADRANT PAIN	SURGERY, GENERAL OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REMOVAL OF OVARIAN CYST(S)	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
REMOVAL OF OVARIAN CYST(S)	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	GYNECOLOGY (NO OB)	1	0	0	0	0			
	and the state of t		<u> </u>			<u> </u>				

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
REMOVAL OF OVARIAN CYST(S)	RECTOCELE	GYNECOLOGY (NO OB)	1	0	0	0	0			
REMOVAL OF OVARY(S)	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REMOVAL OF OVARY/TUBE(S)	BENIGN NEOPLASM OF LEFT OVARY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REMOVAL OF OVARY/TUBE(S)	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REMOVAL OF PELVIC STRUCTURES	OTHER SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	ONCOLOGY	1	0	0	0	0			
REMOVAL OF PELVIS CONTENTS	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	UROLOGY	1	0	0	0	0			
REMOVAL OF PENIS	TRANSSEXUALISM	FACILITY	1	0	0	0	0			
REMOVAL OF PENIS	TRANSSEXUALISM	SURGERY, PLASTIC	1	0	0	0	0			
REMOVAL OF PENIS	Transsexualism	SURGERY, PLASTIC							1	
REMOVAL OF PITUITARY GLAND	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY, NEUROLOGICAL	2	0	0	0	0			
REMOVAL OF PROSTATE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	1	0	0	0	0			
Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue		CENEDAL CUDCEDY								
infection) (List separately in addition to code for primary procedure) REMOVAL OF RECTUM	FISTULA OF INTESTINE	GENERAL SURGERY	1	0	0	0	0			+
REMOVAL OF RECTUM	MALIGNANT NEOPLASM OF RECTUM	SURGERY, GENERAL SURGERY, COLON AND	1	0	0	0	0			++
REMOVAL OF RECTOM	MALIGNANT NEOPLASM OF RECTOM	RECTAL	1	U	U	U	U			
REMOVAL OF RIB	BRACHIAL PLEXUS DISORDERS	SURGERY, VASCULAR	0	1	1	0	0			
REMOVAL OF SKULL LESION	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	SURGERY, NEUROLOGICAL	1	0	0	0	0			†
REMOVAL OF SMALL INTESTINE	GASTROINTESTINAL STROMAL TUMOR OF LARGE INTESTINE	SURGERY, GENERAL	1	0	0	0	0			†
REMOVAL OF SMALL INTESTINE	MALIGNANT NEOPLASM OF LEFT OVARY	SURGERY, GENERAL	1	0	0	0	0			+
REMOVAL OF SMALL INTESTINE	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF SPERM DUCT(S)	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	UROLOGY	1	0	0	0	0			
REMOVAL OF SPERM DUCT(S)	ENCOUNTER FOR STERILIZATION	UROLOGY	4	0	0	0	0			
REMOVAL OF SPERM DUCT(S)	TRIGEMINAL NEURALGIA	UROLOGY	1	0	0	0	0			
REMOVAL OF SPINAL LAMINA	Postlaminectomy syndrome, not elsewhere classified	Other Provider						1		1
REMOVAL OF SPINAL LAMINA	Postlaminectomy syndrome, not elsewhere classified	SURGERY, ORTHOPEDIC							1	
REMOVAL OF SPLEEN TOTAL	MALIGNANT NEOPLASM OF LEFT OVARY	SURGERY, GENERAL	1	0	0	0	0			+
REMOVAL OF SPLEEN TOTAL	OTHER BENIGN NEUROENDOCRINE TUMORS	ONCOLOGY	1	0	0	0	0			+
REMOVAL OF SPLEEN TOTAL	OTHER SPECIFIED DISEASES OF PANCREAS	SURGERY, GENERAL	1	0	0	0	0			+
REMOVAL OF STOMACH PARTIAL	DISEASE OF STOMACH AND DUODENUM, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL OF STOMACH PARTIAL	DYSKINESIA OF ESOPHAGUS	SURGERY, GENERAL	1	0	0	0	0			†
REMOVAL OF STOMACH PARTIAL	DYSPHAGIA, UNSPECIFIED	SURGERY, GENERAL	1	1	1	0	0			†
REMOVAL OF STOMACH PARTIAL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	SURGERY, GENERAL	0	3	3	0	0			
REMOVAL OF STOMACH PARTIAL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	1	1	1	0	0			
REMOVAL OF STOMACH PARTIAL	GASTROPARESIS	SURGERY, GENERAL	0	1	0	0	1			
REMOVAL OF STOMACH PARTIAL	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	0	1	1	0	0			†
REMOVAL OF SUPPORT IMPLANT	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL OF SUPPORT IMPLANT	DISP FX OF SHAFT OF SECOND MC BONE, L HAND, INIT FOR OPN FX	SURGERY, HAND	1	0	0	0	0			
REMOVAL OF SUPPORT IMPLANT	DISPL SIMPLE SUPRCNDL FX W/O INTRCNDL FX R HUMERUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVAL OF SUPPORT IMPLANT	ENCOUNTER FOR REMOVAL OF INTERNAL FIXATION DEVICE	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL OF SUPPORT IMPLANT	ENCOUNTER FOR REMOVAL OF INTERNAL FIXATION DEVICE	SURGERY, HAND	1	0	0	0	0			
REMOVAL OF SUPPORT IMPLANT	MAXILLARY ASYMMETRY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVAL OF SUPPORT IMPLANT	OTH FRACTURE OF SHAFT OF R HUMERUS, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVAL OF SUPPORT IMPLANT	OTH MECH COMP OTH BONE DEVC IMPL GRAFT SBSQT ENC	ORTHOPEDIC SURGERY	1							
REMOVAL OF SUPPORT IMPLANT	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVAL OF SUPPORT IMPLANT	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	FAMILY MEDICINE	2	0	0	0	0			
REMOVAL OF SUPPORT IMPLANT	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
REMOVAL OF SUPPORT IMPLANT	PAIN DUE TO OTHER INTERNAL PROSTH DEV/GRFT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			—
REMOVAL OF SUPPORT IMPLANT REMOVAL OF SUPPORT IMPLANT	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC	1	0	0	0	0			
	· · · · · · · · · · · · · · · · · · ·	·	1	0	0	0	0			\vdash
REMOVAL OF SUPPORT IMPLANT	SNORING UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W MALUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			\vdash
REMOVAL OF SUPPORT IMPLANT	·	SOCIAL WORK	1	0	0	0	0			\vdash
REMOVAL OF SUPPORT IMPLANT REMOVAL OF TENDON LESION	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W MALUNION GANGLION, LEFT ANKLE AND FOOT	SURGERY, ORTHOPEDIC PODIATRY	1	0	0	0	0			+
REMOVAL OF TENDON LESION	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REMOVAL OF TENDON LESION	TRANSSEXUALISM	FACILITY	1	0	0	0	0			+
REMOVAL OF THYROID	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVAL OF THYROID	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVAL OF THYROID	LOCALIZED SWELLING, MASS AND LUMP, NECK	SURGERY, HEAD AND NECK	0	1	1	0	0			
REMOVAL OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND	HOSPITAL	1							†
REMOVAL OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	1	1	0	0			
REMOVAL OF THYROID	NONTOXIC MULTINODULAR GOITER	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	4	1	1	0	0			
REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	PEDIATRIC SURGERY	1	1	1	0	0			
REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	SURGERY, HEAD AND NECK	1	0	0	0	0			
REMOVAL OF THYROID	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	SURGERY, GENERAL						1		
REMOVAL OF THYROID	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVAL OF TONSILS	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	4	0	0	0	0			
REMOVAL OF TONSILS	ACUTE TONSILLITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVAL OF TONSILS	CHRONIC TONSILLITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	5	0	0	0	0			
REMOVAL OF TONSILS	HALITOSIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVAL OF TONSILS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVAL OF TONSILS	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	0	0	0	0			
REMOVAL OF UPPER JAW	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	2	0	0	0	0			
REMOVAL PELVIC LYMPH NODES	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
REMOVAL PELVIC LYMPH NODES	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
REMOVAL PELVIC LYMPH NODES	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
REMOVAL PELVIC LYMPH NODES	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
REMOVAL PELVIC LYMPH NODES	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
REMOVAL SWEAT GLAND LESION	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	SURGERY, PLASTIC	1	0	0	0	0			
REMOVAL SWEAT GLAND LESION	HIDRADENITIS SUPPURATIVA	SURGERY, PLASTIC	4	0	0	0	0			
REMOVAL TUNNELED CV CATH	END STAGE RENAL DISEASE	FAMILY MEDICINE	2	0	0	0	0			
REMOVAL TUNNELED CV CATH	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	ESSENTIAL (PRIMARY) HYPERTENSION	NEPHROLOGY	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	LIVER TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	PERSONAL HISTORY OF HODGKIN LYMPHOMA	HEMATOLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
REMOVAL TUNNELED CV CATH	POSTMASTECTOMY LYMPHEDEMA SYNDROME	HEMATOLOGY	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	INTERNAL MEDICINE	1	0	0	0	0			
REMOVAL TUNNELED CV CATH	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	NEPHROLOGY	1	0	0	0	0			
REMOVE ANAL FIST COMPLEX	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
REMOVE ANAL FIST INTER	ANAL ABSCESS	SURGERY, GENERAL	1	0	0	0	0			
REMOVE ANAL FIST INTER	ANAL FISSURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
REMOVE ANAL FIST INTER	ANAL FISTULA	FAMILY MEDICINE	1	0	0	0	0			
REMOVE ANAL FIST INTER	ANAL FISTULA	SURGERY, GENERAL	4	0	0	0	0			
REMOVE ANAL FIST INTER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, LEFT LEG	SURGERY, GENERAL	1	0	0	0	0			
REMOVE ARMPIT LYMPH NODES	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
REMOVE BLADDER/CREATE POUCH	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	UROLOGY	2	0	0	0	0			
REMOVE BONE FIXATION DEVICE	DISPLACED PILON FRACTURE OF RIGHT TIBIA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REMOVE BRAIN LINING LESION	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE BRAIN TUMOR W/SCOPE	LOCALIZED SWELLING, MASS AND LUMP, HEAD	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE CARTILAGE FOR GRAFT	ACQUIRED DEFORMITY OF NOSE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
REMOVE CARTILAGE FOR GRAFT	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	6	1	1	0	0			
REMOVE CARTILAGE FOR GRAFT	DEVIATED NASAL SEPTUM	SURGERY, PLASTIC	2	0	0	0	0			
REMOVE CARTILAGE FOR GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	2	2	0	0			
REMOVE CARTILAGE FOR GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	SURGERY, PLASTIC	1	0	0	0	0			
REMOVE CARTILAGE FOR GRAFT	TEAR OF ARTICULAR CARTILAGE OF LEFT KNEE, CURRENT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE CERCLAGE SUTURE	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REMOVE EPIDIDYMIS LESION	CYST OF EPIDIDYMIS	UROLOGY	1	0	0	0	0			
REMOVE EPIDIDYMIS LESION	GROSS HEMATURIA	UROLOGY	1	0	0	0	0			
REMOVE EPIDIDYMIS LESION	SPERMATOCELE OF EPIDIDYMIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
REMOVE EYE/REVISE SOCKET	BASAL CELL CARCINOMA SKIN/ UNSP EYELID, INCLUDING CANTHUS	OPHTHALMOLOGY	1	0	0	0	0			
REMOVE EYELID LESION	CYSTS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	OPHTHALMOLOGY	1	0	0	0	0			
REMOVE EYELID LESION(S)	CHALAZION LEFT LOWER EYELID	OPHTHALMOLOGY	1	0	0	0	0			
REMOVE EYELID LESION(S)	CHALAZION RIGHT LOWER EYELID	OPHTHALMOLOGY	1	0	0	0	0			
REMOVE EYELID LESION(S)	CHALAZION UNSPECIFIED EYE, UNSPECIFIED EYELID	OPHTHALMOLOGY	1	0	0	0	0			
REMOVE EYELID LINING LESION	CONJUNCTIVAL CYSTS, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
REMOVE EYELID LINING LESION	CONJUNCTIVAL EDEMA, BILATERAL	FAMILY MEDICINE	1	0	0	0	0			
REMOVE FOREIGN BODY	CUTANEOUS ABSCESS OF ABDOMINAL WALL	FAMILY MEDICINE	1	0	0	0	0			
REMOVE FOREIGN BODY	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
REMOVE HIP PRESSURE SORE	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4	SURGERY, PLASTIC	1	0	0	0	0			
REMOVE IN/EX HEM GROUPS 2+	HEMORRHAGE OF ANUS AND RECTUM	SURGERY, COLON AND RECTAL	0	1	1	0	0			
REMOVE INT/EXT HEM 1 GROUP	ANAL POLYP	SURGERY, GENERAL	1	0	0	0	0			
REMOVE INT/EXT HEM 1 GROUP	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
REMOVE INT/EXT HEM 1 GROUP	HEMORRHAGE OF ANUS AND RECTUM	SURGERY, GENERAL	2	0	0	0	0			
REMOVE INT/EXT HEM 1 GROUP	OTHER HEMORRHOIDS	SURGERY, GENERAL	2	0	0	0	0			
REMOVE INT/EXT HEM 1 GROUP	SECOND DEGREE HEMORRHOIDS	SURGERY, GENERAL	1	0	0	0	0			
REMOVE INT/EXT HEM 1 GROUP	THIRD DEGREE HEMORRHOIDS	SURGERY, GENERAL	2	0	0	0	0			
REMOVE INTRAUTERINE DEVICE	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INIT	GYNECOLOGY (NO OB)	1	0	0	0	0			
REMOVE INTRAUTERINE DEVICE	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REMOVE KIDNEY LIVING DONOR	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			
REMOVE KIDNEY OPEN	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	2	0	0	0	0			
REMOVE LAMINA/FACETS LUMBAR	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE LAMINA/FACETS LUMBAR	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE LAMINA/FACETS LUMBAR	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE LOWER LEG BONE LESION	OTHER SPECIFIED DISORDERS OF BONE, LOWER LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			

March Marc				Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
MODE AND PRINCED	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
MARCH FIRMAN COT COMPA PROMON COT WITHOUT MARCES PRO	REMOVE NASAL FOREIGN BODY	FOREIGN BODY IN NOSTRIL, INITIAL ENCOUNTER		1	U	U	U	U			
MINOR FROM FROM CASE (COMP) MINOR CASE (MINOR CASE (MINOR) MINOR C	REMOVE PELVIS LYMPH NODES	HYPERTROPHY OF UTERUS		1	0	0	0	0			
MODIFICATION MODI	REMOVE PILONIDAL CYST COMPL	PILONIDAL CYST WITH ABSCESS	SURGERY, GENERAL	1	0	0	0	0			
MEMORY PRINTED AND SERVICE PRINTED AND SERVI	REMOVE PILONIDAL CYST COMPL	PILONIDAL CYST WITHOUT ABSCESS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MARCHE FOR STATES UNRECRETED AND PARK STATES UNRECRETED AND PARK STATES UNRECRETED AND STATES	REMOVE PILONIDAL CYST COMPL	PILONIDAL CYST WITHOUT ABSCESS	SURGERY, GENERAL	1	0	0	0	0			
REMOVE PURIONAL COST SAMPLE OTH DOBO OF THE SAME AND SUBCUTANIOUS TISSUE ARROWS PURIONAL COST SAMPLE PURION	REMOVE PILONIDAL CYST EXTEN	PILONIDAL CYST WITHOUT ABSCESS	SURGERY, GENERAL	2	0	0	0	0			
MINORE PRIVADE LAYS SAMPLE **ROUNDER LOYS MARTER **ROUNDER LOYS MA	REMOVE PILONIDAL CYST EXTEN	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BUTTOCK, INIT ENCNTR	SURGERY, GENERAL	1	0	0	0	0			
MINONE PRIVATE MINONE CYT WITHOUT MARCESS SURGERY, CHAPARE, 1 0 0 0 0 0 0 0 0 0	REMOVE PILONIDAL CYST SIMPLE	OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE	SURGERY, GENERAL	1	0	0	0	0			
MINORY FITTIN THOM WYSOPE	REMOVE PILONIDAL CYST SIMPLE	PILONIDAL CYST WITH ABSCESS	SURGERY, GENERAL	1	0	0	0	0			
MANOTE PRINTET TUMON WYSCOPE	REMOVE PILONIDAL CYST SIMPLE	PILONIDAL CYST WITHOUT ABSCESS	SURGERY, GENERAL	1	0	0	0	0			
MANOR FITTUT TUMOR W/SCOPE MODINA OF UNE PRAIN AS MODINA OF UNE PREMION OF BRIDGE AND SAN AS MODINATE MERCOUS FEAR. MODINA OF UNE PREMION OF MODINA SAN AS MODINATE MERCOUS FEAR. MODINA OF UNE PREMION OF MODINA SAN AS MODINATE MERCOUS FEAR. MODINATE MERCONSCRIPT, NEUROLOGICAL SANGERY, NEUROLOG	REMOVE PILONIDAL CYST SIMPLE	PILONIDAL SINUS WITHOUT ABSCESS	SURGERY, PLASTIC	0	1	1	0	0			
REMOVE PRITED TRANSPORTED SCHOOL OF LINCE PREMAY OF ENDOS CAMADS AND OTH PRET NERVOUS 5YS SURGEY, NURRICOGICAL 1	REMOVE PITUIT TUMOR W/SCOPE	BENIGN NEOPLASM OF PITUITARY GLAND	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE PRINCE AND AL CATHETER ON MACE ARD SURGERY, NEUROLOGICAL S	REMOVE PITUIT TUMOR W/SCOPE	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMONE SPINAL CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN ADDROMA BY EACH AND CAMILIC CATHETER 10W BACK PAIN AND CAMILIC CATHETER 10W BACK PAIN AND CAMILIC CATHETER 10W BACK PAIN AND CAMILIC CATHETER 10W BACK PAIN AND CAMILIC CATHETER 10W BACK PAIN AND CAMILIC CATHETER 10W BACK PAIN AND CAMILIC CATHETER 10W BACK PAIN AND CAMILIC CATHETER 10W BACK PAIN AND CATHETER ENGINEER WAS PROJUCTED FATTY, LUMBAR REGION 10W BACK PAIN 10W B	REMOVE PITUIT TUMOR W/SCOPE	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS		1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON OCHERATIVE STRONG PAIN ALLAMINA ADD-ON OCHERATIVE SPINAL LAMINA ADD-ON OCHERATIVE STRONG PAIN ALLAMINA ADD-ON OCHERATIVE STRONG PAIN ALLAMINA ADD-ON INTERVERTEBRAL DISC DISPOREIS W RADICLLOPATHY, LUMBAR REGION SINGERY, NEUROLOGICAL SINGERY,	REMOVE PITUIT TUMOR W/SCOPE	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS		1	0	0	0	0			
REMOVE SPINAL LAMINA ADO ON ORSENTAL SPRONDY DISTRIBUS: REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON MACIFICATION OF REMOVE SPINAL LAMINA ADO ON OTHER REMOVES SPINAL LAMINA ADO ON OTHER REMOVES SPINAL LAMINA ADO ON OTHER REMOVES SPINAL LAMINA ADO ON OTHER REMOVES SPINAL LAMINA ADO ON OTHER REMOVES SPINAL LAMINA ADO ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER REMOVES SPINAL LAMINA ADD ON OTHER	REMOVE SPINAL CANAL CATHETER	LOW BACK PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON OTHER INTERVERTEBBAL DISC DESPLACEMENT, LUMBAR REGION SURGERY, NEUROLOGICAL SURGERY, NEUROLOGI	REMOVE SPINAL LAMINA ADD-ON	ABNORMAL REFLEX	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPIRAL LAMINA ADD-ON INTERVERTEBAL DISC DISCRIBERS W RADICLUPORTHY, LUMBAR REGION REMOVE SPIRAL LAMINA ADD-ON INTERVERTEBAL DISC DISCRIBERS W RADICLUPORTHY, LUMBAR REGION REMOVE SPIRAL LAMINA ADD-ON INTERVERTEBAL DISC STRIOSS OF REURAL CANAL OF LUMBAR REGION REMOVE SPIRAL LAMINA ADD-ON INTERVERTEBAL DISC STRIOSS OF REURAL CANAL OF LUMBAR REGION REMOVE SPIRAL LAMINA ADD-ON MECH COMPLY OF RESTANT SERVICES, IMPUNT AND GRAFTS, INIT SURGERY, NEUROLOGICAL SURGERY, N	REMOVE SPINAL LAMINA ADD-ON	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	1	1	1	0	0			
REMOVE SPINAL LAMINA ADD-ON INTERVERTEBRAL DISC DISORDERS W RADICULOPATIVI, LUMBAR REGION SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	DORSALGIA, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON INTRIT DISC STENDSS OF NEURAL CANAL OF LUMBAR REGION SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINAL LAMINA ADO-N ALIGNAT NEOPLASM OF PROSTATE REMOVE SPINAL LAMINA ADO-N MICH COMPLOF INTERNAL ORTH DEVICES, IMPILIT AND GRAFTS, INIT SURGERY, REMOLOGICAL O 1 1 1 0 0 0 0 1 1 1 0 0 0	REMOVE SPINAL LAMINA ADD-ON	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	1	1	0	0			
REMOVE SPINAL LAMINA ADD-ON MECH COMPL OF INTERNAL ORTH DEVICES, IMPLINT AND GRAFTS, INIT REMOVE SPINAL LAMINA ADD-ON OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA REGION OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA REGION OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA ADD-ON OTHER SPINAL LAMINA ADD-ON REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSS, LUMBAR REGION SURGERY, NEUROLOGICAL SU	REMOVE SPINAL LAMINA ADD-ON	INTVRT DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON MECH COMPL OF INTERNAL ORTH DEVICES, IMPLINT AND GRAFTS, INIT SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON OTHER SPONDYLOSS WITH RADICULOPATHY, LUMBAR REGION OTHER SPONDYLOSS WITH RADICULOPATHY, LUMBAR REGION OTHER SPONDYLOSS WITH RADICULOPATHY, LUMBAR REGION OTHER SPONDYLOSS WITH RADICULOPATHY, LUMBAR REGION OTHER SPONDYLOSS WITH RADICULOPATHY, LUMBAR REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSS, LUMBAR REGION SPINAL STENOSS, LUMBAR REGION WITH NEUROGENIC CLAUD CAIDICATION SPINAL STENOSS, LUMBAR REGION WITH NEUROGENIC CLAUD CAIDICATION SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL STENOSS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SPINAL	REMOVE SPINAL LAMINA ADD-ON	LOW BACK PAIN	SURGERY, NEUROLOGICAL	2	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION PSYCHIATRY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	MALIGNANT NEOPLASM OF PROSTATE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION SURGERY, NEUROLOGICAL 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			· · · · · · · · · · · · · · · · · · ·	0	1	1	0	0			
REMOVE SPINAL LAMINA ADD-ON OTHER INTERVERTERBAL DISC. DISPLACEMENT, LUMBAR REGION OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, CERVICAL REGION REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, CERVICAL REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, CERVICAL REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOU	REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	PSYCHIATRY	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON OTHER INTERVERTERBAL DISC. DISPLACEMENT, LUMBAR REGION OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, CERVICAL REGION REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, STE UNSPECIFIED SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, CERVICAL REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, CERVICAL REGION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOU	REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON A RADICULOPATHY, CERVICAL REGION NEUROLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		3	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, CERVICAL REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	2	2	0	0			
REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, CERVICAL REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, CERVICAL REGION	NEUROLOGY	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBAR REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON RADICULOPATHY, LUMBOSACRAL REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SCOLIOSIS, UNSPECIFIED SURGERY, NEUROLOGICAL 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	1	1	0	0			
REMOVE SPINAL LAMINA ADD-ON SCULIOSIS, UNSPECIFIED SURGERY, NEUROLOGICAL 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, CERVICAL REGION WITH NEUROGENIC CLAUDICATION SURGERY, NEUROLOGICAL 6 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, ORTHOPEDIC 13 2 2 0 0 0 1 1 1 0 0 0 1 1 1 1	REMOVE SPINAL LAMINA ADD-ON	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION SURGERY, ORTHOPEDIC 13 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD PSYCHIATRY REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	6	1	1	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	13	2	2	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, NEUROLOGICAL 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	PSYCHIATRY	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD SURGERY, ORTHOPEDIC 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, LUMBOSACRAL REGION SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				7	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, SITE UNSPECIFIED SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPINAL STENOSIS, THORACIC REGION SURGERY, NEUROLOGICAL 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			· · · · · · · · · · · · · · · · · · ·	1	0	0	0	0			
REMOVE SPINAL LAMINA ADD-ON SPONDYLOLISTHESIS, LUMBAR REGION SURGERY, NEUROLOGICAL 0 2 2 0 0 0				3	0	0	0	0			
			· ·	0	2	2	0	0			
			· · · · · · · · · · · · · · · · · · ·	0	2	2	0	0			

					Medical	Experimental &	Network	Total	Total	
Bracadura Cada Dassrintian	Diagnosis Codo Doserintion	Drawidar Spacialty	Total UM	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved
Procedure Code Description REMOVE SPINAL LAMINA ADD-ON	Diagnosis Code Description SPONDYLOLISTHESIS, SITE UNSPECIFIED	Provider Specialty PSYCHIATRY	Approvals	1	1	O	O	Approved	Dellieu	by IRO
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	2	2	2	0	0			
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOGISTHESIS, STEE UNSPECIFIED SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
REMOVE SPINE FIXATION DE	Spinal stenosis, lumbar region without neurogenic claudication	SURGERY, ORTHOPEDIC							1	
REMOVE SPINE FIXATION DEVICE	DISPLACMNT OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE FIXATION DEVICE	FUSION OF SPINE, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	LOW BACK PAIN	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
REMOVE SPINE FIXATION DEVICE	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REMOVE SPINE FIXATION DEVICE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINE FIXATION DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	1	2	2	0	0			
REMOVE SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REMOVE SPINE FIXATION DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE SPINE LAMINA >2 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
REMOVE SPINE LAMINA 1 CRVL	ABNORMAL REFLEX	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 CRVL	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE LAMINA 1 CRVL	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 CRVL	RADICULOPATHY, CERVICAL REGION	NEUROLOGY	1	0	0	0	0			
REMOVE SPINE LAMINA 1 CRVL	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINE LAMINA 1 CRVL	SPINAL STENOSIS, CERVICAL REGION	FAMILY MEDICINE	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	CAUDA EQUINA SYNDROME	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	DORSALGIA, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	FOOT DROP, LEFT FOOT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	FOOT DROP, LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	HYPOXEMIA	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	INTERNAL MEDICINE	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	4	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	INTVRT DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	LOW BACK PAIN	SURGERY, NEUROLOGICAL	2	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	MALIGNANT NEOPLASM OF PROSTATE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	PSYCHIATRY	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	5	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	2	2	0	0			
REMOVE SPINE LAMINA 1 LMBR	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, ORTHOPEDIC	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	1	1	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	1	1	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	7	1	1	0	0			<u> </u>
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			ļ
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			ļ
REMOVE SPINE LAMINA 1 LMBR	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	2	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL INSTABILITIES, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, GENERAL	2	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	14	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	15	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	PSYCHIATRY	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	9	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, THORACIC REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	3	3	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	0	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	3	1	1	0	0			
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
REMOVE SPINE LAMINA 1 LMBR	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	SURGERY, ORTHOPEDIC	1	0	0	n	0	-		
REMOVE SPINE LAMINA 1/2 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE TENDON SHEATH LESION	GANGLION, UNSPECIFIED HAND	SURGERY, PLASTIC	2	0	0	0	0			
REMOVE THORACIC LYMPH NODES	HEMOTHORAX	SURGERY, THORACIC	1	0	0	0	0			
REMOVE THORACIC LYMPH NODES	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	SURGERY, THORACIC	1	0	0	0	0			<u> </u>
REMOVE THORACIC ETMPH NODES REMOVE THYROID DUCT LESION	CONGENITAL MALFORMATIONS OF OTHER ENDOCRINE GLANDS	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
REMOVE TONSILS AND ADENOIDS	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	5	0	0	0	0			
REMOVE TONSILS AND ADENOIDS	ACUTE SEROUS OTITIS MEDIA, RECURRENT, LEFT EAR	NOSE, AND THROAT) FAMILY MEDICINE	1	0	0	0	0			
	·		1	0	0	0	0	-		
REMOVE TONSILS AND ADENOIDS REMOVE TONSILS AND ADENOIDS	CHEST PAIN, UNSPECIFIED CHRONIC TONSILLITIS	FAMILY MEDICINE	1	0	0	0	0	-		
		OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	4	U	U	U	Ů			
REMOVE TONSILS AND ADENOIDS	HYPERTROPHY OF TONSILS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVE TONSILS AND ADENOIDS	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	FAMILY MEDICINE	4	0	0	0	0			
REMOVE TONSILS AND ADENOIDS	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	12	0	0	0	0			
REMOVE TONSILS AND ADENOIDS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REMOVE TONSILS AND ADENOIDS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
REMOVE TONSILS AND ADENOIDS	SLEEP APNEA, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
REMOVE TONSILS AND ADENOIDS	SNORING	OTOLARYNGOLOGY (EAR,	2	0	0	0	0			
		NOSE, AND THROAT)								
REMOVE VAGINA TISSUE COMPL	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	UROLOGY	1	0	0	0	0			
REMOVE VAGINA TISSUE PART	PELVIC AND PERINEAL PAIN	COUNSELING	1	0	0	0	0			
REMOVE VAGINA TISSUE PART	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REMOVE VAGINA WALL COMPLETE	GENDER IDENTITY DISORDER, UNSPECIFIED	SURGERY, PLASTIC	2	0	0	0	0			
REMOVE VENTILATING TUBE	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
REMOVE VERT BODY DCMPRN CRVL	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	NOSE, AND THROAT)	1	0	0	0	0			+
REMOVE VERT BODY DCMPRN CRVL	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE VERT BODY DCMPRN CRVL	OTHER CERVICAL DISC DEGENERATION AT CS-C6 LEVEL OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REMOVE VERT BODY DCMPRN CRVL	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
		· ·	1	0	0	0	0			
REMOVE VERT BODY DCMPRN CRVL REMOVE VERT BODY DCMPRN CRVL	SPINAL INSTABILITIES, CERVICAL REGION SPINAL STENOSIS, CERVICAL REGION	PEDIATRICS SURGERY, ORTHOPEDIC	1	0	1	0	0			+
REMOVE VERT BODY DCMPRN CRVL REMOVE VERT BODY DCMPRN LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMIOVE VERT BODY DEMIPRIN LIMBR		SURGERY, URTHUPEDIC	U	1	1	U	U			
REMOVE VERT BODY DCMPRN LMBR	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE VERT BODY DCMPRN LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE VERTEBRAL BODY ADD-ON	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE VERTEBRAL BODY ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE VERTEBRAL BODY ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE VERTEBRAL BODY ADD-ON	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE VERTEBRAL BODY ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REMOVE VERTEBRAL BODY ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	0	1	0			
REMOVE VERTEBRAL BODY ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REMOVE WRIST TENDON LESION	GANGLION, LEFT WRIST	PEDIATRICS	1	0	0	0	0			
REMOVE WRIST TENDON LESION	GANGLION, RIGHT HAND	SURGERY, PLASTIC	2	0	0	0	0			
REMOVE WRIST TENDON LESION	GANGLION, RIGHT WRIST	SOCIAL WORK	1	0	0	0	0			
REMOVE WRIST TENDON LESION	GANGLION, RIGHT WRIST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE WRIST TENDON LESION	GANGLION, RIGHT WRIST	SURGERY, PLASTIC	1	0	0	0	0			
REMOVE/GRAFT LEG BONE LESION	ANEURYSMAL BONE CYST, UNSPECIFIED SITE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE/GRAFT LEG BONE LESION	OTHER CYST OF BONE, RIGHT LOWER LEG	SPORTS MEDICINE	1	0	0	0	0			
REMOVE/GRAFT LEG BONE LESION	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE/INSERT DRUG IMPLANT	INFECT/INFLM REACTION DUE TO INTERNAL LEFT HIP PROSTH, INIT	HOSPITAL	2							
REMOVE/INSERT DRUG IMPLANT	OTHER HYPERFUNCTION OF PITUITARY GLAND	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REMOVE/REPLACE PENIS PROSTH	UNSP COMPLICATION OF GENITOURINARY PROSTH DEV/GRFT, INIT	UROLOGY	2	0	0	0	0			
REMV&REPLC PM GEN DUAL LEAD	ENCNTR FOR CHECKING AND TEST OF CARD PACEMAKER PULSE GNRTR	CARDIOVASCULAR DISEASE	1	0	0	0	0			
REMV&REPLC PM GEN DUAL LEAD	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	CARDIOVASCULAR DISEASE	1	0	0	0	0			
REMVL INSJ IMPLTBL GLUC SENS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND	2	0	0	0	0			1
DENIAL DIODCY DEDO	CUDONIC KIDNEY DICEASE STACE 1	METABOLISM	1	0	0	0	0			+
RENAL BIOPSY PERQ	CHRONIC KIDNEY DISEASE, STAGE 1	NEPHROLOGY	1	0	0	0	0			+
REOPEN FALLOPIAN TUBE	ENCOUNTER FOR FERTILITY TESTING	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
REP PERF ANOPER FISTU	CONGEN ABSENCE, ATRESIA AND STENOSIS OF LG INT, PART UNSP	PEDIATRIC SURGERY	1	0	0	0	0			†
REPAIR ACHILLES TENDON	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR ACHILLES TENDON	STRAIN OF RIGHT ACHILLES TENDON, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REPAIR ANAL FISTULA	ANAL FISTULA	SURGERY, COLON AND	1	0	0	0	0			
REPAIR ANOMALY W/CONDUIT	VENTRICULAR SEPTAL DEFECT	RECTAL PEDIATRICS	1	0	0	0	0			+
REPAIR ART INTRAMURAL	MALFORMATION OF CORONARY VESSELS	SURGERY, GENERAL	1	0	0	0	0			+
REPAIR BICEPS TENDON	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INIT	FAMILY MEDICINE	1	0	0	0	0			+
REPAIR BICEPS TENDON REPAIR BLADDER DEFECT	COMPLETE UTEROVAGINAL PROLAPSE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REPAIR BLADDER DEFECT	CYSTOCELE, UNSPECIFIED	HOSPITAL	1		1					-
NLFAIN DLAUDER DEFECT	CISTOCELE, UNSPECIFIED	HOSPITAL	1	1	1		1	l		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
REPAIR BLADDER DEFECT	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REPAIR BLADDER DEFECT	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	UROLOGY	1	0	0	0	0			
REPAIR BLADDER DEFECT	MIXED INCONTINENCE	UROLOGY	6	0	0	0	0			1
REPAIR BLADDER DEFECT	RADICULOPATHY, LUMBAR REGION	UROLOGY	2	0	0	0	0			
REPAIR BLADDER DEFECT	STRESS INCONTINENCE (FEMALE) (MALE)	UROLOGY	3	0	0	0	0			1
REPAIR BLOOD VESSEL LESION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	2	0	0	0	0			1
REPAIR BLOOD VESSEL LESION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	6	0	0	0	0			1
REPAIR BLOOD VESSEL LESION	COMPRESSION OF VEIN	UROLOGY	1	0	0	0	0			1
REPAIR BOWEL OPENING	COLOSTOMY COMPLICATION, UNSPECIFIED	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REPAIR BOWEL OPENING	COLOSTOMY STATUS	SURGERY, GENERAL	4	0	0	0	0			1
REPAIR BOWEL OPENING	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REPAIR BOWEL OPENING	ENCOUNTER FOR ATTENTION TO COLOSTOMY	SURGERY, GENERAL	1	0	0	0	0			
REPAIR BOWEL OPENING	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REPAIR BOWEL OPENING	ENTEROSTOMY MALFUNCTION	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REPAIR BOWEL OPENING	MALIGNANT NEOPLASM OF RECTUM	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REPAIR BOWEL OPENING	MALIGNANT NEOPLASM OF RECTUM	SURGERY, GENERAL	1	0	0	0	0			
REPAIR BOWEL OPENING	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	SURGERY, COLON AND RECTAL	1	0	0	0	0			
REPAIR BOWEL OPENING	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	2	0	0	n	0			
REPAIR BRAIN FLUID LEAKAGE	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
REPAIR BRAIN FLUID LEAKAGE	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REPAIR BROW DEFECT	BROW PTOSIS, BILATERAL	OPHTHALMOLOGY	1	0	0	n	0			+
REPAIR BROW DEFECT	BROW PTOSIS, BILATERAL	SURGERY, PLASTIC	2	0	0	0	0			
REPAIR BROW DEFECT	CONGENITAL PTOSIS	OPHTHALMOLOGY	0	2	2	0	0			
REPAIR BROW DEFECT	Congenital ptosis	Other Provider				-	_		1	
REPAIR BROW DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	OPHTHALMOLOGY	3	2	2	0	0		-	†
REPAIR BROW DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	SURGERY, PLASTIC	0	1	1	0	0			
REPAIR BROW DEFECT	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	SURGERY, PLASTIC	0	1	1	0	0			
REPAIR BROW DEFECT	FACIAL WEAKNESS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REPAIR BROW DEFECT	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
REPAIR BROW DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY	1	0	0	0	0			
REPAIR BROW DEFECT	OTHER LOCALIZED VISUAL FIELD DEFECT, BILATERAL	OPHTHALMOLOGY	0	1	1	0	0			
REPAIR BROW DEFECT	PARALYTIC PTOSIS OF RIGHT EYELID	OPHTHALMOLOGY	1	1	1	0	0			
REPAIR BROW DEFECT	POSTMENOPAUSAL BLEEDING	SURGERY, PLASTIC	2	0	0	0	0			
REPAIR BROW DEFECT	UNSPECIFIED INJURY OF FACE, SEQUELA	SURGERY, PLASTIC	1	0	0	0	0			
REPAIR BROW DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	SURGERY, PLASTIC	1	0	0	0	0			
REPAIR BROW DEFECT	UNSPECIFIED VISUAL DISTURBANCE	SURGERY, PLASTIC	1	0	0	0	0			
REPAIR CLEFT LIP/NASAL	PLAGIOCEPHALY	SOCIAL WORK	1	0	0	0	0			
REPAIR CLEFT LIP/NASAL	PLAGIOCEPHALY	SURGERY, PLASTIC	1	0	0	0	0			
REPAIR CLITORIS	TRANSSEXUALISM	FACILITY	1	0	0	0	0			
REPAIR DEFECT OF ARTERY	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	SURGERY, VASCULAR	1	0	0	0	0			
REPAIR DETACHED RETINA	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, RIGHT EYE	OPHTHALMOLOGY	2	0	0	0	0			
REPAIR EARDRUM STRUCTURES	N/A	HOSPITAL	1							
REPAIR EARDRUM STRUCTURES	OTHER INSTABILITY, RIGHT KNEE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REPAIR EARDRUM STRUCTURES	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REPAIR EARDRUM STRUCTURES	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR	PEDIATRIC OTOLARYNGOLOGY	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
REPAIR ELBOW W/DEB OPEN	LATERAL EPICONDYLITIS, LEFT ELBOW	SOCIAL WORK	1	O Demais	O Definats	O Demais	O Demais	Арргочец	Dellieu	by INO
REPAIR ELBOW W/DEB OPEN	LATERAL EPICONDYLITIS, LEFT ELBOW	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR ELBOW W/DEB OPEN	LATERAL EPICONDYLITIS, RIGHT ELBOW	SOCIAL WORK	2	0	0	0	0			+
REPAIR ELBOW W/DEB OPEN	LATERAL EPICONDYLITIS, RIGHT ELBOW	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REPAIR EYELID DEFECT	CHRONIC PAIN SYNDROME	OPHTHALMOLOGY	1	0	0	0	0			
REPAIR EYELID DEFECT	CONGENITAL PTOSIS	OPHTHALMOLOGY	2	2	2	0	0			
REPAIR EYELID DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	OPHTHALMOLOGY	1	1	1	0	0			
REPAIR EYELID DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	SURGERY, PLASTIC	0	1	1	0	0			
REPAIR EYELID DEFECT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	OPHTHALMOLOGY	2	0	0	0	0			†
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY	5	2	2	0	0			
REPAIR EYELID DEFECT	Mechanical ptosis of bilateral eyelids	OPHTHALMOLOGY				_		1		
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	OPTOMETRY	0	1	1	0	0	_		
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY	4	1	1	0	0			
REPAIR EYELID DEFECT	Myogenic ptosis of bilateral eyelids	OPHTHALMOLOGY				_		1		
REPAIR EYELID DEFECT	Myogenic ptosis of bilateral eyelids	Other Provider						1		
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF LEFT EYELID	SURGERY, GENERAL	0	1	1	0	0	_		
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF RIGHT EYELID	OPHTHALMOLOGY	2	1	1	0	0			
REPAIR EYELID DEFECT	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	OPHTHALMOLOGY	1	0	0	0	0			
REPAIR EYELID DEFECT	PARALYTIC PTOSIS OF RIGHT EYELID	OPHTHALMOLOGY	0	1	1	0	0			
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY	10	3	3	0	0			
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF LEFT EYELID	OPHTHALMOLOGY	4	0	0	0	0			
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF RIGHT EYELID	OPHTHALMOLOGY	1	0	0	0	0			†
REPAIR FINGER/HAND TENDON	INJURY OF DIGITAL NERVE OF LEFT THUMB, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			+
REPAIR FOOT DISLOCATION	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR HAND TENDON	MALLET FINGER OF RIGHT FINGER(S)	SURGERY, GENERAL	0	1	0	0	1			
REPAIR HEART SEPTUM DEFECT	ATRIAL SEPTAL DEFECT	SURGERY, THORACIC	1	0	0	0	0			+
REPAIR HUMERUS WITH GRAFT	OTH FRACTURE OF SHAFT OF R HUMERUS, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
REPAIR MULTI-COMP PENIS PROS	UNSP COMPLICATION OF GENITOURINARY PROSTH DEV/GRFT, INIT	UROLOGY	2	0	0	0	0			
REPAIR NASAL STENOSIS	ACQUIRED DEFORMITY OF NOSE	OTOLARYNGOLOGY (EAR,	3	1	1	0	0			
		NOSE, AND THROAT)								
		OTOLARYNGOLOGY (EAR,								
REPAIR NASAL STENOSIS	Acquired deformity of nose	NOSE, AND THROAT)							1	
REPAIR NASAL STENOSIS	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
		NOSE, AND THROAT)		_	_		_			
REPAIR NASAL STENOSIS	CHRONIC PANSINUSITIS	FAMILY MEDICINE	1	0	0	0	0			
REPAIR NASAL STENOSIS	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
REPAIR NASAL STENOSIS	CHRONIC RHINITIS	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	n	n	n	0			+
THE AIR MASAE STENOSIS	cimone minuris	NOSE, AND THROAT)	-	ŭ	o .					
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	COUNSELING	1	1	1	0	0			1
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	INTERNAL MEDICINE	1	0	0	0	0			1
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	16	2	2	0	0			
		OTOLARYNGOLOGY (EAR,								
REPAIR NASAL STENOSIS	Deviated nasal septum	NOSE, AND THROAT)						1	1	J
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	SURGERY, GENERAL	2	0	0	0	0	<u> </u>	<u> </u>	†
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	SURGERY, PLASTIC	4	0	0	0	0			\vdash
REPAIR NASAL STENOSIS	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			†
	,	NOSE, AND THROAT)								<u> </u>
REPAIR NASAL STENOSIS	NASAL MUCOSITIS (ULCERATIVE)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
REPAIR NASAL STENOSIS	OTHER ABNORMALITIES OF BREATHING	SURGERY, PLASTIC	2	0	0	0	0			
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	COUNSELING	1	0	0	0	0			
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	17	6	5	1	0			
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	SURGERY, PLASTIC	2	0	0	0	0			

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REPAIR NASAL STENOSIS W/IMP	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	0	1	0			
REPAIR OF BLADDER OPENING	CONGENITAL POSTERIOR URETHRAL VALVES	FAMILY MEDICINE	1	0	0	0	0			+
REPAIR OF BLADDER OPENING	URINARY TRACT INFECTION, SITE NOT SPECIFIED	UROLOGY	1	0	0	0	0			†
REPAIR OF BLADDER WOUND	URINARY TRACT INFECTION, SITE NOT SPECIFIED	UROLOGY	2	0	0	0	0			+
REPAIR OF BOWEL POUCH	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
REPAIR OF CIRCUMCISION	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	PEDIATRICS	1	0	0	0	0			+
REPAIR OF CIRCUMCISION	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	FAMILY MEDICINE	1	0	0	0	0			
REPAIR OF DIAPHRAGM HERNIA	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0			
REPAIR OF DIGIT NERVE	INJURY OF DIGITAL NERVE OF UNSPECIFIED FINGER, INIT ENCNTR	SOCIAL WORK	1	0	0	0	0			
REPAIR OF DIGIT NERVE	INJURY OF DIGITAL NERVE OF UNSPECIFIED FINGER, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR OF EARDRUM	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REPAIR OF EARDRUM	GRANULOMATOUS DISORDER OF THE SKIN, SUBCU, UNSP	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REPAIR OF EARDRUM	MYRINGOTOMY TUBE(S) STATUS	FAMILY MEDICINE	1	0	0	0	0			+
REPAIR OF EARDRUM	MYRINGOTOMY TUBE(S) STATUS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
REPAIR OF EARDRUM	OTORRHEA, BILATERAL	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			<u> </u>
REPAIR OF EARDRUM	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
REPAIR OF HAMMERTOE	OTHER DEFORMITIES OF TOE(S) (ACQUIRED), RIGHT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF HAMMERTOE	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	PODIATRY	2	0	0	0	0			1
REPAIR OF HAMMERTOE	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	SURGERY, ORTHOPEDIC	3	0	0	0	0			+
REPAIR OF HAMMERTOE	OTHER HAMMER TOE(S) (ACQUIRED), RIGHT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF HAMMERTOE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	COUNSELING	1	0	0	0	0			+
REPAIR OF HAMMERTOE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF HAMMERTOE	PAIN IN LEFT FOOT	PODIATRY	1	0	0	0	0			+
REPAIR OF HYDROCELE	HYDROCELE, UNSPECIFIED	UROLOGY	1	0	0	0	0			+
REPAIR OF KNEECAP TENDON	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, RIGHT LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	ALLERGIC RHINITIS DUE TO POLLEN	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	CONGENITAL TALIPES CALCANEOVARUS, UNSPECIFIED FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	JUVENILE OSTEOCHONDROSIS OF TARSUS, LEFT ANKLE	PODIATRY	1	n	0	0	0			+
REPAIR OF LEG TENDON EACH	OTHER INSTABILITY, RIGHT ANKLE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	PAIN IN RIGHT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	PERONEAL TENDINITIS, LEFT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	PERONEAL TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
REPAIR OF LEG TENDON EACH	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT	PODIATRY	1	0	0	0	0			-
REPAIR OF LEG TENDON EACH	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0	-		+
REPAIR OF LEG TENDON EACH	STRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER STRAIN MUSC/TEND PERONEAL GRP AT LOW LEG LEV, UNSP LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0	-	1	+
REPAIR OF LEG TENDON EACH REPAIR OF MITRAL VALVE	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	SURGERY, THORACIC	1	0	0	0	0	-		+
REPAIR OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) INSOFFICIENCY NONRHEUMATIC MITRAL (VALVE) STENOSIS	SURGERY, THORACIC	1	0	0	0	0			+
REPAIR OF MITRAL VALVE REPAIR OF NAIL BED	LACERATION W/O FB OF UNSP FINGER W DAMAGE TO NAIL, SUBS	SOCIAL WORK	1	0	0	0	0			+
REPAIR OF NAIL BED	LACERATION W/O FB OF UNSP FINGER W DAMAGE TO NAIL, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0	-		+
REPAIR OF NASAL SEPTUM	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			+
		NOSE, AND THROAT)	1	0	0	0	0	<u> </u>		<u> </u>
REPAIR OF NASAL SEPTUM	CHRONIC PANSINUSITIS	FAMILY MEDICINE	1	U	0	0	0	-		+
REPAIR OF NASAL SEPTUM	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	U	0	U	0			<u> </u>
REPAIR OF NASAL SEPTUM	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	U	U	U	U			
REPAIR OF NASAL SEPTUM	DEVIATED NASAL SEPTUM	FAMILY MEDICINE	2	0	0	0	0			
REPAIR OF NASAL SEPTUM	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	19	0	0	0	0			
REPAIR OF NASAL SEPTUM	DEVIATED NASAL SEPTUM	SURGERY, PLASTIC	1	0	0	0	0			

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REPAIR OF NASAL SEPTUM	DISORDER OF BREAST, UNSPECIFIED	OTOLARYNGOLOGY (EAR,	1	0	0	0	0	прриотец	Demeu	270
		NOSE, AND THROAT)								
REPAIR OF NASAL SEPTUM	FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
REPAIR OF NASAL SEPTUM	FRACTURE OF NASAL BONES, INIT ENCNTR FOR CLOSED FRACTURE	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	n			
INCEPAIN OF WASAL SEPTOW	TRACTORE OF WASAE BONES, INTERCENTETOR CLOSED FRACTORE	NOSE, AND THROAT)	1	ľ	U	o .	U			1
REPAIR OF NASAL SEPTUM	FRACTURE OF NASAL BONES, SUBS FOR FX W ROUTN HEAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
REPAIR OF NASAL SEPTUM	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
REPAIR OF NASAL SEPTUM	HYPERTROPHY OF NASAL TURBINATES	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	n	0	0	0			+
NET THE OT THE BELL TO THE	THE ENTROLL OF WASTE TO BRITATES	NOSE, AND THROAT)	1	Ů	Ü	·	Ü			
REPAIR OF NASAL SEPTUM	MAXILLARY HYPOPLASIA	FAMILY MEDICINE	0	1	1	0	0			
REPAIR OF NASAL SEPTUM	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR,	4	0	0	0	0			
AFFALIA OF LLACAL OFFICIAL		NOSE, AND THROAT)	-							
REPAIR OF NASAL SEPTUM	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	5	0	0	0	0			1
REPAIR OF NASAL SEPTUM	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			+
		NOSE, AND THROAT)								
REPAIR OF PERINEUM	DISRUPTION OF PERINEAL OBSTETRIC WOUND	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
DEDAID OF DEDINISHA	DELVIC AND DEDINEAU DAIN	ODSTETDICS (CVALECOLOGY	4		0	2	0			
REPAIR OF PERINEUM	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;										+
chronic	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	1							1
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;	, , , , , , , , , , , , , , , , , , , ,									
chronic	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	ORTHOPEDIC SURGERY		1	1					1
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER;									
chronic	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	1							1
REPAIR OF RUPTURED TENDON	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND PRT BICEPS, LEFT ARM, INIT	SOCIAL WORK	1	0	0	0	0			
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND PRT BICEPS, LEFT ARM, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND PRT BICEPS, RIGHT ARM, INIT	FAMILY MEDICINE	2	0	0	0	0			
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND TRICEPS, RIGHT ARM, INIT	SOCIAL WORK	2	0	0	0	0			
REPAIR OF RUPTURED TENDON	STRAIN OF MUSC/FASC/TEND TRICEPS, RIGHT ARM, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REPAIR OF SKULL DEFECT	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REPAIR OF SKULL DEFECT	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY, NEUROLOGICAL	2	0	0	0	0			
REPAIR OF SKULL DEFECT	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY, PLASTIC	1	0	0	0	0			
REPAIR OF SKULL WITH GRAFT	CRANIOSYNOSTOSIS	SURGERY, PLASTIC	1	0	0	0	0			
REPAIR OF UTERUS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	GYNECOLOGY (NO OB)	1	0	0	0	0			
REPAIR PALATE PHARYNX/UVULA	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			1
REPAIR PALATE PHARYNX/UVULA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	2	1	1	0	0			
REFAIR FACATE FRANTING OVOCA	OBSTRUCTIVE SEEE! AFREA (ADDET) (FEDIATRIC)	NOSE, AND THROAT)		-	1		o .			1
REPAIR RADIUS OR ULNA	OTH EXTRARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	SURGERY, HAND	1	0	0	0	0			
REPAIR RECT/BLADDER FISTULA	OTHER SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	UROLOGY	1	0	0	0	0			
					_		_			
REPAIR RETINAL DETACH CPLX	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	OPHTHALMOLOGY	1	0	0	0	0			
REPAIR RETINAL DETACH CPLX	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
REPAIR RETINAL DETACH CPLX	SEPSIS, UNSPECIFIED ORGANISM	OPHTHALMOLOGY	1	0	0	0	0			
REPAIR RETINAL DETACH CPLX REPAIR RETINAL DETACH CPLX	TRACTION DETACHMENT OF RETINA, RIGHT EYE TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	OPHTHALMOLOGY FAMILY MEDICINE	1	0	0	0	0			+
INCEMIN NETINAL DETACTIONES	TITE 2 DIAB WITH PROLIF DIAB KINOP WITHOUT MACULAK EDEMA, BI	FAIVILT WEDICINE	1	ا	ľ	٢	ľ			1
REPAIR RETINAL DETACH CPLX	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
REPAIR SHOULDER CAPSULE	OTHER INSTABILITY, LEFT SHOULDER	HOSPITAL	1							
REPAIR SHOULDER CAPSULE	OTHER SPRAIN OF LEFT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR SINGLE VENTRICLE	HYPOPLASTIC LEFT HEART SYNDROME	SURGERY, THORACIC	1	0	0	0	0			
REPAIR STERNUM/NUSS W/SCOPE	PECTUS EXCAVATUM	PEDIATRIC SURGERY	1	0	0	0	0			
REPAIR STOMACH-BOWEL FISTULA	FISTULA OF STOMACH AND DUODENUM	PEDIATRIC SURGERY	1	0	0	0	0			
REPAIR STOMACH-BOWEL FISTULA	FISTULA OF STOMACH AND DUODENUM	SURGERY, GENERAL	1	0	0	0	0		l	1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
REPAIR STOMACH-BOWEL FISTULA	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	SURGERY, GENERAL	1	0	0	0	0			-,
REPAIR TCAT MITRAL VALVE	OTHER NONRHEUMATIC MITRAL VALVE DISORDERS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
REPAIR TOOTH SOCKET	MALIGNANT NEOPLASM OF UPPER GUM	SURGERY, ORAL AND	0	1	1	0	0			<u> </u>
REPAIR TOOTH SOCKET	UNSPECIFIED CYST OF JAW	MAXILLOFACIAL DENTISTRY	n	1	1	0	0			+
REPAIR UPPER JAW FISTULA	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, ORAL AND	1	0	0	0	0			+
THE AIR OF ENJAW TISTOCA	DEVELOR MENTAL ODOM TOGENIC CISTS	MAXILLOFACIAL	1		Ŭ		Ŭ			
REPAIR VENOUS BLOCKAGE	N/A	DIAGNOSTIC RADIOLOGY		1			1			
REPAIR WRIST JOINTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			
REPAIR WRIST JOINTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR WRIST JOINTS	PRIMARY OSTEOARTHRITIS, RIGHT HAND	SOCIAL WORK	1	0	0	0	0			
REPAIR WRIST JOINTS	PRIMARY OSTEOARTHRITIS, RIGHT HAND	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR/GRAFT FEMUR HEAD/NECK	OTH CONGEN MALFORM OF LOWER LIMB(S), INCLUDING PELVIC GIRDLE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR/GRAFT HAND TENDON	MALLET FINGER OF RIGHT FINGER(S)	SURGERY, GENERAL	0	1	0	0	1			+ +
REPAIR/GRAFT KNEECAP TENDON	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
REPAIR/GRAFT OF TIBIA	DISPL COMMNT FX SHAFT OF R TIBIA, 7THC	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR/GRAFT OF TIBIA	DISPLACED PILON FX RIGHT TIBIA, SUBS FOR CLOS FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR/GRAFT WRIST BONE	DISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THK	SURGERY, HAND	1	0	0	0	0			†
REPAIR/GRAFT WRIST BONE	DISP FX OF MID 3RD OF NAVIC BONE OF R WRS, 7THK	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
REPAIR/GRAFT WRIST BONE	UNSP FX NAVICULAR BONE OF LEFT WRIST, SUBS FOR FX W NONUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REPAIR/SVC DME NON-OXYGEN EQ	CEREBRAL PALSY, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			+
REPAIR/SVC DME NON-OXYGEN EQ	UNSPECIFIED ASTHMA, UNCOMPLICATED	NEUROLOGY	1	0	0	0	0			+
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Atherosclerotic heart disease of native coronary artery with									+
REPATHA	unspecified angina pectoris	Other Provider						1		
	Atherosclerotic heart disease of native coronary artery without	CARDIOVASCULAR								
REPATHA	angina pectoris	DISEASE						1		
		CARDIOVASCULAR								1
REPATHA	Hyperlipidemia, unspecified	DISEASE						2		
REPATHA	Hyperlipidemia, unspecified	NEPHROLOGY							1	1
REPATHA	Hyperlipidemia, unspecified	Other Provider						1		1
		ENDOCRINOLOGY AND								
REPATHA	Mixed hyperlipidemia	METABOLISM							1	ا ا
REPATHA	Mixed hyperlipidemia	Other Provider						1		
		CARDIOVASCULAR								
REPATHA	Pure hypercholesterolemia, unspecified	DISEASE							1	. I
		CARDIOVASCULAR								1
REPATHA 140 MG/ML SURECLICK	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	DISEASE	1							
	Atherosclerotic heart disease of native coronary artery with									
REPATHA 140 MG/ML SURECLICK	unspecified angina pectoris	Other Provider		1	1					
	Atherosclerotic heart disease of native coronary artery without	CARDIOLOGY,								
REPATHA 140 MG/ML SURECLICK	angina pectoris	INTERVENTIONAL	1							
	Atherosclerotic heart disease of native coronary artery without	CARDIOVASCULAR								
REPATHA 140 MG/ML SURECLICK	angina pectoris	DISEASE	3							
	Atherosclerotic heart disease of native coronary artery without									
REPATHA 140 MG/ML SURECLICK	angina pectoris	FAMILY MEDICINE	1	2	2					
	Atherosclerotic heart disease of native coronary artery without									
REPATHA 140 MG/ML SURECLICK	angina pectoris	INTERNAL MEDICINE	1	1	1					'
		CARDIOVASCULAR								
REPATHA 140 MG/ML SURECLICK	Familial hypercholesterolemia	DISEASE	3							
		ENDOCRINOLOGY AND								
REPATHA 140 MG/ML SURECLICK	Familial hypercholesterolemia	METABOLISM	1	1	1					
REPATHA 140 MG/ML SURECLICK	Familial hypercholesterolemia	INTERNAL MEDICINE	2	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·	·	CARDIOVASCULAR								
REPATHA 140 MG/ML SURECLICK	Hyperlipidemia, unspecified	DISEASE	5	2	2					
		ENDOCRINOLOGY AND								
REPATHA 140 MG/ML SURECLICK	Hyperlipidemia, unspecified	METABOLISM	1							
REPATHA 140 MG/ML SURECLICK	Hyperlipidemia, unspecified	Other Provider	2							
		CARDIOVASCULAR								
REPATHA 140 MG/ML SURECLICK	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	DISEASE		2	2					
,		FAMILY NURSE								
REPATHA 140 MG/ML SURECLICK	Migraine, unspecified, not intractable, without status migrainosus	PRACTITIONER		1	1					
,	g · · · · · · · · · · · · · · · · · · ·	CARDIOVASCULAR								
REPATHA 140 MG/ML SURECLICK	Mixed hyperlipidemia	DISEASE	3	3	3					
		ENDOCRINOLOGY AND	1	Ť						
REPATHA 140 MG/ML SURECLICK	Mixed hyperlipidemia	METABOLISM	1							
REPATHA 140 MG/ML SURECLICK	Mixed hyperlipidemia	INTERNAL MEDICINE	T .	1	1					
REPATHA 140 MG/ML SURECLICK	Mixed hyperlipidemia	Other Provider	1	2	2					
REPATHA 140 MG/ML SURECLICK	Mixed hyperlipidemia	PHYSICIAN ASSISTANT	-	2	2					
The first the med me sentegered	Trinca nypempiaenia	CARDIOVASCULAR		1	_					
REPATHA 140 MG/ML SURECLICK	Other general symptoms and signs	DISEASE		1	1					
NEI ATTIA 140 MG/ME SORECEICK	other general symptoms and signs	CARDIOVASCULAR	+	1	-					
REPATHA 140 MG/ML SURECLICK	Other hyperlipidemia	DISEASE	2							
		_	1	1						
REPATHA 140 MG/ML SURECLICK	Other hyperlipidemia	NURSE PRACTITIONER	1			-				
		CARDIOVASCULAR								
REPATHA 140 MG/ML SURECLICK	Peripheral vascular disease, unspecified	DISEASE	1	1						
		CARDIOVASCULAR		L						
REPATHA 140 MG/ML SURECLICK	Precordial pain	DISEASE		1	1					
		CARDIOVASCULAR								
REPATHA 140 MG/ML SURECLICK	Pure hypercholesterolemia, unspecified	DISEASE	1							
		ENDOCRINOLOGY AND								
REPATHA 140 MG/ML SURECLICK	Pure hypercholesterolemia, unspecified	METABOLISM	1							
REPATHA 140 MG/ML SURECLICK	Pure hypercholesterolemia, unspecified	Other Provider	1							
		CARDIOVASCULAR								
REPATHA 140 MG/ML SYRINGE	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	DISEASE	1							
	Atherosclerotic heart disease of native coronary artery with									
REPATHA 140 MG/ML SYRINGE	unspecified angina pectoris	FAMILY MEDICINE	1							
		CARDIOVASCULAR								
REPATHA 140 MG/ML SYRINGE	CEREBRAL INFARCTION, UNSPECIFIED	DISEASE	1							
REPATHA 140 MG/ML SYRINGE	Familial hypercholesterolemia	INTERNAL MEDICINE		2	2					
		CARDIOVASCULAR								
REPATHA 140 MG/ML SYRINGE	Hyperlipidemia, unspecified	DISEASE	2							
REPATHA 140 MG/ML SYRINGE	Hyperlipidemia, unspecified	INTERNAL MEDICINE		1	1					
REPATHA 140 MG/ML SYRINGE	Hyperlipidemia, unspecified	Other Provider	1	1						
	Vi It is a second of the	CARDIOVASCULAR								
REPATHA 140 MG/ML SYRINGE	Mixed hyperlipidemia	DISEASE	2							
REPATHA 140 MG/ML SYRINGE	Mixed hyperlipidemia	FAMILY MEDICINE	1	1		1				
TEL TOTAL TO MICHIEL STRINGE	тикса пурстристи	CARDIOVASCULAR	†	1						
REPATHA 140 MG/ML SYRINGE	N/A	DISEASE	1							
REPATHA 140 MG/ML SYRINGE	N/A	NURSE PRACTITIONER	1	 	 	+				
NEI ATTIA 140 MIG/ME STRINGE	11/15	CARDIOVASCULAR	+	1	1	+				
DEDATHA 140 MC/MI SVDINGS	Dura hunarahalastaralamiaifii									
REPATHA 140 MG/ML SYRINGE	Pure hypercholesterolemia, unspecified	DISEASE	1	-		-				
DEDATINA 420 MC/2 EMI DUCUTDONY	ACUID MATINE COD ART WIGHT FORMS ANGINA SECTIONS	CARDIOVASCULAR								
REPATHA 420 MG/3.5ML PUSHTRONX	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	DISEASE	1	1						
	Atherosclerotic heart disease of native coronary artery without	CARDIOVASCULAR	1.							
REPATHA 420 MG/3.5ML PUSHTRONX	angina pectoris	DISEASE	1	1		ļ				
		CARDIOVASCULAR								
REPATHA 420 MG/3.5ML PUSHTRONX	Hyperlipidemia, unspecified	DISEASE	1							

		Secretaria Secretaria	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty FAMILY NURSE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		PRACTITIONER PRIMARY]
REPATHA 420 MG/3.5ML PUSHTRONX	Mixed hyperlipidemia	CARE	1]
REPATHA PUSHTRONEX	HYPERLIPIDEMIA WITH ASCVD	NURSE PRACTITIONER						1		_
THE PARTY OF THE P	THE EACH IS COMMANDED	CARDIOLOGY,								
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	INTERVENTIONAL	2							
		CARDIOVASCULAR								
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	DISEASE	11	2	2]
		ENDOCRINOLOGY AND								
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	METABOLISM	1							
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	FAMILY MEDICINE	1							
		FAMILY NURSE								
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	PRACTITIONER		1	1					
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	INTERNAL MEDICINE	4	3	3					
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	NEUROLOGY	1							<u> </u>
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	NURSE PRACTITIONER	3	2	2					
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	N/A	Other Provider	1							
		CARDIAC								
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	ELECTROPHYSIOLOGY	2	1	1					
		CARDIOLOGY,								
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	INTERVENTIONAL	1							
		CARDIOVASCULAR								
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	DISEASE	54	5	5					
		ENDOCRINOLOGY AND								
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	METABOLISM	6	1	1					
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	FAMILY MEDICINE	7							<u> </u>
		FAMILY NURSE								
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	PRACTITIONER	1							
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	GENERAL PRACTICE	1	1	1					
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	INTERNAL MEDICINE	8	3	3					
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	NEUROLOGY	1							
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	Other Provider	10	3	3					
REPATHA SURECLICK 140 MG/ML PEN INJCTR	N/A	PHYSICIAN ASSISTANT		1	1					
		CARDIOVASCULAR								
REPATHA SYRINGE 140 MG/ML SYRINGE	N/A	DISEASE	13	5	5					
		ENDOCRINOLOGY AND								
REPATHA SYRINGE 140 MG/ML SYRINGE	N/A	METABOLISM	2	3	3					
REPATHA SYRINGE 140 MG/ML SYRINGE	N/A	FAMILY MEDICINE	3	4	4					
		FAMILY NURSE								
REPATHA SYRINGE 140 MG/ML SYRINGE	N/A	PRACTITIONER	1							ļ
REPATHA SYRINGE 140 MG/ML SYRINGE	N/A	INTERNAL MEDICINE	5	1	1					ļ!
REPATHA SYRINGE 140 MG/ML SYRINGE	N/A	Other Provider	_	1	1	_	_			ļ
REPEAT THYROID SURGERY	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	0	0	0	0			
REPL BATT ALKALINE 1.5 V	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
REPL NASAL PILLOW COMB MASK	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0			\vdash
REPL WATER CHAMBER, PAP DEV	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0			
REPLACE AORTIC VALVE PER	Nonrheumatic aortic (valve) stenosis	Other Provider				1		1		\vdash
REPLACE AORTIC VALVE PERQ	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	1	0	0	0	0	1		
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	SURGERY, THORACIC	1	0	0	0	0	t		\vdash
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) STENOSIS	CARDIOLOGY,	1	0	0	0	0	t		\vdash
The state of the s	The state of the s	INTERVENTIONAL		Ľ	Ľ_		<u> </u>	<u> </u>		
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) STENOSIS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) STENOSIS	SURGERY, THORACIC	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description REPLACE SKULL PLATE/FLAP	Diagnosis Code Description OTHER ACQUIRED DEFORMITY OF HEAD	Provider Specialty SURGERY, NEUROLOGICAL	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
REPLACE SKULL PLATE/FLAP	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY, PLASTIC	1	0	0	0	0			
REPLACE SOCKET BELOW KNEE	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	INTERNAL MEDICINE	1	0	0	0	0			
REPLACE/REVISE BRAIN SHUNT	HYDROCEPHALUS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	SURGERY, NEUROLOGICAL SURGERY, CARDIOVASCULAR	1	0	0	0	0			
REPLACEMENT AORTIC VALVE OPN	ABDOMINAL AURTIC ANEURTSINI, WITHOUT ROPTURE	SUNGENT, CANDIOVASCULAN	1	U	U	l	U			ŀ
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	PRACTITIONER	1	0	0	0	0			
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	SURGERY, THORACIC	1	0	0	0	0			
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) STENOSIS	PEDIATRICS	1	0	0	0	0			
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) STENOSIS	SURGERY, THORACIC	2	0	0	0	0			ļ!
REPLACEMENT BREASTPUMP ADPT	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			ŀ
REPLACEMENT FACEMASK INTERFA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	3	0	0	0	0			
REPLACEMENT IMPL PUMP CATHET	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
REPLACEMENT NASAL CUSHION	END STAGE RENAL DISEASE	PULMONARY DISEASE	1	0	0	0	0	-		
REPLACEMENT NASAL CUSHION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0	 		
REPLACEMENT NASAL COSHION REPLACEMENT NASAL PILLOWS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	1	0	0	0	0	-		$\vdash \vdash \vdash$
REPLACEMENT NASAL PILLOWS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
REPLACEMENT NASAL PILLOWS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	2	0	0	0	0			
REPLACEMENT NASAL PILLOWS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	PULMONARY DISEASE	1	0	0	0	0			
REPLACEMENT OF MITRAL VALVE	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	SURGERY, THORACIC	1	0	0	0	0			
REPLACEMENT OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	SURGERY, CARDIOVASCULAR	2	0	0	0	0			
					_					
REPR ELBOW LAT LIGMNT W/TISS	PYOGENIC ARTHRITIS, UNSPECIFIED	VASCULAR &	1	0	0	0	0			ŀ
		INTERVENTIONAL								ŀ
REPR ELBOW LAT LIGMNT W/TISS	ULNAR COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, INIT ENCNTR	RADIOLOGY SOCIAL WORK	1	0	0	0	0			
REFREEDOW DAT EIGHNIT WY 1133	DENAN COLEMENA EIGANIENT SPRAIN OF RIGHT ELBOW, INTERICUTA	SOCIAL WORK	1	O	O		O			ŀ
REPR ELBOW LAT LIGMNT W/TISS	ULNAR COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REREPAIR VENTRL HERN BLOCK	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			├
REREPAIR VENTRL HERN REDUCE	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
RESECT ARM/ELBOW TUM 5 CM/>	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	PEDIATRIC SURGERY	0	1	1	0	0			
RESECT INFERIOR TURBINATE	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
RESECT INFERIOR TURBINATE	CHRONIC RHINITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			ŀ
DESCRIPTION TO THE PROPERTY OF	AND TO THE OWN OF A LACAL THE DRIVE THE	NOSE, AND THROAT)								
RESECT INFERIOR TURBINATE	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	U	U	U	0			ŀ
RESECT INFERIOR TURBINATE	VASOMOTOR RHINITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)			_		_			ŀ
RESECT NECK THORAX TUMOR<5CM	ACQUIRED DEFORMITY OF NECK	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			ŀ
RESECT NECK THORAX TUMOR<5CM	AAAUGNANT NEODI AGAA OF DADOTID GLAND	NOSE, AND THROAT)	4	0	0	0	0			ļ
RESECT NECK THORAX TUMOR<5CM	MALIGNANT NEOPLASM OF PAROTID GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	U	U	U	U			ŀ
RESECT OVARIAN MALIGNANCY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
			ļ			<u> </u>				<u> </u>
RESECT OVARIAN MALIGNANCY	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	3	0	0	0	0			ŀ
RESECT OVARIAN MALIGNANCY	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
RESECT RECUR GYN MAL W/LYM	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
RESECT RECURRENT GYN MAL	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
RESECT RECURRENT GYN MAL	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
RESECT RECURRENT GYN MAL	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
RESECT/DEBRIDE PANCREAS	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	CLIDGEDY GENERAL	1	0	0	0	0			
KESECT/ DERKIDE LANCKERS	INEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	SURGERY, GENERAL	1	U	U	U	U			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
RESECT/EXCISE CRANIAL LESION	CHRONIC SPHENOIDAL SINUSITIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
RESECT/EXCISE CRANIAL LESION	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			1
RESECT/EXCISE LESION SKULL	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	SURGERY, HEAD AND NECK	1	0	0	0	0			
Residential Mental Health Treatment	Bipolar disord, crnt epsd depress, sev, w/o psych features	MH/SUD Inpatient		-	_				1	
Residential Mental Health Treatment	Bipolar disorder, current episode depressed, severe, with psychotic							1		
Residential Mental Health Treatment	features Bipolar disorder, current episode mixed, severe, with psychotic	MH/SUD Inpatient						1		\vdash
Residential Mental Health Treatment	features	MH/SUD Inpatient						1	1	L
Residential Mental Health Treatment	Bipolar disorder, unspecified	MH/SUD Inpatient						1		
Residential Mental Health Treatment	Major depressy disorder, recurrent severe w/o psych features	MH/SUD Inpatient						1	3	\$
Residential Mental Health Treatment	Post-traumatic stress disorder, unspecified	MH/SUD Inpatient							1	
Residential Substance Use Disorders Treatment	Alcohol dependence, uncomplicated	MH/SUD Inpatient						2	4	,
Residential Substance Use Disorders Treatment	Cannabis dependence, uncomplicated	MH/SUD Inpatient							1	
Residential Substance Use Disorders Treatment	Opioid dependence, uncomplicated	MH/SUD Inpatient						1		
Residential Substance Use Disorders Treatment	Opioid dependence, uncomplicated; Major depressive disorder, single episode, moderate	MH/SUD Inpatient						1		
Residential Substance Use Disorders Treatment	Other stimulant dependence, uncomplicated	MH/SUD Inpatient						1		
RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	EXPOSURE TO OTHER SPECIFIED FACTORS, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	0	1	0	0	1			
RESP VIRUS 6-11 TARGETS	OTHER FATIGUE	INTERNAL MEDICINE	1	0	0	0	0			
RESPIRATOR MOTION MGMT SIMUL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
RESPIRATOR MOTION MGMT SIMUL	N/A	HOSPITAL	1							
RESPIRATOR MOTION MGMT SIMUL	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
RESPITE CARE, IN THE HOME, P	TRACHEOSTOMY STATUS	PEDIATRICS	2	0	0	0	0			
RETACRIT	Chronic kidney disease, unspecified	NEPHROLOGY							1	1
RETACRIT 4000/ML VIAL	N/A	NEPHROLOGY	1							
Retacrit inj	Chronic kidney disease, stage 3 (moderate)	NEPHROLOGY						1		
RETIN-A	Acne vulgaris	Other Provider						1		
RETIN-A MICRO 0.04% GEL	Acne vulgaris	DERMATOLOGY		1	1					
RETIN-A MICRO PUMP 0.06 % GEL W/PUMP	N/A	DERMATOLOGY		13	13					
RETIN-A MICRO PUMP 0.06 % GEL W/PUMP	N/A	Other Provider		2	2					1
RETIN-A MICRO PUMP 0.06% GEL	Acne vulgaris	DERMATOLOGY	1	7	7					
RETIN-A MICRO PUMP 0.06% GEL	Acne vulgaris	PHYSICIAN ASSISTANT	1	1	1					1
RETIN-A MICRO PUMP 0.06% GEL	N/A	DERMATOLOGY	1							
RETIN-A MICRO PUMP 0.08 % GEL W/PUMP	N/A	DERMATOLOGY		4	4					
RETIN-A MICRO PUMP 0.08% GEL	Acne vulgaris	Other Provider		2	2					
RETIN-A MICRO PUMP 0.08% GEL	N/A	DERMATOLOGY		1	1					
RETR BONE FLAP TO FIX SKULL	OTHER ACQUIRED DEFORMITY OF HEAD	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REVATIO 10 MG/ML ORAL SUSP	Primary pulmonary hypertension	PEDIATRIC CARDIOLOGY		1	1					
REVISE ARM/LEG NERVE	BEN NEOPLM OF PRPH NRV & AUTONM NRV SYS OF LOW LMB, INC HIP	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REVISE BLADDER & URETER(S)	MALFORMATION OF URACHUS	UROLOGY	1	0	0	0	0			
REVISE EXTERNAL EAR	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	SURGERY, PLASTIC	0	1	1	0	0			
REVISE EXTRA SPINE SEGMENT	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REVISE EXTRA SPINE SEGMENT	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
REVISE EXTRA SPINE SEGMENT	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
REVISE EYE MUSCLE	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYE MUSCLE	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYE MUSCLE	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	OPHTHALMOLOGY	3	0	0	0	0			
REVISE EYE MUSCLE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYE MUSCLE	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, BILATERAL	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYE MUSCLE	OTHER SPECIFIED STRABISMUS	FAMILY MEDICINE	1	0	n	n	0	1		1

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
REVISE EYE MUSCLE	OTHER SPECIFIED STRABISMUS	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYE MUSCLE	UNSPECIFIED ESOTROPIA	COUNSELING	1	0	0	0	0			
REVISE EYE MUSCLE	UNSPECIFIED ESOTROPIA	OPHTHALMOLOGY	3	0	0	0	0			ļ!
REVISE EYE MUSCLE	UNSPECIFIED EXOTROPIA	OPHTHALMOLOGY	7	0	0	0	0			ļ!
REVISE EYE MUSCLE	UNSPECIFIED INTERMITTENT HETEROTROPIA	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
REVISE EYE MUSCLE	UNSPECIFIED INTERMITTENT HETEROTROPIA	OPHTHALMOLOGY	3	0	0	0	0			ļ
REVISE EYE MUSCLE	VENTRICULAR SEPTAL DEFECT	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
REVISE EYE MUSCLE	VERTICAL STRABISMUS, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYE MUSCLE(S)	VERTICAL STRABISMUS, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYE SOCKET IMPLANT	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	OPHTHALMOLOGY	1	U	U	Ü	0			
REVISE EYELASHES	CICATRICIAL ENTROPION OF RIGHT UPPER EYELID	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYELID DEFECT	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	OPHTHALMOLOGY	0	1	1	0	0			
REVISE EYELID DEFECT	EYELID RETRACTION RIGHT LOWER EYELID	FAMILY MEDICINE	1	0	0	0	0			
REVISE EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYELID DEFECT	OTHER DISORDERS OF ORBIT	OPHTHALMOLOGY	1	0	0	0	0			
REVISE EYELID DEFECT	PARALYTIC LAGOPHTHALMOS LEFT UPPER EYELID	OPHTHALMOLOGY	0	1	1	0	0			
REVISE LEG VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	1	0	0	0	0			
REVISE LOW BACK NERVE(S)	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	ONCOLOGY	1	0	0	0	0			
REVISE LOW BACK NERVE(S)	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	1	3	2	1	0			
REVISE LOWER LEG TENDON	UNSPECIFIED ACQUIRED DEFORMITY OF LEFT LOWER LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REVISE MIDDLE EAR & MASTOID	CHOLESTEATOMA OF ATTIC, LEFT EAR	FAMILY MEDICINE	1	0	0	0	0			
REVISE MIDDLE EAR & MASTOID	OTITIS MEDIA, UNSPECIFIED, LEFT EAR	NEUROTOLOGY	0	2	0	0	2			
REVISE MIDDLE EAR & MASTOID	UNSPECIFIED CHOLESTEATOMA, RIGHT EAR	OTOLARYNGOLOGY (EAR,	3	0	0	0	0			
		NOSE, AND THROAT)								
REVISE STOMACH-BOWEL FUS	Gastro-esophageal reflux disease without esophagitis	Other Provider							1	
REVISE STOMACH-BOWEL FUSION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, GENERAL	0	2	2	0	0			
REVISE STOMACH-BOWEL FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, VASCULAR	1	0	0	0	0			ŀ
REVISE TWO EYE MUSCLES	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS	FAMILY MEDICINE	1	0	0	0	0			1
REVISE TWO EYE MUSCLES	UNSPECIFIED ESOTROPIA	OPHTHALMOLOGY	2	0	0	0	0			
REVISE TWO EYE MUSCLES	UNSPECIFIED EXOTROPIA	OPHTHALMOLOGY	2	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	LESION OF ULNAR NERVE, LEFT UPPER LIMB	SOCIAL WORK	3	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	LESION OF ULNAR NERVE, LEFT UPPER LIMB	SURGERY, ORTHOPEDIC	3	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SOCIAL WORK	2	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORTHOPEDIC	2	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	STRAIN OF MUSC/FASC/TEND TRICEPS, RIGHT ARM, INIT	SOCIAL WORK	1	0	0	0	0			
REVISE ULNAR NERVE AT ELBOW	STRAIN OF MUSC/FASC/TEND TRICEPS, RIGHT ARM, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REVISE ULNAR NERVE AT WRIST	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	SURGERY, PLASTIC	1	0	0	0	0			
REVISE URETER	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	PEDIATRIC UROLOGY	0	1	1	0	0			
REVISE URETHRA STAGE 1	TRANSSEXUALISM	UROLOGY	2	0	0	0	0			
REVISE VAG GRAFT VIA VAGINA	UNSP COMPLICATION OF GENITOURINARY PROSTH DEV/GRFT, INIT	FEMALE PELVIC MEDICINE	1	0	0	0	0			
		AND RECONSTRUCTIVE								
		SURGERY					_			<u> </u>
REVISE/REMOVE NEUROELECTRODE	URGE INCONTINENCE	UROLOGY	1	0	0	0	0			
REVISE/REMOVE NEURORECEIVER	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			ļ.
REVISE/REMOVE SLING REPAIR	MIXED INCONTINENCE	UROLOGY	1	0	0	0	0			
REVISE/REPLACE KNEE JOINT	INFECT/INFLM REACTION DUE TO UNSP INT JOINT PROSTH, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REVISION GASTROPLASTY	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	0	1	0	1	0			
REVISION OF BLADDER NECK	BLADDER-NECK OBSTRUCTION	UROLOGY	1	0	0	0	0			
REVISION OF CERVIX	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REVISION OF CERVIX	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	OBSTETRICS/GYNECOLOGY	1	0	n	0	0			
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REVISION OF CERVIX	ESSENTIAL (PRIMARY) HYPERTENSION	FAMILY MEDICINE	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
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REVISION OF CERVIX	Incompetence of cervix uteri	Other Provider						1		
REVISION OF CERVIX	MATERNAL CARE FOR OTH ABNLT OF CERVIX, FIRST TRIMESTER	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
REVISION OF CERVIX	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REVISION OF CERVIX	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
REVISION OF COLOSTOMY	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			1
REVISION OF KNEE JOINT	N/A	HOSPITAL	1							
REVISION OF LEG VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, VASCULAR	0	1	1	0	0			
REVISION OF LOWER EYELID	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	SURGERY, GENERAL	0	1	1	0	0			
REVISION OF NECK MUSCLE/RIB	BRACHIAL PLEXUS DISORDERS	SURGERY, VASCULAR	0	1	1	0	0			
REVISION OF NOSE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	SURGERY, PLASTIC	2	0	0	0	0			
REVISION OF NOSE	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	SURGERY, PLASTIC	1	0	0	0	0			
REVISION OF RADIUS	COLLES' FRACTURE OF LEFT RADIUS, SUBS FOR CLOS FX W MALUNION	SOCIAL WORK	1	0	0	0	0			
REVISION OF RADIUS	COLLES' FRACTURE OF LEFT RADIUS, SUBS FOR CLOS FX W MALUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
REVISION OF SCROTUM	HYPOSPADIAS, PENOSCROTAL	UROLOGY	1	0	0	0	0			1
REVISION OF SCROTUM	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	UROLOGY	1	0	0	0	0			1
REVISION OF TESTIS	ABSENCE AND APLASIA OF TESTIS	UROLOGY	0	1	1	0	0			
REVISION OF TESTIS	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	1	0	0	0	0			
REVISION OF TESTIS	TRANSSEXUALISM	UROLOGY	0	1	1	0	0			
Revision of total hip arthroplasty; both components, with or without		0.002001	_	-	-					
	Infact/inflm reaction due to internal right hip proofs init	ORTHOPEDIC SURGERY	1							
autograft or allograft	Infect/inflm reaction due to internal right hip prosth, init	OKTHOPEDIC SURGERT	1							
Revision of total knee arthroplasty, with or without allograft;		ORTHOREDIC CHROERY								
femoral and entire tibial component	Unspecified fracture of lower end of left femur, sequela	ORTHOPEDIC SURGERY	1							<u> </u>
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	OPHTHALMOLOGY	5	3	3	0	0			<u> </u>
REVISION OF UPPER EYELID	Dermatochalasis of right upper eyelid	Other Provider	L	1		_	_		1	<u> </u>
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	SURGERY, PLASTIC	0	1	1	0	0			
REVISION OF UPPER EYELID	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	OPHTHALMOLOGY	0	2	2	0	0			
REVISION OF UPPER EYELID	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	SURGERY, GENERAL	0	1	1	0	0			
REVISION OF UPPER EYELID	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	SURGERY, PLASTIC	0	1	1	0	0			
REVISION OF UPPER EYELID	MYOGENIC PTOSIS OF RIGHT EYELID	OPHTHALMOLOGY	1	1	1	0	0			
REVISION OF UPPER EYELID	PARALYTIC PTOSIS OF RIGHT EYELID	OPHTHALMOLOGY	1	0	0	0	0			
REVISION OF UPPER EYELID	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY	0	3	3	0	0			
REVISION OF URETHRA	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	UROLOGY	1	0	0	0	0			
REVISION SUBVALVULAR TISSUE	TETRALOGY OF FALLOT	SURGERY, THORACIC	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, PLASTIC	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	0	2	2	0	0			
REVJ PERI-IMPLT CAPSULE BRST	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	OTHER SPECIFIED POSTPROCEDURAL STATES	SURGERY, PLASTIC	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	0	0			
REVJ PERI-IMPLT CAPSULE BRST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	6	1	1	0	0			
REVJ RECONSTRUCTED BREAST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	4	0	0	0	0			
REVJ RECONSTRUCTED BREAST	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES		5	0	0	0	0			
		SURGERY, PLASTIC	2	0	0	0	0			
REVJ RECONSTRUCTED BREAST	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			
REVJ RECONSTRUCTED BREAST	DEFORMITY OF RECONSTRUCTED BREAST	SURGERY, GENERAL	4	0	0	0	0			
REVJ RECONSTRUCTED BREAST	DISPROPORTION OF RECONSTRUCTED BREAST	SURGERY, PLASTIC	4	U	U	0	U			
REVJ RECONSTRUCTED BREAST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	8	0	U	U	U			├
REVJ RECONSTRUCTED BREAST	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	2	2	2	U	U			
REVJ RECONSTRUCTED BREAST	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, PLASTIC	2	0	0	0	0			↓
REVJ RECONSTRUCTED BREAST	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	SURGERY, PLASTIC	4	0	0	0	0			<u> </u>
REVJ RECONSTRUCTED BREAST	LEIOMYOMA OF UTERUS, UNSPECIFIED	SURGERY, PLASTIC	1	0	0	0	0			<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
REVJ RECONSTRUCTED BREAST	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
REVJ RECONSTRUCTED BREAST	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	4	0	0	0	0			
REVJ RECONSTRUCTED BREAST	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	12	0	0	0	0			
REVJ RECONSTRUCTED BREAST	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
REVJ RECONSTRUCTED BREAST	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	8	0	0	0	0			
REVJ RECONSTRUCTED BREAST	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	SURGERY, PLASTIC	1	0	0	0	0			
REVJ RECONSTRUCTED BREAST	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
REVJ RECONSTRUCTED BREAST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, PLASTIC	1	0	0	0	0			
REVJ RECONSTRUCTED BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	0	0			
REVJ RECONSTRUCTED BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	33	0	0	0	0			
REVJ RECONSTRUCTED BREAST	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	SURGERY, PLASTIC	1	0	0	0	0			
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA IN REMISSION	ONCOLOGY	2							
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	5							
REVLIMID 10 MG CAPSULE	N/A	HEMATOLOGY	3							
REVLIMID 10 MG CAPSULE	N/A	NURSE PRACTITIONER	1		-					
REVLIMID 10 MG CAPSULE	N/A	ONCOLOGY	6							
REVLIMID 10 MG CAPSULE	N/A	Other Provider	6							
REVLIMID 15 MG CAPSULE	N/A	Other Provider	1							
			1							
REVLIMID 20 MG CAPSULE	N/A	ONCOLOGY	2							
REVLIMID 25 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1							
REVLIMID 25 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	2							
REVLIMID 25 MG CAPSULE	N/A	ONCOLOGY	5							
REVLIMID 5 MG CAPSULE	N/A	HEMATOLOGY	1	1	1					
REVLIMID 5 MG CAPSULE	N/A	Other Provider	2							
REVSC OPN/PRQ TIB/PERO STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
REVSC OPN/PRQ TIB/PERO STENT	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
REVSC OPN/PRQ TIB/PERO STENT	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	2	0	0	0	0			
REVSC OPN/PRQ TIB/PERO STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	3	0	0	0	0			
REVSC OPN/PRQ TIB/PERO STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
REVSC OPN/PRQ TIB/PERO STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			
	Major depressive disorder, recurrent severe without psychotic			_	_					
REXULTI 0.5 MG TABLET	features	Other Provider		2	2					
REXULTI 0.5 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1							
REXULTI 0.5 MG TABLET	N/A	Other Provider	10							
REXULTI 1 MG TABLET	Bipolar disorder, unspecified	Other Provider	1							
REXULTI 1 MG TABLET	Generalized anxiety disorder	Other Provider		2	2					
	Major depressive disorder, recurrent severe without psychotic									
REXULTI 1 MG TABLET	features	Other Provider	1							
REXULTI 1 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1	1	1					
REXULTI 1 MG TABLET	Major depressive disorder, single episode, unspecified	Other Provider	1							
REXULTI 1 MG TABLET	N/A	FAMILY MEDICINE		1	1					
REXULTI 1 MG TABLET	N/A	Other Provider	13	5	5					
REXULTI 2 MG TABLET	Generalized anxiety disorder	INTERNAL MEDICINE	1							
	Major depressive disorder, recurrent severe without psychotic									
REXULTI 2 MG TABLET	features	Other Provider	2							
	Major depressive disorder, single episode, severe without psychotic									
REXULTI 2 MG TABLET	features	Other Provider		1	1					
REXULTI 2 MG TABLET	N/A	Other Provider	2	1	1					
REXULTI 2 MG TABLET	Other general symptoms and signs	Other Provider		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description REXULTI 3 MG TABLET	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
REXULTI 4 MG TABLET	N/A N/A	Other Provider Other Provider	1							
READLIT 4 IVIG TABLET	Chronic migraine without aura, intractable, without status	Other Provider	1							
REYVOW	migrainosus	FAMILY MEDICINE						1		
RETVOW	Chronic migraine without aura, not intractable, without status	PAIVILT IVIEDICINE						1		
REYVOW	-	PHYSICIAN ASSISTANT							1	
RETVOW	migrainosus	PHTSICIAN ASSISTANT							1	
REYVOW	Migraine, unspecified, not intractable, without status migrainosus	NEUROLOGY							1	
ILLI VOVV	Chronic migraine without aura, not intractable, without status Chronic migraine without aura, not intractable, without status	NEOROLOGI							1	
REYVOW 100 MG TABLET	migrainosus	NEUROLOGY		3	3					
NETYOW 100 MG TABLET	Tring-uniosus	NEOROLOGI		3	3					
REYVOW 100 MG TABLET	Migraine with aura, not intractable, without status migrainosus	FAMILY MEDICINE	3	1	1					
NETYOW 100 MG TABLET	ivigiante with data, not intractable, without status migranosus	TAIVILET WEDICINE	,	_	-					
REYVOW 100 MG TABLET	Migraine with aura, not intractable, without status migrainosus	NEUROLOGY	1							
REYVOW 100 MG TABLET	N/A	FAMILY MEDICINE	-	1	1					
REYVOW 100 MG TABLET	N/A	NEUROLOGY		1	1					
NETYOW 100 MG TABLET	Chronic migraine without aura, not intractable, without status	NEONOLOGI		_	-					
REYVOW 50 MG TABLET	migrainosus	PHYSICIAN ASSISTANT	1	1	1					
NETTON 30 MG IVIDEE!	Ting, amount		_	_	-					
REYVOW 50 MG TABLET	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY	1							
REYVOW 50 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
RF MAGNETIC-GUIDE AV FISTULA	ARTERIOVENOUS FISTULA, ACQUIRED	INTERNAL MEDICINE	0	1	1	0	0			
RIB CARTILAGE GRAFT	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGY (EAR,	2	0	0	0	0	-		
		NOSE, AND THROAT)								
RIB CARTILAGE GRAFT	DEVIATED NASAL SEPTUM	SURGERY, PLASTIC	1	0	0	0	0			
RIB CARTILAGE GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR,	1	1	1	0	0			
		NOSE, AND THROAT)		_	<u> </u>	_				
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, STABLE, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSPECIFIED, BILATERAL	OPHTHALMOLOGY	7	0	0	0	0			
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSPECIFIED, LEFT EYE	OPHTHALMOLOGY	3	0	0	0	0			
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSTABLE, BILATERAL	OPHTHALMOLOGY	5	1	1	0	0			
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSTABLE, LEFT EYE	OPHTHALMOLOGY	2	0	0	0	0			
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSTABLE, RIGHT EYE	OPHTHALMOLOGY	2	0	0	0	0			
RIGHT HEART CATH	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	CARDIOVASCULAR DISEASE	1	U	U	U	U			
RIGHT HEART CATH	END STAGE RENAL DISEASE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
				_			_			
RIGHT HEART CATH	HEART TRANSPLANT STATUS	NEONATAL-PERINATAL	1	0	0	0	0			
		MEDICINE								
RIGHT HEART CATH	HEART TRANSPLANT STATUS	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
RIGHT HEART CATH	ILLNESS, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	U	U	U	U			
RIGHT HEART CATH	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	CARDIOLOGY,	1	0	0	0	0	 		
		INTERVENTIONAL					_			
RIGHT HEART CATH	OTHER CARDIOMYOPATHIES	FAMILY MEDICINE	1	0	0	0	0			
RIGHT HEART CATH	SECONDARY PULMONARY ARTERIAL HYPERTENSION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
L						1				
Right heart catheterization without left heart cath or coronaries	HEART FAILURE UNSPECIFIED	INTERNAL MEDICINE	1							
RINVOQ 15 MG TAB ER 24H	N/A	Other Provider	5							
RINVOQ 15 MG TAB ER 24H	N/A	PHYSICIAN ASSISTANT	1							
RINVOQ 15 MG TAB ER 24H	N/A	RHEUMATOLOGY	9							
RINVOQ ER 15 MG TABLET	N/A	Other Provider	2	1	1					
RINVOQ ER 15 MG TABLET	N/A	RHEUMATOLOGY	3	1	1					
	Rheumatoid arthritis with rheumatoid factor of multiple sites					1				
RINVOQ ER 15 MG TABLET	without organ or systems involvement	Other Provider	1							
	Rheumatoid arthritis with rheumatoid factor of multiple sites					1				
RINVOQ ER 15 MG TABLET	without organ or systems involvement	RHEUMATOLOGY	1			1		L		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
RINVOQ ER 15 MG TABLET	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	1							
RINVOQ ER 15 MG TABLET	Rheumatoid arthritis, unspecified	Other Provider	1							
RINVOQ ER 15 MG TABLET	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	2							
RITALIN 10 MG TABLET	N/A	Other Provider	1	1	1					
RITALIN 20 MG TABLET	Attention-deficit hyperactivity disorder, combined type	Other Provider		1	1					
RITALIN 20 MG TABLET	N/A	Other Provider	1							
RITUXAN	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	-						1	
RITUXAN	Vasculitis limited to the skin, unspecified	RHEUMATOLOGY						1		
RIZATRIPTAN 10 MG TAB RAPDIS	N/A	INTERNAL MEDICINE		1	1			_		
RIZATRIPTAN 10 MG TABLET	N/A	NEUROLOGY	1	-	-					\vdash
RIZATRIPTAN 10 MG TABLET	N/A	Other Provider	1							
RMVL & RPLCMT DFB GEN MLT LD	ENCNTR FOR ADJUST AND MGMT OF AUTOMATIC IMPLNTBL CARD DEFIB	CARDIOVASCULAR DISEASE	1	0	0	0	n			
INVIVE & RECOVER DE B GEN WEET ED	ENCENTRY ON ADJUST AND INGINITION ACTOMISTIC INFERRIBE CARD DETIE	CANDIOVASCOLAN DISLASE	1	o .	U	o .	U			
RMVL IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
RMVL INTACT BREAST IMPLANT	BREAST IMPLANT STATUS	COUNSELING	0	1	0	1	0			
RMVL INTACT BREAST IMPLANT	BREAST IMPLANT STATUS	SURGERY, PLASTIC	0	1	0	1	0			
RMVL INTACT BREAST IMPLANT	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	4	1	1	0	0			
RMVL INTACT BREAST IMPLANT	HYPERTROPHY OF BREAST	SURGERY, PLASTIC	2	1	1	0	0			
RMVL INTACT BREAST IMPLANT	INFECT/INFLM REACTION DUE TO OTH INT PROSTH DEV/GRFT, INIT	COUNSELING	0	1	1	0	0			
RMVL INTACT BREAST IMPLANT	INFECT/INFLM REACTION DUE TO OTH INT PROSTH DEV/GRFT, INIT	SURGERY, PLASTIC	0	1	1	0	0			
RMVL INTACT BREAST IMPLANT	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	0	2	2	0	0			
RMVL INTACT BREAST IMPLANT	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	0	1	1	0	0			
RMVL INTACT BREAST IMPLANT	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	COUNSELING	1	0	0	0	0			
RMVL INTACT BREAST IMPLANT	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
RMVL INTACT BREAST IMPLANT	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
RMVL INTACT BREAST IMPLANT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
RMVL INTACT BREAST IMPLANT	MASTODYNIA	SURGERY, PLASTIC	0	1	1	0	0			
RMVL INTACT BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
RMVL INTACT BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	3	0	0	0	0			
RMVL INTACT BREAST IMPLANT	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	SURGERY, GENERAL	1	0	0	0	0			
RMVL RUPTURED BREAST IMPLANT	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	EMERGENCY MEDICINE	1	0	0	0	0			
RMVL RUPTURED BREAST IMPLANT	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	1	0	0	0	0			
RMVL RUPTURED BREAST IMPLANT	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	SURGERY, PLASTIC	0	1	1	0	0			
RMVL RUPTURED BREAST IMPLANT	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
RMVL RUPTURED BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
RN HOME CARE PER DIEM	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	INTERNAL MEDICINE	2	0	0	0	0			\vdash
RN HOME CARE PER DIEM	PNEUMONIA, UNSPECIFIED ORGANISM	FAMILY MEDICINE	1	0	0	0	0			
RN HOME CARE PER DIEM	SCOLIOSIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
ROBOTIC SURGICAL SYSTEM	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	0	1	1	0	0			\vdash
ROMIDEPSIN INJECTION	UNSPECIFIED ABDOMINAL PAIN	DERMATOLOGY	2	0	0	0	0			\vdash
ROMIPLOSTIM INJECTION	FEVER, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
ROMIPLOSTIM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	HEMATOLOGY	4	1	1	0	0			\vdash
ROMIPLOSTIM INJECTION	IMMUNE THROMBOCYTOPENIC PURPURA	ONCOLOGY	3	1	1	0	0			
ROMIPLOSTIM INJECTION	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
ROMIPLOSTIM INJECTION	OTHER SECONDARY THROMBOCYTOPENIA	HEMATOLOGY	1	0	0	0	0			
ROSUVASTATIN CALCIUM 20 MG TABLET	N/A	CARDIOVASCULAR	1							
	N/A	DISEASE	1							
ROSUVASTATIN CALCIUM 20 MG TABLET	N/A	FAMILY MEDICINE	1	1	1					
ROSUVASTATIN CALCIUM 5 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
ROZEREM 8 MG TABLET	N/A	INTERNAL MEDICINE	1	0	0	0	0			
RP LOCIZJ TUM SPECT 1 AREA	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	FAMILY MEDICINE	1	U	U	U	U			
RP LOCLZJ TUM SPECT 1 AREA	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	INTERNAL MEDICINE	1	U	U	U	U			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
RP LOCLZJ TUM SPECT 1 AREA	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY MEDICINE	2	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	FAMILY MEDICINE	1	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	BRADYCARDIA, UNSPECIFIED	PAIN MANAGEMENT	1	0	0	0	0			†
RP LOCLZJ TUM SPECT 1 AREA	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	UROLOGY	1	0	0	0	0			†
RP LOCLZJ TUM SPECT 1 AREA	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	4	0	0	0	0			1
RP LOCLZJ TUM SPECT 1 AREA	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	1	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	5	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	NONDISPLACED UNSP FRACTURE OF RIGHT LESSER TOE(S), INIT	GASTROENTEROLOGY	1	0	0	0	0			
RP LOCLZJ TUM SPECT 1 AREA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	2	0	0	0	0			\vdash
RP LOCLZJ TUM SPECT 1 AREA	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	FAMILY MEDICINE	1	0	0	0	0			+
RP LOCLZJ TUM SPECT 1 AREA	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	SPORTS MEDICINE	1	0	0	0	0			+
RP LOCLZJ TUM SPECT 1 AREA	RENAL DYSPLASIA	SURGERY, PLASTIC	1	0	0	0	0			+
RP LOCLZJ TUM WHBDY 1 D IMG	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	HEPATOLOGY	1	0	0	0	0	-		+
RP LOCLZJ TUM WHBDY 1 D IMG	LIVER DISEASE, UNSPECIFIED		2	0	0	0	0			+
	,	SURGERY, GENERAL	2	0	0	0	0			
RPR EPIGASTRIC HERN REDUCE	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	SURGERY, GENERAL	1	0	0	0	0			
RPR EPIGASTRIC HERN REDUCE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY MEDICINE	1	0	0	0	0			
RPR EPIGASTRIC HERN REDUCE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	2	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, GENERAL	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, GENERAL	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	OTHER URTICARIA	SURGERY, GENERAL	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	PAROXYSMAL ATRIAL FIBRILLATION	SURGERY, GENERAL	1	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	9	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	14	0	0	0	0			
RPR UMBIL HERN REDUC > 5 YR	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	FAMILY MEDICINE	1	0	0	0	0			
RPR VENTRAL HERN INIT REDUC	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	SURGERY, GENERAL	2	0	0	0	0			
RPR VENTRAL HERN INIT REDUC	EPIGASTRIC PAIN	SURGERY, GENERAL	1	0	0	0	0			+
RPR VENTRAL HERN INIT REDUC	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	SURGERY, GENERAL	1	0	0	0	0			+
RPR VENTRAL HERN INIT REDUC	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY MEDICINE	1	0	0	0	0			
RPR VENTRAL HERN INIT REDUC	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	4	0	0	0	0			+
RPR VENTRAL HERN INIT REDUC	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	6	0	0	0	0			+
RPR VENTRAL HERN INIT REDUC	OTHER IRON DEFICIENCY ANEMIAS	SURGERY, GENERAL	1	0	0	0	0			
RPR VENTRAL HERN INIT REDUC			1	0	0	0	0			
	UNSPECIFIED ACUTE APPENDICITIS	SURGERY, GENERAL	1	0	0	0	0			
RPR VENTRAL HERN INIT REDUC	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY MEDICINE	1	-	0	0	0			
RPR VENTRAL HERN INIT REDUC	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	1	0	0	0	0			
RPR VENTRAL HERN INIT REDUC	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	4	U	U	U	U			↓
RSV MAB IM 50MG	ACUTE RESPIRATORY DISTRESS	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
RSV MAB IM 50MG	BRONCHOPULMONARY DYSPLASIA ORIGIN IN THE PERINATAL PERIOD	PEDIATRIC INFECTIOUS DISEASE	3	0	0	0	0			
RSV MAB IM 50MG	BRONCHOPULMONARY DYSPLASIA ORIGIN IN THE PERINATAL PERIOD	PEDIATRIC PULMONOLOGY	3	0	0	0	0			
RSV MAB IM 50MG	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
RSV MAB IM 50MG	CONGENITAL SUBAORTIC STENOSIS	PEDIATRICS	0	1	1	0	0			
RSV MAB IM 50MG	COVID-19	FAMILY NURSE PRACTITIONER	1	0	0	0	0			
RSV MAB IM 50MG	DOWN SYNDROME, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
RSV MAB IM 50MG	EBSTEIN'S ANOMALY	PEDIATRIC PULMONOLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
RSV MAB IM 50MG	ENCTR FOR PRPHYLC IMMTHER FOR RESP SYNCYTIAL VIRUS (RSV)	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
DCV MAAD IN FONC	EVEDENAL INAMASTICUTY OF ND. CECTATNII ACE 2F COMPLETED WEEKS	DEDIATRICS	1	0	0	0	0			
RSV MAB IM 50MG RSV MAB IM 50MG	EXTREME IMMATURITY OF NB, GESTATNL AGE 25 COMPLETED WEEKS EXTREME IMMATURITY OF NB, GESTATNL AGE 26 COMPLETED WEEKS	PEDIATRICS PEDIATRIC PULMONOLOGY	2	0	0	0	0			+
NOV IVIA IIVI OVIVIG	EXTREME IMMATORITY OF NB, GESTATNE AGE 20 COMPLETED WEEKS	PEDIATRIC POLIVIONOLOGY	2	U	U	U	U			
RSV MAB IM 50MG	EXTREME IMMATURITY OF NB, GESTATNL AGE 26 COMPLETED WEEKS	PEDIATRICS	2	0	0	0	0			
RSV MAB IM 50MG	EXTREME IMMATURITY OF NB, GESTATNL AGE 26 COMPLETED WEEKS	PSYCHIATRY	1	0	0	0	0			
RSV MAB IM 50MG	EXTREME IMMATURITY OF NB, GESTATNL AGE 27 COMPLETED WEEKS	PEDIATRICS	2	0	0	0	0			
RSV MAB IM 50MG	EXTREMELY LOW BIRTH WEIGHT NEWBORN, 500-749 GRAMS	PEDIATRICS	1	0	0	0	0			
RSV MAB IM 50MG	HEART TRANSPLANT STATUS	PEDIATRICS	1	0	0	0	0			
RSV MAB IM 50MG	OTHER GENERAL SYMPTOMS AND SIGNS	PEDIATRIC PULMONOLOGY	1	0	0	0	0			
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	PEDIATRIC PULMONOLOGY	4	0	0	0	0			
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	PEDIATRICS	3	0	0	0	0			
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 34 COMPLETED WEEKS	PEDIATRIC PULMONOLOGY	0	1	1	0	0			
RSV MAB IM 50MG	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	PEDIATRICS	2	0	0	0	n			
RSV MAB IM 50MG	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	PEDIATRICS	1	0	0	0	0			<u> </u>
RSV MAB IM 50MG	VENTRICULAR SEPTAL DEFECT	PEDIATRIC INFECTIOUS	2	0	0	0	0			
		DISEASE								
RT HEART CATH CONGENITAL	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
RT HEART CATH CONGENITAL	DISCORDANT VENTRICULOARTERIAL CONNECTION	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
RT HEART CATH CONGENITAL	OTHER CONGENITAL MALFORMATIONS OF LIVER	PEDIATRIC CARDIOLOGY	1	0	0	0	0			ļ
		CARDIOVASCULAR								
RX	Essential (primary) hypertension	DISEASE						1		
RYBELSUS	Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER						1		ļ
		FAMILY NURSE								
RYBELSUS 14 MG TABLET	Body mass index (BMI) 28.0-28.9, adult	PRACTITIONER	1							<u> </u>
DVDELSUS 44 A4C TABLET	11/4	ENDOCRINOLOGY AND								
RYBELSUS 14 MG TABLET	N/A	METABOLISM	1							<u> </u>
RYBELSUS 14 MG TABLET	N/A	FAMILY MEDICINE FAMILY NURSE		1	1	-				
		PRACTITIONER PRIMARY								
RYBELSUS 14 MG TABLET	N/A	CARE	1							
RYBELSUS 3 MG TABLET	N/A		1	1	1					
NTBELSOS S INIC TABLET	INA	Other Provider ENDOCRINOLOGY AND	1	1	1					
RYBELSUS 3 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1							
RYBELSUS 3 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	_	1	1					
RYBELSUS 3 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER		-	-			1		
RYBELSUS 3 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	1					_		
RYBELSUS 7 MG TABLET	N/A	FAMILY MEDICINE	2							
RYBELSUS 7 MG TABLET	N/A	INTERNAL MEDICINE	2							
RYBELSUS 7 MG TABLET	N/A	Other Provider		1	1					
RYBELSUS 7 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
RYBELSUS 7 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1							
RYBELSUS 7 MG TABLET	Type 2 diabetes mellitus without complications	Other Provider	3							
RYVENT 6 MG TABLET	ALLERGIC RHINITIS DUE TO POLLEN	ALLERGY/IMMUNOLOGY		1	1					<u> </u>
		OTOLARYNGOLOGY (EAR,								
RYVENT 6 MG TABLET	CHRONIC RHINITIS	NOSE, AND THROAT)		1	1					
RYVENT 6 MG TABLET	N/A	ALLERGY/IMMUNOLOGY		1	1					
RYVENT 6 MG TABLET	N/A	FAMILY MEDICINE		2	2	_				
RYVENT 6 MG TABLET	N/A	Other Provider		1	1	-				
SABRIL 500 MG POWDER PACKET	N/A	PEDIATRIC NEUROLOGY	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SACRAL NERVE STIM TEST LEAD	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			├ ──
SACRAL NERVE STIM TEST LEAD	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	U	0	0	0			
SALIVARY SURGERY PROCEDURE	SIALOLITHIASIS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
SALIVARY SURGERY PROCEDURE	SIALOLITHIASIS	NOSE, AND THROAT) SURGERY, HEAD AND NECK	1	0	0	n	n			+
SANCUSO 3.1 MG/24 HR PATCH	NAUSEA WITH VOMITING UNSPECIFIED	ONCOLOGY	1							
SANCUSO 3.1MG/24TRCFATCH SANCUSO 3.1MG/24HR PATCH TDWK	N/A	ONCOLOGY	1							
SANCOSO S.IMO/24/INTATELLIDAN	N/A	HYPERBARIC &	-							
SANTYL 250 UNIT/G OINT.(GM)	N/A	UNDERSEA MEDICINE	1	1	1					
SANTYL 250 UNIT/G OINT.(GM)	N/A	PODIATRY	1	_	_					+
SAPHRIS 10 MG TAB SUBL	N/A	Other Provider	1							
SALTINIS TO MICHAE SOBE	Major depressive disorder, recurrent severe without psychotic	Other Frovider	<u> </u>							
SAPHRIS 2.5 MG TAB SUBLINGUAL	features	Other Provider	1							
SAPHRIS 5 MG TAB SUBL	N/A	Other Provider	2							
	,		<u> </u>	-	-	1		1	-	+
SAXENDA	Body mass index (BMI) 28.0-28.9, adult	FAMILY MEDICINE	<u> </u>			-		1	-	
SAXENDA	Body mass index (BMI) 45.0-49.9, adult	FAMILY MEDICINE ENDOCRINOLOGY AND	 	-	-	 			1	+
CAVENDA	landing dispersion of the second									. !
SAXENDA	Impaired fasting glucose	METABOLISM							1	
SAXENDA	Obesity, unspecified	FAMILY MEDICINE						1	1	
SAXENDA 18 MG/3 ML PEN	Morbid (severe) obesity due to excess calories	INTERNAL MEDICINE		1	1					ļ!
SAXENDA 18 MG/3 ML PEN	N/A	FAMILY MEDICINE		1	1					ļ!
		ENDOCRINOLOGY AND								1
SAXENDA 18 MG/3 ML PEN	Obesity, unspecified	METABOLISM	1	1	1					
SAXENDA 18 MG/3 ML PEN	Obesity, unspecified	FAMILY MEDICINE		1	1					
		ENDOCRINOLOGY AND								'
SAXENDA 3 MG/0.5ML PEN INJCTR	N/A	METABOLISM	1							
SAXENDA 3 MG/0.5ML PEN INJCTR	N/A	FAMILY MEDICINE	3	7	7					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								1
SAXENDA 3 MG/0.5ML PEN INJCTR	N/A	CARE	3	2	2					1
SAXENDA 3 MG/0.5ML PEN INJCTR	N/A	INTERNAL MEDICINE		2	2					
SAXENDA 3 MG/0.5ML PEN INJCTR	N/A	Other Provider	4	2	2					
SAXENDA 3 MG/0.5ML PEN INJCTR	N/A	PHYSICIAN ASSISTANT	2							†
SBRT DELIVERY	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	1	0	0	0	0			+
SBRT DELIVERY	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			\vdash
SBRT MANAGEMENT	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	1	0	0	0	0			\vdash
SBRT MANAGEMENT	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			\vdash
SCAN PROC CRANIAL INTRA	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES	FAMILY MEDICINE	1	0	0	0	0			+
SCAN FROC CHANIAE INTIVA	INIALIGNANT NEOFEASIN OF CEREBROW, EXCEPT LODES AND VENTRICLES	TAWILT WEDICINE	1	U	U		U			
SCAN PROC SPINAL	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SCAN PROC SPINAL	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SCAN PROC SPINAL	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			t
SCLERAL COVER SHELL	UNSPECIFIED CORNEAL SCAR AND OPACITY	OPTOMETRY	1	0	0	0	0			\vdash
SCLEROTX FLUID COLLECTION	ANEURYSMAL BONE CYST, UNSPECIFIED SITE	PEDIATRIC RADIOLOGY	2	0	0	0	0			\vdash
SCLEROTX FLUID COLLECTION SCLEROTX FLUID COLLECTION	ANEURYSMAL BONE CYST, UNSPECIFIED SITE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SECOND LEVEL CER DISKECTOMY	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	n			+
SECOND LEVEL CER DISKECTOMY	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SECOND LEVEL CER DISKECTOMY SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SECOND LEVEL CER DISKECTOMY SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, UNSPICERVICAL REGION OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		2	0	0	0	0			
	· · · · · · · · · · · · · · · · · · ·	SURGERY, ORTHOPEDIC	4	2	0	0	0			+
SECOND LEVEL CER DISKECTOMY	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	U	2	2	U	U			
SECOND LEVEL CER DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	U	1	1	U	U			
SECOND LEVEL CER DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	3	1	1	0	0		ļ	
SECOND LEVEL CER DISKECTOMY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description SEG PNEUMATIC APPL FULL ARM	Diagnosis Code Description MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Provider Specialty SURGERY, PLASTIC	Approvals	Denials 0	Denials 0	Denials 0	Denials 0	Approved	Denied	by IRO
	·						-			
SEG PNEUMATIC APPL FULL ARM	POSTMASTECTOMY LYMPHEDEMA SYNDROME	FAMILY MEDICINE	1	0	0	0	0			
SEG PNEUMATIC APPL FULL LEG	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	1	0	0	0	0			
SEGLUROMET 2.5-500 MG TABLET	Tuno 2 diabetes mellitus with hunorglusemia	ENDOCRINOLOGY AND METABOLISM	1	1	1					
SEGLUROMET 7.5-1000MG TABLET	Type 2 diabetes mellitus with hyperglycemia N/A	INTERNAL MEDICINE	1	1	1					\vdash
SEGLUROMET 7.5-1000MG TABLET	N/A	Other Provider	1	_	1					
SEGMENTECTOMY	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	ONCOLOGY	1	0	0	0	0			
Selective catheter placement, arterial system; initial second order		CARDIOVASCULAR								
thoracic or brachiocephalic branch, within a vascular family	Chronic obstructive pulmonary disease, unspecified	DISEASE	1							
Selective catheter placement, arterial system; initial second order		CARDIOVASCULAR								
thoracic or brachiocephalic branch, within a vascular family	Essential (primary) hypertension	DISEASE	1							
Selective catheter placement, arterial system; initial second order		CARDIOVASCULAR								
thoracic or brachiocephalic branch, within a vascular family	Other persistent atrial fibrillation	DISEASE	1							
thoracle of brachiocephane branch, within a vascular family	other persistent atrial ribrillation	DISEASE	_							
Selective catheter placement, arterial system; initial second order		CARDIOVASCULAR								
thoracic or brachiocephalic branch, within a vascular family	Presence of aortocoronary bypass graft	DISEASE	1							
Selective catheter placement, arterial system; initial second order		CARDIOVASCULAR								
thoracic or brachiocephalic branch, within a vascular family	Tobacco use	DISEASE	1							
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation,		CARDIOVASCULAR								
includes angiography of the cervicocerebral arch, when per	Chronic obstructive pulmonary disease, unspecified	DISEASE	1							
includes angiography of the cervicoceresial arch, when per	anome obstructive pulmonary disease, unspecimed	DISERSE	1							
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation										
and all associated radiological supervision and interpretation,		CARDIOVASCULAR								
includes angiography of the cervicocerebral arch, when per	Dizziness and giddiness	DISEASE	1							
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation		CARDIOVASCULAR								
and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when per	Essential (primary) hypertension	DISEASE	2							
includes anglography of the cervicocerebrar arch, when per	Lissertial (primary) hypertension	DISEASE								
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation										
and all associated radiological supervision and interpretation,		CARDIOVASCULAR								
includes angiography of the cervicocerebral arch, when per	Oth symptoms and signs involving the circ and resp systems	DISEASE	1							
										1 1
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation,		CARDIOVASCULAR								
includes angiography of the cervicocerebral arch, when per	Other persistent atrial fibrillation	DISEASE	1							
includes anglography of the cervicocerebral arch, when per	other persistent atrial normation	DISERSE	1	-						\vdash
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation										
and all associated radiological supervision and interpretation,		CARDIOVASCULAR								1 1
includes angiography of the cervicocerebral arch, when per	Presence of aortocoronary bypass graft	DISEASE	2							

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
			11							
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation										
and all associated radiological supervision and interpretation,		CARDIOVASCULAR								
includes angiography of the cervicocerebral arch, when per	Pure hypercholesterolemia, unspecified	DISEASE	1							
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation										
and all associated radiological supervision and interpretation,		CARDIOVASCULAR								
includes angiography of the cervicocerebral arch, when per	Tobacco use	DISEASE	1							
Selective catheter placement, subclavian or innominate artery,										
unilateral, with angiography of the ipsilateral vertebral circulation										
		CARDIOVASCULAR								
and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when per	Type 2 diabetes mellitus without complications	DISEASE	1							
SELF CARE MNGMENT TRAINING	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLE ARTERY	FAMILY MEDICINE	0	1	0	0	1			
SELF-MGMT EDUC & TRAIN 1 PT	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	REGISTERED NURSE	2	0	0	0	0			
SERNIVO 0.05 % SPRAY/PUMP		PHYSICIAN ASSISTANT	3	0	0	U	U			
,	N/A			2	2					
SERNIVO 0.05% SPRAY	N/A	PHYSICIAN ASSISTANT	_	1	1					
SEROQUEL 400 MG TABLET	N/A	FAMILY MEDICINE	1							
SEROSTIM 6 MG VIAL	N/A	Other Provider	1							
SERPINA1 GENE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
SERPINA1 GENE	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
SERPINA1 GENE	NONSPEC ELEV OF LEVELS OF TRANSAMNS & LACTIC ACID DEHYDRGNSE	INTERNAL MEDICINE	0	1	1	0	0			
SERTRALINE HCL	Major depressive disorder, single episode, unspecified	FAMILY MEDICINE						1		
	Major depressive disorder, recurrent severe without psychotic									
SERTRALINE HCL 100 MG TABLET	features	Other Provider	1							
SERTRALINE HCL 100 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1	1	1					
SERTRALINE HCL 100 MG TABLET	Major depressive disorder, single episode, unspecified	FAMILY MEDICINE		1	1					
SERTRALINE HCL 100 MG TABLET	N/A	Other Provider	2	1	1					
SERTRALINE HCL 100 MG TABLET	Obsessive-compulsive disorder, unspecified	Other Provider	1							
SERV PART OF PHASE I TRIAL	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	ONCOLOGY	2	0	0	0	0			
SERV PART OF PHASE I TRIAL	ACUTE RESPIRATORY DISTRESS	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	HEMATOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	NEUROLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	NEUROLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE		1	0	0	0	0	-		
SERV PART OF PHASE I TRIAL		ONCOLOGY	1	0	0	0	0			
	HYPERCALCEMIA	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	HYPEROSMOLALITY AND HYPERNATREMIA	HEMATOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	INTRAHEPATIC BILE DUCT CARCINOMA	INTERNAL MEDICINE	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	1	U	U	U	U			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF CECUM	INTERNAL MEDICINE	1	U	U	U	U -	<u> </u>		
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	ONCOLOGY	2	U	0	U	U	<u> </u>		
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	HEMATOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	COUNSELING	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	2	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	COUNSELING	3	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	HEMATOLOGY	1	0	0	0	0			†
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	INTERNAL MEDICINE	2	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	INTERNAL MEDICINE	3	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	4	0	0	0	0			
SERV PART OF PHASE I TRIAL	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	PEDIATRICS	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	OTHER MYELOID LEUKEMIA, IN REMISSION	INTERNAL MEDICINE	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	INTERNAL MEDICINE	1	0	0	0	0			
SERV PART OF PHASE I TRIAL	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	ILLNESS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	INTRAHEPATIC BILE DUCT CARCINOMA	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	2	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	2	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	FACILITY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	UROLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF PROSTATE	FACILITY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF RECTUM	SURGERY, GENERAL	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF THYROID GLAND	INTERNAL MEDICINE	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	INTERNAL MEDICINE	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	2	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SOCIAL WORK	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	INTERNAL MEDICINE	2	0	0	0	0			
SERVICES PROVIDED AS PART OF	MESOTHELIOMA OF PERITONEUM	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	OBSTRUCTION OF BILE DUCT	SURGERY, GENERAL	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	ONCOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	OTHER HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	INTERNAL MEDICINE	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	SEC AND UNSP MALIG NEOPLASM OF AXILLA AND UPPER LIMB NODES	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	HEMATOLOGY	1	0	0	0	0			
SERVICES PROVIDED AS PART OF	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	2	0	0	0	0			
SERVICES PROVIDED AS PART OF	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SERVICES SPEECH LANGUAGE	Autistic disorder	Other Provider	Тергозано						1	.,
SET RADIATION THERAPY FIELD	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	HEMATOLOGY	1	0	0	0	0			†
SET RADIATION THERAPY FIELD	ACQUIRED ABSENCE OF LARYNX	RADIATION ONCOLOGY	2	0	0	0	0			†
SET RADIATION THERAPY FIELD	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	RADIATION ONCOLOGY	1	0	0	0	0			†
SET RADIATION THERAPY FIELD	ANEMIA, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			†
SET RADIATION THERAPY FIELD	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			†
SET RADIATION THERAPY FIELD	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	FAMILY MEDICINE	1	0	0	0	0			
SET RADIATION THERAPY FIELD	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	ENCOUNTER FOR SCREENING, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	EXTRNOD MRGNL ZN B-CELL LYMPH OF MUCOSA-ASSOC LYMPHOID TISS	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	FEVER, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
SET RADIATION THERAPY FIELD	HYPERTROPHIC SCAR	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	RADIATION ONCOLOGY	1	0	0	0	0			1
SET RADIATION THERAPY FIELD	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	0	1	1	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	FAMILY MEDICINE	2	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF ENDOMETRIUM	RADIATION ONCOLOGY	2	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF GALLBLADDER	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH	RADIATION ONCOLOGY	1	0	0	0	0			1
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			1
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			1
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PAROTID GLAND	RADIATION ONCOLOGY	1	0	0	0	0			1
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE	3	0	0	0	0			1
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	10	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	6	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	FAMILY MEDICINE	2	0	0	0	0			†
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	2	0	0	0	0			
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	RADIATION ONCOLOGY	1	0	0	0	0			†
SET RADIATION THERAPY FIELD	MELENA	RADIATION ONCOLOGY	1	0	0	0	0			†
SET RADIATION THERAPY FIELD	METABOLIC ENCEPHALOPATHY	RADIATION ONCOLOGY	1	0	0	0	0			†
SET RADIATION THERAPY FIELD	N/A	HOSPITAL	4	-	-	-	-	 	 	
SET RADIATION THERAPY FIELD	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	n	0			+
SET RADIATION THERAPY FIELD	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	RADIATION ONCOLOGY	1	0	0	0	0	 		+
SET RADIATION THERAPY FIELD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	3	0	0	0	0	 		+
SET RADIATION THERAPY FIELD	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	FAMILY MEDICINE	1	0	0	0	0	-		+
SET RADIATION THERAPY FIELD	OTHER SPECIFIED DISORDERS OF BREAST	RADIATION ONCOLOGY	1	0	0	0	0	 		+
SET RADIATION THERAPT FIELD	OTHER SPECIFIED DISORDERS OF RKEAST	RADIATION UNCULUGY	I _T	ľ	U	U	ľ	l .	l .	Ь

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SET RADIATION THERAPY FIELD	PAIN, UNSPECIFIED	RADIATION ONCOLOGY	1	0	0	0	0			.,
SET RADIATION THERAPY FIELD	POSTMASTECTOMY LYMPHEDEMA SYNDROME	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SEC AND UNSP MALIG NEOPLASM OF INGUINAL AND LOWER LIMB NODES	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SECONDARY MALIG NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	HEMATOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SNORING	RADIATION ONCOLOGY	1	0	0	0	0			
SET RADIATION THERAPY FIELD	SNORING	SURGERY, GENERAL	1	0	0	0	0			
SET RADIATION THERAPY FIELD	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	UROLOGY	1	0	0	0	0			1
SEX TRANSFORMATION F TO M	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	1	0	0			
SEYSARA 100 MG TABLET	Acne vulgaris	DERMATOLOGY	1	3	3					
SEYSARA 100 MG TABLET	Acne vulgaris	Other Provider		5	5					
SEYSARA 100 MG TABLET	Acne vulgaris	PHYSICIAN ASSISTANT		1	1					
SEYSARA 100 MG TABLET	N/A	DERMATOLOGY	1	6	6					
SEYSARA 100 MG TABLET	N/A	Other Provider		1	1					
SEYSARA 150 MG TABLET	Acne vulgaris	Other Provider		1	1					
SEYSARA 150 MG TABLET	N/A	DERMATOLOGY		1	1					
SEYSARA 150 MG TABLET	N/A	Other Provider	1							
SEYSARA 60 MG TABLET	Acne vulgaris	DERMATOLOGY	Ť	1	1					
SEYSARA 60 MG TABLET	Acne vulgaris	PHYSICIAN ASSISTANT	1	1	1					
SEYSARA 60 MG TABLET	N/A	DERMATOLOGY	1	3	3					
SEYSARA 60 MG TABLET	N/A	Other Provider	1	1	1					
SGD ACCESSORY NOC	AUTISTIC DISORDER	PEDIATRICS	1	3	3	0	0			
SGD ACCESSORY NOC	FEEDING DIFFICULTIES	PEDIATRICS	1	0	0	0	0			
SGD ACCESSORY NOC	SPASTIC DIPLEGIC CEREBRAL PALSY	PEDIATRICS	1	0	0	0	0			
SGD ACCESSORY, MOUNTING SYS	CEREBRAL PALSY, UNSPECIFIED	PHYSICAL MEDICINE	2	0	0	0	0			
SGD W MULTI METHODS MSG/ACCS	AUTISTIC DISORDER	FAMILY MEDICINE	0	2	2	0	0			
SGD W MULTI METHODS MSG/ACCS	AUTISTIC DISORDER	PEDIATRICS	4	1	1	0	0			
SGD W MULTI METHODS MSG/ACCS	CEREBRAL PALSY, UNSPECIFIED	PHYSICAL MEDICINE	2	0	0	0	0			
SGD W MULTI METHODS MSG/ACCS	FEEDING DIFFICULTIES	PEDIATRICS	1	0	0	0	0			
SGD W MULTI METHODS MSG/ACCS	SPASTIC DIPLEGIC CEREBRAL PALSY	PEDIATRICS	1	0	0	0	0			
SHANK FT W VERT LOAD PYLON	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			
SHO ARTHRS SRG BICP TENODSIS	CALCIFIC TENDINITIS OF RIGHT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			
SHO ARTHRS SRG BICP TENODSIS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG CAPSULORPAPHY	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			
SHO ARTHRS SRG CAPSULORPAPHY	OTHER INSTABILITY, LEFT SHOULDER	SURGERY, ORTHOPEDIC	2	0	0	0	0			
SHO ARTHRS SRG CAPSULORPAPHY	OTHER INSTABILITY, RIGHT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			
SHO ARTHRS SRG CAPSULORPAPHY	RECURRENT DISLOCATION, RIGHT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG DSTL CLAVICLC	DIARRHEA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
SHO ARTHRS SRG DSTL CLAVICLC	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	FAMILY MEDICINE	1	0	0	0	0			
SHO ARTHRS SRG DSTL CLAVICLC	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG LSS&RESCJ ADS	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
SHO ARTHRS SRG RPR SLAP LES	ANTERIOR DISLOCATION OF RIGHT HUMERUS, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG RPR SLAP LES	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
SHO ARTHRS SRG RPR SLAP LES	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INIT ENCNTR	SURGERY, ORTHOPEDIC	2	0	0	0	0			
SHO ARTHRS SRG RPR SLAP LES	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SUBS ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
SHO ARTHRS SRG RT8TR CUF RPR	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			†
SHO ARTHRS SRG RT8TR CUF RPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	FAMILY MEDICINE	9	0	0	0	0			1
	,									

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SHO ARTHRS SRG RT8TR CUF RPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	SURGERY, ORTHOPEDIC	2	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	FAMILY MEDICINE	12	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	SURGERY, ORTHOPEDIC	5	0	0	0	0			†
SHO ARTHRS SRG RT8TR CUF RPR	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, ORTHOPEDIC	2	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	HEMORRHAGE OF ANUS AND RECTUM	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	OTHER ACUTE POSTPROCEDURAL PAIN	FAMILY MEDICINE	1	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	OTHER CHRONIC SINUSITIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	PERSONAL HISTORY OF COLONIC POLYPS	FAMILY MEDICINE	1	0	0	0	0			
SHO ARTHRS SRG RT8TR CUF RPR	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG XTNSV DBRDMT	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG XTNSV DBRDMT	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO ARTHRS SRG XTNSV DBRDMT	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHO INSERT W ARCH TOE FILLER	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	PODIATRY	1	0	0	0	0			
SHO INSERT W ARCH TOE FILLER	SLTR-HARIS TYPE I PHYSL FX LOW END L TIBIA, 7THD	FAMILY MEDICINE	1	0	0	0	0			
SHO INSERT W ARCH TOE FILLER	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	PODIATRY	1	0	0	0	0			
SHO INSERT W ARCH TOE FILLER	TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SHOULDER ARTHROSCOPY DX	OTHER INSTABILITY, LEFT SHOULDER	HOSPITAL	1							
SHOULDER ARTHROSCOPY/SUR	N/A	Other Provider							1	
SHOULDER ARTHROSCOPY/SURGERY	OTHER INSTABILITY, LEFT SHOULDER	HOSPITAL	3							†
SHOULDER SURGERY PROCEDURE	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT HUMERUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
		GERONTOLOGICAL NURSE								+
SILDENAFIL	Primary pulmonary hypertension	PRACTITIONER						1		
012021171112	i ilinary paintonary hypertension	FAMILY NURSE						_		+
SILDENAFIL 10 MG/ML ORAL SUSP	N/A	PRACTITIONER	1							
SILDENAFIL 10 MG/ML ORAL SUSP	Primary pulmonary hypertension	PEDIATRIC CARDIOLOGY	1							
,	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT		<u> </u>							
SILDENAFIL 20 MG TABLET	SYMP	INTERNAL MEDICINE		1	1					
SILDENAFIL 20 MG TABLET	Enlarged prostate with lower urinary tract symptoms	Other Provider		2	2					+
SILDENAFIL 20 MG TABLET	Essential (primary) hypertension	Other Provider	1	1	1					+
		CARDIOVASCULAR		-	1					+
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	DISEASE		1	1					
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	FAMILY MEDICINE		14	14					+
SIESELVIII IE ES INIC I NISEEL	INVESTIGATION OF THE PROPERTY	FAMILY NURSE			17					+
		PRACTITIONER PRIMARY								
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	CARE		1	1					
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	INTERNAL MEDICINE	1	2	2					+
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	NEUROLOGY	1	<u> </u>	<u> </u>					+
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Other Provider	1	1	1					+
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSPONCTION, UNSPECIFIED	PHYSICIAN ASSISTANT		1	1					+
SILDENAFIL 20 MG TABLET SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	UROLOGY		2	3					+
SILDENAFIL 20 MG TABLET	Multiple sclerosis	NEUROLOGY	-	1	3					+
			-	4	1					+
SILDENAFIL 20 MG TABLET	N/A	FAMILY MEDICINE	-	4	4					+
		FAMILY NURSE								
CH DENIASH 20 MC TARLET	21/2	PRACTITIONER PRIMARY								
SILDENAFIL 20 MG TABLET	N/A	CARE	1	2	2					+
SILDENAFIL 20 MG TABLET	N/A	Other Provider	1	4	4					+
SILDENAFIL 20 MG TABLET	Other general symptoms and signs	FAMILY MEDICINE		1	1					
SILDENAFIL 20 MG TABLET	Primary pulmonary hypertension	CARDIOVASCULAR DISEASE	1							
		GERONTOLOGICAL NURSE								
SILDENAFIL 20 MG TABLET	Primary pulmonary hypertension	PRACTITIONER		1	1		<u> </u>			<u> </u>
		FAMILY NURSE								
SILDENAFIL 20 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	PRACTITIONER	1							1

					Medical	Experimental &	Network	Total	Total	
Paradas Cala Paradata	Prince of Burning	Describes Constitute	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SILDENAFIL 25 MG TABLET SILDENAFIL 25 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	FAMILY MEDICINE	-	1	1					
SILDENAFIL 25 MG TABLET SILDENAFIL 25 MG TABLET	· · · · · · · · · · · · · · · · · · ·	Other Provider PHYSICIAN ASSISTANT		1	1					
SILDENAFIL 25 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	PHYSICIAN ASSISTANT	1							
	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL									
SILDENAFIL 50 MG TABLET	FINDINGS	INTERNAL MEDICINE	1	1.	1					ļ!
SILDENAFIL CITRATE 10 MG/ML SUSP RECON	N/A	Other Provider		1	1					ļ!
		CARDIOVASCULAR								
SILDENAFIL CITRATE 100 MG TABLET	N/A	DISEASE		1	1					
SILDENAFIL CITRATE 100 MG TABLET	N/A	FAMILY MEDICINE		1	1					ļ!
SILDENAFIL CITRATE 100 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
SILDENAFIL CITRATE 100 MG TABLET	N/A	UROLOGY		1	1					<u> </u>
		CARDIOVASCULAR								
SILDENAFIL CITRATE 20 MG TABLET	N/A	DISEASE	2	3	3					<u> </u>
		ENDOCRINOLOGY AND								
SILDENAFIL CITRATE 20 MG TABLET	N/A	METABOLISM		1	1					
SILDENAFIL CITRATE 20 MG TABLET	N/A	FAMILY MEDICINE		21	21					<u> </u>
SILDENAFIL CITRATE 20 MG TABLET	N/A	INTERNAL MEDICINE		8	8					
SILDENAFIL CITRATE 20 MG TABLET	N/A	Other Provider	1	8	8					
SILDENAFIL CITRATE 20 MG TABLET	N/A	PEDIATRIC CARDIOLOGY	1							
SILDENAFIL CITRATE 20 MG TABLET	N/A	PULMONARY DISEASE	3	1	1					
SILDENAFIL CITRATE 20 MG TABLET	N/A	RHEUMATOLOGY	3							
SILDENAFIL CITRATE 20 MG TABLET	N/A	UROLOGY		3	3					
		CARDIOVASCULAR								
SILDENAFIL CITRATE 50 MG TABLET	N/A	DISEASE		2	2					
SILDENAFIL CITRATE 50 MG TABLET	N/A	FAMILY MEDICINE	1							
SILDENAFIL CITRATE 50 MG TABLET	N/A	Other Provider		1	1					
SILENOR 3 MG TABLET	N/A	Other Provider		1	1					
		PHYSICAL MEDICINE AND								
SILENOR 3 MG TABLET	N/A	REHABILITATION		1	1					
SILIQ	Psoriasis vulgaris	DERMATOLOGY							1	
SILIQ	Psoriasis vulgaris	Other Provider							1	
SILIQ	Psoriasis vulgaris	Physician							1	
SILIQ 210 MG/1.5 SYRINGE	N/A	Other Provider	1	1	1					
SILVER SULFADIAZINE 1% CREAM	N/A	Other Provider	1	<u> </u>						
SIMPONI	Ankylosing spondylitis of multiple sites in spine	Physician	1						1	
SIMPONI	Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY							2	,
SIMPONI	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY		1					1	
SIMPONI 100 MG/ML PEN INJCTR	N/A	NURSE PRACTITIONER	1							
SIMPONI 100 MG/ML PEN INJCTR	N/A	RHEUMATOLOGY	2	1	1					+
SIMPONI 100 MG/ML YRINGE	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	-	1	1					+
SIMPONI 50 MG/0.5 ML PEN INJEC	Ankylosing spondylitis of unspecified sites in spine	INTERNAL MEDICINE	1	f	l*					+
SIMPONI 50 MG/0.5 ML PEN INJEC	Ankylosing spondylitis of unspecified sites in spine	Other Provider	1	 	 	 				+
SINT ON SO MOJOS WETER HATE	Rheumatoid arthritis with rheumatoid factor of multiple sites	other i tovider	1							+
SIMPONI 50 MG/0.5 ML PEN INJEC	without organ or systems involvement	RHEUMATOLOGY	1]
SIMPONI 50 MG/0.5 ML PEN INJEC	Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	1							
SIMPONI 30 MIG/0.3 MIL PEN INJEC	kneumatoid artiintis with medinatoid factor, unspecified	KHEUWATULUGT	1							
SIMPONI 50 MG/0.5 ML PEN INJEC	Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	1	1	1]
SIMPONI 50 MG/0.5 ML PEN INJEC SIMPONI 50 MG/0.5 ML PEN INJEC	Rheumatoid arthritis without medinatoid factor, multiple sites	RHEUMATOLOGY	2	1	1					
SIMPONI 50 MG/0.5 ML PEN INJEC SIMPONI 50MG/0.5ML PEN INJECTR			1	 		-				+
· ·	N/A	GASTROENTEROLOGY	1	1						
SIMPONI 50MG/0.5ML PEN INJCTR	N/A	Other Provider	2	1	2	<u> </u>				├──
SIMPONI 50MG/0.5ML PEN INJCTR	N/A	RHEUMATOLOGY	ь	2	2					
SIMPONI 50MG/0.5ML SYRINGE	N/A	RHEUMATOLOGY	1	 	1					
SIMPONI ARIA	Unspecified iridocyclitis	RHEUMATOLOGY	-						1	├ ──
SIMPONI ARIA 50 MG/4 ML VIAL	N/A	RHEUMATOLOGY	4]		l				

					Medical	Experimental &	Network	Total	Total	
Drawdows Code Description	Diamenia Cada Description	Dunwides Canadalay	Total UM	Total UM	Necessity	Investigational	Adequacy Denials	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description Rheumatoid arthritis with rheumatoid factor of multiple sites	Provider Specialty	Approvals	Denials	Denials	Denials	Deniais	Approved	Denied	by IRO
SIMPONI ARIA 50 MG/4 ML VIAL	· ·	RHEUMATOLOGY	2							
SIMULT PANC KIDN TRANS	without organ or systems involvement END STAGE RENAL DISEASE	NEPHROLOGY	2	0	0	0	n			
SINUCLI PANC KIDIV ITANS	END STAGE RENAL DISEASE	NEFTINOLOGI	2	0	U	0	U			
		OTOLARYNGOLOGY (EAR,								
SINUS ENDO W/BALLOON DIL	Chronic frontal sinusitis	NOSE, AND THROAT)							1	
SINOS LINDO W/BALLOON DIL	Chronic frontal sinusitis	NOSE, AND TIROAT								
		OTOLARYNGOLOGY (EAR,								
SINUS ENDO W/BALLOON DIL	Chronic pansinusitis	NOSE, AND THROAT)							1	
SINOS ENDO W/BALLOON DIE	Citionic parisinusicis	NOSE, AND THIOAT								
		OTOLARYNGOLOGY (EAR,								
SINUS ENDO W/BALLOON DIL	Chronic sinusitis, unspecified	NOSE, AND THROAT)							1	
SINOS ENDO W/BALLOON DIE	Chronic sinusitis, unspecineu	NOSE, AND TIROAT								
		OTOLARYNGOLOGY (EAR,								
SINUS ENDO W/BALLOON DIL	Chronic sphenoidal sinusitis	NOSE, AND THROAT)						1		
SINUS SURGERY PROCEDURE	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SIVEXTRO 200 MG TABLET	Cellulitis of right lower limb	INFECTIOUS DISEASE	-	1	1	·	0			
SIVEXTRO 200 MG TABLET	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY MEDICINE		1	1					
SIVENTRO 200 IVIG TABLET	LOCALIZED SWELLING WASS AND LOWF LEFT LOWER LIVID	PEDIATRIC		1	1					
SIVEXTRO 200 MG TABLET	MYCOBACTERIAL INFECTION UNSPECIFIED	PULMONOLOGY	1							
SIVEXTRO 200 MG TABLET	N/A	DERMATOLOGY	1							
SIVENTRO 200 IVIG TABLET	IN/A	FAMILY NURSE	-							
		PRACTITIONER PRIMARY								
SIVEXTRO 200 MG TABLET	N/A	CARE	1							
SIVEXTRO 200 MG TABLET	N/A	INTERNAL MEDICINE	1							
SIVEXTRO 200 MIG TABLET	N/A	Other Provider	1							
SIVEXTRO 200 IVIG TABLET	IN/A	PEDIATRIC	1		-			-		
SIVEXTRO 200 MG TABLET	N/A	PULMONOLOGY	1							
SIVEXTRO 200 MG TABLET	N/A	PODIATRY	2							
SKIN BARRIER LIQUID PER OZ	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, PLASTIC	1	0	0	0	n			
Skin Cancer	Basal cell carcinoma of skin of nose	Dermatology	2	1	1	0	U			
Skin Cancer	Basal cell carcinoma of skin of nose	ORAL SURGERY	1	1	1					
Skin Cancer	Basal cell carcinoma of skin of other part of trunk	Dermatology	1	2	2					
Skill Calicei	basar celi carcinoma or skin or other part or trunk	Dermatology	1	2	2					
Skin Cancer	Basal cell carcinoma of skin of right ear and external auricular canal	Dermatology	1							
Skill Carreet	basar cen caremona or skin or right car and externar daricalar canar	Dermatology	-							
Skin Cancer	Basal cell carcinoma of skin of right upper limb, including shoulder	Dermatology	1							
Skin dancel	Basal cell carcinoma of skin of unspecified upper limb, including	Definition 6gy	-							
Skin Cancer	shoulder	RADIATION ONCOLOGY	1							
Skin Cancer	Malignant melanoma of scalp and neck	RADIATION ONCOLOGY	1							
	Other specified malignant neoplasm of skin of left ear and external									
Skin Cancer	auricular canal	Dermatology		1	1					
	Squamous cell carcinoma of skin of right upper limb, including	<u> </u>								
Skin Cancer	shoulder	Dermatology		2	2					
Skin Cancer	Squamous cell carcinoma of skin of scalp and neck	Dermatology		1	1					
	•									
Skin Cancer	Squamous cell carcinoma of skin of unspecified parts of face	RADIATION ONCOLOGY	1							
SKIN FULL GRAFT ADD-ON	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	1	0	0	0	0			
SKIN FULL GRAFT ADD-ON	TRANSSEXUALISM	UROLOGY	1	1	1	0	0			
SKIN FULL GRAFT EEN & LIPS	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	2	0	0	0	0			
SKIN FULL GRAFT EEN & LIPS	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	UROLOGY	1	0	0	0	0			
SKIN FULL GRFT FACE/GENIT/HF	LACERATION WITH FOREIGN BODY OF RIGHT HAND, SUBS ENCNTR	SURGERY, PLASTIC	1	0	0	0	0			
SKIN FULL GRFT FACE/GENIT/HF	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	UROLOGY	1	0	0	0	0			
SKIN FULL GRFT FACE/GENIT/HF	TRANSSEXUALISM	UROLOGY	2	1	1	0	0			
SKIN PRO/POS WC CUS WD <22IN	SPINA BIFIDA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
	1		1	1	1	1	1	<u> </u>		L

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SKIN SPLT GRFT TRNK/ARM/LEG	TRANSSEXUALISM	UROLOGY	1	0	0	0	0			
SKIN SUB GRAFT F/N/HF/G ADDL	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			
SKIN SUB GRAFT F/N/HF/G ADDL	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	INTERNAL MEDICINE	1	0	0	0	0			
SKIN SUB GRAFT F/N/HF/G ADDL	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	FAMILY MEDICINE	0	1	1	0	0			
SKIN SUB GRAFT F/N/HF/G ADDL	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	1	0	0	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	BASAL CELL CARCINOMA OF SKIN OF NOSE	DERMATOLOGY	0	1	0	0	1			
SKIN SUB GRAFT FACE/NK/HF/G	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	DIABETES MELLITUS DUE TO UNDERLYING CONDITION W FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	END STAGE RENAL DISEASE	PODIATRY	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	GAS GANGRENE	PODIATRY	0	1	0	1	0			
SKIN SUB GRAFT FACE/NK/HF/G	HIDRADENITIS SUPPURATIVA	SURGERY, GENERAL	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	MALIGNANT MELANOMA OF SCALP AND NECK	SURGERY, PLASTIC	0	1	0	1	0			
SKIN SUB GRAFT FACE/NK/HF/G	NECROTIZING FASCIITIS	PODIATRY	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHR ULCER OF RIGHT HEEL AND MIDFT LMT TO BRKDWN SKIN	PODIATRY	0	1	0	1	0			
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHRONIC ULCER OTH PRT L FOOT LIMITED TO BRKDWN SKIN	PODIATRY	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHRONIC ULCER OTH PRT R FOOT LIMITED TO BRKDWN SKIN	PODIATRY	1	2	2	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	INTERNAL MEDICINE	1	0	0	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	PNCTR W FOREIGN BODY OF R IDX FNGR W/O DAMAGE TO NAIL, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	PODIATRY	2	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	PODIATRY	2	0	0	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	FAMILY MEDICINE	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	NURSE PRACTITIONER	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PHYSICAL MEDICINE	0	1	1	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	6	3	3	0	0			
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	SURGERY, VASCULAR	0	1	1	0	0			
SKIN SUB GRAFT T/A/L ADD-ON	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			
SKIN SUB GRAFT T/A/L ADD-ON	NON-PRS CHR ULC UNSP PRT OF R LOW LEG LIMITED TO BRKDWN SKIN	SURGERY, VASCULAR	2	0	0	0	0			
SKIN SUB GRAFT T/A/L ADD-ON	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGREN	SURGERY, GENERAL	1	0	0	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	CELLULITIS, UNSPECIFIED	HYPERBARIC & UNDERSEA MEDICINE	1	0	0	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM	INFECTIOUS DISEASE	1	0	0	0	0			1
SKIN SUB GRAFT TRNK/ARM/LEG	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	EMERGENCY MEDICINE	0	1	1	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	NON-PRS CHR ULC UNSP PRT OF R LOW LEG LIMITED TO BRKDWN SKIN	SURGERY, VASCULAR	2	0	0	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	NON-PRS CHR ULCER OF RIGHT HEEL AND MIDFT W FAT LAYER EXPOS	SURGERY, PLASTIC	1	0	0	0	0			1
SKIN SUB GRAFT TRNK/ARM/LEG	NON-PRS CHRONIC ULCER OTH PRT L LOW LEG W NECROSIS OF MUSCLE	INTERNAL MEDICINE	1	0	0	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			†
SKIN SUB GRAFT TRNK/ARM/LEG	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	0	1	1	0	0			
SKIN SUB GRAFT TRNK/ARM/LEG	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	SURGERY, VASCULAR	0	1	1	0	0			†
SKIN SUB GRFT T/ARM/LG CHILD	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			†
SKIN SUB GRFT T/ARM/LG CHILD	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGREN		1	0	0	0	0			†
, ,		, -								1

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SKIN SUB GRFT T/ARM/LG CHILD	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	PODIATRY	0	1	1	0	0			
SKIN SUBSTITUTE, NOS	ANTERIOR SUBLUXATION OF RIGHT STERNOCLAVICULAR JOINT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SKIN TISSUE PROCEDURE	NEOPLASM OF UNCERTAIN BEHAVIOR OF THE PAROTID SALIVARY GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	0	1	0			
SKIN TISSUE PROCEDURE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	SURGERY, PLASTIC	0	1	1	0	0			
SKIN TISSUE PROCEDURE	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY, PLASTIC	0	2	2	0	0			
SKN SPLT A-GRFT F/N/HF/G ADD	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	1	0	0	0	0			
SKN SPLT A-GRFT FAC/NCK/HF/G	DEVELOPMENTAL ODONTOGENIC CYSTS	SURGERY, PLASTIC	1	0	0	0	0			
	Non-pressure chronic ulcer of other part of left foot limited to									
SKN SUB GRAFT FACE/NK/HF	breakdown of skin	Other Provider							1	L .
SKN SUB GRFT F/N/HF/G CH ADD	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			
SKN SUB GRFT F/N/HF/G CH ADD	TRANSSEXUALISM	FACILITY	1	0	0	0	0			
SKN SUB GRFT F/N/HF/G CH ADD	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	0	1	0			
SKN SUB GRFT F/N/HF/G CHILD	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			
SKN SUB GRFT F/N/HF/G CHILD	TRANSSEXUALISM	FACILITY	1	0	0	0	0			
SKN SUB GRFT F/N/HF/G CHILD	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	0	1	0			
SKN SUB GRFT T/A/L CHILD ADD	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	SURGERY, GENERAL	4	0	0	0	0			
SKYRIZI	Psoriasis vulgaris	Other Provider						1		
SKYRIZI (2 SYRINGES) K 150MG/1.66 SYRINGEKIT	N/A	Other Provider	1							
SKYRIZI (2 SYRINGES) KIT 150MG/1.66 SYRINGEKIT	N/A	DERMATOLOGY	26							
SKYRIZI (2 SYRINGES) KIT 150MG/1.66 SYRINGEKIT	N/A	Other Provider	6							
SKYRIZI (2 SYRINGES) KIT 150MG/1.66 SYRINGEKIT	N/A	PHYSICIAN ASSISTANT	5							
SKYRIZI 150 MG DOSE KIT-2 SYRN	Other psoriasis	Other Provider	2							
SKYRIZI 150 MG DOSE KIT-2 SYRN	Psoriasis vulgaris	DERMATOLOGY	12							
SKYRIZI 150 MG DOSE KIT-2 SYRN	Psoriasis vulgaris	Other Provider	8	2	2					
SKYRIZI 150 MG DOSE KIT-2 SYRN	Psoriasis vulgaris	PHYSICIAN ASSISTANT	2							1
SKYRIZI 150 MG DOSE KIT-2 SYRN	Psoriasis, unspecified	Other Provider	1							
SKYRIZI 150 MG DOSE KIT-2 SYRN	Psoriasis, unspecified	RHEUMATOLOGY	1							
SLCO1B1 GENE COM VARIANTS	HYPERTROPHY OF BREAST	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
SLCO1B1 GENE COM VARIANTS	LEIOMYOMA OF UTERUS, UNSPECIFIED	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			1
SLCO1B1 GENE COM VARIANTS	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	PSYCHIATRY	0	1	1	0	0			
SLCO1B1 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	COUNSELING	1	0	0	0	0			
SLCO1B1 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	PSYCHIATRY	1	0	0	0	0			
SLEEP STUDY ATTENDED	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY ATTENDED	APNEA, NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASE	1	0	0	0	0			1
SLEEP STUDY ATTENDED	HYPERSOMNIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY ATTENDED	HYPERSOMNIA, UNSPECIFIED	PULMONARY DISEASE	2	0	0	0	0			1
SLEEP STUDY ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY ATTENDED	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	FAMILY MEDICINE	1	0	0	0	0			1
SLEEP STUDY ATTENDED	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY ATTENDED	SNORING	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ACHILLES TENDINITIS, LEFT LEG	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ACIDOSIS	PULMONARY DISEASE	1	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	PULMONARY DISEASE	2	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	ACUTE RESPIRATORY DISTRESS	PULMONARY DISEASE	1	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	ANEMIA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	ANKYLOGLOSSIA	PULMONARY DISEASE	1	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	PULMONARY DISEASE	1	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	ANOGENITAL (VENEREAL) WARTS	INTERNAL MEDICINE	1	0	0	0	0			†
SLEEP STUDY UNATT&RESP EFFT	APNEA, NOT ELSEWHERE CLASSIFIED	FAMILY MEDICINE	4	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	APNEA, NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASE	5	0	0	0	0			†
SLEEP STUDY UNATT&RESP EFFT	BENIGN CARCINOID TUMOR OF THE RECTUM	PULMONARY DISEASE	1	0	0	0	0			†
			1.		0			 	 	+
SLEEP STUDY UNATT&RESP EFFT	BODY MASS INDEX [BMI] 45.0-49.9, ADULT	FAMILY MEDICINE	11	U	U	U	U			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description SLEEP STUDY UNATT&RESP EFFT	Diagnosis Code Description CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	Provider Specialty PULMONARY DISEASE	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	CARDIAC ARREST. CAUSE UNSPECIFIED	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	PULMONARY DISEASE	1	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	CELLULITIS OF BACK [ANY PART EXCEPT BUTTOCK]	CRITICAL CARE MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	CEREBRAL INFARCTION, UNSPECIFIED	NEUROLOGY	2	0	0	0	n			-
SLEEP STUDY UNATT&RESP EFFT	CEREBRAL INFARCTION, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	n			
SLEEP STUDY UNATT&RESP EFFT	CHANGE IN BOWEL HABIT	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	CHEST PAIN, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	CHRONIC PANSINUSITIS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	CHRONIC SINUSITIS, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	CONDUCTIVE HEARING LOSS, BILATERAL	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	COUGH	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	COVID-19	CRITICAL CARE MEDICINE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	COVID-19	PULMONARY DISEASE	3	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	COVID-19	SOCIAL WORK	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DERMATOCHALASIS OF RIGHT UPPER EYELID	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DEVIATED NASAL SEPTUM	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, SUBS	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DIZZINESS AND GIDDINESS	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DYSPHAGIA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	DYSPNEA, UNSPECIFIED	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PULMONARY DISEASE	14	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SOCIAL WORK	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	EPIGASTRIC PAIN	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	EPIGASTRIC PAIN	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ESSENTIAL (PRIMARY) HYPERTENSION	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	ESSENTIAL (PRIMARY) HYPERTENSION	SOCIAL WORK	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	FLAT FOOT [PES PLANUS] (ACQUIRED), LEFT FOOT	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	FRACTURE OF CORPUS CAVERNOSUM PENIS, INITIAL ENCOUNTER	CRITICAL CARE MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	GENERALIZED HYPERHIDROSIS	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	HYPERSOMNIA, UNSPECIFIED	CRITICAL CARE MEDICINE	9	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	HYPERSOMNIA, UNSPECIFIED	FAMILY MEDICINE	31	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	HYPERSOMNIA, UNSPECIFIED	INTERNAL MEDICINE	29	0	0	0	0			
SLEEP STUDY UNATTA PEOP EFFT	HYPERSOMNIA, UNSPECIFIED	PULMONARY DISEASE	137	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	HYPOXEMIA LINEDECIFIED	PULMONARY DISEASE	1	0	0	0	0			-
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	INSOMNIA, UNSPECIFIED IRON DEFICIENCY	PULMONARY DISEASE FAMILY MEDICINE	1	0	0	0	0			-
			1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	IRON DEFICIENCY	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	LATERAL EPICONDYLITIS, RIGHT ELBOW LIVER CELL CARCINOMA		1	0	0	0	0			
		PULMONARY DISEASE	1	0	0	0	0			-
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE PULMONARY DISEASE	1	0	0	0	0			
			1	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	PULMONARY DISEASE	l _T	ΙU	U	U	ľ			1

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF ENDOMETRIUM	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF PROSTATE	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MALIGNANT NEOPLASM OF PROSTATE	SOCIAL WORK	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	CRITICAL CARE MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MIXED INCONTINENCE	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	PULMONARY DISEASE	4	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SOCIAL WORK	1	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	NAUSEA	PULMONARY DISEASE	3	0	0	0	0			1
SLEEP STUDY UNATT&RESP EFFT	NAUSEA	SOCIAL WORK	3	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OBESITY, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			†
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CRITICAL CARE MEDICINE	6	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	24	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	19	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NEUROLOGY	2	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NOSE, AND THROAT) PEDIATRICS	2	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	141	1	1	0	0			
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP MEDICINE	2	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	13	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OTHER ABNORMALITIES OF BREATHING	PULMONARY DISEASE	1	0	0	0	0			+
SLEEP STUDY UNATTAKESP EFFT SLEEP STUDY UNATTAKESP EFFT	OTHER ABNORMALITIES OF BREATHING OTHER ABNORMALITIES OF HEART BEAT	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OTHER ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	CRITICAL CARE MEDICINE	2	0	0	0	0			+
SLEEP STUDY UNATTAKESP EFFT	OTHER ACOTE PANCREATTIS WITHOUT NECROSIS OR INFECTION	PULMONARY DISEASE	2	0	0	0	0			+
			3	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	OTHER FECAL ABNORMALITIES	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	OTHER FORMS OF DYSPNEA OTHER HYPERSOMNIA	PULMONARY DISEASE	2	0	0	0	0			+
		PULMONARY DISEASE	3	0	0	0	0			
SLEEP STUDY UNATTARESP EFFT	OTHER HYPERSOMNIA	SOCIAL WORK	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OTHER MICROSCOPIC HEMATURIA	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	NOSE, AND THROAT) PULMONARY DISEASE	1	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	PULMONARY DISEASE	1	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	BEHAVIORAL NURSE	1	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT	OTHER SPECIFIED DISORDERS OF THE MIALE GENITAL ORGANS	INTERNAL MEDICINE	1	0	0	0	0			+
SLEEP STUDY UNATTAKESP EFFT	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	INTERNAL MEDICINE	8	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	PULMONARY DISEASE	4	0	0	0	0			+
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT	OTHER URTICARIA	PULMONARY DISEASE PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT SLEEP STUDY UNATT&RESP EFFT			1	0	0	0	0			+
	PAIN IN LEFT FOOT	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	PARASOMNIA, UNSPECIFIED	CRITICAL CARE MEDICINE	1	U	U	0	U		-	+
SLEEP STUDY UNATT& PEOP EFFT	PARASOMNIA, UNSPECIFIED	PULMONARY DISEASE	1	U	U	U	0			+
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF COLONIC POLYPS	INTERNAL MEDICINE	1	U	U	U	U			<u> </u>
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF COLONIC POLYPS	PULMONARY DISEASE	4	U	U	U	U	l	l	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF DIS OF THE NERVOUS SYS AND SENSE ORGANS	PULMONARY DISEASE	2	0	0	0	0	Арргочец	Dellieu	by INC
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	POLYP OF STOMACH AND DUODENUM	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	POSTMENOPAUSAL BLEEDING	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	PRIMARY CENTRAL SLEEP APNEA	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	RADICULOPATHY, LUMBAR REGION	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	RADICULOPATHY, LUMBOSACRAL REGION	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SECONDARY MALIGNANT NEOPLASM OF BRAIN	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SEPSIS, UNSPECIFIED ORGANISM	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SEPSIS, UNSPECIFIED ORGANISM	SOCIAL WORK	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SHORTNESS OF BREATH	PULMONARY DISEASE	3	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SLEEP APNEA, UNSPECIFIED	ENDOCRINOLOGY AND	1	0	0	0	0			
	· · · · · - · · · · · · · · · · ·	METABOLISM			-					
SLEEP STUDY UNATT&RESP EFFT	SLEEP APNEA, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SLEEP DISORDER, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SLEEP DISORDER, UNSPECIFIED	PULMONARY DISEASE	3	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SNORING	CRITICAL CARE MEDICINE	7	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SNORING	FAMILY MEDICINE	35	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SNORING	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SNORING	PEDIATRICS	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SNORING	PULMONARY DISEASE	158	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SNORING	SOCIAL WORK	6	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SOMNOLENCE	CRITICAL CARE MEDICINE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SOMNOLENCE	FAMILY MEDICINE	3	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SOMNOLENCE	PULMONARY DISEASE	12	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SOMNOLENCE	SOCIAL WORK	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE, INIT	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	STRESS INCONTINENCE (FEMALE) (MALE)	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	INTERNAL MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PULMONARY DISEASE	2	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	NEUROLOGY	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	UNSPECIFIED ASTHMA, UNCOMPLICATED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	UNSPECIFIED ATRIAL FIBRILLATION	FAMILY MEDICINE	1	0	0	0	0			
SLEEP STUDY UNATT&RESP EFFT	URINARY TRACT INFECTION, SITE NOT SPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
SLEEP STUDY, UNATTENDED, MIN 3 CHAN	NOCTURIA	Respiratory Therapy		1	1					
SLEEP STUDY, UNATTENDED, MIN 3 CHAN	SNORING	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT		Respiratory Therapy		1	1					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	HYPERSOMNIA, UNSPECIFIED	Respiratory Therapy	10							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	INSOMNIA, UNSPECIFIED	Respiratory Therapy	6							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory Therapy	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	162	24	24					
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SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER FATIGUE	Respiratory Therapy	3							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER HYPERSOMNIA	Respiratory Therapy	4							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SLEEP DISORDERS	Respiratory Therapy	5							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	PALPITATIONS	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	PERIODIC LIMB MOVEMENT DISORDER	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	RECURRENT HYPERSOMNIA	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy	36	6	6					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy	3							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SNORING	Respiratory Therapy	15	2	2					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SOMNOLENCE	Respiratory Therapy	4							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	UNSPECIFIED ASTHMA, UNCOMPLICATED	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	UNSPECIFIED SECONDARY CATARACT	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	VENTRICULAR SEPTAL DEFECT	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	COUGH	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	HYPERSOMNIA, UNSPECIFIED	Respiratory Therapy	1	2	2					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	INSOMNIA, UNSPECIFIED	Respiratory Therapy		1	1					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	45	8	8					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER ASTHMA	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER FATIGUE	Respiratory Therapy		1	1					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER SLEEP DISORDERS	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy	5	2	2					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy	1							
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SNORING	Respiratory Therapy	2	1	1					
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SOMNOLENCE	Respiratory Therapy	4	1	1					
SLP STDY UNATTENDED	N/A	SLEEP DISORDER CLINIC	1							
SLP STDY UNATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	DENTISTRY	1	0	0	0	0			
SLP STDY UNATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	GENERAL PRACTICE	1	0	0	0	0			
SLP STDY UNATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	NEUROLOGY	1	0	0	0	0			
SLP STDY UNATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	3	0	0	0	0			
SLP STDY UNATTENDED	SLEEP APNEA, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
SLP STDY UNATTENDED	SLEEP APNEA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
SLP STDY UNATTENDED	SYNCOPE AND COLLAPSE	NEUROLOGY	1	0	0	0	0			<u> </u>
SMALL BOWEL ENDOSCOPY	POSTMENOPAUSAL BLEEDING	GASTROENTEROLOGY	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·	Malignant neoplasm of unspecified part of unspecified bronchus or									
Small Cell Lung Cancer	lung	RADIATION	1							
	Malignant neoplasm of unspecified part of unspecified bronchus or									
Small Cell Lung Cancer	lung	RADIATION ONCOLOGY	1							<u> </u>
SMN1 GENE DOS/DELETION ALYS	12 WEEKS GESTATION OF PREGNANCY	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	ABN CHROMSOML AND GENETIC FIND ON ANTENAT SCREEN OF MOTHER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	AMENORRHEA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
SMN1 GENE DOS/DELETION ALYS	AMENORRHEA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	3	2	2	0	0			
SMN1 GENE DOS/DELETION ALYS	CHRONIC CHOLECYSTITIS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	FAMILY MEDICINE	1	1	1	0	0			1
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	INTERNAL MEDICINE	1	2	2	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	2	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	NURSE PRACTITIONER	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	34	11	11	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	7	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	SOCIAL WORK	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	MIDWIFERY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	OBSTETRICS/GYNECOLOGY	2	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	FAMILY MEDICINE	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	OBSTETRICS/GYNECOLOGY	5	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	9	4	4	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	FAMILY MEDICINE	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL PREGNANCY, UNSP, UNSP TRIMESTER	OBSTETRICS/GYNECOLOGY	1	2	2	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	COUNSELING	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	FAMILY MEDICINE	4	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	INTERNAL MEDICINE	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	5	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	2	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	OBSTETRICS/GYNECOLOGY	1	2	2	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SMN1 GENE DOS/DELETION ALYS	ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI TY	U	2	2		0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES	FAMILY MEDICINE	2	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES	NURSE PRACTITIONER	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES	OBSTETRICS/GYNECOLOGY	5	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR OTHER GENETIC DEFECTS	FAMILY NURSE PRACTITIONER	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR OTHER GENETIC DEFECTS		16	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	3	2	2	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR FERTILITY TESTING	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			†
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON PROCREATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	COUNSELING	0	1	1	0	0			+
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTHER PROCREATIVE INVESTIGATION AND TESTING	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTHER SPECIFIED ANTENATAL SCREENING	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR OTHER SPECIFIED ANTENATAL SCREENING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	15	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR PROCREATIVE MANAGEMENT, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SCREENING FOR OTHER METABOLIC DISORDERS	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SCREENING FOR OTHER METABOLIC DISORDERS	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SCREENING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	Physician						4		
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	FAMILY MEDICINE	1	0	0	0	0	1	 	+
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	NURSE PRACTITIONER	1	0	0	0	0			\vdash
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER		11	0	0	0	0		1	\vdash
				_			_			1
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER	FAMILY MEDICINE	1	U	U	U	U			

SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, UNSP TRIMESTER FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GEST, THIRD TRI FAMILY HISTORY OF CARRIER OF GENETIC DISEASE FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM GESTATIONAL DIABETES IN PREGNANCY, INSULIN CONTROLLED HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE LIVER AND BILIARY TRACT DISORD IN PREGNANCY, UNSP TRIMESTER LOW BACK PAIN MATERNAL CARE FOR CERVICAL INCOMPETENCE, UNSP TRIMESTER	Provider Specialty OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY	Approvals 0	Denials 1 0 1 0 1 0 0 0 0	Denials 1 0 1 0 1	Denials	Denials	Approved	Denied	by IRO
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GEST, THIRD TRI FAMILY HISTORY OF CARRIER OF GENETIC DISEASE FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM GESTATIONAL DIABETES IN PREGNANCY, INSULIN CONTROLLED HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE LIVER AND BILIARY TRACT DISORD IN PREGNANCY, UNSP TRIMESTER LOW BACK PAIN	OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY	1 1 0 1 1	0 0 1 0 0 0 0	0 0 1		ŭ .			
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM GESTATIONAL DIABETES IN PREGNANCY, INSULIN CONTROLLED HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE LIVER AND BILIARY TRACT DISORD IN PREGNANCY, UNSP TRIMESTER LOW BACK PAIN	OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY	1 0 1 1 0	0 0 1 0	0 1 0		ŭ .			
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	FAMILY HISTORY OF DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM GESTATIONAL DIABETES IN PREGNANCY, INSULIN CONTROLLED HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE LIVER AND BILIARY TRACT DISORD IN PREGNANCY, UNSP TRIMESTER LOW BACK PAIN	OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY	1 0 1 1	0 1 0	0 1 0		ŭ .			
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	GESTATIONAL DIABETES IN PREGNANCY, INSULIN CONTROLLED HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE LIVER AND BILIARY TRACT DISORD IN PREGNANCY, UNSP TRIMESTER LOW BACK PAIN	OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY	0 1 1 0	1 0 0	0		ŭ .			†
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE LIVER AND BILIARY TRACT DISORD IN PREGNANCY, UNSP TRIMESTER LOW BACK PAIN	OBSTETRICS/GYNECOLOGY OBSTETRICS/GYNECOLOGY	1 1 0	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	LIVER AND BILIARY TRACT DISORD IN PREGNANCY, UNSP TRIMESTER LOW BACK PAIN	OBSTETRICS/GYNECOLOGY	1	0	_					
SMN1 GENE DOS/DELETION ALYS SMN1 GENE DOS/DELETION ALYS	LOW BACK PAIN		0		0	0	0			1
SMN1 GENE DOS/DELETION ALYS		OBSTETRICS/GYNECOLOGY		1	1	0	0			
·	MATERNAL CARE FOR CERVICAL INCOMPETENCE, UNSP TRIMESTER		1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS		OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
	MATERNAL CARE FOR INTRAUTERINE DEATH, NOT APPLICABLE OR UNSP	FAMILY MEDICINE	1	0	0	0	0			+
SMN1 GENE DOS/DELETION ALYS	MATERNAL CARE FOR INTRAUTERINE DEATH, NOT APPLICABLE OR UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	OTHER SPECIFIED IRREGULAR MENSTRUATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	PRECIPITATE LABOR	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
SMN1 GENE DOS/DELETION ALYS	PREGNANCY RELATED CONDITIONS, UNSP, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	3	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	PRETERM LABOR W PRETERM DELIVERY, UNSP TRIMESTER, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	MATERNAL AND FETAL	1	0	0	0	0			
		MEDICINE		-	-	_	-			
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER	MATERNAL AND FETAL MEDICINE	0	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF OTHER HIGH RISK PREGNANCIES, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	SUPERVISION OF YOUNG PRIMIGRAVIDA, FIRST TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE DOS/DELETION ALYS	SUPRVSN OF PREG W POOR REPRODCTV OR OBSTET HISTORY, UNSP TRI	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
SMN1 GENE DOS/DELETION ALYS	TWIN PREG, UNSP NUM PLCNTA & AMNIO SACS, SECOND TRIMESTER	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
SMN1 GENE FULL GENE SEQUENCE	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	4	4	0	0			-
SNRPN/UBE3A GENE	POLYPHAGIA	GENETICS	1	0	0	0	0			+
SO 8 AB RSTR CAN/WEB PRE OTS	DISP FX OF BODY OF SCAPULA, RIGHT SHOULDER, INIT FOR CLOS FX	SPORTS MEDICINE	1	0	0	0	0			+
SO 8 AB RSTR CAN/WEB PRE OTS	NONDISP FX OF SHAFT OF RIGHT CLAVICLE, INIT FOR CLOS FX	SPORTS MEDICINE	1	0	0	0	0			1
SO 8 AB RSTR CAN/WEB PRE OTS	PAIN IN RIGHT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			1
SO 8 AB RSTR CAN/WEB PRE OTS	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	SPORTS MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	ANTERIOR DISLOCATION OF LEFT ULNOHUMERAL JOINT, SUBS ENCNTR	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0	1		+
SO ACRO/CLAV CAN WEB PRE OTS	BICIPITAL TENDINITIS, RIGHT SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SO ACRO/CLAV CAN WEB PRE OTS	CALCIFIC TENDINITIS OF LEFT SHOULDER	SPORTS MEDICINE	1	n	0	0	0			+
SO ACRO/CLAV CAN WEB PRE OTS	CALCIFIC TENDINITIS OF EEFT SHOULDER CALCIFIC TENDINITIS OF RIGHT SHOULDER	FAMILY MEDICINE	1	n	0	0	0			+
SO ACRO/CLAV CAN WEB PRE OTS SO ACRO/CLAV CAN WEB PRE OTS	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	ļ .	 		↓

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SO ACRO/CLAV CAN WEB PRE OTS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	FAMILY MEDICINE	8	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	ORTHOPAEDIC TRAUMA	1	0	0	0	0			<u> </u>
SO ACRO/CLAV CAN WEB PRE OTS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	FAMILY MEDICINE	7	0	0	0	0			+
SO ACRO/CLAV CAN WEB PRE OTS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	ORTHOPAEDIC TRAUMA	5	0	0	0	0			+
SO ACRO/CLAV CAN WEB PRE OTS	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF LATERAL CONDYLE OF LEFT HUMERUS, INIT FOR CLOS FX	INTERNAL MEDICINE	1	0	0	0	0			+
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF LATERAL END OF RIGHT CLAVICLE, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			†
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF NK OF SCAPULA, R SHLDR, SUBS FOR FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	FAMILY MEDICINE	2	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF RIGHT CLAVICLE, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF RIGHT CLAVICLE, INIT FOR CLOS FX	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	DISP FX OF SHAFT OF RIGHT CLAVICLE, SUBS FOR FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	DISPLACED TRANSVERSE FX SHAFT OF HUMERUS, RIGHT ARM, INIT	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	FRACTURE OF UNSP PART OF RIGHT CLAVICLE, INIT FOR CLOS FX	PEDIATRICS	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	FX L SHOULDER GIRDLE, PART UNSP, SUBS FOR FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	LATERAL EPICONDYLITIS, RIGHT ELBOW	PEDIATRICS	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	NONDISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	SPORTS MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	NONDISP FX OF MED EPICONDYL OF L HUMER, 7THD	PHYSICIAN ASSISTANT	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	NONDISP SUPRCNDL FX W INTRCNDL EXTN LOWER END L FEMUR, INIT	PEDIATRICS	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	OTHER INSTABILITY, LEFT SHOULDER	ORTHOPAEDIC TRAUMA	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	OTHER INSTABILITY, RIGHT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	PEDIATRICS	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT ARM	FAMILY MEDICINE	2	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT ARM	PEDIATRICS	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT SHOULDER	PEDIATRICS	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	2	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN RIGHT ELBOW	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN RIGHT SHOULDER	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN RIGHT SHOULDER	PEDIATRICS	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	PAIN IN RIGHT WRIST	FAMILY MEDICINE	2	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PATHOLOGICAL FRACTURE, R HUMERUS, SUBS FOR FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	PERSONAL HISTORY OF COLONIC POLYPS	ORTHOPAEDIC TRAUMA	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	POSTMENOPAUSAL BLEEDING	ORTHOPAEDIC TRAUMA	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	FAMILY MEDICINE	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	ORTHOPAEDIC TRAUMA	3	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, THORACIC REGION	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SPORTS MEDICINE	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SO ACRO/CLAV CAN WEB PRE OTS	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	STRAIN OF MUSC/FASC/TEND PRT BICEPS, RIGHT ARM, INIT	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, INIT	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INIT	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	TORUS FRACTURE OF LOWER END OF LEFT RADIUS, INIT FOR CLOS FX	PHYSICIAN ASSISTANT	1	0	0	0	0			1
SO ACRO/CLAV CAN WEB PRE OTS	TRAUM SUBDR HEM W LOC OF 1-5 HRS 59 MIN, SEQUELA	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP DISLOCATION OF RIGHT ULNOHUMERAL JOINT, INIT ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF LOWER END OF RIGHT HUMERUS, INIT	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF THE LOWER END OF LEFT RADIUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FRACTURE OF UPPER END OF RIGHT RADIUS, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W MALUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP INJURY OF LEFT SHOULDER AND UPPER ARM, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP INJURY OF LEFT SHOULDER AND UPPER ARM, INIT ENCNTR	INTERNAL MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP INJURY OF RIGHT SHOULDER AND UPPER ARM, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	FAMILY MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
SO ACRO/CLAV CAN WEB PRE OTS	UNSPECIFIED INJURY OF LEFT ELBOW, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
SOCCPT	; Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	1							
	; SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;									
SOCCPT	Unknown	NEUROLOGY	1							↓
SOCCPT	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	1	2	2					
	ABDOMINAL DISTENSION GASEOUS; CONSTIPATION UNSPECIFIED;									
SOCCPT	LOWER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	1							
SOCCPT	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIMBS	NURSE PRACTITIONER	1							
SOCCPT	ACQUIRED ABSENCE OF OTHER ORGANS; PERSONAL HISTORY OTH DISEASES NS & DRISE ORGANS; OTORRHEA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	1							
SOCCPT	ACUTE ABDOMEN; HEMATURIA UNSPECIFIED; CALCULUS OF KIDNEY	FAMILY MEDICINE	1							
	ACUTE HEMATOGENOUS OSTEOMYELITIS UNS SITE; OTH SPEC									
SOCCPT	LOCAL INFECTIONS THE SKIN & DBQ TISSUE	FAMILY PRACTICE	1							
SOCCPT	ANESTHESIA OF SKIN	FAMILY PRACTICE		1	1					
SOCCPT	ANESTHESIA OF SKIN	NURSE PRACTITIONER	1							
SOCCPT	ANXIETY DISORDER UNSPECIFIED; OTHER AMNESIA	NEUROLOGY	1							
SOCCPT	ASPHYXIA	ORTHOPEDIC SURGERY	1							
SOCCPT	ATYPICAL FACIAL PAIN	NEUROLOGY	2							
	ATYPICAL FACIAL PAIN; NASAL CONGESTION; ANOSMIA; POSTNASAL	OTOLARYNGOLOGIST								
SOCCPT	DRIP	(ENT)	1		1					+
SOCCPT	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	UROLOGY	1	1	1					
SOCCPT	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	ORTHOPEDIC SURGERY	1		_					+
SOCCPT	BENIGN NEOPLASM OF PITUITARY GLAND	NURSE PRACTITIONER		1	1					
SOCCPT	BENIGN NEOPLASM OF PITUITARY GLAND	RADIATION ONCOLOGY	1							
SOCCPT	BENIGN NEOPLASM SCAPULA & DONG BONES UNS UP LIMB	ORTHOPEDIC SURGERY		1	1					
SOCCPT	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	1							
SOCCPT	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY, ORTHOPEDIC	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	BRACHIAL PLEXUS DISORDERS; INCMPL ROT CUFF TEAR/RUPT LT									
	SHOULDR NOT TRAUMAT; RADICULOPATHY CERVICAL REGION;									
	IMPINGEMENT SYNDROME OF LEFT SHOULDER; IMPINGEMENT									
SOCCPT	SYNDROME OF RIGHT SHOULDER; INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	CLIDCEDY ODTHODEDIC	4							
SOCCPT	BRONCHIECTASIS UNCOMPLICATED	SURGERY-ORTHOPEDIC PULMONARY DISEASES	1	1	1					
SOCCPI	BRONCHIECTASIS UNCOMPLICATED	PULIVIONART DISEASES		1	1					
SOCCPT	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION; Unknown	GASTROENTEROLOGY		1	1					
30001	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION;	GASTROLIVIEROLOGI		1	_					
SOCCPT	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	1							
SOCCPT	CALCULUS OF KIDNEY	NURSE PRACTITIONER	1	1	1					
SOCCPT	CALCULUS OF KIDNEY	UROLOGY	4	-	_					
SOCCPT	CALCULUS OF KIDNEY; ACUTE ABDOMEN	PHYSICIAN ASSISITANT	7	1	1					
5555.1	S. LEGGEGG G. M.S. VET, M.S. G. T. M.S. G. M.S. V.	111101011111111111111111111111111111111		-	_					
SOCCPT	CALCULUS OF KIDNEY; ACUTE ABDOMEN; HEMATURIA UNSPECIFIED	FAMILY MEDICINE	1							
	CALCULUS OF KIDNEY; BENIGN LIPOMATOUS NEOPLASM									
SOCCPT	UNSPECIFIED	UROLOGY		1	1			1		
SOCCPT	CELLULITIS AND ABSCESS OF MOUTH	INTERNAL MEDICINE		1	1					
SOCCPT	CEREBRAL ANEURYSM NONRUPTURED	NEUROSURGERY		1	1					
SOCCPT	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	2							
SOCCPT	CERVICALGIA	ANESTHESIOLOGY	1							
SOCCPT	CERVICALGIA	CHIROPRACTIC		1	1				1	
SOCCPT	CERVICALGIA	CHIROPRACTOR	1							
SOCCPT	CERVICALGIA	FAMILY PRACTICE	1	1	1					
SOCCPT	CERVICALGIA	INTERNAL MEDICINE		1	1					
	CERVICALGIA; OTH SX & DIGNS INVLV COGNITIVE FUNC & DIGNS INVLT COGNITIVE FUNC & DIGNS INVLV COGNITIVE FUNC & DIGNS INVLV COGNITIVE FUNC & DIGNS INVLV COGNITIVE FUNC & DIGNS INVLV COGNITIVE F									
SOCCPT	AWARENESS	FAMILY PRACTICE		1	1					
	CHOLESTEATOMA OF MASTOID BILATERAL; DIZZINESS AND									
	GIDDINESS; UNSPECIFIED HEARING LOSS BILATERAL; UNSPECIFIED	OTOLARYNGOLOGIST								
SOCCPT	CHOLESTEATOMA LEFT EAR	(ENT)	1							
SOCCPT	CHRONIC MAXILLARY SINUSITIS	ALLERGY & ASTHMA	1							
		OTOLARYNGOLOGIST								
SOCCPT	CHRONIC MAXILLARY SINUSITIS	(ENT)	1							
SOCCPT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY		1	1					
		OTOLARYNGOLOGIST								
SOCCPT	CHRONIC PANSINUSITIS	(ENT)	1							
SOCCPT	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	1	1	1					
		OTOLARYNGOLOGIST								
SOCCPT	CHRONIC SINUSITIS UNSPECIFIED	(ENT)	12							
	CHRONIC SINUSITIS UNSPECIFIED; HYPERTROPHY OF NASAL	OTOLARYNGOLOGIST								
SOCCPT	TURBINATES; CHRONIC RHINITIS	(ENT)	1							
		OTOLARYNGOLOGIST								
SOCCPT	CHRONIC TUBOTYMPANIC SUPPURATIVE OM RIGHT EAR	(ENT)	1							
SOCCPT	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	2							
SOCCPT	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	FAMILY PRACTICE		1	1					
SOCCPT	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY		1	1				1	
	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC;									
SOCCPT	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY	1							
SOCCPT	COMPRESSION OF BRAIN	NEUROLOGY	1							
SOCCPT	COMPRESSION OF BRAIN; ANESTHESIA OF SKIN	NEUROLOGY	ļ	1	1					
SOCCPT	CONGENITAL NYSTAGMUS	OPHTHALMOLOGY	1							
	CONTRACTURE OF MUSCLE LEFT SHOULDER; BICIPITAL TENDINITIS			l.	L					
SOCCPT	LEFT SHOULDER	Physician		1	1					ļ
	CONTRACTURE OF MUSCLE UNSPECIFIED SITE; OTH									
SOCCPT	INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	CHIROPRACTOR	1		<u> </u>					
SOCCPT	CYST OF PANCREAS	ONCOLOGY	1	3	3			<u> </u>	<u> </u>	<u> </u>

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE;									
SOCCPT	CONGENITAL MALFORMATIONS OF SPLEEN	SURGERY-GENERAL	1							
SOCCPT	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	1							
SOCCPT	DISEASE OF PANCREAS UNSPECIFIED	EMERGENCY MEDICINE	1							
SOCCPT	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	1	1	1				1	
SOCCPT	DISEASE OF SPINAL CORD UNSPECIFIED	CHIROPRACTOR	1							
		OTOLARYNGOLOGIST								
SOCCPT	DISORDERS OF RIGHT ACOUSTIC NERVE	(ENT)	1							
SOCCPT	DIZZINESS AND GIDDINESS	FAMILY PRACTICE		1	1					
SOCCPT	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE		1	1					
SOCCPT	DIZZINESS AND GIDDINESS	NEUROLOGY	1							
SOCCPT	DIZZINESS AND GIDDINESS	ONCOLOGY		1	1					
	DIZZINESS AND GIDDINESS; MYASTHENIA GRAVIS WITHOUT ACUTE									
SOCCPT	EXACERBATION	NEUROLOGY	1							
SOCCPT	DORSALGIA UNSPECIFIED	GENERAL SURGERY	1							
SOCCPT	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE		1	1					
SOCCPT	EFFUSION LEFT KNEE; CHONDROMALACIA LEFT KNEE	ORTHOPEDIC SURGERY	1							
SOCCPT	EFFUSION LEFT KNEE; PAIN IN LEFT KNEE	PEDIATRICS	1							
SOCCPT	EFFUSION UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	1							
SOCCPT	ENCEPHALOPATHY UNSPECIFIED	GASTROENTEROLOGY	1	1	1					
	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND;									
SOCCPT	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE		1	1					
SOCCPT	EPIGASTRIC PAIN	GENERAL SURGERY		1	1					
SOCCPT	EPISODIC TENSION-TYPE HEADACHE NOT INTRACTABLE	INTERNAL MEDICINE		1	1					
	ERUCTATION; GASTRO-ESOPH REFLUX DISEASE WITHOUT									
SOCCPT	ESOPHAGITIS; FLATULENCE	FAMILY PRACTICE		1	1					
SOCCPT	ESSENTIAL PRIMARY HYPERTENSION; HICCOUGH	NEUROLOGY	1							1
SOCCPT	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	1							
SOCCPT	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	NEPHROLOGY	1							1
SOCCPT	FM HX EPILEPSY & DISEASES NERVOUS SYSTEM	NEUROLOGY	2							†
SOCCPT	FUSION OF SPINE LUMBAR REGION; LOW BACK PAIN	NEUROSURGERY	1							
30001	FUSION OF SPINE LUMBAR REGION; RADICULOPATHY LUMBAR	PHYSICAL MEDICINE &	-							1
SOCCPT	REGION	REHABILITATION	1	1	1					
3000.1	in Edicin	THE THE SECTION	_	_	_					
	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS;									
SOCCPT	HEMORRHAGE OF ANUS AND RECTUM; DIARRHEA UNSPECIFIED	INTERNAL MEDICINE		1	1					
SOCCPT	GENERALIZED ABDOMINAL TENDERNESS	INTERNAL MEDICINE	1	_	_					
300011	CENTER VELLES ASSOCIATION TO PENSION TO SERVICE SERVIC	THE THE PROPERTY OF THE PROPER	-							1
		PEDIATRIC HEMATOLOGY								
SOCCPT	GIANT CELL GRANULOMA CENTRAL	ONCOLOGY	2							
SOCCPT	GROSS HEMATURIA	INTERNAL MEDICINE	1							
SOCCPT	GROSS HEMATURIA	UROLOGY	2							+
300011	GROSS TIENNATORIA	ONOLOGI								+
SOCCPT	GROSS HEMATURIA; UNSPECIFIED ABDOMINAL PAIN; DYSURIA	INTERNAL MEDICINE	1							
SOCCPT	HEADACHE	NEUROLOGY	1	2	2					\vdash
SOCCPT	HEADACHE, UNSPECIFIED	FAMILY PRACTICE	4	1	1					\vdash
SOCCPT	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	4	1	1					┼
SOCCPT	HEMATURIA UNSPECIFIED	INTERNAL MEDICINE	1							┼
			1							
SOCCPT	HEMATURIA UNSPECIFIED	UROLOGY	Z	1	1					├──
SOCCPT	HEMATURIA UNSPECIFIED; PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	<u> </u>	1	1					\vdash
SOCCPT	HYPERPROLACTINEMIA	ENDOCRINOLOGY	1							
SOCCPT	HYPNIC HEADACHE	FAMILY PRACTICE	1							
SOCCPT	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	SURGERY-ORTHOPEDIC		1	1					
SOCCPT	IDIOPATHIC INTERSTITIAL PNEUMONIA NOS	PULMONARY DISEASES	1	1	1					ļ
SOCCPT	IDIOPATHIC PROGRESSIVE NEUROPATHY	NEUROLOGY	1							

December Code Description	Discussio Godo Description	Duncidas Canalellas	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description IMPINGEMENT SYNDROME OF RIGHT SHOULDER; BICIPITAL	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SOCCPT	TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
SOCCI 1	INTERVERTEBRAL DISC D/O W/MYELOPATHY TL REGION;	OKTITOT EDIC SOKGEKT	-							+
	RADICULOPATHY LUMBAR REGION; SPONDYLOLISTHESIS LUMBAR									
SOCCPT	REGION	NEUROSURGERY	1							
		ANESTHESIA, CERTIFIED	-							+
SOCCPT	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	RN	1							'
SOCCPT	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	GENERAL SURGERY	1	1	1					\vdash
	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC;									
	MALIGNANT NEOPLASM OF RECTUM; SECONDARY MALIGNANT									
SOCCPT	NEOPLASM OF UNSPECIFIED LUNG	ONCOLOGY		1	1					1
SOCCPT	LEFT LOWER QUADRANT PAIN	GENERAL SURGERY		1	1			1		
SOCCPT	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY	1							
SOCCPT	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	2							
SOCCPT	LIVER DISEASE UNSPECIFIED	GENERAL SURGERY	1							
SOCCPT	LLQ ABDOMINAL SWELLING MASS & amp; LUMP	FAMILY PRACTICE	1	1	1					
SOCCPT	LOCALIZED SWELLING MASS & DOCALIZED SWELLING	INTERNAL MEDICINE	1							
		OTOLARYNGOLOGIST								
SOCCPT	LOCALIZED SWELLING MASS AND LUMP NECK	(ENT)	2							
SOCCPT	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	2							
SOCCPT	LOW BACK PAIN	CHIROPRACTIC		1	1				1	
SOCCPT	LOW BACK PAIN	FAMILY PRACTICE	1	2	2					
SOCCPT	LOW BACK PAIN	GENERAL SURGERY		1	1					
SOCCPT	LOW BACK PAIN	INTERNAL MEDICINE	1	2	2					
SOCCPT	LOW BACK PAIN	ORTHOPEDIC SURGERY	1							
		PHYSICAL MEDICINE &								
SOCCPT	LOW BACK PAIN	REHABILITATION	1							
SOCCPT	LOW BACK PAIN	PHYSICIAN ASSISITANT		1	1					
SOCCPT	LOW BACK PAIN; CERVICALGIA	PHYSICIAN ASSISTANT		1	1					
	LOW BACK PAIN; OTH INTERVERTEBRAL DISC DEGEN LUMBAR									
SOCCPT	REGION	SURGERY-ORTHOPEDIC	1	1	1					
	LOW BACK PAIN; OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR									
SOCCPT	REGION; INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN		1							<u> </u>
SOCCPT	LOW BACK PAIN; RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	1							
SOCCPT	LOW BACK PAIN; RADICULOPATHY LUMBAR REGION	NEUROLOGY	1							
SOCCPT	LOW BACK PAIN; RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT		1	1					
	LOW BACK PAIN; RADICULOPATHY LUMBAR REGION;									
SOCCPT	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY		1	1				1	
COCCOT	LOW DACK DAIN WEAKNESS DADISH ODATHWILLIADAD DESIGN	DAIN AAANA CEAAENT								
SOCCPT SOCCPT	LOW BACK PAIN; WEAKNESS; RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT		1	1					\vdash
SUCCPI	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE		1	1					
COCCDT	LUMBAGO WITH SCIATICA LEFT SIDE; LUMBAGO WITH SCIATICA	EARAILY RAEDICINE		1	4					'
SOCCPT	RIGHT SIDE	FAMILY MEDICINE		1	1				- 1	
SOCCPT	LUMBAGO WITH SCIATICA RIGHT SIDE	NEUROLOGY AND	1	1	1				1	+
SOCCPT	MALIG NEOPLASM CONN SOFT TISS LT UP LIMB W/SHLDR	HEMATOLOGY AND ONCOLOGY	1			1				'
SOCCPT	MALIG NEOPLASM CONN SOFT TISS LT OP LIMB W/SHLDR MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	1	-	-	 		-	-	+
SOCCPT	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	1	1	1	 				+
30001	INVALIG INCOPLACINI LONNER-GOTER QUAD ET PENNALE DREAST	ONCOLOGI	+	-	_	 				+
SOCCPT	MALIG NEOPLASM NIPPLE & Amp; AREOLA RT FEMALE BREAST	GENERAL SURGERY	1							
										'
SOCCPT	MALIG NEOPLASM NIPPLE & DEPT. AREOLA RT FEMALE BREAST	PLASTIC SURGERY	1							
SOCCPT	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	1	1	1	ļ				 '
SOCCPT	MALIGNANT CARCINOID TUMOR SM INTEST UNS PORTION	ONCOLOGY	1	1	1	L		<u> </u>	<u> </u>	

					Medical	Experimental &	Network	Total	Total	
Brosodura Codo Description	Diagnosis Codo Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved by IRO
Procedure Code Description	Diagnosis Code Description MALIGNANT MELANOMA OF OTHER PART OF TRUNK; SECONDARY	Provider Specialty	Approvais	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IKO
SOCCPT	MALIGNANT NECESTIONA OF OTHER PART OF TRONK, SECONDARY	PHYSICIAN ASSISITANT	1							
SOCCPT	MALIGNANT NEOPLASM OF GNSFECTILD SITE MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	1							
SOCCPT	MALIGNANT NEOFLASM OF ANAL CANAL	ONCOLOGY	1	1	1					
SOCCPT	MALIGNANT NEOPLASM OF ANAL CANAL MALIGNANT NEOPLASM OF BASE OF TONGUE	FAMILY PRACTICE		1	1					
SOCCPT	MALIGNANT NEOFLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	1	1	1					
SOCCPT	MALIGNANT NEOFLASM OF CECUM	SURGERY-GENERAL	<u> </u>	1	1					
SOCCPT	MALIGNANT NEOFLASM OF DUODENUM	ONCOLOGY	1	1	1					
SOCCI 1	MALIGNANT NEOPLASM OF HEPATIC FLEXURE; MALIGNANT	ONCOLOGI	1							
SOCCPT	NEOPLASM OF ASCENDING COLON	ONCOLOGY	1							
SOCCI 1	MALIGNANT NEOPLASM OF LEFT OVARY; MALIGNANT NEOPLASM	GYNECOLOGIC	-							
SOCCPT	OF RIGHT OVARY	ONCOLOGY	1							
SOCCI 1	Of HIGHT OVALLE	HEMATOLOGY AND	-							
SOCCPT	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	ONCOLOGY	1	1	1					
SOCCPT	MALIGNANT NEOPLASM OF PROSTATE	PHYSICIAN ASSISITANT		1	1					
3000.1	I I I I I I I I I I I I I I I I I I I	GYNECOLOGIC		_	-					
SOCCPT	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	1	1	1				1	
SOCCPT	MALIGNANT NEOPLASM OF SPINAL CORD	FAMILY PRACTICE	1	-	-					
3000.1	I WE COLOR WITH THE OF EACH OF STITULE COLOR	OTOLARYNGOLOGIST	-							
SOCCPT	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	(ENT)		1	1					
SOCCPT	MALIGNANT NEOFLASM OF TONGUE UNSPECIFIED	PEDIATRICS		1	1					
SOCCPT	MALIGNANT NEOFLASM OF TONGGE ONSI ECITIED MALIGNANT NEOFLASM OF UNSPECIFIED OVARY	PHYSICIAN ASSISITANT	1	1	1					
SOCCPT	MALIGNANT NEOFLASM OF GNSFECHTED OVAKT	ONCOLOGY	1	1	1					
SOCCPT	MALIGNANT NEOFLASM WY KIDNET EXCEPT RENL PELVIS	UROLOGY	1	1	1					
SOCCPT	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	NURSE PRACTITIONER	1	1	-					
SOCCPT	MEDIAL EPICONDYLITIS LEFT ELBOW	ORTHOPEDIC SURGERY	1							
SOCCPT	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	1							
SOCCPT	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	1							
Joech I	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN;	NEOROLOGI	1							
SOCCPT	NEUROFIBROMATOSIS TYPE 1; ANESTHESIA OF SKIN	ONCOLOGY	1							
SOCCPT	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	1	1	1					
30ccr i	WILD COGNITIVE INFARMIENT 30 STATED	CARDIOVASCULAR		1	1					
SOCCPT	MIXED HYPERLIPIDEMIA; ESSENTIAL PRIMARY HYPERTENSION	DISEASE		1	1					
SOCCPT	MULTIPLE SCLEROSIS	NEUROLOGY	0	1	1					
SOCCPT	NASAL CONGESTION	ALLERGY	1	1	1					
Joech I	NAUSEA; RIGHT LOWER QUADRANT PAIN; DORSALGIA UNSPECIFIED;	ALLENOT	1							
SOCCPT	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	1							
SOCCPT	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	GENERAL SURGERY	2							
Joech I	NEOFERSINI OF ONS BEHAVIOR DIGESTIVE STSTEM	GENERAL SONGERT	2							
SOCCPT	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES; Unknown	PHYSICIAN ASSISTANT		1	1					
Joech 1	NEPHROTIC SYNDROME W/UNS MORPHOLOGIC CHANGES;	TTTSICIANTASSISTANT		1	-					
SOCCPT	HEADACHE	PEDIATRICS	1							
5555.	THE REPORT OF THE PARTY OF THE	. 25., 111105	f	 						
SOCCPT	NEURALGIA AND NEURITIS UNSPECIFIED; PARESTHESIA OF SKIN	NEUROLOGY		1	1					
Social T	NEGRACIA AND NEGRATIS GNOT EGITED, TARRESTITESIA GI SKIN	PHYSICAL MEDICINE &	1	_	-					
SOCCPT	NEURALGIA AND NEURITIS UNSPECIFIED; PARESTHESIA OF SKIN	REHABILITATION	1							
30001	THEORY SEGNATION OF SKIN	FAMILY NURSE	<u> </u>	 	 	 				
		PRACTITIONER PRIMARY								
SOCCPT	NEW DAILY PERSISTENT HEADACHE	CARE	1							
SOCCPT	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	1							
30001	NEW DAILY PERSISTENT HEADACHE; DIZZINESS AND GIDDINESS;	TALOROLOGI	1							
SOCCPT	ANOREXIA; HEADACHE	FAMILY PRACTICE		l ₁	1					
30001	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED; DIZZINESS	TAIVILLE FRACTICE		1	1					
	AND GIDDINESS; OTH SPEC SX & COMPLICATED; DIZZINESS									
SOCCET	RESP SYS	INTERNAL MEDICINE		1	1					
SOCCPT SOCCPT	NODULAR SCLEROSIS CLASS HL NODES HEAD FACE NECK	INTERNAL MEDICINE	1	1	1					
JUCCF I	INODULAN OCCENOSIS CLASS HE INODES HEAD FACE NECK	ONCOLOGY	lτ	1	I	ı		l		I

	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SOCCPT		NON-PRSS CHR ULCR OTH PART RT FOOT NECROS MUSC	ORTHOPEDIC SURGERY	1							
		OBSTRUCTION OF BILE DUCT; Unknown; RIGHT UPPER QUADRANT									
SOCCPT		PAIN	GASTROENTEROLOGY	1							
		OSSEOUS STENOSIS NEURAL CANAL OF LUMBAR REGION; LOW BACK									
SOCCPT		PAIN; OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY		1	1				1	
SOCCPT		OSTEOPHYTE VERTEBRAE; Unknown	SURGERY-ORTHOPEDIC	1							
SOCCPT		OTH ABNORM & DESCRIPTION OF THE STATE OF THE	INTERNAL MEDICINE		1	1					ļ
SOCCPT		OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	NURSE PRACTITIONER	1							
SOCCPT		OTH COND ASSOC W/FE GEN ORGN & DENSTRUAL CYCL; PELVIC AND PERINEAL PAIN	NURSE PRACTITIONER		1	1					
SOCCPT		OTH INJ MUSC TEND ROTAT CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	1	1	1					
30CCF1		OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION; OTH	OKTHOPEDIC SONGENT	1							+
SOCCPT		INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	1							
50001		OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION;	SONGENI GITTIOLESIC	-							
SOCCPT		CONTRACTURE OF MUSCLE UNSPECIFIED SITE	CHIROPRACTOR		1	1					
SOCCPT		OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	NEUROLOGY	1	_	-					
SOCCPT		OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	1							1
SOCCPT		OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICIAN		1	1					1
SOCCPT		OTH NONINFLAMM D/O OVARY FALLOP TUBE & amp; BROAD LIG	SURGERY-PEDIATRIC	1	1	1					
SOCCPT		OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	HEMATOLOGY	1							
		OTH SOFT TISS D/O REL USE OVERUSE PRESS RT HAND; UNI PRIM									
SOCCPT		OSTEOARTHRITIS 1ST CMC JOINT RT HAND	ORTHOPEDIC SURGERY	1							
SOCCPT		OTH SPEC CONGENITAL MUSCULOSKELETAL DEFORMITIES	ORTHOPEDIC SURGERY	2							
		OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									
SOCCPT		INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1							ļ
		OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									
		INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN;									
		SPONDYLOLISTHESIS SITE UNSPECIFIED; OTH INTERVERTEBRAL DISC									
SOCCPT		DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	1							
SOCCPT		OTH SX & DIGNS INVLV COGNITIVE FUNC & DIGNEROLESS; CERVICALGIA	FAMILY PRACTICE	1							
SOCCPT		OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	PHYSICIAN ASSISITANT	1							+
SOCCPT		OTH TEAR LAT MENISC CORRNT INJ ET RIVEE INTLENCE	ORTHOPEDIC SURGERY	1							+
SOCCPT		OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
SOCCPT		OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	1							
SOCCPT		OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
SOCCPT		OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	Physician	1							
SOCCPT		OTHER AMNESIA; OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	1							
SOCCPT		OTHER BENIGN NEUROENDOCRINE TUMORS	INTERNAL MEDICINE	1							
		OTHER CHEST PAIN; OTHER SPECIFIED DISORDERS OF BONE OTHER									
SOCCPT		SITE	INTERNAL MEDICINE	1	1	1					
			PHYSICAL MEDICINE &								
SOCCPT		OTHER CHRONIC PAIN; LUMBAGO WITH SCIATICA RIGHT SIDE	REHABILITATION	1							
SOCCPT		OTHER CHRONIC PAIN; LUMBAGO WITH SCIATICA UNSPECIFIED SIDE		1.	1	1	ļ				ļ
SOCCPT		OTHER CHRONIC PAIN; PAIN IN LEFT KNEE; Unknown	FAMILY PRACTICE	1							
SOCCPT		OTHER CHRONIC PANCREATITIS	FAMILY PRACTICE	1							
SOCCPT		OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	1			 		-		
SOCCOT		OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGIST	1,	4	.					
SOCCPT		OTHER CHRONIC SINUSITIS	(ENT)	4	1	1					+
SOCCPT		OTHER CHRONIC SINUSITIS; HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGIST (ENT)								
JULLET		OTHER CHRONIC SINUSHIS, HTPERTRUPHT OF MASAL TURBINATES	(F141)	l _T	l .	ı	l	l	1		

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
Procedure Code Description	Diagnosis Code Description	OTOLARYNGOLOGIST	Approvais	Delliais	Delliais	Delliais	Delliais	Approved	Dellieu	by INO
SOCCPT	OTHER DISEASES OF SALIVARY GLANDS	(ENT)	1							
50001	OTHER DISEASES OF SALEVARY GEARDS	(LIVI)	-							—
		OTOLARYNGOLOGY (EAR,								
SOCCPT	OTHER DISEASES OF TONGUE; COUGH	NOSE, AND THROAT)		1	1					
SOCCPT	OTHER DISORDERS OF LUNG	PULMONARY DISEASES	1	_	_					
3000.1	OTHER DISORDERS OF PITUITARY GLAND; TESTICULAR	T GENTON IN TO DISEASES	-							
SOCCPT	HYPOFUNCTION	ENDOCRINOLOGY	1							
	OTHER DISTURBANCES OF SKIN SENSATION; PAIN IN LEFT									
SOCCPT	SHOULDER	PHYSICIAN		1	1					
SOCCPT	OTHER ENTHESOPATHY OF LEFT FOOT; PAIN IN LEFT FOOT	PODIATRY		1	1					
	OTHER FATIGUE; TESTICULAR HYPOFUNCTION; OTHER LONG TERM									
	CURRENT DRUG THERAPY; OTHER MALAISE; ENCOUNTER									
	SCREENING MALIGNANT NEOPLASM PROSTATE; GROSS									
SOCCPT	HEMATURIA; DECREASED LIBIDO	PHYSICIAN ASSISITANT	1							
SOCCPT	OTHER INSTABILITY LEFT SHOULDER	ORTHOPEDIC SURGERY	1							
SOCCPT	OTHER INSTABILITY RIGHT SHOULDER; PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	1							
SOCCPT	OTHER INSTABILITY RIGHT SHOULDER; PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
SOCCPT	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE		1	1					
SOCCPT	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	1							
SOCCPT	OTHER RETROPERITONEAL ABSCESS	SURGERY	1	1	1					
SOCCPT	OTHER SHOULDER LESIONS RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
SOCCPT	OTHER SPECIFIC JOINT DERANGEMENTS RT ELBOW NEC	CHIROPRACTOR		1	1					
SOCCPT	OTHER SPECIFIED DISEASES OF BILIARY TRACT	GASTROENTEROLOGY	1							
SOCCPT	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	1	1	1					
SOCCPT	OTHER SPECIFIED DISEASES OF LIVER; CYST OF PANCREAS	FAMILY PRACTICE		1	1					
SOCCPT	OTHER SPECIFIED DISORDERS OF BONE ANKLE AND FOOT	ORTHOPEDIC SURGERY	1							
	OTHER SPECIFIED DISORDERS OF BONE OTHER SITE; OTHER CHEST									
SOCCPT	PAIN	INTERNAL MEDICINE	1							
SOCCPT	OTHER SPECIFIED DISORDERS OF BRAIN	GERIATRICS	1							
SOCCPT	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY		1	1					
SOCCPT	OTHER SPECIFIED DISORDERS OF TENDON RIGHT KNEE	ORTHOPEDIC SURGERY	1	1	1					
SOCCPT	OTHER SPECIFIED DISORDERS SYNOVIUM LEFT SHOULDER	SURGERY, ORTHOPEDIC	1							
	OTHER SPECIFIED DORSOPATHIES SITE UNSPECIFIED;	PHYSICAL MEDICINE &								
SOCCPT	RADICULOPATHY LUMBAR REGION	REHABILITATION	1							
SOCCPT	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	GENERAL SURGERY		1	1					
	OTHER SPECIFIED PERSONAL RISK FACTORS NEC; ENCOUNTER									
	OTHER SCREENING MALIG NEOPLASM BREAST; FAMILY HISTORY OF									
SOCCPT	MALIGNANT NEOPLASM OF BREAST	ONCOLOGY		1	1					
SOCCPT	OTHER SPECIFIED SOFT TISSUE DISORDERS	NURSE PRACTITIONER		1	1					
SOCCPT	OTHER SYMPTOMS & DESCRIPTION OF THE NS; HEADACHE	NEUROLOGY	2							<u> </u>
SOCCPT	PAIN IN LEFT ELBOW	CHIROPRACTOR		1	1					<u> </u>
SOCCPT	PAIN IN LEFT ELBOW	FAMILY PRACTICE	_	1	1					<u> </u>
SOCCPT	PAIN IN LEFT ELBOW	SPORTS MEDICINE	1							
SOCCPT	PAIN IN LEFT FOOT; EFFUSION LEFT FOOT	PODIATRY	1							
SOCCPT	PAIN IN LEFT HAND	SURGERY-HAND	2							
SOCCPT	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	1							
SOCCPT	PAIN IN LEFT KNEE	PHYSICIAN ASSISITANT	1							<u> </u>
SOCCPT	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	2							
	PAIN IN LEFT KNEE; EFFUSION LEFT KNEE; CHRONIC INSTABILITY OF									
SOCCPT	KNEE LEFT KNEE	ORTHOPEDIC SURGERY	1							
SOCCPT	PAIN IN LEFT SHOULDER; PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SOCCPT	PAIN IN RIGHT ANKLE	ORTHOPEDIC SURGERY	1							
SOCCPT	PAIN IN RIGHT ANKLE	PODIATRY	1							
	PAIN IN RIGHT ARM; OSSEOUS & DIBLUX STENOS IV									
	FORAMINA CERV REGION; OTH SPONDYLOSIS W/RADICULOPATHY									
	CERVICAL REGION; CERVICALGIA; OSSEOUS STENOSIS NEURAL									
SOCCPT	CANAL OF CERVICAL REGION	SURGERY-NEUROLOGY	1							
SOCCPT	PAIN IN RIGHT ELBOW	ORTHOPEDIC SURGERY	-	1	1					
		ORTHOPEDIC - NON								
SOCCPT	PAIN IN RIGHT HIP	SURGICAL	1							
	PAIN IN RIGHT HIP; SACROILIITIS NOT ELSEWHERE CLASSIFIED; PAIN									
SOCCPT	IN LEFT HIP; LOW BACK PAIN	RHEUMATOLOGY	1							
SOCCPT	PAIN IN RIGHT KNEE	FAMILY MEDICINE		1	1					
SOCCPT	PAIN IN RIGHT KNEE	FAMILY PRACTICE	1							
SOCCPT	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	2							
SOCCPT	PAIN IN RIGHT KNEE	SPORTS MEDICINE	1							
SOCCPT	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	3	1	1				1	
SOCCPT	PAIN IN RIGHT KNEE; EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	1							
	PAIN IN RIGHT KNEE; OTHER INSTABILITY RIGHT KNEE; UNS TEAR									
SOCCPT	UNS MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	1							
	PAIN IN RIGHT LEG; OTH SYMPTOMS & DEPTH STANDARD									
SOCCPT	MUSCULOSKELETAL SYS	NEUROLOGY		1	1					
	PAIN IN RIGHT LEG; PAIN IN LEFT LEG; OTH SYMPTOMS & DIGNS									
SOCCPT	INVOLV MUSCULOSKELETAL SYS	NEUROLOGY		1	1					
SOCCPT	PAIN IN RIGHT LEG; PARESTHESIA OF SKIN	NURSE PRACTITIONER		1	1					
SOCCPT	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISITANT	1							
	PAIN IN RIGHT SHOULDER; OTHER INSTABILITY RIGHT SHOULDER;									
SOCCPT	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	ORTHOPEDIC SURGERY	1							
		PHYSICAL MEDICINE &								
SOCCPT	PAIN IN UNSPECIFIED KNEE	REHABILITATION	1							
SOCCPT	PAIN UNSPECIFIED	INTERNAL MEDICINE	1							
		OTOLARYNGOLOGIST								
SOCCPT	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	(ENT)	1							
SOCCPT	PARESTHESIA OF SKIN	NEUROLOGY	1							
SOCCPT	PARESTHESIA OF SKIN; MUSCLE WEAKNESS GENERALIZED	INTERNAL MEDICINE		1	1					
SOCCPT	PELVIC AND PERINEAL PAIN	GYNECOLOGY	1							
SOCCPT	PELVIC AND PERINEAL PAIN	UROLOGY	1							
	PELVIC AND PERINEAL PAIN; OTH COND ASSOC W/FE GEN ORGN									
SOCCPT	& MENSTRUAL CYCL	NURSE PRACTITIONER		1	1					
	PELVIC AND PERINEAL PAIN; OTHER SPONDYLOSIS WITH									
SOCCPT	MYELOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	1							
		MATERNAL FETAL								
SOCCPT	PELVIC AND PERINEAL PAIN: UNSPECIFIED ABDOMINAL PAIN	MEDICINE	1							
SOCCPT	PERSONAL HISTORY MALIGNANT NEOPLASM RENAL PELVIS	UROLOGY	1	1	1					
	PERSONAL HISTORY OTHER DISEASES DIGESTIVE SYSTEM; ACQUIRED									
	ABSENCE OTH SPEC PARTS DIGESTIVE TRACT; ABN FIND ON DX									
	IMAG OTH PART MUSCULOSKELETAL SYS; NAUSEA; ABDOMINAL									
SOCCPT	DISTENSION GASEOUS; GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	1							
SOCCPT	PERSONAL HX TIA & DEFICIT	FAMILY PRACTICE	1	1	1					
SOCCPT	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	1	-	-					
SOCCPT	PLEURODYNIA PASCIAL FIBROWIATOSIS	INTERNAL MEDICINE	1		 					
SOCCPT	PNEUMONIA UNSPECIFIED ORGANISM	INFECTIOUS DISEASES	1		-	 				
SOCCPT	PNEUMONIA UNSPECIFIED ORGANISM PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	1		-	 				
300ci i	INFOMOMIA OMSECUTION ORGANISM	I OLIVIOIVANT DISEASES	1.	l	1	l		l		L

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Adequacy Denials	Approved	Denied	by IRO
Troccade code Description	PORTAL VEIN THROMBOSIS; HYPOTHYROIDISM UNSPECIFIED;	1 Tovider Specialty	Approvuis	Demais	Demais	Demais	Demais	Арргочси	Demea	by inc
	MALIGNANT NEOPLASM OF RECTUM; GASTRO-ESOPH REFLUX									
SOCCPT	DISEASE WITHOUT ESOPHAGITIS	ONCOLOGY	1							
SOCCPT	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	1							+
SOCCPT	POSTLAMINECTOMY SYNDROME NEC; LOW BACK PAIN	PAIN MANAGEMENT	1	1	1			-		
SOCCPT	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	1	-	_					+
SOCCPT	PRIMARY BILIARY CIRRHOSIS	GENERAL SURGERY	1							
5555.1	THINK WELL STEP WELL COMMITTEESTS	CENTERVIESONGEN	-	1	-			-		
SOCCPT	PRIMARY BILIARY CIRRHOSIS; BILIARY CIRRHOSIS UNSPECIFIED	GASTROENTEROLOGY		2	2					
SOCCPT	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	1	2	2					+
SOCCPT	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	2							+
SOCCPT	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	2	1	1					+
SOCCPT	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	2	1	1					+
SOCCPT	RADICULOPATHY CERVICAL REGION RADICULOPATHY CERVICAL REGION; CERVICALGIA	ANESTHESIOLOGY	1	1	1					+
SOCCPT	RADICULOPATHY CERVICAL REGION, CERVICALGIA	INTERNAL MEDICINE	1							+
30001	RADICULOPATHY CERVICAL REGION, CERVICAL DISC	INTERNAL WILDICINE	1							+
	, and the second									
COCCUT	DISPLACEMENT UNS CERV REGION; OTH CERVICAL DISC	OPTIONEDIC CURCERY	4							
SOCCPT	DEGENERATION UNS CERV REGION	ORTHOPEDIC SURGERY	1							├
				l,	_					
SOCCPT	RADICULOPATHY CERVICAL REGION; PAIN IN LEFT SHOULDER	FAMILY PRACTICE	-	1	1					├
SOCCPT	RADICULOPATHY CERVICAL REGION; Unknown	PHYSICIAN	1							
SOCCPT	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	1							
SOCCPT	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	1	2	2					
SOCCPT	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	1							
		PHYSICAL MEDICINE &								
SOCCPT	RADICULOPATHY LUMBAR REGION	REHABILITATION		1	1					
SOCCPT	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT		1	1			1		
SOCCPT	RADICULOPATHY LUMBAR REGION	RHEUMATOLOGY	1							
SOCCPT	RADICULOPATHY LUMBAR REGION	SURGERY, ORTHOPEDIC		1	1					
SOCCPT	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY		1	1				1	L
SOCCPT	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC		1	1					
SOCCPT	RADICULOPATHY LUMBAR REGION; LOW BACK PAIN	SURGERY-ORTHOPEDIC	1	1	1					1
SOCCPT	RADICULOPATHY LUMBAR REGION; PARESTHESIA OF SKIN	SURGERY-NEUROLOGY		1	1					
	RADICULOPATHY LUMBAR REGION; POSTLAMINECTOMY									
SOCCPT	SYNDROME NEC; LOW BACK PAIN	NEUROSURGERY		1	1					
SOCCPT	RADICULOPATHY LUMBOSACRAL REGION	CHIROPRACTOR	1	1	-					
5555.1	RADICULOPATHY LUMBOSACRAL REGION; OTH INTERVERTEBRAL	Crimical runch on	1							
SOCCPT	DISC DISPLACEMENT THOR REGION	ORTHOPEDIC SURGERY	1							
SOCCPT	RADICULOPATHY THORACIC REGION	NEUROLOGY	2							+
30001	RADICULOPATHY THORACIC REGION RADICULOPATHY THORACIC REGION; RADICULOPATHY LUMBAR	TALONOLOG1	-	 	-			-		+
SOCCPT	REGION	CHIROPRACTIC		l ₁	1				1	
			1	1	1					+
SOCCPT	RADICULOPATHY THORACIC REGION; WEAKNESS	NEUROLOGY	1	 				 		+
SOCCPT	RHEUMATOID ARTHRITIS UNSPECIFIED; PAIN IN UNSPECIFIED JOINT	INTERNAL MEDICINE	1							
	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS		1	 	-			-		+
SOCCPT		FAMILY PRACTICE	1							
COCCUT	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS; PELVIC AND	EANAULY DRACTICE		L	l.					
SOCCPT	PERINEAL PAIN	FAMILY PRACTICE		1	1					
SOCCPT	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	2	<u> </u>	<u> </u>			<u> </u>		
SOCCPT	RIGHT LOWER QUADRANT PAIN	GENERAL SURGERY	2	2	2					
	RIGHT LOWER QUADRANT PAIN; ELEVATED WHITE BLOOD CELL									
SOCCPT	COUNT UNSPECIFIED	FAMILY PRACTICE	1							<u> </u>
SOCCPT	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	1	ļ						
SOCCPT	RUQ ABDOMINAL SWELLING MASS & DP; LUMP	NURSE PRACTITIONER	1							
SOCCPT	SARCOIDOSIS OF OTHER SITES	NEUROLOGY	1							

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals	Appeals Denied	Approved by IRO
Procedure Code Description	SCIATICA LEFT SIDE; ANESTHESIA OF SKIN; NEUROFIBROMATOSIS	Provider Specialty	Approvais	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IKO
SOCCPT	TYPE 1; LOW BACK PAIN	ONCOLOGY	1							
300011	SCOTOMA INVOLVING CENTRAL AREA BILATERAL; OCULAR PAIN	ONCOLOGI	1							+
SOCCPT	RIGHT EYE	RADIOLOGY		1	1					
300011	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG;	INDIOLOGI	+	_	1					++
SOCCPT	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY		1	1					
SOCCPT	SHORTNESS OF BREATH	FAMILY PRACTICE	+	1	1					++
SOCCPT	SHORTNESS OF BREATH	INTERNAL MEDICINE	2	-	_					+
5566.1	SHORTHESS OF BILLIAM	PHYSICAL MEDICINE &	-							+
SOCCPT	SHORTNESS OF BREATH	REHABILITATION		1	1					
SOCCPT	SHORTNESS OF BREATH	PULMONARY DISEASES	1	-	_					+
5556.1	SHORTNESS OF BREATH; PERSONAL HISTORY OTH INFECTIOUS	I GENTON IN THE BIGE TOES	1							_
SOCCPT	& PARASITIC DZ	INTERNAL MEDICINE		1	1					
SOCCPT	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	2	-	-					+
SOCCPT	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	1							_
SOCCPT	SPINAL STENOSIS CERVICAL REGION	INTERNAL MEDICINE	1	1	1					+
5555.1	SPINAL STENOSIS THORACIC REGION; POSTLAMINECTOMY	THE THE THE PARTY OF THE PARTY		-	-					+
SOCCPT	SYNDROME NEC	PAIN MANAGEMENT		1	1				1	
SOCCPT	SPONDYLOLISTHESIS LUMBAR REGION	FAMILY PRACTICE	1	_	_			-	-	+
300011	SI OND FEGEISTITESIS EGIMBAN NEGIGIN	TAIVILETTIMETEL	-							+
	SPONDYLOLISTHESIS MULTIPLE SITES IN SPINE; LOW BACK PAIN;									
	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION;									
SOCCPT	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	1							
300011	INTERVERTEDIAL DISC D/O W/RADICOLOTATTI LOMB RON	OKTHOLEDIC SONGEKT	+							+
SOCCPT	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY		1	1				١	
300011	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;	ANESTTIESIOLOGI	+	1	1				-	+
SOCCPT	CERVICALGIA	ORTHOPEDIC SURGERY	1							
300011	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN;	OKTHOLEDIC SOKGEKT	1							+
	RADICULOPATHY CERVICAL REGION; OTH CERVICAL DISC	PHYSICAL MEDICINE &								
SOCCPT	DEGENERATION UNS CERV REGION	REHABILITATION	1							
SOCCPT	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	PAIN MANAGEMENT	1	1	1					++
SOCCPT	SPRAIN LIGAMENTS LOMBAR SFINE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	+	1	1				1	
30CCF1	SPRAIN METACARPOPHALANGEAL JNT RT MID FINGER INT; SPRAIN	OKTHOPEDIC SONGENT	+	1	1				-	+
SOCCPT	UNS PART RT WRIST & DE HAND INITIAL ENC	HAND SURGERY	1							
SOCCPT	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1							+
SOCCPT	SPRAIN WI ROTATOR COFF CAPSULE INITIAL ENCOUNTER SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	CHIROPRACTOR	1							+
SOCCPT	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	FAMILY PRACTICE	1	1	1					+
30CCF1	SFRAIN ONSPECIFIED SITE ET KNEE SOBSEQUENT ENC	ORTHOPEDIC - NON	+	1	1					+
SOCCPT	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	SURGICAL	1							
SOCCI 1	SQUAMOUS BLEPHARITIS RIGHT LOWER EYELID; UNSPECIFIED	SONGICAE	-							+
SOCCPT	PTOSIS OF BILATERAL EYELIDS; Unknown	OPHTHALMOLOGY	1							
SOCCPT	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	PHYSICIAN ASSISITANT	1	1	1			1		+
SOCCPT	STRESS FRACTURE LT TIBIA INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	1	_	1					+
SOCCPT	STRESS FRACTURE RT TIBIA INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	1							+
SOCCPT	STRESS FRACTURE UNS SITE INITIAL ENC FRACTURE	PODIATRY	1	1	1					+
SOCCPT	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	ORTHOPEDIC SURGERY	1	-	1	+	-	-		++
SOCCPT	SYSTEMIC INVOLVEMENT CONNECTIVE TISSUE UNS	INTERNAL MEDICINE	1	1	1	1				+
30001	3131 LIVIIC IIVVOLVLIVILIVI COININECTIVE 11330E UN3	CARDIOVASCULAR	1	-	1	1				+
SOCCPT	TACHYCARDIA UNSPECIFIED; ADRENOMEDULLARY HYPERFUNCTION		1]
SOCCPT	TINNITUS RIGHT EAR	INTERNAL MEDICINE	1			1				+
SOCCPT	TOBACCO USE	FAMILY PRACTICE	1			1				+
SOCCPT	TOBACCO USE	NURSE PRACTITIONER	1			1		-		+
SOCCPT	TREMOR UNSPECIFIED; HEADACHE	NEUROLOGY	1			1		-		+
JOCCF I	TRIGEMINAL NEURALGIA; DEMYELINATING DZ CENTRAL NERVOUS	INLUNULUGT	1					-		++
SOCCPT	SYSTEM UNS	NEUROLOGY	1]
SOCCPT	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	1			1				+
300011	OWIDILICAL FILMINA WITHOUT OBSTRUCTION OR GANGRENE	GLIVERAL SUNGERT	1-	1	1	l	l	l	l	لــــــــــــــــــــــــــــــــــــــ

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
·		. ,								
	UNI PRIM OSTEOARTHRITIS 1ST CMC JOINT RT HAND; PAIN IN RIGHT									
SOCCPT	WRIST; OTH SOFT TISS D/O REL USE OVERUSE PRESS RT HAND	ORTHOPEDIC SURGERY		1	1					
SOCCPT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	1							
SOCCPT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	PHYSICIAN ASSISITANT	1							
SOCCPT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY		1	1					
SOCCPT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY, ORTHOPEDIC	1							
SOCCPT	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	1							
	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE;									
SOCCPT	OSTEOARTHRITIS OF KNEE UNSPECIFIED	ANESTHESIOLOGY		1	1					
SOCCPT	Unknown	FAMILY PRACTICE	1							
SOCCPT	Unknown	GENERAL SURGERY		1	1					
SOCCPT	Unknown	INFECTIOUS DISEASES	1							
SOCCPT	Unknown	INTERNAL MEDICINE	1	1	1					
		ORAL / MAXILLOFACIAL								
SOCCPT	Unknown	SURGERY	1							
SOCCPT	Unknown	SURGERY-GENERAL	1							
SOCCPT	Unknown	UROLOGY	2	1	1					
SOCCPT	Unknown; BRACHIAL PLEXUS DISORDERS; Unknown	CHIROPRACTOR		1	1					
SOCCPT	Unknown; MALIGNANT NEOPLASM OF VAGINA	GYNECOLOGY	1							
	,									
SOCCPT	Unknown; NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	PHYSICIAN ASSISTANT	1							
	Unknown: OTH INTERVERTEBRAL DISC DISPLACEMENT THOR									
SOCCPT	REGION; RADICULOPATHY CERVICAL REGION	CHIROPRACTOR		1	1					
SOCCPT	Unknown; PERSONAL HISTORY OF URINARY CALCULI	UROLOGY	1							
SOCCPT	Unknown; RADICULOPATHY CERVICAL REGION	PHYSICIAN		1	1					
SOCCPT	Unknown; Unknown	ORTHOPEDIC SURGERY	1							
			Ī							
SOCCPT	Unknown; Unknown; UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	OPHTHALMOLOGY		1	1					
SOCCPT	UNS FRACTURE LOWER RT TIBIA INITIAL ENC CLOS FX	PHYSICIAN ASSISITANT	1	_	-					
SOCCPT	UNS FRACTURE RT FOOT INITIAL ENC CLOS FRACTURE	SPORTS MEDICINE	1							
SOCCPT	UNS FRACTURE RT LOWER LEG INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	1							
3000.1	UNS INJ MUSC TEND PERONEAL GROUP LOW RT LEG INIT; PAIN IN	SOMEEN CHINE ESIC	_							
SOCCPT	RIGHT ANKLE	ORTHOPEDIC SURGERY	1							
SOCCPT	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1	2	2					1
SOCCPT	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1	_	_					1
SOCCPT	UNS INJURY RT LOWER LEG SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	+	1	1					+
SOCCPT	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	1	1	1					1
Joech 1	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC; OTHER	SONGENT ONTHOLEDIC	-	_	-					1
SOCCPT	INSTABILITY RIGHT KNEE; PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	1							
SOCCPT	UNSPEC INJURY RT CAROTID ARTERY INITIAL ENCNTER	SURGERY-NEUROLOGY	-	1	1					1
SOCCPT	UNSPECIFIED ABDOMINAL PAIN	FAMILY MEDICINE	1	_	-					+
SOCCPT	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	1	1	1					
SOCCPT	UNSPECIFIED ABDOMINAL PAIN UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	1	2	2					
SOCCPT	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	1		4					\vdash
JUCCE I	UNSPECIFIED ABDOMINAL PAIN UNSPECIFIED ABDOMINAL PAIN; ACQUIRED ABSENCE OTH SPEC	UNULUGI	1		-					\vdash
SOCCPT	PARTS DIGESTIVE TRACT	FAMILY PRACTICE		1	1					
JUCCF I	FARTS DIGESTIVE TRACT		-	1	1					
COCCRT	LINISDECIFIED ADDOMINAL DAING DELVIC AND DEDINEAL BAIN	MATERNAL FETAL		1	1					
SOCCPT	UNSPECIFIED ARBOMINAL PAIN; PELVIC AND PERINEAL PAIN	MEDICINE	1	1	1					
SOCCPT	UNSPECIFIED CONVULSIONS	FAMILY PRACTICE	1	-	-					├ ──┤
SOCCPT	UNSPECIFIED CONVULSIONS	NEUROLOGY	1							↓
SOCCPT	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	2		<u> </u>					
SOCCPT	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	1							
SOCCPT	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SOCCPT	UNSPECIFIED SPEECH DISTURBANCES; OTHER SEIZURES	NEUROLOGY	1							
SOCCPT	UNSPECIFIED SPRAIN RIGHT WRIST INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	1							<u> </u>
SOCCPT	URINARY TRACT INFECTION SITE NOT SPECIFIED	Physician	1	2	2					
SOCCPT	URINARY TRACT INFECTION SITE NOT SPECIFIED	SURGERY-GENERAL	1	1	1					
SOCCPT	URINARY TRACT INFECTION SITE NOT SPECIFIED	URGENT CARE		1	1					
SOCCPT	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PHYSICIAN ASSISITANT		1	1					
SOCCPT	WEAKNESS	FAMILY PRACTICE	1							
SOCCPT (SOCCPT), SOCCPT (SOCCPT),	CHEST PAIN UNSPECIFIED(SOCCPT), Unknown(SOCCPT),	Other Provider							1	ı
	NONSPECIFIC MESENTERIC LYMPHADENITIS(SOCCPT), Nonspecific									1
SOCCPT (SOCCPT), SOCCPT (SOCCPT),	mesenteric lymphadenitis(SOCCPT),	Other Provider							1	ī
	OTHER DISORDERS OF IRON METABOLISM(SOCCPT),Other									+
SOCCPT (SOCCPT), SOCCPT (SOCCPT),	disorders of iron metabolism(SOCCPT),	Other Provider							1	
30cci i (30cci i), 30cci i (30cci i),	Thoracic aortic ectasia(SOCCPT),THORACIC AORTIC	Other Provider								+
SOCCPT (SOCCPT), SOCCPT (SOCCPT),	ECTASIA(SOCCPT),	Other Provider							1	
SOCCET (SOCCET), SOCCET (SOCCET),	Unknown(SOCCPT), NEOPLASM OF UNSPECIFIED BEHAVIOR OF	Other Provider			-			-		+
									_	
SOCCPT (SOCCPT), SOCCPT (SOCCPT),	BRAIN(SOCCPT),	Other Provider	1	l_		ļ			1	4
SOCIAL WORK VISIT, IN THE HO	ACUTE KIDNEY FAILURE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
SOCKET INSERT W LOCK MECH	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	INTERNAL MEDICINE	1	U	U	U	U			
SOCKET INSERT W LOCK MECH	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			
SOCKET INSERT W/O LOCK MECH	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	FAMILY MEDICINE	1	0	0	0	0			
SOFOSBUVIR-VELPATASVIR 400-100	Chronic viral hepatitis C	GASTROENTEROLOGY	1							
SOFOSBUVIR-VELPATASVIR 400-100	Chronic viral hepatitis C	Other Provider	1							
SOFOSBUVIR-VELPATASVIR 400-100	Other general symptoms and signs	Other Provider		1	1					
		FAMILY NURSE								
SOFOSBUVIR-VELPATASVIR 400-100 MG TABLET	N/A	PRACTITIONER	1							
SOFOSBUVIR-VELPATASVIR 400-100 MG TABLET	N/A	GASTROENTEROLOGY	4	1	1					1
SOFOSBUVIR-VELPATASVIR 400-100 MG TABLET	N/A	INFECTIOUS DISEASE	1							1
	Malignant neoplasm of connective and soft tissue of head, face and									1
Soft Tissue Sarcoma	neck	RADIATION ONCOLOGY	1							
Soft Hissac Sarconia	Malignant neoplasm of connective and soft tissue of right lower	10.00.011014 011002001	-							1
Soft Tissue Sarcoma	limb, including hip	RADIATION ONCOLOGY	2							
Soft Hissue Salconia	illio, ilicidaling hip	RADIATION ONCOLOGT	2							+
Soft Tierre Server	Maliana da ana anta ana afa ana ana anta anta di ana anta di anta di anta di anta di anta di anta di anta di a	DADIATION ONGOLOGY								
Soft Tissue Sarcoma	Malignant neoplasm of connective and soft tissue of thorax	RADIATION ONCOLOGY	1							
Soft Tissue Sarcoma	Malignant neoplasm of connective and soft tissue, unspecified	RADIATION ONCOLOGY	1							_
SOLID ORGAN TRANSPL PKG	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	NEPHROLOGY	1	0	0	0	0			
SOLID ORGAN TRANSPL PKG	END STAGE RENAL DISEASE	FACILITY	1	0	0	0	0			<u> </u>
SOLID ORGAN TRANSPL PKG	END STAGE RENAL DISEASE	NEPHROLOGY	3	0	0	0	0			
SOLID ORGAN TRANSPL PKG	END STAGE RENAL DISEASE	SURGERY, GENERAL	2	0	0	0	0			
SOLIFENACIN SUCCINATE 5 MG TABLET	N/A	FAMILY MEDICINE		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
SOLIFENACIN SUCCINATE 5 MG TABLET	N/A	CARE		1	1					
SOLIRIS	Neuromyelitis optica [Devic]	PHYSICIAN ASSISTANT						1		1
SOLU-CORTEF 100 MG ACT-O-VIAL	N/A	Endocrinology	1			1		†		†
SOMATOSENSORY TESTING	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0	†		1
SOMATOSENSORY TESTING SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	4	0	0	0	0	 		+
SOMATOSENSORY TESTING SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH MITEOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
SOMATOSENSORY TESTING SOMATOSENSORY TESTING	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
			4	0	0	0	0			+
SOMATOSENSORY TESTING	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	U	U	0	U	1		+
SOMATOSENSORY TESTING	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	U	U	U	U			
SOMATOSENSORY TESTING	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	5	0	0	0	0			
SOMATOSENSORY TESTING	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
SOLINIUSENSORY LESTING	VANICUSE VEINS OF RIGHT LOWER EXTREMITT WITH INFLAMMATION	·	4	U	U	U	U			
CONANTUUNE DEDOT 420 NAC /2 5 1 11	11/4	ENDOCRINOLOGY AND								
SOMATULINE DEPOT 120 MG/0.5 ML	N/A	METABOLISM	1	1	1	l	I	ĺ		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SOMATULINE DEPOT 120MG/0.5 SYRINGE	N/A	PHYSICIAN ASSISTANT	1	Demais	Demais	Demais	Delliais	Approved	Dellieu	by INO
SOMMOLINE DEL OT 120MG/0.5 STRINGE	0/8	ENDOCRINOLOGY AND	-							+
SOMATULINE DEPOT 90MG/0.3ML SYRINGE	N/A	METABOLISM	1							
SOOLANTRA 1 % CREAM (G)	N/A	DERMATOLOGY	8							
SOOLANTRA 1 % CREAM (G)	N/A	Other Provider	1							1
SOOLANTRA 1 % CREAM (G)	N/A	PHYSICIAN ASSISTANT	1							1
SORILUX 0.005 % FOAM	N/A	DERMATOLOGY	1							
SORILUX 0.005 % FOAM	N/A	PHYSICIAN ASSISTANT		2	2					
SP BONE AGRFT LOCAL ADD-ON	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	ARTHRODESIS STATUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	CERVICALGIA	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	0	1	0			
SP BONE AGRFT LOCAL ADD-ON	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	FOOT DROP, LEFT FOOT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	LOW BACK PAIN	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	LOW BACK PAIN	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	MARFAN'S SYNDROME, UNSPECIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	NEUROMUSCULAR SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	2	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OSSEOUS AND SUBLUX STENOSIS OF INTVRT FORAMIN OF CERV REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
SP BONE AGRFT LOCAL ADD-ON	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	3	1	1	0	0			<u> </u>
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	5	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	2	2	0	0			
SP BONE AGRFT LOCAL ADD-ON	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			T

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SP BONE AGRET LOCAL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	5	O	O Demais	O	n	Аррготси	Demea	by inc
SP BONE AGRIT LOCAL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	3	0	0	0	n			+
SP BONE AGRET LOCAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	2	0	0	0	0			1
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	3	3	3	0	0			<u> </u>
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	3	0	0	0	0			<u> </u>
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	4	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	STABLE BURST FRACTURE OF SECOND LUMBAR VERTEBRA, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
SP BONE AGRFT LOCAL ADD-ON	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT LOCAL ADD-ON	UNSPECIFIED ATRIAL FIBRILLATION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT LOCAL ADD-ON	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT MORSEL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT MORSEL ADD-ON	FOOT DROP, LEFT FOOT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT MORSEL ADD-ON	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE AGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SP BONE AGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SP BONE AGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SP BONE AGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT MORSEL ADD-ON	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE AGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE AGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
SP BONE AGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			1
SP BONE AGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			
SP BONE AGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE AGRFT STRUCT ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE AGRFT STRUCT ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SP BONE ALGRET MORSEL ADD-ON	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CNSL	SURGERY, NEUROLOGICAL	1	0	0	0	0			+
SP BONE ALGRFT MORSEL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			+
SP BONE ALGRFT MORSEL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
SP BONE ALGRFT MORSEL ADD-ON	ARTHRODESIS STATUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
SP BONE ALGRFT MORSEL ADD-ON	ARTHRODESIS STATUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SP BONE ALGRFT MORSEL ADD-ON	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRET MORSEL ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SP BONE ALGRET MORSEL ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, NEUROLOGICAL	2	0	0	0	0			1
SP BONE ALGRET MORSEL ADD-ON	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SP BONE ALGRET MORSEL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			<u> </u>
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	2	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER, UNSP, UNSPECIFIED CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SP BONE ALGRET MORSEL ADD-ON	CERVICALGIA	SURGERY, NEUROLOGICAL	0	1	1	0	0			†
SP BONE ALGRET MORSEL ADD-ON	CERVICALGIA	SURGERY, ORTHOPEDIC	1	1	1	0	0			†
SP BONE ALGRET MORSEL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	SURGERY, NEUROLOGICAL	0	1	1	0	0			†
SP BONE ALGRET MORSEL ADD-ON	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	1	1	1	0	0			†
SP BONE ALGRET MORSEL ADD-ON	DEHYDRATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	-	1	1	0	n			+
SP BONE ALGRFT MORSEL ADD-ON	IDIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED									

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description SP BONE ALGRET MORSEL ADD-ON	Diagnosis Code Description DISEASE OF SPINAL CORD, UNSPECIFIED	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SP BONE ALGRET MORSEL ADD-ON SP BONE ALGRET MORSEL ADD-ON	LOW BACK PAIN	SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRET MORSEL ADD-ON SP BONE ALGRET MORSEL ADD-ON	MARFAN'S SYNDROME, UNSPECIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRET MORSEL ADD-ON SP BONE ALGRET MORSEL ADD-ON	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRET MORSEL ADD-ON	INJECTI COMPLOT INTERNAL ORTH DEVICES, IMPLINT AND GRAFTS, INTI	SURGERT, NEUROLOGICAL	1	U	U	U	U			
SP BONE ALGRFT MORSEL ADD-ON	NEUROMUSCULAR SCOLIOSIS, THORACIC REGION	FAMILY MEDICINE	2	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OSSEOUS AND SUBLUX STENOSIS OF INTVRT FORAMIN OF CERV REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	SURGERY, ORTHOPEDIC	2	1	0	1	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	2	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	3	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	3	3	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	2	2	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	FAMILY MEDICINE	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	4	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	2	1	1	0			
SP BONE ALGRFT MORSEL ADD-ON	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	2	2	2	0	0			
SP BONE ALGRFT MORSEL ADD-ON	Radiculopathy, cervical region	Other Provider						2		1
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	3	1	1	0	0			1
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	4	3	3	0	0			1
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	2	2	0	0			
SP BONE ALGRET MORSEL ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	3	3	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SCOLIOSIS, UNSPECIFIED	SURGERY, ORTHOPEDIC	0	1	0	1	0			1
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	5	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	9	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	1	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	1	3	3	0	0			
SP BONE ALGRET MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	2	2	2	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	2	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
SP BONE ALGRET MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRET MORSEL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			†
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			1
SP BONE ALGRET MORSEL ADD-ON	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
SP BONE ALGRET MORSEL ADD-ON	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			†
SP BONE ALGRET MORSEL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	STABLE BURST FRACTURE OF SECOND LUMBAR VERTEBRA, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SP BONE ALGRFT MORSEL ADD-ON	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	UNSPECIFIED ATRIAL FIBRILLATION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT MORSEL ADD-ON	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRFT MORSEL ADD-ON	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture	Other Provider						1		
SP BONE ALGRFT STRUCT ADD-ON	CERV DISC DISORD WITH MYELPATH, MID-CERVICAL RGN, UNSP LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	CERVICALGIA	SURGERY, ORTHOPEDIC	1	1	1	0	0			
SP BONE ALGRFT STRUCT ADD-ON	CONN TISS AND DISC STENOS OF INTVRT FORAMIN OF LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	DEHYDRATION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	DISEASE OF SPINAL CORD, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	LOW BACK PAIN	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRFT STRUCT ADD-ON	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	SURGERY, NEUROLOGICAL	2	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	OTHER CERV DISC DISPLACMNT, MID-CERVICAL REGION, UNSP LEVEL	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRFT STRUCT ADD-ON	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			1
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	3	0	0	0	0			1
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, CERVICAL REGION	SURGERY, ORTHOPEDIC	0	1	0	1	0			
SP BONE ALGRFT STRUCT ADD-ON	Radiculopathy, cervical region	SURGERY, ORTHOPEDIC						1		
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	SPINAL INSTABILITIES, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	2	2	0	0			
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	0	3	3	0	0			
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SP BONE ALGRFT STRUCT ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SPECIAL EYE EXAM SUBSEQUENT	N/A	OPHTHALMOLOGY	1							
SPECIAL RADIATION TREATMENT	LIVER CELL CARCINOMA	RADIATION ONCOLOGY	0	1	1	0	0			
SPECIAL RADIATION TREATMENT	N/A	HOSPITAL	4							
SPECIAL RADIATION TREATMENT	PNEUMONIA, UNSPECIFIED ORGANISM	RADIATION ONCOLOGY	1	0	0	0	0			
SPECIAL TELETX PORT PLAN	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	RADIATION ONCOLOGY	1	0	0	0	0			
SPECIALTY CARE TRANSPORT	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	PEDIATRICS	2	0	0	0	0			
SPEECH SOUND LANG COMPREHEN	AUTISTIC DISORDER	PEDIATRICS	0	1	0	0	1			
SPEECH SOUND LANG COMPREHEN	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PEDIATRICS	0	1	0	0	1			
SPEECH THER IN THE HOME	Dysphagia, oropharyngeal phase	Other Provider						1		
SPEECH THERAPY, IN THE HOME,	AUTISTIC DISORDER	PEDIATRICS	5	0	0	0	0			
SPEECH THERAPY, IN THE HOME,	CHILDHOOD ONSET FLUENCY DISORDER	PEDIATRICS	2	0	0	0	0			
SPEECH THERAPY, IN THE HOME,	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			
SPEECH THERAPY, IN THE HOME,	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
SPEECH THERAPY, IN THE HOME,	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
SPEECH THERAPY, IN THE HOME,	DIZZINESS AND GIDDINESS	FAMILY MEDICINE	1	0	0	0	0			
SPEECH THERAPY, IN THE HOME,	DYSPHAGIA, ORAL PHASE	PEDIATRICS	0	1	0	0	1			
SPEECH THERAPY, IN THE HOME,	FEEDING DIFFICULTIES	PEDIATRIC CARDIOLOGY	1	0	0	0	0			1
SPEECH THERAPY, IN THE HOME,	FEEDING DIFFICULTIES	PEDIATRICS	2	0	0	0	0			1
SPEECH THERAPY, IN THE HOME,	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	COUNSELING	1	0	0	0	0			
SPEECH THERAPY, IN THE HOME,	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	INTERNAL MEDICINE	2	1	1	0	0	1		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SPEECH THERAPY, IN THE HOME,	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PEDIATRIC	1	0	0	0	0	Арргочси	Demea	by mo
or Econ mental i, in memority	THINKE THE EXTRESSIVE BUILDONGE BISONDEN	OTOLARYNGOLOGY	1	ľ						
SPEECH THERAPY, IN THE HOME,	OTHER DISORDERS OF LUNG	PEDIATRICS	1	0	0	0	0			
SPEECH THERAPY, IN THE HOME,	OTHER MUSCLE SPASM	PEDIATRICS	0	1	0	0	1			
SPEECH THERAPY, IN THE HOME,	PRETERM NEWBORN, GESTATIONAL AGE 32 COMPLETED WEEKS	PEDIATRIC	1	0	0	0	0			
		GASTROENTEROLOGY								
SPEECH THERAPY, IN THE HOME,	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRICS	2	3	3	0	0			
SPEECH THERAPY, IN THE HOME,	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	SOCIAL WORK	0	1	1	0	0			
SPEECH/HEARING THERAPY	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, W/O STAT EPI	PEDIATRICS	1	0	0	0	0			
SPEECH/HEARING THERAPY	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	PEDIATRICS	1	0	0	0	0			
SPEECH/HEARING THERAPY	ALTERED MENTAL STATUS, UNSPECIFIED	PEDIATRIC NURSE	2	0	0	0	0			
SPEECH/HEARING THERAPY	ANKYLOGLOSSIA	PRACTITIONER SPEECH THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	APHASIA	NEUROLOGY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	APHASIA	SPEECH THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	APHASIA FOLLOWING CEREBRAL INFARCTION	NEUROLOGY	2	0	0	0	0	-		+
SPEECH/HEARING THERAPY SPEECH/HEARING THERAPY	APRASIA FOLLOWING CEREBRAL INFARCTION APRAXIA		2	0	0	0	0	-		+
		ANCILLARY	2	0	0	0	0			
SPEECH/HEARING THERAPY	APRAXIA	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
SPEECH/HEARING THERAPY	APRAXIA	PEDIATRICS	4	n	n	0	0	-		+
SPEECH/HEARING THERAPY	APRAXIA	PSYCHOLOGY	1	0	0	0	0	-		+
SPEECH/HEARING THERAPY	APRAXIA	SPEECH THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	SPEECH THERAPY	0	1	1	0	0			+
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	ANCILLARY	2	1	1	0	0			+
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	COUNSELING	2	0	0	0	0			+
SPEECH/HEARING THERAPY SPEECH/HEARING THERAPY	AUTISTIC DISORDER AUTISTIC DISORDER	FAMILY MEDICINE	11	0	0	0	0	-		+
SPEECH/HEARING THERAPY SPEECH/HEARING THERAPY	AUTISTIC DISORDER AUTISTIC DISORDER	INTERNAL MEDICINE	11	0	0	0	0			
SPEECH/HEARING THERAPY	Autistic disorder	OCCUPATIONAL THERAPY	2	0	U		0	1		
SPEECH/HEARING THERAPY	Autistic disorder	Other Provider	1					1		1
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	PEDIATRIC NEUROLOGY	1	0	0	0	0	_		1
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	PEDIATRICS	73	6	2	0	4			1
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	SPEECH THERAPY	39	6	4	0	2			1
SPEECH/HEARING THERAPY	Autistic disorder	SPEECH THERAPY			1	-		1		1
SPEECH/HEARING THERAPY	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY	FAMILY MEDICINE	1	0	0	0	0			
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SPEECH/HEARING THERAPY	CEREBELLAR STROKE SYNDROME	FAMILY MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION DUE TO THOMBOS UNSP CEREBRAL ARTERY	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION, UNSPECIFIED	INTERNAL MEDICINE	0	1	1	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION, UNSPECIFIED	NEUROLOGY	2	0	0	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION, UNSPECIFIED	PAIN MANAGEMENT	1	0	0	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFARCTION, UNSPECIFIED	PHYSICAL MEDICINE	3	0	0	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFRC DUE TO THOMBOS OF LEFT MIDDLE CEREBRAL ARTERY	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	CEREBRAL INFRC DUE TO THOMBOS OF LEFT POST CEREBRAL ARTERY	FACILITY	1	0	0	0	0			1
SPEECH/HEARING THERAPY	CEREBRAL ISCHEMIA	PHYSICAL MEDICINE	1	0	0	0	0			1
SPEECH/HEARING THERAPY	CEREBRAL PALSY, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			1
SPEECH/HEARING THERAPY	CEREBRAL PALSY, UNSPECIFIED	SPEECH THERAPY	1	0	0	0	0			1
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	FAMILY MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	PEDIATRICS	5	1	1	0	0			1
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	SPEECH THERAPY	1	1	1	0	0			
SPEECH/HEARING THERAPY	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	SPEECH THERAPY	2	0	0	0	0			
SPEECH/HEARING THERAPY	CHRONIC SEROUS OTITIS MEDIA, UNSPECIFIED EAR	PEDIATRICS	6	0	0	0	0			
SPEECH/HEARING THERAPY	CHRONIC SINUSITIS, UNSPECIFIED	SPEECH THERAPY	0	1	1	0	0			

					Medical	Experimental &	Network	Total	Total	
Develop Code Developing	Street Section 1	Described Constitution	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SPEECH/HEARING THERAPY SPEECH/HEARING THERAPY	COGNITIVE COMMUNICATION DEFICIT CONDUCTIVE HEARING LOSS, BILATERAL	PEDIATRICS PEDIATRICS	1	0	0	0	0			+
SPEECH/HEARING THERAPY	CONDUCTIVE HEARING LOSS, BILATERAL CONDUCTIVE HEARING LOSS, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			+
SPEECH/HEARING THERAPY	· · · · · · · · · · · · · · · · · · ·		4	0	0	0	0			+
•	CONGENITAL LARYNGOMALACIA	SPEECH THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	ANCILLARY	1	0	0	0	0			
SPEECH/HEARING THERAPY	CONTUSION OF UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER COUGH	PEDIATRICS	0	1	1	0	0			+
SPEECH/HEARING THERAPY	COOGH	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	1	1	U	U			
SPEECH/HEARING THERAPY	COVID-19	FAMILY NURSE PRACTITIONER	1	0	0	0	0			
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	COUNSELING	0	1	1	0	0			†
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	FAMILY MEDICINE	1	0	0	0	0			1
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	INTERNAL MEDICINE	1	1	1	0	0			+
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	PEDIATRICS	22	0	0	0	0			+
SPEECH/HEARING THERAPY	DELAYED MILESTONE IN CHILDHOOD	SPEECH THERAPY	5	3	3	0	0			+
SPEECH/HEARING THERAPY	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			+
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SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SCHOLASTIC SKILLS, UNSPECIFIED	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	ADOLESCENT MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	ANCILLARY	0	1	1	0	0			
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	COUNSELING	2	0	0	0	0			
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	FAMILY MEDICINE	7	0	0	0	0			
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	PEDIATRICS	33	2	1	0	1			
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	PHYSICAL MEDICINE	0	1	1	0	0			
		PHYSICAL MEDICINE AND								
SPEECH/HEARING THERAPY	Developmental disorder of speech and language, unspecified	REHABILITATION						1		
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	PSYCHIATRY	2	0	0	0	0			
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	SPEECH THERAPY	18	0	0	0	0			
SPEECH/HEARING THERAPY	DIFFUSE TBI W LOSS OF CONSCIOUSNESS OF UNSP DURATION, SUBS	FAMILY MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	DIZZINESS AND GIDDINESS	PHYSICAL MEDICINE	1	0	0	0	0			1
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	PEDIATRICS	5	1	1	0	0			
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	PEDIATRICS, DEVELOPMENTAL- BEHAVIORAL	1	0	0	0	0			
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	SPEECH THERAPY	2	0	0	0	0			†
SPEECH/HEARING THERAPY	DYSARTHRIA AND ANARTHRIA	NEUROLOGY	0	1	1	0	0			†
SPEECH/HEARING THERAPY	DYSPHAGIA, ORAL PHASE	SPEECH THERAPY	2	0	0	0	0			1
SPEECH/HEARING THERAPY	DYSPHAGIA, OROPHARYNGEAL PHASE	SPEECH THERAPY	1	0	0	0	0			1
SPEECH/HEARING THERAPY	DYSPHAGIA, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			†
SPEECH/HEARING THERAPY	Dysphonia	Other Provider				-			1	ıt
SPEECH/HEARING THERAPY	DYSPHONIA	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	3	3	0	0			
SPEECH/HEARING THERAPY	DYSPHONIA	SPEECH THERAPY	2	0	0	0	0			†
SPEECH/HEARING THERAPY	DYSPNEA, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
SPEECH/HEARING THERAPY	EDEMA OF LARYNX	SPEECH THERAPY	0	1	1	0	0			†
SPEECH/HEARING THERAPY	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	INTERNAL MEDICINE	2	0	0	0	0			†
SPEECH/HEARING THERAPY	ENCEPHALOPATHY, UNSPECIFIED	SPEECH THERAPY	1	0	0	0	0			†
SPEECH/HEARING THERAPY	ENCNTR FOR OBS FOR OTH SUSPECTED DISEASES AND COND RULED OUT	PEDIATRICS	1	0	0	0	0			†
SPEECH/HEARING THERAPY	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	PEDIATRICS	1	0	0	0	0			†
SPEECH/HEARING THERAPY	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			†
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		Partition (1)	Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SPEECH/HEARING THERAPY SPEECH/HEARING THERAPY	EOSINOPHILIC ESOPHAGITIS EXPRESSIVE LANGUAGE DISORDER	PEDIATRICS PEDIATRICS	23	0	0	0	0			
				2	2	0	0			
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	SPEECH THERAPY	11	1	1	0	0			
SPEECH/HEARING THERAPY	FACIAL WEAKNESS	PEDIATRICS	1	0	0	0	0			
SPEECH/HEARING THERAPY	FEEDING DIFFICULTIES	PEDIATRICS	11	3	2	0	1			
SPEECH/HEARING THERAPY	FEEDING DIFFICULTIES	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	LARYNGEAL SPASM	FAMILY MEDICINE	1	0	0	0	0			
	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with									
SPEECH/HEARING THERAPY	status epilepticus	Other Provider						1		
SPEECH/HEARING THERAPY	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	PHYSICAL MEDICINE	2	0	0	0	0			
SPEECH/HEARING THERAPY	MALIG NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSP	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	MICROCEPHALY	PEDIATRICS	1	0	0	0	0			†
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	ADOLESCENT MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	COUNSELING	2	0	0	0	0			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	FAMILY MEDICINE	5	4	3	0	1			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	NEUROLOGY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	OCCUPATIONAL THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY		Other Provider	1	U	U	U	U	2	,	
•	Mixed receptive-expressive language disorder MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER		1	0	0	0	0	3		+
SPEECH/HEARING THERAPY		PEDIATRIC NEUROLOGY	1	0	0	0	0			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PEDIATRIC OTOLARYNGOLOGY	1	0	0	U	0			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PEDIATRICS	54	9	7	0	2			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PEDIATRICS, DEVELOPMENTAL- BEHAVIORAL	1	0	0	0	0			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PREVENTIVE MEDICINE/PUBLIC HEALTH	1	0	0	0	0			
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PSYCHIATRY	1	0	0	0	0			1
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	SPEECH THERAPY	32	7	7	0	0			1
SPEECH/HEARING THERAPY	Mixed receptive-expressive language disorder	SPEECH THERAPY						2		
SPEECH/HEARING THERAPY	MOSAICISM, 45, X/46, XX OR XY	PEDIATRICS	1	0	0	0	0	_		+
SPEECH/HEARING THERAPY	N/A	SPEECH THERAPY	+				-	1		+
SPEECH/HEARING THERAPY	NODULES OF VOCAL CORDS	OTOLARYNGOLOGY (EAR,	1	0	n	n	0	-		+
SI EEGITTEARING THERAIT	NODULES OF VOCAL CONDS	NOSE, AND THROAT)	1	Ü	Ü	o a	Ü			
SPEECH/HEARING THERAPY	NODULES OF VOCAL CORDS	SPEECH THERAPY	2	0	0	0	0			
SPEECH/HEARING THERAPY	NONTRAUMATIC INTCRBL HEMORRHAGE IN HEMISPHERE, SUBCORTICAL	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	PHYSICAL MEDICINE	2	0	0	0	0			
SPEECH/HEARING THERAPY	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	PSYCHIATRY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	VASCULAR NEUROLOGY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			+
SPEECH/HEARING THERAPY	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	PHYSICAL MEDICINE	2	0	0	0	0			+
SPEECH/HEARING THERAPY	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	FAMILY MEDICINE	2	0	0	0	0			+
SPEECH/HEARING THERAPY	·		1	0	0	0	0			+
SPEECH/HEARING THERAPY SPEECH/HEARING THERAPY	OTHER AMNESIA	NEUROLOGY	1	0	0	0	0			+
·	OTHER CEREBRAL INFARCTION	NEUROLOGY	1	0	0	0	0	1		+
SPEECH/HEARING THERAPY	OTHER CEREBROVASCULAR DISEASE	PHYSICAL MEDICINE	1	U	U	U	U	1		+
SPEECH/HEARING THERAPY	OTHER CONGENITAL MALFORMATIONS OF PHARYNX	PEDIATRICS	2	U	U	U	U			
SPEECH/HEARING THERAPY	OTHER CONGENITAL MALFORMATIONS OF TONGUE	PEDIATRICS	1	U	U	U	U			1
SPEECH/HEARING THERAPY	OTHER DELETIONS OF PART OF A CHROMOSOME	PEDIATRICS	1	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	PEDIATRICS	6	0	0	0	0			1
SPEECH/HEARING THERAPY	OTHER DISEASES OF LARYNX	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER DISEASES OF TONGUE	PEDIATRICS	0	1	1	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	OTOLARYNGOLOGY (EAR,	4	1	1	0	0	Арргосси	Demeu	by inc
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	NOSE, AND THROAT) PEDIATRIC PULMONOLOGY	1	1	1	0	0			
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	PEDIATRICS	1	0	0	0	0			\vdash
SPEECH/HEARING THERAPY	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRICS	2	1	1	0	0			+
SPEECH/HEARING THERAPY	OTHER DISORDERS OF PSICHOEOGICAE DEVELOPMENT	INTERNAL MEDICINE	1	0	0	0	0			+
SPEECH/HEARING THERAPY	OTHER ENCEPTIALITIS AND ENCEPTIALOWITELITIS OTHER SPECIFIED CONGENITAL MALFORMATIONS	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER SPECIFIED INJURIES OF LARYNX, INITIAL ENCOUNTER	NOSE, AND THROAT) OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER SPECIFIED POSTPROCEDURAL STATES	NOSE, AND THROAT) PHYSICAL MEDICINE	2	n	n	0	0			+
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	FAMILY MEDICINE	4	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES OTHER SPEECH DISTURBANCES	PEDIATRICS	17	0	0	0	0			+
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES OTHER SPEECH DISTURBANCES	SPEECH THERAPY	4	0	0	0	0			
			4	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	SURGERY, PLASTIC	1	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	FAMILY MEDICINE	1	U	U	U	U			↓
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	PEDIATRIC NEUROLOGY	2	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	PEDIATRICS	3	1	1	0	0			↓
SPEECH/HEARING THERAPY	OTHER VOICE AND RESONANCE DISORDERS	ANCILLARY	1	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER VOICE AND RESONANCE DISORDERS	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	3	0	0	0	0			
SPEECH/HEARING THERAPY	OTHER VOICE AND RESONANCE DISORDERS	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	OTITIS MEDIA, UNSPECIFIED, BILATERAL	FAMILY MEDICINE	0	1	1	0	0			
SPEECH/HEARING THERAPY	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR	PEDIATRICS	1	0	0	0	0			
SPEECH/HEARING THERAPY	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	2	1	1	0	0			
SPEECH/HEARING THERAPY	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	PARKINSON'S DISEASE	NEUROLOGY	1	1	1	0	0			1
SPEECH/HEARING THERAPY	PERSISTENT PROTEINURIA, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			†
SPEECH/HEARING THERAPY	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	SPEECH THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	COUNSELING	3	0	0	0	0			+
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	FAMILY MEDICINE	8	1	1	0	0			+
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	INTERNAL MEDICINE	2	0	0	0	0			+
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER PHONOLOGICAL DISORDER	NEUROLOGY	1	0	0	0	0			+
			1	U	U	U	U			
SPEECH/HEARING THERAPY	Phonological disorder	Other Provider	1	_				1		
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	PEDIATRIC NEUROLOGY	1	0	0	0	0			
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	PEDIATRICS	24	1	1	0	U			↓
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	PRACTITIONER	1	0	0	0	0			↓
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	SPEECH THERAPY	24	2	2	0	0			↓
SPEECH/HEARING THERAPY	PICK'S DISEASE	NEUROLOGY	2	0	0	0	0			1
SPEECH/HEARING THERAPY	POLYP OF VOCAL CORD AND LARYNX	SPEECH THERAPY	2	0	0	0	0			
SPEECH/HEARING THERAPY	PROBLEM RELATED TO PRIMARY SUPPORT GROUP, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	SECONDARY MALIGNANT NEOPLASM OF BRAIN	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
·		NOSE, AND THROAT)								
SPEECH/HEARING THERAPY	SICKLE-CELL TRAIT	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	SOCIAL PRAGMATIC COMMUNICATION DISORDER	SPEECH THERAPY	1	0	0	0	0			
SPEECH/HEARING THERAPY	SPECIFIC READING DISORDER	SPEECH THERAPY	0	1	1	0	0			
SPEECH/HEARING THERAPY	Speech and language development delay due to hearing loss	Other Provider						2		
SPEECH/HEARING THERAPY	SPEECH AND LANGUAGE DEVELOPMENT DELAY DUE TO HEARING LOSS	PEDIATRICS	1	0	0	0	0	_		
SPEECH/HEARING THERAPY	SPEECH AND LANGUAGE DEVELOPMENT DELAY DUE TO HEARING LOSS	SPEECH THERAPY	1	2	2	0	0			+
SPEECH/HEARING THERAPY	STENOSIS OF LARYNX	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
SPEECH/HEARING THERAPY	STIFF-MAN SYNDROME	NOSE, AND THROAT) INTERNAL MEDICINE	1	0	0	0	0			+
SPEECH/ HEARING THERAPY	STIFF-IVIAN SYNUKUME	INTERNAL MEDICINE	1	U	U	U	U	l	l	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SPEECH/HEARING THERAPY	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
SPEECH/HEARING THERAPY	TRAUM HEMOR LEFT CEREBRUM W LOC >24 HR W RET CONSC LEV, SUBS	NOSE, AND THROAT) PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	PEDIATRICS	2	0	0	0	0			+
SPEECH/HEARING THERAPY	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	SPEECH THERAPY	1	0	0	0	0			1
SPEECH/HEARING THERAPY	TUBEROUS SCLEROSIS	PEDIATRICS	1	0	0	0	0			1
SPEECH/HEARING THERAPY	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	PHYSICAL MEDICINE	1	0	0	0	0			
SPEECH/HEARING THERAPY	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, INIT	FAMILY MEDICINE	0	1	1	0	0			1
SPEECH/HEARING THERAPY	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, SEQUELA	PSYCHOLOGY	0	1	1	0	0			1
SPEECH/HEARING THERAPY	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRICS	3	1	1	0	0			1
SPEECH/HEARING THERAPY	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	PEDIATRICS	0	1	1	0	0			†
SPEECH/HEARING THERAPY	UNSPECIFIED DISORDER OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRICS	0	1	1	0	0			1
SPEECH/HEARING THERAPY	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	PEDIATRICS	1	0	0	0	0			+
SPEECH/HEARING THERAPY	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	SOCIAL WORK	1	0	0	0	0			+
SPEECH/HEARING THERAPY	Unspecified lack of coordination	Other Provider	1	-	-	-			1	1
SPEECH/HEARING THERAPY	UNSPECIFIED LACK OF COORDINATION	PEDIATRICS	2	0	0	0	0		<u> </u>	+
SPEECH/HEARING THERAPY	UNSPECIFIED LACK OF COORDINATION	SPEECH THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	PHYSICAL MEDICINE	1	0	0	0	0			+
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES	COUNSELING	1	0	0	0	0			+
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES UNSPECIFIED SPEECH DISTURBANCES	NEUROLOGY	0	1	1	0	0			+
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES UNSPECIFIED SPEECH DISTURBANCES	PEDIATRICS	1	0	0	0	0			+
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES UNSPECIFIED SPEECH DISTURBANCES	SPEECH THERAPY	1	0	0	0	0			+
SPEECH/HEARING THERAPY	UNSPECIFIED SYMBOLIC DYSFUNCTIONS	PEDIATRICS	2	0	0	0	0			+
SPEECH/HEARING THERAPY			1	0	0	0	0			+
SPEECH/HEARING THERAPY SPEECH/HEARING THERAPY	VENTRICULAR SEPTAL DEFECT	PEDIATRICS	1	0	0	0	0			
	VENTRICULAR SEPTAL DEFECT	PSYCHIATRY	1	0	0	0	0			
SPEECH/HEARING THERAPY	WERNICKE'S ENCEPHALOPATHY	PHYSICAL MEDICINE	2	0	0	0	0			
SPEECH/HEARING THERAPY	WHOLE CHROMOSOME TRISOMY, MOSAICISM (MITOTIC NONDISJUNCTION)	FAMILY MEDICINE	U	2	2	0	0			
SPEECH/HEARING THERAPY	WILLIAMS SYNDROME	PEDIATRICS	1	0	0	0	0			
SPERM ISOLATION COMPLEX	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	0	1	0	0	1			
		ENDOCRINOLOGY/INFERTILI TY								
SPINAL DISK SURGERY ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SPINAL DISK SURGERY ADD-ON	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SPINAL ORTHOSIS NOS	PECTUS CARINATUM	FAMILY MEDICINE	1	0	0	0	0			1
SPINAL ORTHOSIS NOS	PECTUS CARINATUM	PEDIATRIC SURGERY	2	0	0	0	0			
SPINAL ORTHOSIS NOS	PECTUS CARINATUM	PEDIATRICS	2	0	0	0	0			
SPINE FUSION EXTRA SEGME	Spondylolisthesis, lumbar region	Other Provider							1	ı l
SPINE FUSION EXTRA SEGMENT	ARTHRODESIS STATUS	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
SPINE FUSION EXTRA SEGMENT	BREAKDOWN (MECHANICAL) OF INT FIX OF VERTEBRAE, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
SPINE FUSION EXTRA SEGMENT	CONGENITAL SPONDYLOLISTHESIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SPINE FUSION EXTRA SEGMENT	LOW BACK PAIN	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
SPINE FUSION EXTRA SEGMENT	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	n			+
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	SURGERY, ORTHOPEDIC	n	2	2	0	0			+
SPINE FUSION EXTRA SEGMENT	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			+
SPINE FUSION EXTRA SEGMENT	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
SPINE FUSION EXTRA SEGMENT	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	1	1	0	0			†
SPINE FUSION EXTRA SEGMENT	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	3	2	2	0	0			†
	RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	1	1	0	0			+
ISPINE EUSION EXTRA SEGMENT		JONGENI, ONTHOLEDIC	1-	1-	1-	<u> </u>	ĭ			
SPINE FUSION EXTRA SEGMENT SPINE FUSION EXTRA SEGMENT		SURGERY NEUROLOGICAL	2	0	0	n	0			
SPINE FUSION EXTRA SEGMENT SPINE FUSION EXTRA SEGMENT SPINE FUSION EXTRA SEGMENT	SCOLIOSIS, UNSPECIFIED SPINAL INSTABILITIES, LUMBAR REGION	SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC	2	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, CERVICAL REGION	SURGERY, ORTHOPEDIC	Approvais	1	1	O	O	Approved	Dellieu	by IKO
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, NEUROLOGICAL	1	2	2	0	0			
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	NEUROLOGY	0	1	1	0	0			
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	SURGERY, ORTHOPEDIC	1	3	3	0	0			
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	1	3	3	0	0			
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	2	1	1	0	0			
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, SITE UNSPECIFIED	PSYCHIATRY	1	1	1	0	0			
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, SITE UNSPECIFIED	SURGERY, ORTHOPEDIC	4	1	1	0	0			
SPINE FUSION EXTRA SEGMENT	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SPINE FUSION EXTRA SEGMENT	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	2	2	0	0			
SPINE FUSION EXTRA SEGMENT	STABLE BURST FRACTURE OF SECOND LUMBAR VERTEBRA, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
SPINE FUSION EXTRA SEGMENT	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
SPINE SURGERY PROCEDURE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SPINE SURGERY PROCEDURE	Low back pain	Other Provider							1	
SPINE SURGERY PROCEDURE	LOW BACK PAIN	PHYSICAL MEDICINE	0	1	1	0	0			
SPINE SURGERY PROCEDURE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SPINE SURGERY PROCEDURE	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	0	1	1	0	0			-
SPINE SURGERY PROCEDURE	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, NEUROLOGICAL	0	1	1	0	0			
SPINE SURGERY PROCEDURE	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
SPIRIVA	Mild persistent asthma, uncomplicated	PHYSICIAN ASSISTANT							1	
SPIRIVA	Unspecified asthma, uncomplicated	Other Provider							1	
SPIRIVA 18 MCG CAP W/DEV	N/A	FAMILY MEDICINE	1	8	8					
SPIRIVA 18 MCG CAP W/DEV	N/A	INTERNAL MEDICINE		4	4					
SPIRIVA 18 MCG CAP W/DEV	N/A	Other Provider		1	1					
SPIRIVA 18 MCG CAP W/DEV	N/A	PEDIATRICS		1	1					
SPIRIVA 18 MCG CAP W/DEV	N/A	PHYSICIAN ASSISTANT		1	1					
SPIRIVA 18 MCG CAP W/DEV	N/A	PULMONARY DISEASE	4	4	4					
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE)									
SPIRIVA 18 MCG CP-HANDIHALER	EXACERBATION	Other Provider		1	1					
SPIRIVA 18 MCG CP-HANDIHALER	Chronic obstructive pulmonary disease, unspecified	FAMILY MEDICINE	1							
SPIRIVA 18 MCG CP-HANDIHALER	Chronic obstructive pulmonary disease, unspecified	NURSE PRACTITIONER		1	1					
SPIRIVA 18 MCG CP-HANDIHALER	Chronic obstructive pulmonary disease, unspecified	Other Provider	1							
SPIRIVA 18 MCG CP-HANDIHALER	Chronic obstructive pulmonary disease, unspecified	PULMONARY DISEASE	2	1	1					ļ
SPIRIVA 18 MCG CP-HANDIHALER	Severe persistent asthma, uncomplicated	INTERNAL MEDICINE		1	1					
SPIRIVA RESPIMAT 1.25 MCG INH	Mild persistent asthma, uncomplicated	PULMONARY DISEASE	1			-				
SPIRIVA RESPIMAT 1.25 MCG INH	Moderate persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY	1							
SPIRIVA RESPIMAT 1.25 MCG INH	Moderate persistent asthma, uncomplicated	PULMONARY DISEASE	1							
SPIRIVA RESPIMAT 1.25 MCG INH	N/A	ALLERGY/IMMUNOLOGY		1	1					
SPIRIVA RESPIMAT 1.25 MCG INH	Severe persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY	2							
SPIRIVA RESPIMAT 1.25 MCG INH	Severe persistent asthma, uncomplicated	Other Provider	1	2	2					
SPIRIVA RESPIMAT 1.25 MCG INH	SHORTNESS OF BREATH	Other Provider	1	1	1					1
SPIRIVA RESPIMAT 1.25 MCG INH	Unspecified asthma, uncomplicated	ALLERGY/IMMUNOLOGY	1			1				↓
SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 1.25 MCG INH	Unspecified asthma, uncomplicated Unspecified asthma, uncomplicated	Other Provider PULMONARY DISEASE	2	-		-		-		
STIMIVA MESETIVIAT 1.23 IVICO INT	опърестией азлита, инсотприсатей	I OLIVIONANT DISEASE		 		1		 		
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	ALLERGY/IMMUNOLOGY	7	2	2					

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SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	FAMILY MEDICINE		2	2					
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	INTERNAL MEDICINE		5	5					
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	Other Provider	4	3	3					
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	PEDIATRICS	2							
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	PHYSICIAN ASSISTANT	1							
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	PULMONARY DISEASE	6	3	3					
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	N/A	SLEEP MEDICINE	1							
SPIRIVA RESPIMAT 2.5 MCG INH	Chronic obstructive pulmonary disease, unspecified	Other Provider	1	1	1					
SPIRIVA RESPIMAT 2.5 MCG INH	Chronic obstructive pulmonary disease, unspecified	PULMONARY DISEASE	1	1	1					
SPIRIVA RESPIMAT 2.5 MCG INH	Chronic obstructive pulmonary disease, unspecified	SLEEP MEDICINE		1	1					
SPIRIVA RESPIMAT 2.5 MCG INH	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	PULMONARY DISEASE		1	1					
SPIRIVA RESPIMAT 2.5 MCG INH	Severe persistent asthma, uncomplicated	SLEEP MEDICINE	1							
SPIRIVA RESPIMAT 2.5 MCG INH	Unspecified asthma, uncomplicated	FAMILY MEDICINE		1	1					
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	ALLERGY		1	1					
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	ALLERGY/IMMUNOLOGY		1	1					
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	FAMILY MEDICINE		2	2					
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	Other Provider	1	4	4					
		OTOLARYNGOLOGY (EAR,								
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	NOSE, AND THROAT)		1	1					
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	PEDIATRICS		1	1					
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	PULMONARY DISEASE	6	11	11					
SPIRIVA RESPIMAT 2.5 MCG MIST INHAL	N/A	SLEEP MEDICINE	2	2	2					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory Therapy	1							
	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF									
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERTENSION	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory Therapy	2	3	3					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	INSOMNIA, UNSPECIFIED	Respiratory Therapy		2	2					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	MULTIPLE SCLEROSIS	Respiratory Therapy	1							
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBESITY, UNSPECIFIED	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory Therapy	56	154	154					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER DISORDERS OF LUNG	Respiratory Therapy	1							
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER FATIGUE	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER HYPERSOMNIA	Respiratory Therapy	1	2	2					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER PARASOMNIA	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SLEEP DISORDERS	Respiratory Therapy		2	2					
·	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN	, , , , , ,								
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PHYSIOLOGICAL CONDITION	Respiratory Therapy	1							
		1								
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PERIODIC LIMB MOVEMENT DISORDER	Respiratory Therapy	1							
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY INSOMNIA	Respiratory Therapy	1							
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	RESTLESS LEGS SYNDROME	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory Therapy	5	11	11					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory Therapy	1	4	4					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory Therapy	4	5	5					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	Respiratory Therapy		1	1					
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Respiratory Therapy		1	1					
SPRAVATO	major depression disorder	Physician		-	Ī			1		
	Major depression disorder, recurrent severe without psychotic	,								
SPRAVATO	features	Physician							1	
SPRAVATO	Major depressive disorder, recurrent, moderate	Other Provider			t				1	
STRANTO	imajor acpressive disorder, recurrent, moderate	Other I Tovider	ı	1	1			ll		

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SPRAVATO	·	Major depressive disorder, recurrent, moderate	Physician						1		
SPRAVATO		Major depressive disorder, single episode, unspecified	Physician						1		
		Major depressive disorder, recurrent severe without psychotic									
SPRAVATO 56 MG DOSE PACI	K	features	Other Provider	2							
SPRAVATO 56 MG SPRAY		N/A	Other Provider	6	4	4					
		Major depressive disorder, recurrent severe without psychotic									
SPRAVATO 84 MG DOSE PACI	K	features	Other Provider		1	1					
SPRAVATO 84 MG DOSE PACI	K	Major depressive disorder, recurrent, moderate	Other Provider		2	2					
SPRAVATO 84 MG SPRAY		N/A	Other Provider	13	4	4					
SPRYCEL 100 MG TABLET		N/A	Internal Medicine	1							
SPRYCEL 100 MG TABLET		N/A	NURSE PRACTITIONER	1							
SPRYCEL 100 MG TABLET		N/A	ONCOLOGY	1							
SPRYCEL 100 MG TABLET		N/A	Other Provider	1							
			PEDIATRIC								1
			HEMATOLOGY/ONCOLOG								
SPRYCEL 100 MG TABLET		N/A	Υ	1							
			PEDIATRIC								1
			HEMATOLOGY/ONCOLOG								
SPRYCEL 20 MG TABLET		N/A	Υ	1							
											1
SPRYCEL 50 MG TABLET		CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Other Provider	1							
SPRYCEL 50 MG TABLET		N/A	ONCOLOGY	2							
SPRYCEL 50 MG TABLET		N/A	PHYSICIAN ASSISTANT	1							
SPRYCEL 70 MG TABLET		N/A	ONCOLOGY	1							
SSD 1 % CREAM(GM)		N/A	DERMATOLOGY	1							
SSD 1% CREAM		Other general symptoms and signs	DERMATOLOGY	1							
STAB PHLEB VEINS XTR 10-20		CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	INTERNAL MEDICINE	0	1	1	0	0			
STAB PHLEB VEINS XTR 10-20		CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF R LOW EXTREM	SURGERY, VASCULAR	0	1	1	0	0			
STAB PHLEB VEINS XTR 10-20		HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	SURGERY, VASCULAR	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, GENERAL	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		PAIN IN RIGHT LEG	SURGERY, VASCULAR	3	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		PAIN IN RIGHT LOWER LEG	SURGERY, GENERAL	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		PAIN IN RIGHT LOWER LEG	SURGERY, PLASTIC	1	1	1	0	0			
STAB PHLEB VEINS XTR 10-20		UNSP COMPLICATION OF INTERNAL PROSTH DEV/GRFT, INIT	CARDIOVASCULAR DISEASE	2	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOS VN UNSP LOWER EXTREMITY WITH OTHER COMPLICATIONS	SURGERY, VASCULAR	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	DERMATOLOGY	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, VASCULAR	1	1	1	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	DERMATOLOGY	2	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	SURGERY, GENERAL	2	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	2	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	SURGERY, VASCULAR	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	SURGERY, VASCULAR	3	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	SURGERY, VASCULAR	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STAB PHLEB VEINS XTR 10-20		VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	SURGERY, VASCULAR	1	4	4	0	0			
STANDARD WHEELCHAIR		CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	FAMILY MEDICINE	1	0	0	0	0			
STANDARD WHEELCHAIR		OTHER REDUCED MOBILITY	FAMILY MEDICINE	1	0	0	0	0			
STANDARD WHEELCHAIR		PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	PULMONARY DISEASE	1	0	0	0	0			
STANDARD WHEELCHAIR		PERSONAL HISTORY OF POLIOMYELITIS	FAMILY MEDICINE	1	0	0	0	0			
STANDARD WHEELCHAIR		PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			

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STANDARD WHEELCHAIR	UNSPECIFIED FALL, INITIAL ENCOUNTER	PEDIATRIC	1	0	0	0	0			
		HEMATOLOGY/ONCOLOGY								
STANDARD WHEELCHAIR	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			-
STANDARD WHEELCHAIR	UNSPECIFIED JAUNDICE UNSPECIFIED JAUNDICE	HEMATOLOGY	1	0	0	0	0			
STANDARD WHEELCHAIR	WEAKNESS	FAMILY MEDICINE	1	n	0	0	0			
STANDING FRAME SYS	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	PEDIATRICS	1	0	0	0	0			
STATIC OR DYNAMI AFO PRE OTS	ACHILLES TENDINITIS, RIGHT LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			_
STATIC OR DYNAMI AFO PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	1	n	0	0	0			
STATIC OR DYNAMI AFO PRE OTS	PLANTAR FASCIAL FIBROMATOSIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
STATIONARY COMPRESSED GAS 02	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	PULMONARY DISEASE	1	0	0	0	0			-
STATIONARY COMPRESSED GAS 02	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	NEUROLOGY	1	0	0	0	0			
STEGLATRO 15 MG TABLET	N/A	Other Provider	1							+
STEGERING IS ING TREET	14/14	ENDOCRINOLOGY AND	1							
STEGLATRO 5 MG TABLET	N/A	METABOLISM	1							
STEGLATRO 5 MG TABLET	N/A	INTERNAL MEDICINE	1							—
STEGLATRO 5 MG TABLET	N/A	Other Provider	1	1	1					
STEGLATRO 5 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		1	1					_
STEGERING S WIG TREET	Type 2 diabetes memers without complications	ENDOCRINOLOGY AND		-	-					+
STEGLUJAN 15MG-100MG TABLET	N/A	METABOLISM	2	1	1					
STEGLUJAN 15MG-100MG TABLET	N/A	FAMILY MEDICINE	1	1	1					
STEGLUJAN 15MG-100MG TABLET STEGLUJAN 15MG-100MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					
STEGLUJAN 15MG-100MG TABLET STEGLUJAN 15MG-100MG TABLET	N/A	Other Provider	1	2	2					-
STEGLUJAN 15WG-100WG TABLET STEGLUJAN 5 MG-100MG TABLET	N/A	INTERNAL MEDICINE	1	2	Z					-
STELARA		GASTROENTEROLOGY	1					1		
STELARA	Crohn's disease of large intestine without complications	DERMATOLOGY	1	1				1		-
STELARA	Other psoriasis	DERMATOLOGY						1		
STELARA 130 MG/26 ML VIAL	Psoriasis, unspecified N/A	Other Provider	1	1				1		
STELARA 45 MG/0.5 ML SYRINGE	,		1	1						
STELARA 45 MG/0.5 ML SYRINGE	Arthropathic psoriasis, unspecified	DERMATOLOGY DERMATOLOGY	1	2	2					
·	Other psoriasis		1	3	3					
STELARA 45 MG/0.5 ML SYRINGE	Other psoriasis	Other Provider DERMATOLOGY	6	1	1					-
STELARA 45 MG/0.5 ML SYRINGE STELARA 45 MG/0.5 ML SYRINGE	Psoriasis vulgaris		2	1	1					
STELAKA 45 MIG/U.5 IVIL SYKINGE	Psoriasis vulgaris	Other Provider	3							
CTELADA AF NAC (O F NAL CYDINICE	Decrinate and serie	PEDIATRIC								
STELARA 45 MG/0.5 ML SYRINGE	Psoriasis vulgaris	DERMATOLOGY	2	4	4					
STELARA 45 MG/0.5 ML SYRINGE	Psoriasis, unspecified	DERMATOLOGY		1	1					
STELARA 45 MG/0.5 ML SYRINGE	Psoriasis, unspecified	Other Provider	2	4	4					
STELARA 45MG/0.5ML SYRINGE	N/A	DERMATOLOGY	2	1	1				1	
STELARA 45MG/0.5ML SYRINGE	N/A	Other Provider	1							
STELARA 45MG/0.5ML SYRINGE	N/A	PHYSICIAN ASSISTANT	2							
STELARA 45MG/0.5ML SYRINGE	N/A	RHEUMATOLOGY	5	1	1					
STELARA 45MG/0.5ML VIAL	N/A	RHEUMATOLOGY	2							
STELARA 90 MG/ML SYRINGE	Arthropathic psoriasis, unspecified	DERMATOLOGY	1							
CTELADA CO MACAMA CUDINICE	Crohn's disease of both small and large intestine with other	CACTROFNITEROLOGY								
STELARA 90 MG/ML SYRINGE	complication	GASTROENTEROLOGY	3							
	Crohn's disease of both small and large intestine with unspecified									
STELARA 90 MG/ML SYRINGE	complications	GASTROENTEROLOGY	1	<u> </u>	<u> </u>					
	Crohn's disease of both small and large intestine with unspecified	PEDIATRIC	l.							
STELARA 90 MG/ML SYRINGE	complications	GASTROENTEROLOGY	1	<u> </u>						<u> </u>
STELARA 90 MG/ML SYRINGE	Crohn's disease of small intestine without complications	GASTROENTEROLOGY	4	ļ						<u> </u>
STELARA 90 MG/ML SYRINGE	Crohn's disease of small intestine without complications	Other Provider	2	1	1					<u> </u>
STELARA 90 MG/ML SYRINGE	CROHNS DISEASE SMALL & DIFFERENCE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	GASTROENTEROLOGY	2	ļ						
	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED									
STELARA 90 MG/ML SYRINGE	COMPLICATIONS	GASTROENTEROLOGY	1	ļ						
STELARA 90 MG/ML SYRINGE	Crohn's disease, unspecified, without complications	Other Provider	3							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		PEDIATRIC								
STELARA 90 MG/ML SYRINGE	Crohn's disease, unspecified, without complications	GASTROENTEROLOGY	1							
STELARA 90 MG/ML SYRINGE	Illness, unspecified	DERMATOLOGY	1							
		CARDIOVASCULAR								
STELARA 90 MG/ML SYRINGE	N/A	DISEASE	1							
STELARA 90 MG/ML SYRINGE	N/A	DERMATOLOGY	4	2	2					
STELARA 90 MG/ML SYRINGE	N/A	GASTROENTEROLOGY	16	1	1					
STELARA 90 MG/ML SYRINGE STELARA 90 MG/ML SYRINGE	N/A N/A	NURSE PRACTITIONER Other Provider	14							
STELARA 90 MG/ML SYRINGE	N/A	PEDIATRIC PEDIATRIC	14							+
STELARA 90 MG/ML SYRINGE	N/A	GASTROENTEROLOGY	4							
STELARA 90 MG/ML SYRINGE	N/A	PHYSICIAN ASSISTANT	3							+
STELARA 90 MG/ML SYRINGE	N/A	RHEUMATOLOGY	5	1	1					_
STELARA 90 MG/ML SYRINGE	Psoriasis vulgaris	DERMATOLOGY	2							
STELARA 90 MG/ML SYRINGE	Psoriasis vulgaris	GASTROENTEROLOGY	1							
STELARA 90 MG/ML SYRINGE	Psoriasis vulgaris	Other Provider	2							
STELARA 90 MG/ML SYRINGE	Psoriasis, unspecified	DERMATOLOGY		1	1					
STELARA 90 MG/ML SYRINGE	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	2							
STENDRA 200 MG TABLET	N/A	Other Provider	1							
STENDRA 200 MG TABLET	N/A	UROLOGY	1	2	2					
STENT PLACEMT ANTE CAROTID	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	CARDIOVASCULAR DISEASE	0	1	1	0	0			
STENT PLACEMT RETRO CAROTID	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	CARDIOVASCULAR DISEASE	0	1	1	0	0			
STERILE NEEDLE	BENIGN NEOPLASM OF PARATHYROID GLAND	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
STERILE NEEDLE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
STERILE NEEDLE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
STERILE NEEDLE	SPONDYLOLISTHESIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
STERILE NEEDLE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	SURGERY, ORTHOPEDIC	3	0	0	0	0			
STIMULATION PACING HEART	ALLERGIC RHINITIS DUE TO POLLEN	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STIMULATION PACING HEART	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
STIMULATION PACING HEART	ATYPICAL ATRIAL FLUTTER	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
STIMULATION PACING HEART	DILATED CARDIOMYOPATHY	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
STIMULATION PACING HEART	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
STIMULATION PACING HEART	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STIMULATION PACING HEART	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
STIMULATION PACING HEART	OTHER PERSISTENT ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	4	1	1	0	0			
STIMULATION PACING HEART	OTHER PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
STIMULATION PACING HEART	OTHER PERSISTENT ATRIAL FIBRILLATION	FACILITY	1	0	0	0	0			+
STIMULATION PACING HEART	OTHER PERSISTENT ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	0	0	0	0			†
STIMULATION PACING HEART	PALPITATIONS	CARDIAC ELECTROPHYSIOLOGY	2	0	0	0	0			
STIMULATION PACING HEART	PAROXYSMAL ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	10	2	2	0	0			
STIMULATION PACING HEART	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	6	0	0	0	0			
STIMULATION PACING HEART	PAROXYSMAL ATRIAL FIBRILLATION	FAMILY MEDICINE	1	0	0	0	0			+
STIMULATION PACING HEART	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	3	0	0	0	0			\vdash
STIMULATION PACING HEART	PRE-EXCITATION SYNDROME	CARDIAC	1	0	0	0	0			+
		ELECTROPHYSIOLOGY		<u> </u>						

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
STIMULATION PACING HEART	RE-ENTRY VENTRICULAR ARRHYTHMIA	CARDIAC ELECTROPHYSIOLOGY	1	1	1	0	0			
STIMULATION PACING HEART	RE-ENTRY VENTRICULAR ARRHYTHMIA	INTERNAL MEDICINE	2	0	0	0	0			
STIMULATION PACING HEART	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC	8	0	0	0	0			
		ELECTROPHYSIOLOGY								
STIMULATION PACING HEART	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	5	0	0	0	0			
STIMULATION PACING HEART	SUPRAVENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	2	0	0	0	0			
STIMULATION PACING HEART	SUPRAVENTRICULAR TACHYCARDIA	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
STIMULATION PACING HEART	SYNCOPE AND COLLAPSE	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
STIMULATION PACING HEART	TYPICAL ATRIAL FLUTTER	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
STIMULATION PACING HEART	TYPICAL ATRIAL FLUTTER	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STIMULATION PACING HEART	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC	5	0	0	0	0			
STIMULATION PACING HEART	UNSPECIFIED ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	1	0	0	0	0			
STIMOLETION FACING HEART	ONDE ECHTED ATMAE FIDMEEATION	CANDIO VASCULAR DISEASE	*	ľ	ľ	ľ	ľ			
STIMULATION PACING HEART	UNSPECIFIED ATRIAL FLUTTER	CARDIOLOGY,	1	0	0	0	0			
STIMULATION PACING HEART	VENTRICULAR PREMATURE DEPOLARIZATION	INTERVENTIONAL INTERNAL MEDICINE	1	0	0	0	0			
STIOLTO RESPIMAT 2.5-2.5MCG MIST INHAL	N/A	INTERNAL MEDICINE	1	1	1	0	U			
STIOLTO RESPINAT 2.5-2.5MCG MIST INHAL	N/A	Other Provider		2	2					++
STIOLTO RESPINAT 2.5-2.5MCG MIST INHAL	N/A	PHYSICIAN ASSISTANT		3	1					++
STIOLTO RESPINAT 2.5-2.5MCG MIST INHAL	N/A	PULMONARY DISEASE		2	2					+
STIULTU RESPINIAT 2.5-2.5MCG MIST INHAL	IN/A	FAMILY NURSE		2	Z					
CTIQUEO RECDIMANT INVIANT CRRAV	DDONICHIECTACIC LINICOMADUCATED		l,							
STIOLTO RESPIMAT INHAL SPRAY STIOLTO RESPIMAT INHAL SPRAY	BRONCHIECTASIS, UNCOMPLICATED	PRACTITIONER	1	1						_
	Chronic obstructive pulmonary disease, unspecified	Other Provider	1	1	4					+
STIOLTO RESPIMAT INHAL SPRAY	Unspecified asthma, uncomplicated	PULMONARY DISEASE	1	1	1					+
STIVARGA 40 MG TABLET	Malignant neoplasm of ascending colon	ONCOLOGY	1							├ ──
STIVARGA 40 MG TABLET	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	1	1						_
STIVARGA 40 MG TABLET	N/A	ONCOLOGY Other Descrides	1	1						_
STIVARGA 40 MG TABLET	N/A	Other Provider	1		0	0	0			
STND HEMI (LOW SEAT) WHICHR	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			├ ──
STOMACH SURGERY PROCEDURE	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	GASTROENTEROLOGY	1	0	0	0	0			
STORAGE/YEAR EMBRYO(S)	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	2	1	O	0	1			
STORAGE/YEAR SPERM/SEMEN	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	TY REPRODUCTIVE	0	1	0	0	1			+
STORAGE, TEAR OF ENVIOLEN	ENCOUNTER FOR ASSISTED REPRODETY FERTILITY PROCEDURE CICLE	ENDOCRINOLOGY/INFERTILI	O	1	0		ľ			
STR MARKERS SPECIMEN ANAL	CHEST PAIN, UNSPECIFIED	TY	1	0	0	0	0			
		HEMATOLOGY	1	0	0	0	0			
STRAIGHT TIP URINE CATHETER	UNSPECIFIED URETHRAL STRICTURE, MALE, MEATAL	UROLOGY	1	U	U	U	U			
STRENSIQ	Disorder of phosphorus metabolism, unspecified	ENDOCRINOLOGY AND METABOLISM							1	
		ENDOCRINOLOGY AND								
Strensiq	Disorders of phosphorus metabolism and phosphatases	METABOLISM	<u></u>	<u></u>	<u> </u>		<u> </u>		1	
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	FAMILY PRACTICE	1	1	1			1		
	ABNORMAL ELECTROCARDIOGRAM; ABNORMAL RESULT OTH	CARDIOVASCULAR								
STRESS TTE COMPLETE	CARDIOVASCULR FUNCTION STUDY	DISEASE	1	<u></u>	<u> </u>		<u> </u>			1
		CARDIOVASCULAR								
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM; PRECORDIAL PAIN	DISEASE	1	<u></u>	<u> </u>		<u> </u>			1
		CARDIOVASCULAR								
STRESS TTE COMPLETE	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	DISEASE	1	<u> </u>						
		CARDIOVASCULAR								
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	DISEASE	1							ļ
	CARRIAG ARRUNTUMIA UNICESSITE CONTROL	CARRIOVASC: :: + 5								
	CARDIAC ARRHYTHMIA UNSPECIFIED; OTHER FORMS OF DYSPNEA;	CARDIOVASCULAR			L]
STRESS TTE COMPLETE	SHORTNESS OF BREATH; ESSENTIAL PRIMARY HYPERTENSION	DISEASE]1	1			j		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		CARDIOVASCULAR								
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	DISEASE	1	1	1					
	CHEST PAIN UNSPECIFIED; ENCOUNTER FOR PREPROCEDURAL									
STRESS TTE COMPLETE	CARIOVASCULAR EXAM	Physician	1							
	CHEST PAIN UNSPECIFIED; ESSENTIAL PRIMARY HYPERTENSION;	CARDIOVASCULAR								
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	DISEASE		1	1					
		CARDIOVASCULAR								
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED; HYPERLIPIDEMIA UNSPECIFIED	DISEASE	1							↓
	CHEST PAIN UNSPECIFIED; PALPITATIONS; COR ATHEROSCLER D/T	CARDIOVASCULAR								
STRESS TTE COMPLETE	CALCIFIED CORONARY LESION	SURGERY	1							
STRESS TTE COMPLETE	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
		CARDIOVASCULAR								
STRESS TTE COMPLETE	DIZZINESS AND GIDDINESS; ABNORMAL ELECTROCARDIOGRAM	DISEASE	1							
	DIZZINESS AND GIDDINESS; SUPRAVENTRICULAR TACHYCARDIA;	CARDIOVASCULAR								
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	DISEASE	1							
		CARDIOVASCULAR								
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED	DISEASE	1							
		CARDIOVASCULAR								
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED; CHEST PAIN UNSPECIFIED	DISEASE	1							
		CARDIOVASCULAR								
STRESS TTE COMPLETE	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	DISEASE	1							
		CARDIOVASCULAR								
STRESS TTE COMPLETE	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	DISEASE	1							
	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS;	CARDIOVASCULAR								
STRESS TTE COMPLETE	ABNORMAL RESULT CV FUNCTION STUDY UNS	DISEASE	1							
STRESS TTE COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	PEDIATRICS	1	0	0	0	0			
STRESS TTE COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	PSYCHIATRY	1	0	0	0	0			†
	, , ,	CARDIOVASCULAR								
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION; MIXED HYPERLIPIDEMIA	DISEASE	1							
	ESSENTIAL PRIMARY HYPERTENSION; OTHER FORMS OF DYSPNEA;		Ī							†
	MIXED HYPERLIPIDEMIA; BODY MASS INDEX BMI 39.0-39.9 ADULT;									
	SHORTNESS OF BREATH; ABNORMAL ELECTROCARDIOGRAM;	CARDIOVASCULAR								
STRESS TTE COMPLETE	TOBACCO USE	DISEASE	1							
	ESSENTIAL PRIMARY HYPERTENSION; PALPITATIONS;	CARDIOVASCULAR	1							
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED; SHORTNESS OF BREATH	DISEASE	1							
STRESS TTE COMMEETE	HYPERLIPIDEMIA UNSPECIFIED; SHORTNESS OF BREATH; ESSENTIAL	CARDIOVASCULAR	-							
STRESS TTE COMPLETE	PRIMARY HYPERTENSION	DISEASE		1	1					
STRESS TTE COMMITTEE	NONRHEUMATIC TRICUSPID VALVE INSUFFICIENCY;	DISERSE	-	-	1					+
	NONRHEUMATIC MITRAL VALVE PROLAPSE; NONRHEUMATIC									
	AORTIC VALVE DISORDER UNSPECIFIED; ABNORMAL									
	ELECTROCARDIOGRAM; HYPERLIPIDEMIA UNSPECIFIED;	CARDIOVASCULAR								
STRESS TTE COMPLETE	CARDIOMEGALY; TACHYCARDIA UNSPECIFIED	DISEASE	1							
STRESS TTE CONTELETE	CARDIOWEGALT, TACITICARDIA GNOFECIFIED	CARDIOVASCULAR	1							+
STRESS TTE COMPLETE	OTHER CHEST PAIN	DISEASE	1	2	2					
STRESS TTE CONTPLETE			1	2	2					+
STRESS TTE COMPLETE	OTHER CHEST PAIN; PALPITATIONS; DIZZINESS AND GIDDINESS;	CARDIOVASCULAR DISEASE	1							
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION		1	 	1					+
STRESS TTE COMPLETE	OTHER CHEST PAIN; SHORTNESS OF BREATH; ABNORMAL	CARDIOVASCULAR	1							
STRESS TTE COMPLETE	ELECTROCARDIOGRAM	DISEASE	1	 	 					
	OTHER FATIGUE; SHORTNESS OF BREATH; NONRHEUMATIC MITRAL	CARRIOVACCUILAR								
CTRESS TTE COMPLETE	VALVE PROLAPSE; ENCOUNTER GEN ADULT MED EXAM W/O	CARDIOVASCULAR	L							
STRESS TTE COMPLETE	ABNORMAL FIND	DISEASE	1	<u> </u>	ļ					+
		CARDIOVASCULAR	L							
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	DISEASE	1	<u> </u>	<u> </u>					+
		CARDIOVASCULAR								
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA; ABNORMAL ELECTROCARDIOGRAM	DISEASE	1							1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		CARDIOVASCULAR								
STRESS TTE COMPLETE	OTHER RIGHT BUNDLE-BRANCH BLOCK	DISEASE	1							
CTDECC TTC COMPLETE	PAROXYSMAL ATRIAL FIBRILLATION; SHORTNESS OF BREATH; OTHER			1	4					
STRESS TTE COMPLETE	OBESITY; DIZZINESS AND GIDDINESS PAROXYSMAL TACHYCARDIA UNSPECIFIED; CHEST PAIN	DISEASE CARDIOVASCULAR		1	1					+
STRESS TTE COMPLETE	UNSPECIFIED	DISEASE	1							
STRESS TTE COMPLETE STRESS TTE COMPLETE	PLEURODYNIA	INTERNAL MEDICINE	1	1	1					+
STRESS TTE CONTLETE	TECHODINIA	CARDIOVASCULAR		_	1					+
STRESS TTE COMPLETE	PRECORDIAL PAIN	DISEASE	2							
OTTLESS TTE GOTTLE LETE	THEODIBINETYIII	CARDIOVASCULAR	_							+
STRESS TTE COMPLETE	SHORTNESS OF BREATH	DISEASE	1							
STRESS TTE COMPLETE	SHORTNESS OF BREATH	INTERNAL MEDICINE	1							+
		CARDIOVASCULAR								
STRESS TTE COMPLETE	SHORTNESS OF BREATH; CHEST PAIN UNSPECIFIED; PALPITATIONS	DISEASE	1							
		CARDIOVASCULAR								
STRESS TTE COMPLETE	SHORTNESS OF BREATH; ESSENTIAL PRIMARY HYPERTENSION	DISEASE	1							
	SHORTNESS OF BREATH; PRECORDIAL PAIN; DIZZINESS AND	CARDIOVASCULAR								P
STRESS TTE COMPLETE	GIDDINESS; PAROXYSMAL ATRIAL FIBRILLATION	DISEASE		1	1					<u> </u>
	SYNCOPE AND COLLAPSE; HYPERLIPIDEMIA UNSPECIFIED;	CARDIOVASCULAR								
STRESS TTE COMPLETE	PALPITATIONS; ESSENTIAL PRIMARY HYPERTENSION	DISEASE	1							<u> </u>
		CARDIOVASCULAR								
STRESS TTE COMPLETE	SYNCOPE AND COLLAPSE; OTHER FATIGUE	DISEASE	1							<u> </u>
	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE; Unknown;									
	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS;	CARDIOVASCULAR								
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	DISEASE	1							<u> </u>
CTDECC TTE COMPLETE	Unknown; ESSENTIAL PRIMARY HYPERTENSION; SHORTNESS OF	CARDIOVASCULAR								
STRESS TTE COMPLETE	BREATH	DISEASE	1							
STRESS TTE COMPLETE	Unknown; OTHER CHEST PAIN; SHORTNESS OF BREATH; ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR	1							
STRESS TTE COMPLETE STRESS TTE ONLY	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	DISEASE CARDIOVASCULAR DISEASE	1	0	0	0	0			+
STRESS TTE ONET	ABNONWAL ELECTROCARDIOGRAW (ECG) (ERG)	CANDIO VASCOLAN DISLASL	1	U	o .	o .	O			
STRESS TTE ONLY	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STRESS TTE ONLY	CHEST PAIN, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STRESS TTE ONLY	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
STRESS TTE ONLY	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
				_	_		_			
STRESS TTE ONLY	HEART FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
STRESS TTE ONLY	INTRACARDIAC THROMBOSIS, NOT ELSEWHERE CLASSIFIED	CARDIOVASCULAR DISEASE	1	0	0	O	0			ŀ
STRESS TTE ONLY	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STRESS TTE ONLY	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	1	0	0	0	0			
STRESS TTE ONLY	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	1	0	0	0	0			+ + + + + + + + + + + + + + + + + + + +
STRESS TTE ONLY	SHORTNESS OF BREATH	FAMILY MEDICINE	1	0	0	0	0			+
STRESS TTE ONLY	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			+
			_	_			-			
SUBSEQUENT HOSPITAL CARE	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
SUBSEQUENT HOSPITAL CARE	OTHER HISTIOCYTOSIS SYNDROMES	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
SUCRAID	Illness, unspecified	GASTROENTEROLOGY	 	 					1	
SUCRAID	Sucrase-isomaltase deficiency	GASTROENTEROLOGY	 	 					1	1
SUCRAID 8,500 UNITS/ML SOLN	Illness, unspecified	GASTROENTEROLOGY		1	1					+
SUCTION ASSISTED LIPECTO	Transsexualism	Other Provider	1	-	-	+		 	1	+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SUCTION LIPECTOMY LWR EXTREM	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	0	2	2	0	0			
SUCTION LIPECTOMY LWR EXTREM	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	SURGERY, GENERAL	1	0	0	0	0			
SUCTION LIPECTOMY TRUNK	HYPERTROPHY OF BREAST	PSYCHOLOGY	0	1	1	0	0			
SUCTION LIPECTOMY TRUNK	HYPERTROPHY OF BREAST	SURGERY, GENERAL	0	1	1	0	0			
SUCTION LIPECTOMY TRUNK	LOCALIZED ADIPOSITY	SURGERY, PLASTIC	0	1	1	0	0			
SUCTION LIPECTOMY TRUNK	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
SUCTION LIPECTOMY TRUNK	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
SUCTION LIPECTOMY TRUNK	PANNICULITIS, UNSPECIFIED	SURGERY, GENERAL	0	1	1	0	0			
SUCTION LIPECTOMY TRUNK	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
SUCTION LIPECTOMY UPR EXTREM	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	SURGERY, PLASTIC	0	1	1	0	0			
SUCTION PUMP PORTAB HOM MODL	END STAGE RENAL DISEASE	INTERNAL MEDICINE	1	0	0	0	0			
SUCTION PUMP PORTAB HOM MODL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			
SUMATRIPTAN SUCC 100 MG TABLET	Chronic migraine without aura, intractable, without status migrainosus	Other Provider	1			-				
SUMATRIPTAN SUCC 25 MG TABLET	Migraine with aura, intractable, without status migrainosus	PAIN MANAGEMENT	1	1	1					
SOMETHIC THIN SUCC 23 INIO TABLET	ivingrame with aura, intractable, without status migramosus	I AIN IVIANAGEIVIENT	 	-	1					++
SUMMATRIRTANI SUCC 25 MC TARLET	Migraine without aura not intractable without status migrainesus	PEDIATRICS		1	4					
SUMATRIPTAN SUCC 25 MG TABLET	Migraine without aura, not intractable, without status migrainosus			1	1					
SUMATRIPTAN SUCC 25 MG TABLET	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY MEDICINE		1	1					-
SUMATRIPTAN SUCCINATE 100 MG TABLET	N/A	FAMILY MEDICINE		1	1					
		FAMILY NURSE								
SUMATRIPTAN SUCCINATE 100 MG TABLET	N/A	PRACTITIONER		1	1					
SUMATRIPTAN SUCCINATE 100 MG TABLET	N/A	NEUROLOGY	2							
SUMATRIPTAN SUCCINATE 100 MG TABLET	N/A	OBSTETRICS/GYNECOLOG Y	1							
SUMATRIPTAN SUCCINATE 100 MG TABLET	N/A	Other Provider		1	1					
SUMATRIPTAN SUCCINATE 100 MG TABLET SUMATRIPTAN SUCCINATE 100 MG TABLET	N/A N/A	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT) PHYSICIAN ASSISTANT	1	1	1					
SUMATRIPTAN SUCCINATE 25 MG TABLET	N/A	ALLERGY/IMMUNOLOGY	1							
SUMATRIPTAN SUCCINATE 50 MG TABLET	N/A	FAMILY MEDICINE		2	2					†
SUMATRIPTAN SUCCINATE 50 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
SUMATRIPTAN SUCCINATE 50 MG TABLET	N/A	NEUROLOGY	1	-	-					1
SUMATRIPTAN SUCCINATE 6 MG/0.5ML PEN INJCTR	N/A	NEUROLOGY	-	1	1					+
SUNOSI	Hypersomnia, unspecified	NEUROLOGY		-	-			1		
SUNOSI		Other Provider						1	1	\vdash
SUNOSI	Hypersomnia, unspecified								1	\vdash
SUNOSI 150 MG TABLET	Somnolence	NEUROLOGY NEUROLOGY								
	N/A		4	1	1					
SUNOSI 150 MG TABLET	N/A	NURSE PRACTITIONER	1	1	1					
SUNOSI 150 MG TABLET	Narcolepsy with cataplexy	NEUROLOGY	1				-			++
SUNOSI 150 MG TABLET	Obstructive sleep apnea (adult) (pediatric)	NEUROLOGY	<u> </u>	1	1					₩
SUNOSI 150 MG TABLET	Other hypersomnia	NEUROLOGY	ļ	1	1					
SUNOSI 150 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Other Provider	1							Ļ
SUNOSI 150 MG TABLET	SOMNOLENCE	NEUROLOGY		1	1					
		FAMILY NURSE								
SUNOSI 75 MG TABLET	N/A	PRACTITIONER		1	1					
SUNOSI 75 MG TABLET	N/A	NEUROLOGY	2							<u> </u>
SUNOSI 75 MG TABLET	N/A	PULMONARY DISEASE	1	5	5					
SUNOSI 75 MG TABLET	Narcolepsy without cataplexy	NEUROLOGY		1	1					
SUNOSI 75 MG TABLET	Narcolepsy without cataplexy	Other Provider	1							
SUPARTZ	Unilateral primary osteoarthritis, right knee	SPORTS MEDICINE							1	
SUPARTZ FX 25 MG/2.5 ML SYR	Bilateral primary osteoarthritis of knee	RHEUMATOLOGY		1	1					
	. ,									
SUPARTZ FX 25 MG/2.5 ML SYR	Unilateral primary osteoarthritis, left knee	SURGERY, ORTHOPEDIC		2	2					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Troccault coac Description	Diagnosis code Description	HEMATOLOGY	7407010	Demais	Demais	Demais	2 cmais	/ ipproved	Demeu	2 yc
SUPPORTIVE THERAPIES	Acute lymphoblastic leukemia not having achieved remission	ONCOLOGY	1							
3011 6111112 111213 11123	react tymphoblastic reakting not having denerted remission	0.11002001	-							
SUPPORTIVE THERAPIES	Acute lymphoblastic leukemia not having achieved remission	INTERNAL MEDICINE	1							
	8									
SUPPORTIVE THERAPIES	Acute panmyelosis with myelofibrosis not having achieved remission	INTERNAL MEDICINE	1							
SUPPORTIVE THERAPIES	Acute promyelocytic leukemia, not having achieved remission	ONCOLOGY	1							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Anemia due to antineoplastic chemotherapy	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, extranodal and solid organ sites	HEMATOLOGY	1							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, extranodal and solid organ sites	ONCOLOGY	3	1	1					
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, extranodal and solid organ sites	INTERNAL MEDICINE	2							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, extranodal and solid organ sites	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	INTERNAL MEDICINE	1							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Other Provider	2							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	HEMATOLOGY	3							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, unspecified site	HEMATOLOGY	3							
SUPPORTIVE THERAPIES	Diffuse large B-cell lymphoma, unspecified site	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Disseminated malignant neoplasm, unspecified	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Essential (hemorrhagic) thrombocythemia	ONCOLOGY		1	1					
SUPPORTIVE THERAPIES	Giant cell granuloma, central	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Hodgkin lymphoma, unspecified, unspecified site	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Intrahepatic bile duct carcinoma	HEMATOLOGY	2	1	1					
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Intrahepatic bile duct carcinoma	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Intrahepatic bile duct carcinoma	INTERNAL MEDICINE	5							
SUPPORTIVE THERAPIES	Intrahepatic bile duct carcinoma	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Liver cell carcinoma	ONCOLOGY	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant (primary) neoplasm, unspecified	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant carcinoid tumors of other sites	Other Provider	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of anal canal	HEMATOLOGY	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of ascending colon	HEMATOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of ascending colon	INTERNAL MEDICINE	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of ascending colon	ONCOLOGY	5							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of axillary tail of left female breast	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of axillary tail of right female breast	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of axillary tail of right female breast	INTERNAL MEDICINE	3							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of base of tongue	ONCOLOGY	1							

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description SUPPORTIVE THERAPIES	Diagnosis Code Description	Provider Specialty ONCOLOGY	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Malignant neoplasm of base of tongue	ONCOLOGY	1							-
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Malignant neoplasm of bladder, unspecified	ONCOLOGY	1	4						
	Malignant neoplasm of cardia		3	1	1					-
SUPPORTIVE THERAPIES	Malignant neoplasm of cecum	HEMATOLOGY	2							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of cecum	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of cecum	ONCOLOGY	4							
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of left female breast	INTERNAL MEDICINE	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of left female breast	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of right female breast	HEMATOLOGY	3							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of right female breast	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of right female breast	INTERNAL MEDICINE	2							
CURRORTING TUERARIES	Markey of the control	ON COLOGY	_							
SUPPORTIVE THERAPIES	Malignant neoplasm of central portion of right female breast	ONCOLOGY NEUROLOGY	2		-					\vdash
SUPPORTIVE THERAPIES	Malignant neoplasm of cerebellum		1							.
SUPPORTIVE THERAPIES	Malignant neoplasm of cervix uteri, unspecified	ONCOLOGY	2							ļ!
SUPPORTIVE THERAPIES	Malignant neoplasm of colon, unspecified	HEMATOLOGY	6							
SUPPORTIVE THERAPIES	Malignant neoplasm of colon, unspecified	ONCOLOGY	6							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	ONCOLOGY	6	1	1					
	Malignant neoplasm of connective and soft tissue of right lower									
SUPPORTIVE THERAPIES	limb, including hip	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of connective and soft tissue, unspecified	ONCOLOGY	4							
		PEDIATRIC								
		HEMATOLOGY/ONCOLOG								
SUPPORTIVE THERAPIES	Malignant neoplasm of connective and soft tissue, unspecified	Υ	1							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of descended left testis	ONCOLOGY	3							<u> </u>
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of descended right testis	ONCOLOGY	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of descending colon	INTERNAL MEDICINE	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of descending colon	ONCOLOGY	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of endocervix	HEMATOLOGY	1							
		GYNECOLOGIC								
SUPPORTIVE THERAPIES	Malignant neoplasm of endometrium	ONCOLOGY		1	1					
		GYNECOLOGICAL								
SUPPORTIVE THERAPIES	Malignant neoplasm of endometrium	ONCOLOGY	5							
SUPPORTIVE THERAPIES	Malignant neoplasm of endometrium	GYNECOLOGY	2	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of endometrium	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of esophagus, unspecified	ONCOLOGY	2	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of ethmoidal sinus	INTERNAL MEDICINE	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of exocervix	GYNECOLOGY	1							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of gallbladder	ONCOLOGY	2	<u> </u>	<u> </u>	<u> </u>				
SUPPORTIVE THERAPIES	Malignant neoplasm of gallbladder	ONCOLOGY	4							
SUPPORTIVE THERAPIES	Malignant neoplasm of glans penis	Other Provider	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of head of pancreas	HEMATOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of head of pancreas	MEDICAL ONCOLOGY		1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of head of pancreas	ONCOLOGY	11							
		PATHOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of head of pancreas	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of head, face and neck	HEMATOLOGY	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SUPPORTIVE THERAPIES	Malignant neoplasm of hepatic flexure	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of hypopharynx, unspecified	ONCOLOGY	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of isthmus uteri	ONCOLOGY	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of lateral wall of bladder	ONCOLOGY	2							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of left kidney, except renal pelvis	ONCOLOGY	1							
		GYNECOLOGICAL								
SUPPORTIVE THERAPIES	Malignant neoplasm of left ovary	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of left ovary	HEMATOLOGY	1							
		HOSPITALIST - INTERNAL								
SUPPORTIVE THERAPIES	Malignant neoplasm of left ovary	MEDICIN	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of left renal pelvis	ONCOLOGY	1	1	1					
	Malignant neoplasm of left testis, unspecified whether descended or									
SUPPORTIVE THERAPIES	undescended	ONCOLOGY	1	1	1					
										l l
SUPPORTIVE THERAPIES	Malignant neoplasm of lesser curvature of stomach, unspecified	ONCOLOGY	1							
										1
SUPPORTIVE THERAPIES	Malignant neoplasm of liver, not specified as primary or secondary	ONCOLOGY	4							
										1
SUPPORTIVE THERAPIES	Malignant neoplasm of liver, primary, unspecified as to type	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of long bones of right lower limb	ONCOLOGY	3							†
SUPPORTIVE THERAPIES	Malignant neoplasm of lower lobe, left bronchus or lung	MEDICAL ONCOLOGY	3							+
SUPPORTIVE THERAPIES	Malignant neoplasm of lower lobe, left bronchus or lung	ONCOLOGY	1							+
SUPPORTIVE THERAPIES	Malignant neoplasm of lower lobe, right bronchus or lung	ONCOLOGY	1							+
SUPPORTIVE THERAPIES	Malignant neoplasm of lower third of esophagus	HEMATOLOGY	3							+
SUPPORTIVE THERAPIES	Malignant neoplasm of lower third of esophagus	ONCOLOGY	2							+
3011 OKTIVE THERAPIES	wangilant neoplasin of lower time of esophagus	HEMATOLOGY								+
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-inner quadrant of left female breast	ONCOLOGY	2							
SOFT ORTIVE THERAPIES	Wanghart Reoplasm of lower-milet quadrant of left female breast	ONCOLOGI	3							+
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-inner quadrant of left female breast	INTERNAL MEDICINE	1							
SOFT ORTIVE THERAPIES	Wanghart Reoplasm of lower-milet quadrant of left female breast	INTERNAL WEDICINE	+							+
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-inner quadrant of left female breast	ONCOLOGY	1							
30FFORTIVE THERAFIES	Manghant neoplasm of lower-inner quadrant of left female bleast	UNCOLOGI	+							+
CLIDDODTIVE THERADIES	Malignant popularm of lower inner guadrant of left female broast	Other Bravider	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-inner quadrant of left female breast	Other Provider	2							
CHIPDODTINE THERADIES	Market and the second	ON COLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-inner quadrant of right female breast	ONCOLOGY	2							
CLIDDODTIVE THERADIES	National and an all and a state of the formula because	LIENANTOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of left female breast	HEMATOLOGY	2							
CHERODENIE THERADIEC	Market and a second and of the control of the contr	HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of left female breast	ONCOLOGY	4							
		HOSPITALIST - INTERNAL								
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of left female breast	MEDICIN		1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of left female breast	INTERNAL MEDICINE	2							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of left female breast	ONCOLOGY	4							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of right female breast	HEMATOLOGY	4							
										'
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of right female breast	ONCOLOGY	7	1	1					<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of myometrium	GYNECOLOGY	1							<u> </u>
SUPPORTIVE THERAPIES	Malignant neoplasm of nasopharynx, unspecified	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of nipple and areola, left female breast	ONCOLOGY	2							<u> </u>
1										

Procedure Code Description SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Diagnosis Code Description Malignant neoplasm of oropharynx, unspecified Malignant neoplasm of overlapping sites of colon Malignant neoplasm of overlapping sites of left female breast	Provider Specialty HEMATOLOGY ONCOLOGY	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Appeals Approved	Total Appeals Denied	Approved by IRO
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Malignant neoplasm of oropharynx, unspecified Malignant neoplasm of overlapping sites of colon	HEMATOLOGY	3	Delliais	Delliais	Demais	Delliais			
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of colon		3						Demea	by inc
SUPPORTIVE THERAPIES		ONCOLOGI	11							
	Malignant neoplasm of overlapping sites of left female breast		1							
SUPPORTIVE THERAPIES		HEMATOLOGY	3							
SUPPORTIVE THERAPIES		HEMATOLOGY								
	Malignant neoplasm of overlapping sites of left female breast	ONCOLOGY	1							
		HOSPITALIST - INTERNAL								
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of left female breast	MEDICIN	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of left female breast	INTERNAL MEDICINE	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of left female breast	MEDICAL ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of left female breast	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of right female breast	GENERAL PRACTICE	1			-				\vdash
SUPPORTIVE THERAPIES	Malianant accordance of a conference with a of sight formal a branch	HOSPITALIST - INTERNAL MEDICIN	1.							
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of right female breast	IVIEDICIN	4							-
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of right female breast	INTERNAL MEDICINE	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of right female breast	ONCOLOGY	7	1	1					
	Malignant neoplasm of overlapping sites of unspecified bronchus									
SUPPORTIVE THERAPIES	and lung	HEMATOLOGY	1							
	Malignant neoplasm of overlapping sites of unspecified female									
SUPPORTIVE THERAPIES	breast	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of pancreas, unspecified	ONCOLOGY	5							
SUPPORTIVE THERAPIES	Malignant neoplasm of pancreas, unspecified	Other Provider	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of pelvis	INTERNAL MEDICINE	3							
		GYNECOLOGICAL								
SUPPORTIVE THERAPIES	Malignant neoplasm of peritoneum, unspecified	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of peritoneum, unspecified	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of posterior wall of hypopharynx	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	HEMATOLOGY	5	1	1					ļ
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	ONCOLOGY	1	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	ONCOLOGY	5	2	2					
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	UROLOGY	1	2	2					
SUPPORTIVE THERAPIES	Malignant neoplasm of pyriform sinus	HEMATOLOGY HEMATOLOGY	+	1	1					-
SUPPORTIVE THERAPIES	Malignant neoplasm of rectosigmoid junction	ONCOLOGY		1	1					
SUPPORTIVE THERAPIES	ivialignant neoplasm of rectosignoid junction	HOSPITALIST - INTERNAL	1	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of rectosigmoid junction	MEDICIN	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of rectosigmoid junction	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of rectum	HEMATOLOGY	1							—
SOLI CHILLE III EIG II E	Transplant reoption of rectain	HEMATOLOGY	T							
SUPPORTIVE THERAPIES	Malignant neoplasm of rectum	ONCOLOGY	3							
	. 5	HOSPITALIST - INTERNAL	Ĺ							\vdash
SUPPORTIVE THERAPIES	Malignant neoplasm of rectum	MEDICIN	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of rectum	INTERNAL MEDICINE	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of rectum	MEDICAL ONCOLOGY	1							\vdash
SUPPORTIVE THERAPIES	Malignant neoplasm of rectum	ONCOLOGY	7							\vdash
	5	GYNECOLOGICAL								
SUPPORTIVE THERAPIES	Malignant neoplasm of right ovary	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of right ovary	ONCOLOGY	1	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of sigmoid colon	HEMATOLOGY	6	1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Troccaire code Bestription	Diagnosis code Description	HEMATOLOGY	7.661.010.0	Demais	Demais	Demais	Demais	7 tpp: orcu	Demeu	2,
SUPPORTIVE THERAPIES	Malignant neoplasm of sigmoid colon	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of sigmoid colon	INTERNAL MEDICINE	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of sigmoid colon	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of sigmoid colon	Other Provider	2							
		SLEEP DIAGNOSTIC								
SUPPORTIVE THERAPIES	Malignant neoplasm of sigmoid colon	CENTER	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of splenic flexure	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of stomach, unspecified	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of stomach, unspecified	Other Provider	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of tail of pancreas	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of thyroid gland	INTERNAL MEDICINE	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of tonsil, unspecified	HEMATOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of tonsillar fossa	HEMATOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of transverse colon	ONCOLOGY	4							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified kidney, except renal pelvis	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified kidney, except renal pelvis	ONCOLOGY	1							
		GYNECOLOGICAL								1
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified ovary	ONCOLOGY	5							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified ovary	GYNECOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified ovary	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified part of left bronchus or lung	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified part of left bronchus or lung	OUTPATIENT REHAB FACILITY	1	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified part of right bronchus or lung	ONCOLOGY	4							
CHEDODENIE THE DADIEC	Malignant neoplasm of unspecified part of unspecified bronchus or	HEMATOLOGY	4							
SUPPORTIVE THERAPIES	lung	ONCOLOGY	1							
CLIPPOPTINE THERA DIEC	Malignant neoplasm of unspecified part of unspecified bronchus or	INITEDNIAL MEDICINE								1
SUPPORTIVE THERAPIES	lung	INTERNAL MEDICINE	3							
CURRORTIVE THERA RIEC	Malignant neoplasm of unspecified part of unspecified bronchus or	ON COLOGY								1
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	lung	ONCOLOGY	3	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified renal pelvis	ONCOLOGY		1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of left female breast	HEMATOLOGY	_							
SUPPORTIVE THERAPIES	Manghant neoplasm of unspecified site of left female breast	HEMATOLOGY	э							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of left female breast	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Manghant neoplasm of unspecified site of left female breast	HOSPITALIST - INTERNAL	3							\vdash
SUPPORTIVE THERAPIES	Malignant pagelacm of unerposition site of left female broast	MEDICIN	1							1
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of left female breast	IVIEDICIN	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of left female breast	INTERNAL MEDICINE	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of left female breast	ONCOLOGY	8	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY	1	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of right female breast	INTERNAL MEDICINE	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of right female breast	MEDICAL ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of right female breast	ONCOLOGY	4							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of right female breast	Other Provider	3							
SOFT ON THE PRICE OF THE PRICE	Mangriant neoplasm of unspecified site of right female breast	Other Frovider	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of unspecified female breast	HEMATOLOGY	3	-						
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of unspecified female breast	HEMATOLOGY ONCOLOGY	2							
CUPPORTIVE THERAPIEC		INTERNAL MEDICINE	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of unspecified female breast	INTERNAL MEDICINE	3							+
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of unspecified female breast	MEDICAL ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of unspecified female breast	ONCOLOGY	4							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper lobe, left bronchus or lung	HEMATOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper lobe, left bronchus or lung	INTERNAL MEDICINE	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper lobe, left bronchus or lung	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper lobe, left bronchus or lung	Other Provider	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper lobe, right bronchus or lung	INTERNAL MEDICINE	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper lobe, right bronchus or lung	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-inner quadrant of left female breast	HEMATOLOGY	6							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-inner quadrant of left female breast	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-inner quadrant of right female breast	HEMATOLOGY	8							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-inner quadrant of right female breast	HEMATOLOGY ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-inner quadrant of right female breast	INTERNAL MEDICINE		2	2					
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY	4	1	1					
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY ONCOLOGY HOSPITALIST - INTERNAL	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of left female breast	MEDICIN	3							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of left female breast	INTERNAL MEDICINE	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of left female breast	MEDICAL ONCOLOGY	2							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of left female breast	ONCOLOGY	18							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY HEMATOLOGY	9							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of right female breast		1							
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of right female breast	ONCOLOGY	10	<u> </u>	<u> </u>					
SUPPORTIVE THERAPIES	Malignant neoplasm of uterus, part unspecified	INTERNAL MEDICINE	1				· · · · · ·			
SUPPORTIVE THERAPIES	Malignant neoplasm of uterus, part unspecified	RADIATION ONCOLOGY	1							
SUPPORTIVE THERAPIES	Mantle cell lymphoma, spleen	HEMATOLOGY	1		†					\vdash
	, , , , , ,	HEMATOLOGY		1	1					
SUPPORTIVE THERAPIES	Mantle cell lymphoma, unspecified site	ONCOLOGY	<u> </u>	1	1					↓
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Mantle cell lymphoma, unspecified site Mesothelioma of peritoneum	ONCOLOGY HEMATOLOGY	1	 	 					
SOFFORTIVE INERAPIES	iviesothenoma or pentoneum	HEMATOLOGY	1	-	-					+
SUPPORTIVE THERAPIES	Mesothelioma, unspecified	ONCOLOGY	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SUPPORTIVE THERAPIES	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Multiple myeloma not having achieved remission	ANC OTHER ANCILLARY	1							
SUPPORTIVE THERAPIES	Multiple myeloma not having achieved remission	HEMATOLOGY	1							
CLIDDODTIVE THED ADJECT	No. deinle annele ann ant beninn ach inned annierie	HEMATOLOGY ONCOLOGY	4							
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Multiple myeloma not having achieved remission Multiple myeloma not having achieved remission	INTERNAL MEDICINE	2	1	1					++
SUPPORTIVE THERAPIES SUPPORTIVE THERAPIES	Multiple myeloma not having achieved remission	ONCOLOGY	1	1	1					++
SUPPORTIVE THERAPIES	Myelodysplastic syndrome, unspecified	HEMATOLOGY	1							+
SOTT ON THE THE MATTES	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes	HEMATOLOGY	-							+
SUPPORTIVE THERAPIES	of head, face, and neck	ONCOLOGY	3							
	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes									
SUPPORTIVE THERAPIES	of head, face, and neck	NURSE PRACTITIONER	1							
	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph									
SUPPORTIVE THERAPIES	nodes	HEMATOLOGY	3	1	1					
	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head,									
SUPPORTIVE THERAPIES	face, and neck	ONCOLOGY	3							
	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of	HEMATOLOGY								
SUPPORTIVE THERAPIES	multiple sites	ONCOLOGY	2							
SUPPORTIVE THERAPIES	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes		2							
SUPPORTIVE THERAPIES	Non-Hodgkin lymphoma, unspecified, unspecified site	HEMATOLOGY	1							
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Other general symptoms and signs	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Other Hodgkin lymphoma, lymph nodes of multiple sites	RADIATION	1							
CHORODATIVE THERA DIEC	Other confolling to the conformal conformation for this to the	ON COLOCY								
SUPPORTIVE THERAPIES	Other non-follicular lymphoma, lymph nodes of multiple sites	ONCOLOGY	3							
SUPPORTIVE THERAPIES	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	IIIIID	HEIWIATOLOGY	1							++
SUPPORTIVE THERAPIES	Other types of follicular lymphoma, lymph nodes of multiple sites	ONCOLOGY	2							
3011 OKTIVE THERAFTES	Other types of foliacidal lymphonia, lymph hodes of multiple sites	HEMATOLOGY								+
SUPPORTIVE THERAPIES	Personal history of malignant neoplasm of breast	ONCOLOGY	1							
SOTT STATE OF THE	Secondary and unspecified malignant neoplasm of lymph nodes of	0.1002001	-							
SUPPORTIVE THERAPIES	multiple regions	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Secondary malignant neoplasm of bone	HEMATOLOGY	2							
SUPPORTIVE THERAPIES	Secondary malignant neoplasm of breast	HEMATOLOGY	1							
SUPPORTIVE THERAPIES	Secondary malignant neoplasm of left lung	ONCOLOGY	1							
SUPPORTIVE THERAPIES	Secondary malignant neoplasm of liver and intrahepatic bile duct	MEDICAL ONCOLOGY	1							
SUPPORTIVE THERAPIES	Secondary malignant neoplasm of unspecified site	INTERNAL MEDICINE		1	1					
		HEMATOLOGY								
SUPPORTIVE THERAPIES	Unspecified B-cell lymphoma, unspecified site	ONCOLOGY	1			ļ				
SUPPRELIN LA IMPLANT	AUTISTIC DISORDER	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
SUPPRELIN LA IMPLANT	GENDER IDENTITY DISORDER OF CHILDHOOD	PEDIATRICS	1	0	0	0	0	 		+
SUPPRELIN LA IMPLANT	OTHER HYPERFUNCTION OF PITUITARY GLAND	FAMILY MEDICINE	1	0	0	0	0	-		+
SUPPRELIN LA IMPLANT	OTHER HYPERFUNCTION OF PITUITARY GLAND	PEDIATRIC ENDOCRINOLOGY	3	0	0	0	0			
SUPPRELIN LA IMPLANT	OTHER HYPERFUNCTION OF PITUITARY GLAND	PSYCHIATRY	2	0	0	0	0			
SUPPRELIN LA IMPLANT	OTHER HYPERFUNCTION OF PITUITARY GLAND	SURGERY, GENERAL	1	0	0	0	0			
SUPPRELIN LA IMPLANT	PRECOCIOUS PUBERTY	PEDIATRIC SURGERY	1	0	0	0	0			
SURG DX EXAM ANORECTAL	ANAL FISTULA	SURGERY, GENERAL	1	0	0	0	0			
SURG DX EXAM ANORECTAL	MELENA	SURGERY, GENERAL	1	0	0	0	0			

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SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OX SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OX SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OX SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF UNCERTAIN BEI NEOPLASM OF	JTER QUADRANT OF LEFT FEMALE BREAST JTER QUADRANT OF LEFT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL FAMILY MEDICINE ONCOLOGY SURGERY, GENERAL SURGERY, PLASTIC SURGERY, PLASTIC COUNSELING ONCOLOGY	1 1 1 1 1	0 0 0 0 0	0 0 0 0	0 0	0 0		
SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OVER SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENSION OF ONE SUSPENS	JTER QUADRANT OF LEFT FEMALE BREAST JTER QUADRANT OF LEFT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST	FAMILY MEDICINE ONCOLOGY SURGERY, GENERAL SURGERY, PLASTIC SURGERY, PLASTIC COUNSELING ONCOLOGY	1 1 1 1 1	0 0 0	0	0 0	0		<u>. </u>
SUSPENSION OF BREAST NAIS SYMDEKO SYMDEKO SYMDEKO SYMDEKO SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPIUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A SYNTUZA 800-150 MG TABLET N/A	JTER QUADRANT OF LEFT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST LLP SITES OF LEFT FEMALE BREAST LLP SITES OF LEFT FEMALE BREAST LLP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL SURGERY, PLASTIC SURGERY, PLASTIC COUNSELING ONCOLOGY	1 1 1 1	0 0	0 0	0	0		
SUSPENSION OF BREAST SUSPENSION OF BREAST MALIG NEOPLM OF LOWER-OU SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OV SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OV SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OV SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OV SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OV SUSPENSION OF BREAST MALIGNANT NEOPLASM OF OV SUSPENSION OF BREAST MALIGNANT NEOPLASM OF UN SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST NEOPLASM OF UNCERTAIN BEI SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMPROIC 0.2 MG FILM N/A SYMPROIC SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB	ER QUADRANT OF RIGHT FEMALE BREAST ER QUADRANT OF RIGHT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST LIP SITES OF LEFT FEMALE BREAST	SURGERY, PLASTIC SURGERY, PLASTIC COUNSELING ONCOLOGY	1 1 1 1	0	0	0			
SUSPENSION OF BREAST SYMDEKO SYMDEKO SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMJEPI 0.3 MG/0.3 ML SYRINGE SYMPAZAN 20 MG FILM SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPIUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB	ER QUADRANT OF RIGHT FEMALE BREAST LLP SITES OF LEFT FEMALE BREAST LLP SITES OF LEFT FEMALE BREAST LLP SITES OF LEFT FEMALE BREAST	SURGERY, PLASTIC COUNSELING ONCOLOGY	1 1 1	0	0		0		
SUSPENSION OF BREAST SUSPENSIO	ILP SITES OF LEFT FEMALE BREAST ILP SITES OF LEFT FEMALE BREAST ILP SITES OF LEFT FEMALE BREAST	COUNSELING ONCOLOGY	1	n		0	0		
SUSPENSION OF BREAST SUSPENSION OF UNCERTAIN BEIL SYMOLO OF BREAST SUSPENSION OF BREAST SUSPENSION OF UNCERTAIN BEIL SUSPENSION O	ILP SITES OF LEFT FEMALE BREAST	ONCOLOGY	1	U	0	0	0		
SUSPENSION OF BREAST SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF BREAST SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION OF UNCERTAIN BEIL SUSPENSION	LP SITES OF LEFT FEMALE BREAST			0	0	0	0		
SUSPENSION OF BREAST N/A SYMDEKO SYMDEKO SYMDEKO SYMDEKO SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMPPOIC 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPIUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB		SURGERY, PLASTIC	1	0	0	0	0		
SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUPPENSION OF BREAST SUPPENSION OF BREAST SUPPENSION OF BREAST SUPPENSION OF BREAST SUPPENSION OF BREAST SUPPENSION OF BREAST SUPPENSION OF BREAST SYMDEKO Cystic fibrosis, unspecified N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMPEN ON ONE SYMDER N/A SYMPROIC 0.2 MG FILM SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.3 MG TABLET N/A SYMPUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB	D SITES OF DIGHT FEMALE DREAST		1	0	0	0	0		
SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SYMDEKO 100-150 MG TABLET SEQ SYMDEKO 100-150 MG TABLET SEQ SYMDEKO 100-150 MG TABLET SEQ SYMDEKO 100-150 MG TABLET SEQ SYMJEPI 0.3 MG/0.3 ML SYRINGE SYMPAZAN 20 MG FILM SYMPAZAN 20 MG FILM SYMPROIC SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB SYNTUZA 800-150-200-10 MG TAB	LE STILS OF NIGHT FEIVIALE BREAST	SURGERY, GENERAL	1	1	1	0	0		
SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUTENT 37.5 MG CAPSULE SYMDEKO SYMDEKO SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMJEPI 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYNAGIS 100 MG/1 ML VIAL N/A	LP SITES OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0		
SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUTENT 37.5 MG CAPSULE SYMDEKO SYMDEKO SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMPERIO .3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB N/A	PECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	3	1	0	1	0		
SUSPENSION OF BREAST SUSPENSION OF BREAST SUSPENSION OF BREAST SUTENT 37.5 MG CAPSULE SYMDEKO SYMDEKO 100-150 MG TABLET SEQ SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMJEPI 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM SYMPAZAN 20 MG FILM SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A	VIOR OF LEFT BREAST	SURGERY, PLASTIC	0	1	1	0	0		
SUSPENSION OF BREAST SUTENT 37.5 MG CAPSULE SYMDEKO Cystic fibrosis, unspecified SYMDEKO 100-150 MG TABLET SEQ SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMJEPI 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYNAGIS 100 MG/1 ML VIAL N/A	ior of left breast	SURGERY, PLASTIC						1	
SUTENT 37.5 MG CAPSULE SYMDEKO Cystic fibrosis, unspecified SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMJEPI 0.3 MG/0.3 ML SYRINGE SYMPAZAN 20 MG FILM N/A SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A	ANT NEOPLASM OF BREAST	SURGERY, PLASTIC	6	0	0	0	0		
SYMDEKO Cystic fibrosis, unspecified SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMJEPI 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMPUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENT SYMTUZA 800-150-200-10 MG TAB N/A SYNTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A	BREAST, UNSPECIFIED QUADRANT	SURGERY, PLASTIC	1	0	0	0	0		
SYMDEKO 100-150 MG TABLET SEQ N/A SYMDEKO 100-150 MG TABLET SEQ N/A SYMLEPI 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIEN SYMTUZA 800-150-200-10 MG TAB N/A SYNTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		ONCOLOGY	1						
SYMDEKO 100-150 MG TABLET SEQ N/A SYMJEPI 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENI SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		Physician						1	
SYMJEPI 0.3 MG/0.3 ML SYRINGE N/A SYMPAZAN 20 MG FILM N/A SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENI SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		Other Provider		1	1				
SYMPAZAN 20 MG FILM SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		PULMONARY DISEASE	1						
SYMPROIC Drug induced constipation SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIEN SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		PEDIATRICS		1	1				
SYMPROIC 0.2 MG TABLET Drug induced constipation SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENT SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		NEUROLOGY	1						
SYMPROIC 0.2 MG TABLET N/A SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENI SYMTUZA 800-150-200-10 MG TAB N/A SYNTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		PHYSICIAN ASSISTANT						1	
SYMPROIC 0.2 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENT SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		PAIN MANAGEMENT	1						
SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENI SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		ONCOLOGY	1						
SYMTUZA 800-150 MG TABLET N/A SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIENI SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		PAIN MANAGEMENT	1						
SYMTUZA 800-150-200-10 MG TAB HUMAN IMMUNODEFICIEN SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		INTERNAL MEDICINE	3	1	1				
SYMTUZA 800-150-200-10 MG TAB N/A SYNAGIS 100 MG/1 ML VIAL N/A		Other Provider	1	1	1				
SYNAGIS 100 MG/1 ML VIAL N/A	'VIRUS [HIV] DISEASE	Other Provider	1	1	1				
		Other Provider	1						
		Other Provider	1						
SYNAGIS 100 MG/1 ML VIAL N/A		PEDIATRICS	1						
SYNAGIS 100 MG/ML VIAL N/A		Other Provider PEDIATRIC	1						
SYNAGIS 100 MG/ML VIAL N/A		PULMONOLOGY	1						1
SYNAGIS 50MG/0.5ML VIAL N/A			1						\vdash
			Ť						
SYNAGIS 50MG/0.5ML VIAL N/A		Other Provider PEDIATRIC		1	1				\longmapsto
SYNAGIS 50MG/0.5ML VIAL N/A		Other Provider PEDIATRIC GASTROENTEROLOGY			1				\longmapsto
SYNJARDY 12.5-1,000 MG TABLET Type 2 diabetes mellitus wit		Other Provider PEDIATRIC GASTROENTEROLOGY PEDIATRICS		1	l				i I
SYNJARDY 12.5-1,000 MG TABLET Type 2 diabetes mellitus with a synjardy 12.5-1,000 MG TABLET Type 2 diabetes mellitus with a	hyporghypomia	Other Provider PEDIATRIC GASTROENTEROLOGY PEDIATRICS ENDOCRINOLOGY AND	1	1					
SYNJARDY 12.5-1,000 MG TABLET Type 2 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJARDY 12.5-1,000 MG TABLET Type 3 diabetes mellitus with synJAR		Other Provider PEDIATRIC GASTROENTEROLOGY PEDIATRICS	1	1					

Procedure Code Description						Medical	Experimental &	Network	Total	Total	
MAINTENNESS 1.5 - 1.5 - 1.5 - 1.5 - 1.5 - 1.5						Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
YAMARDY 125 - 1000 TABLET	·			Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SMARKOY 32.3-000 FABET	SYNJARDY 12.5-1000 TABLET	N/A		2							
STANDARD 72 3-5 (100 FABRET N/A	CVALLADDY 12 F 1000 TABLET	NI/A									
SYMANDY 12-500 MS TABLET Type 2 diabetes relition with other pecified complications FAMILY MEDICINE 1 1 1 1 1 1 1 1 1		· ·		1							
SYNAMORY RED 3-000 Mot Table 274 N/A				1							
VALIABOT VAR 10 1000 MGT 28 8P 2941 N/A					1	1					
SYNAMOV RR. 10-1000 MG TAB # 2-141 N_A				1							
SYNAMERY NR 12.5-1,000 MG TAB Type 2 diabetes mellinus with hyperglycema		1 '		2							
SYNABOY NR 12-5-1,000 MG TAB Type 2 diabetes mellins without complications Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No. Treatment Medicine Treatment No.	SYNJARDY XR 10-1000 MG TAB BP 24H	N/A		1							
SYNLARDY X8 12.5-1,000 MS TAB Type 2 diabetes mellitus without complications NIFENAL MEDICINE	CVALLADDY VD 13 F 1 000 MC TAD	Time 2 diabates mallitus with homeonic									
SAMABY 38 12 5-1000 TAB BP 2491 N/A	·				1	1					
SPINARDY XR 12.5-1000 TAB BP 24H	SYNJARDY XR 12.5-1,000 MG TAB	Type 2 diabetes mellitus without complications		1							
SYNABOPY NR 12-5-1000 TAS BP 24H											
SYNLARDY XR 25-1,000 TAB EP 24H	CVALLA D D V V D 4.3 5 4000 TA D D D 2.4 L	11/4									
SYNARDY XR 125-1000 MG 7ABLET Type 2 diabetes mellitus with diabetic polymeuropathy METABOLISM 1 1				1							
SYNARDY XR 25-1,000 MG TABLET				1	1	1					
SYNLARDY XR 25-1,000 MG TABLET Type 2 diabetes mellitus with diabetic polymeuropathy METABOLISM 1 1	SYNJARDY XR 12.5-1000 TAB BP 24H	N/A		1							
SYNARDY XR 25-1,000 MG TABLET Type 2 diabetes mellitus with hyperglycemia Other Provider 1											
SYNLARDY XR 25-1,000 MG TABLET Type 2 diabetes mellitus without complications TARRAL MEDICINE					1	1					
SYNJARDY NR 25-1,000 MG TABLET Type 2 diabetes mellitus without complications NTERNAL MEDIONE 1	·			1							
Synuarity NR 25-1,000 MG TAB BP 24H	·			1							<u> </u>
SYNABOY XR 25-1000 MG TAB BP 24H				1							<u> </u>
SYNLARDY XR 25-1000 MS TAB 8P 24H	SYNJARDY XR 25-1,000 MG TABLET	Type 2 diabetes mellitus without complications		1	1	1					
SYNLARDY XR 25-1000 MG TAB BP 24H N/A											
SYNJARDY XR 5-1,000 MG TAB BP 24H					1	1					
SYNJARDY XR 5-1,000 MG TABLET	SYNJARDY XR 25-1000 MG TAB BP 24H	N/A	FAMILY MEDICINE		1	1					
ENDOCRINOLOGY AND	SYNJARDY XR 25-1000 MG TAB BP 24H	N/A	Other Provider	1							
SYNTHROID 112 MCG TABLET	SYNJARDY XR 5-1,000 MG TABLET	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1							
SYNTHROID 112 MCG TABLET			ENDOCRINOLOGY AND								T I
SYNTHROID 112 MCG TABLET	SYNJARDY XR 5MG-1000MG TAB BP 24H	N/A	METABOLISM	1	1	1					
SYNTHROID 125 MCG TABLET			ENDOCRINOLOGY AND								
SYNTHROID 125 MCG TABLET N/A	SYNTHROID 112 MCG TABLET	N/A	METABOLISM		1	1					
SYNVISC Pain in right knee			ENDOCRINOLOGY AND								
SYNVISC 16MG/2ML SYRINGE N/A Other Provider 1 0 0 0 SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE ANESTHESIOLOGY 1 0 0 0 0 SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE FAMILY MEDICINE 12 2 2 0 0 0 SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE ORTHOPAEDIC SPORTS 1 0 0 0 0 0 SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PAIN MANAGEMENT 2 1 1 0	SYNTHROID 125 MCG TABLET	N/A	METABOLISM		1	1					
SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE ANESTHESIOLOGY 1	SYNVISC	Pain in right knee	Other Provider							1	
SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE FAMILY MEDICINE 12 2 2 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE ORTHOPAEDIC SPORTS MEDICINE 1 0 0 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PAIN MANAGEMENT 2 1 1 0 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PHYSICIAN ASSISTANT 3 1 1 0 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PHYSICIAN ASSISTANT 3 1 1 0 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SOCIAL WORK 1 0 0 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SPORTS MEDICINE 4 0 0 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SPORTS MEDICINE 4 0 0 0 0	SYNVISC 16MG/2ML SYRINGE	N/A	Other Provider	1							
SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE ORTHOPAEDIC SPORTS 1 0 0 0 0 0 0 0 0 0	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ANESTHESIOLOGY	1	0	0	0	0			1
MEDICINE MEDICINE	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	12	2	2	0	0			1
SYNVISC ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PAIN MANAGEMENT 2 1 1 0 0 SYNVISC ON SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PHYSICIAN ASSISTANT 3 1 1 0 0 0 SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE RHEUMATOLOGY 3 0 0 0 0 0 SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SOCIAL WORK 1 0 0 0 0 SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SPORTS MEDICINE 4 0 0 0 0 SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SPORTS MEDICINE 4 0 0 0 0 SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC 48 4 4 0 0 0 SYNVISC-ONE CHONDROMALACIA PATELLAE, RIGHT KNEE SURGERY, ORTHOPEDIC 0 1 1 0 0 0 SYNVISC-ONE COLOSTOMY STATUS	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPAEDIC SPORTS	1	0	0	0	0			1
SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE PHYSICIAN ASSISTANT 3											
SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SOCIAL WORK 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2	1	1	0	0			
SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SPORTS MEDICINE SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SPORTS MEDICINE SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE CHONDROMALACIA PATELLAE, RIGHT KNEE SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE COLOSTOMY STATUS SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE SYNVISC OR SYNVISC-ONE ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON SYNVISC OR SYNVISC-ONE SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SOCIAL WORK SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE MECHANICAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE MECHANICAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURGERY, ORTHOPEDIC SURGERY SURG				3	1	1	0	0			'
SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE CHONDROMALACIA PATELLAE, RIGHT KNEE SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE COLOSTOMY STATUS SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED PHYSICAL MEDICINE SURGERY, ORTHOPEDIC SYNVISC ON SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 O O O O SYNVISC OR SYNVISC-ONE N/A				3	0	0	0	0			<u> </u>
SYNVISC OR SYNVISC-ONE BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE CHONDROMALACIA PATELLAE, RIGHT KNEE SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE COLOSTOMY STATUS SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SOCIAL WORK SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED PHYSICAL MEDICINE SURGERY, ORTHOPEDIC SYNVISC ONE SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC SYNVISC ONE SYNVISC-ONE N/A ORTHOPEDIC SURGERY O O O O O SYNVISC ONE SYNVISC-ONE N/A	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SOCIAL WORK	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE CHONDROMALACIA PATELLAE, RIGHT KNEE SURGERY, ORTHOPEDIC 0 1 1 0 0 0 SYNVISC OR SYNVISC-ONE COLOSTOMY STATUS SURGERY, ORTHOPEDIC 1 0 0 0 0 0 SYNVISC OR SYNVISC-ONE COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON SPORTS MEDICINE 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SOCIAL WORK 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED PHYSICAL MEDICINE 1 0 0 0 0 0 SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED PHYSICAL MEDICINE 1 0 0 0 0 0 SYNVISC OR SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC 1 0 0 0 0 0 SYNVISC-ONE N/A ORTHOPEDIC 1 0 0 0 0 0 0 SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC-ONE N/A	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SPORTS MEDICINE	4	0	0	0	0			
SYNVISC OR SYNVISC-ONE COLOSTOMY STATUS SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON SPORTS MEDICINE 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SOCIAL WORK 1 0 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED PHYSICAL MEDICINE 1 0 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED SURGERY, ORTHOPEDIC 1 0 0 0 0 0 0 SYNVISC OR SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC 1 0 0 0 0 0 SYNVISC-ONE N/A ORTHOPEDIC 1 0 0 0 0 0 0 0 SYNVISC-ONE N/A ORTHOPEDIC 1 0 0 0 0 0 0 0 SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC-ONE N/A	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY, ORTHOPEDIC	48	4	4	0	0			
SYNVISC OR SYNVISC-ONE COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY SURGERY, ORTHOPEDIC 1 0	SYNVISC OR SYNVISC-ONE	CHONDROMALACIA PATELLAE, RIGHT KNEE	SURGERY, ORTHOPEDIC	0	1	1	0	0			T I
SYNVISC ON SYNVISC-ONE ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON SPORTS MEDICINE 1 0	SYNVISC OR SYNVISC-ONE	COLOSTOMY STATUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SOCIAL WORK 1 0 0 0 0 0 SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC 1 0	SYNVISC OR SYNVISC-ONE	COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE EPIGASTRIC PAIN SURGERY, ORTHOPEDIC 1 0	SYNVISC OR SYNVISC-ONE	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SPORTS MEDICINE	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED PHYSICAL MEDICINE 1 0 0 0 0 0 SYNVISC OR SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC 1 0 0 0 0 SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SURGERY	SYNVISC OR SYNVISC-ONE	EPIGASTRIC PAIN	SOCIAL WORK	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE HYPOGLYCEMIA, UNSPECIFIED PHYSICAL MEDICINE 1 0 0 0 0 0 SYNVISC OR SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC 1 0 0 0 0 0 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SYNVISC OR SYNVISC	SYNVISC OR SYNVISC-ONE	EPIGASTRIC PAIN	SURGERY, ORTHOPEDIC	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE MECHANICAL PTOSIS OF BILATERAL EYELIDS SURGERY, ORTHOPEDIC 1 0 0 0 0 SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1 SURGERY 1 SURGERY 1 SURGERY 1 SURGERY 1 SURGERY 1 SURGERY 1 SURGERY 1 SURGERY 1 SURGERY SURGE	SYNVISC OR SYNVISC-ONE	HYPOGLYCEMIA, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE N/A ORTHOPEDIC SURGERY 1				1	0	0	0	0			1
				1							†
ISYNVISC OK SYNVISC-UNE IOSTEOARTHRITIS OF KNEE, UNSPECIFIED IPAIN MANAGEMENT 11 10 10 10 10 10 1 1 1	SYNVISC OR SYNVISC-ONE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	PAIN MANAGEMENT	1	0	0	0	0			+
SYNVISC OR SYNVISC-ONE OSTEOARTHRITIS OF KNEE, UNSPECIFIED RHEUMATOLOGY 1 0 0 0				1	0	0	0	0			+

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
SYNVISC OR SYNVISC-ONE	PAIN IN LEFT KNEE	SURGERY, ORTHOPEDIC	0	1	0	1	0			4
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	FAMILY MEDICINE	0	1	0	1	0			
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	1	0	0	0	0			4
SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	2	0	0	0	0			4
SYNVISC OR SYNVISC-ONE	PRECORDIAL PAIN	PSYCHOLOGY	1	0	0	0	0			4
SYNVISC OR SYNVISC-ONE	PRECORDIAL PAIN	SURGERY, ORTHOPEDIC	1	0	0	0	0			4
SYNVISC OR SYNVISC-ONE	SNORING	FAMILY MEDICINE	1	0	0	0	0			4
SYNVISC OR SYNVISC-ONE	SNORING	PHYSICIAN ASSISTANT	1	0	0	0	0			4
SYNVISC OR SYNVISC-ONE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ANESTHESIA, CERTIFIED RN	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ANESTHESIOLOGY	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	COUNSELING	4	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	5	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	NURSE PRACTITIONER	1	1	1	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ORTHOPAEDIC SPORTS MEDICINE	2	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICAL MEDICINE	3	0	0	0	0			†
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			†
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SPORTS MEDICINE	4	0	0	0	0			1
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, HAND	1	0	0	0	0			1
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	46	5	5	0	0			†
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ANESTHESIOLOGY	1	0	0	0	0			+
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	5	1	0	0	1			+ -
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ORTHOPAEDIC SPORTS	7	1	1	0	0			+
Sitting on Sitting on E	one new letter man as resolution in the contract of the contra	MEDICINE	ľ	_	1		ŭ			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PAIN MANAGEMENT	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PATHOLOGY	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICAL MEDICINE	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PSYCHOLOGY	1	0	0	0	0			1
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	RHEUMATOLOGY	1	2	2	0	0			1
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SPORTS MEDICINE	3	1	1	0	0			1
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	56	6	6	0	0			1
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	SURGERY, ORTHOPEDIC	1	1	1	0	0			
SYNVISC OR SYNVISC-ONE	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SPORTS MEDICINE	1	0	0	0	0			†
SYNVISC OR SYNVISC-ONE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	PSYCHIATRY	1	0	0	0	0			
SYNVISC OR SYNVISC-ONE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
SYNVISC SYRINGE	Bilateral primary osteoarthritis of knee	RHEUMATOLOGY	1		-		-			
SYNVISC SYRINGE	Bilateral primary osteoarthritis of knee	SURGERY, ORTHOPEDIC	1							
	. ,	FOOT AND ANKLE								1
SYNVISC SYRINGE	Unilateral primary osteoarthritis, right knee	SURGERY	1							
					<u>_</u>					
SYNVISC SYRINGE	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC	2	2	2					
		ORTHOPAEDIC SPORTS								
SYNVISC-ON	Unilateral primary osteoarthritis, right knee	MEDICINE						1		
SYNVISC-ONE 48 MG/6 ML SYRINGE	N/A	Other Provider	3	2	2					
SYNVISC-ONE 48 MG/6 ML SYRINGE	N/A	SURGERY, ORTHOPEDIC	2	3	3					
The state of the s	1.41.	Solice, Olithor Ebic	1					t		+ -
SYNVISC-ONE SYRINGE	Bilateral primary osteoarthritis of knee	SURGERY, ORTHOPEDIC	1							
SYNVISC-ONE SYRINGE	Unilateral primary osteoarthritis, left knee	Other Provider	1	t				t		+
SYNVISC-ONE SYRINGE	Unilateral primary osteoarthritis, left knee	SURGERY, ORTHOPEDIC	2							
SYNVISC-ONE SYRINGE	Unilateral primary osteoarthritis, right knee	SURGERY, ORTHOPEDIC		1	1					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
SYRINGE W/NEEDLE INSULIN 3CC	CERVICALGIA	ENDOCRINOLOGY AND	1	0	0	0	0			
SYRINGE W/NEEDLE INSULIN 3CC	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	METABOLISM ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
SYRINGE W/NEEDLE INSULIN 3CC	ILLNESS, UNSPECIFIED	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY MEDICINE	1	0	0	0	0			
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
SYRINGE W/NEEDLE INSULIN 3CC	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
TACLONEX 0.005064 OINT.(GM)	N/A	DERMATOLOGY	1	1	1					
TACROLIMUS 1 MG CAPSULE	N/A	NEPHROLOGY	1							
TACROLIMUS 1 MG CAPSULE	N/A	NURSE PRACTITIONER	1							
TACROLIMUS 1 MG CAPSULE	N/A	SURGERY, GENERAL	1							
		ENDOCRINOLOGY AND								
TADALAFIL 10 MG TABLET	N/A	METABOLISM		1	1					
TADALAFIL 10 MG TABLET	N/A	Other Provider		1	1					
TADALAFIL 10 MG TABLET	N/A	UROLOGY		2	2					1
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	FAMILY MEDICINE	1							
		FAMILY NURSE	Ī							1
		PRACTITIONER PRIMARY								
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	CARE	1							
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Other Provider		1	1					
TADALAFIL 20 MG TABLET	N/A	FAMILY MEDICINE		3	3					
TADALAFIL 20 MG TABLET	N/A	INTERNAL MEDICINE	1							
TADALAFIL 20 MG TABLET	N/A	Other Provider	3							
TADALAFIL 20 MG TABLET	N/A	PEDIATRIC CARDIOLOGY		1	1					
		FAMILY NURSE								
TADALAFIL 20 MG TABLET	Primary pulmonary hypertension	PRACTITIONER	1							
TADALAFIL 20 MG TABLET	Primary pulmonary hypertension	GERONTOLOGICAL NURSE PRACTITIONER	1							
	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT									1
TADALAFIL 5 MG TABLET	SYMP	FAMILY MEDICINE		1	1					
	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT									1
TADALAFIL 5 MG TABLET	SYMP	INTERNAL MEDICINE		2	2					_
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	SPORTS MEDICINE	1							
	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT									
TADALAFIL 5 MG TABLET	SYMP	UROLOGY		1	1					
TADALAFIL 5 MG TABLET	Enlarged prostate with lower urinary tract symptoms	FAMILY MEDICINE		1	1					
TADALAFIL 5 MG TABLET	Enlarged prostate with lower urinary tract symptoms	Other Provider	3							
TADALAFIL 5 MG TABLET	Enlarged prostate with lower urinary tract symptoms	UROLOGY	2	1	1					
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	FAMILY MEDICINE	3							
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	GENERAL PRACTICE	1							
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	INTERNAL MEDICINE	1							
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Other Provider	1						-	
TADALAFIL 5 MG TABLET	N/A	Cardiovascular Disease	1							
TADALAFIL 5 MG TABLET	N/A	FAMILY MEDICINE	1	2	2	1				++
TADALAFIL 5 MG TABLET TADALAFIL 5 MG TABLET	•		1	1	1					++
	N/A	GENERAL PRACTICE	1	1	1	-				+
TADALASII 5 MG TABLET	N/A	Other Provider	1	1	-					+
TADALAFIL 5 MG TABLET	N/A	UROLOGY	1	<u> </u>						+
TADALAFIL 5 MG TABLET	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	1							

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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
TADALAFIL 5 MG TABLET	Testicular hypofunction	CARE		1	1					
		ENDOCRINOLOGY AND								
TAFINLAR 75 MG CAPSULE	N/A	METABOLISM	1							
TAFINLAR 75 MG CAPSULE	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Other Provider	1							
TAGRISSO 80 MG TABLET	N/A	ONCOLOGY	2							
TAH RAD DEBULK/LYMPH REMOVE	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TAH RAD DEBULK/LYMPH REMOVE	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TAH RAD DEBULK/LYMPH REMOVE	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TAH RAD DISSECT FOR DEBULK	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TAH RAD DISSECT FOR DEBULK	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
TAH RAD DISSECT FOR DEBULK	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TAH RAD DISSECT FOR DEBULK	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TAVELTYPO 200 MG/2MI VIAI	N/A	ALLEDGY/INAMALINIOLOGY	2							
TAKHZYRO 300 MG/2ML VIAL	N/A	ALLERGY/IMMUNOLOGY FAMILY NURSE	Z							
TALICIA 10MC 250MC CARIDER	N1/A	PRACTITIONER PRIMARY CARE	1							
TALICIA 10MG-250MG CAP IR DR	N/A N/A		1	2	2					
TALICIA DR 10-250-12.5 MG CAP TALTZ	<u>'</u>	GASTROENTEROLOGY RHEUMATOLOGY		Z	Z				1	
TALTZ	Arthropathic psoriasis, unspecified Chronic plaque psoriasis	DERMATOLOGY	-					-	2	
TALTZ	N/A	PHYSICIAN ASSISTANT							1	1
TALTZ	Other psoriasis	DERMATOLOGY							3	1
TALTZ	Other psoriasis Other psoriasis	Other Provider							2	1
TALTZ	PSORIASIS PSORIASIS	DERMATOLOGY							1	1
TALTZ	Psoriasis vulgaris	DERMATOLOGY						1	11	
TALTZ	Psoriasis vulgaris	Other Provider						2	71	,
TALTZ	-	PHYSICIAN ASSISTANT							7	
TALTZ 80 MG/ML AUTOINJ (2-PK)	Psoriasis vulgaris		4					-		
TALTZ 80 MG/ML AUTOINJ (2-PK)	Arthropathic psoriasis, unspecified	Other Provider DERMATOLOGY	1							
TALTZ 80 MG/ML AUTOINJ (2-PK)	Psoriasis vulgaris Psoriasis vulgaris	DERMATOLOGY	1	2	2					
TALTZ 80 MG/ML AUTOINJECTOR	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	2	2	2					
TALTZ 80 MG/ML AUTOINJECTOR	N/A	Other Provider	3	1	1					
TALTZ 80 MG/ML AUTOINJECTOR	N/A	RHEUMATOLOGY	1	1	1					
TALTZ 80 MG/ML AUTOINJECTOR		DERMATOLOGY	1	1	1					
TALTZ 80 MG/ML AUTOINJECTOR	Other psoriasis Other psoriasis	Other Provider	1	1	1	1	-	-		1
TALTZ 80 MG/ML AUTOINJECTOR	Psoriasis vulgaris	DERMATOLOGY	5	7	7	 		 		
TALTZ 80 MG/ML AUTOINJECTOR	-	Other Provider	2	2	2	 				-
TALTZ 80 MG/ML AUTOINJECTOR	Psoriasis vulgaris Psoriasis vulgaris	PHYSICIAN ASSISTANT	1	2	2			-		
TALTZ 80 MG/ML AUTOINJECTOR TALTZ 80 MG/ML AUTOINJECTOR	Psoriasis vuigaris Psoriasis, unspecified	Other Provider	1	3	3	1	-	-		1
TALTZ 80 MG/ML AUTOINJECTOR TALTZ 80 MG/ML SYRINGE	Psoriasis vulgaris	DERMATOLOGY	2	-	-	1	-	-		1
TALTZ 80 MG/ML STRINGE TALTZ 80 MG/ML SYRINGE	Psoriasis vulgaris Psoriasis vulgaris	Other Provider	1			 				-
TALTZ AUTOINJECTO	Psoriasis vulgaris Psoriasis vulgaris	DERMATOLOGY	1			 		1		
TALTZ AUTOINJECTO TALTZ AUTOINJECTOR	Other psoriasis Other psoriasis	DERMATOLOGY	+	-	-	1	-	1	1	1
			1					-	1	
TALTZ AUTOINIECTOR	Psoriasis vulgaris	DERMATOLOGY		-	-	 	-	-	1	
TALTZ AUTOINJECTOR	Psoriasis vulgaris	Other Provider	1			 		-	1	<u> </u>
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO INJCT	N/A	DERMATOLOGY	1	1	1	 	-	-		1
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO INJCT	N/A	Other Provider		4	4	-				<u> </u>
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO INJCT	N/A	PHYSICIAN ASSISTANT	-	1	1	-				<u> </u>
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO INJCT	N/A	DERMATOLOGY	5	4	4	1	l	1		l

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO INJCT	N/A	Other Provider	2	1	1	Demais	Demais	Аррготси	Dellieu	by inc
TALTZ AUTOINJECTOR 80 MG/ML AUTO INJCT	N/A	DERMATOLOGY	15	11	11					+
TALTZ AUTOINJECTOR 80 MG/ML AUTO INJCT	N/A	Other Provider	2	4	4					+
TALTZ AUTOINJECTOR 80 MG/ML AUTO INJCT	N/A	PHYSICIAN ASSISTANT	2	1	1					+
TALTZ AUTOINJECTOR 80 MG/ML AUTO INJCT	N/A	RHEUMATOLOGY	<i>c</i>	2	2					+
-			1	2	2					+
TALTZ SYRINGE 80 MG/ML SYRINGE	N/A	DERMATOLOGY	1	1	1					+
TAMIFLU 75 MG CAPSULE	N/A	FAMILY MEDICINE	1		4					
TAPERDEX 1.5 MG(49) TAB DS PK	N/A	PODIATRY		1	1					+
TARGADOX 50 MG TABLET	N/A	Other Provider		2	2		•			+
TARGETED GENOMIC SEQ ANALYS	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	HEMATOLOGY	1	0	U	0	0			
TARGETED GENOMIC SEQ ANALYS	ANEMIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
TARGETED GENOMIC SEQ ANALYS	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	0	1	1	0	0			
TARGETED GENOMIC SEQ ANALYS	HEMORRHAGIC CONDITION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	HEMATOLOGY	0	1	1	0	0			
TARGETED GENOMIC SEQ ANALYS	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			
TARGETED GENOMIC SEQ ANALYS	SECONDARY POLYCYTHEMIA	HEMATOLOGY	0	1	1	0	0			
TARGETED GENOMIC SEQ ANALYS	UNSPECIFIED CIRRHOSIS OF LIVER	ONCOLOGY	0	1	1	0	0			
TASIGNA 150 MG CAPSULE	N/A	ONCOLOGY	1							
TASIGNA 150 MG CAPSULE	N/A	Other Provider	1							
TASIGNA 200 MG CAPSULE	N/A	ONCOLOGY	1							†
TASIGNA 200 MG CAPSULE	N/A	Other Provider	1							\leftarrow
TAZORAC 0.05 % CREAM(GM)	N/A	Dermatology	-	13	13					\leftarrow
TAZORAC 0.05 % CREAM(GM)	N/A	FAMILY MEDICINE		1	1					+
TAZORAC 0.05 /0 CREAW(GIVI)	IVA	OBSTETRICS/GYNECOLOG		1	1					+
TAZORAC 0.05 % CREAM(GM)	N/A	v		1	1					
` '	'	Other Drawider		1	1					+
TAZORAC 0.05 % CREAM(GM)	N/A	Other Provider		1	1					+
TAZORAC 0.05 % GEL	N/A	DERMATOLOGY		1	1					+
TAZORAC 0.05 % GEL	N/A	Other Provider		1	1					
TAZORAC 0.05% CREAM	Acne vulgaris	DERMATOLOGY		1	1					
TAZORAC 0.05% CREAM	Acne vulgaris	Other Provider		1	1					
TAZORAC 0.1 % GEL	N/A	DERMATOLOGY		2	2					
TAZORAC 0.1 % GEL	N/A	Other Provider		2	2					1
TC99M SESTAMIBI	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	HOSPITAL	1							
TC99M SESTAMIBI	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	HOSPITAL	1							
TC99M SESTAMIBI	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	HOSPITAL	1							
	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR									
TC99M SESTAMIBI	EXAMINATION	HOSPITAL	1							
		CARDIOVASCULAR								1
TC99M SESTAMIBI	N/A	SURGERY	1							
TC99M TETROFOSMIN	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	HOSPITAL	1							
TC99M TETROFOSMIN	CARDIAC MURMUR, UNSPECIFIED	HOSPITAL	1							+
TC99M TETROFOSMIN	CHEST PAIN, UNSPECIFIED	HOSPITAL	1							\vdash
TC99M TETROFOSMIN	DYSPNEA, UNSPECIFIED	HOSPITAL	1							+
TC33IVI TETROFOSIVIIIV	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR	HOSFITAL	1							+
TC99M TETROFOSMIN	EXAMINATION	HOSPITAL	1							
TC99M TETROFOSMIN	ESSENTIAL (PRIMARY) HYPERTENSION	HOSPITAL	1							
TC99M TETROFOSMIN	PALPITATIONS	HOSPITAL	1							
TCAT IMPL WRLS P-ART PRS SNR	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	INTERNAL MEDICINE	1	0	0	0	0			
TCAT INSJ/RPL PERM LDLS PM	ISCHEMIC CARDIOMYOPATHY	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
TECFIDERA 120 MG CAPSULE DR	N/A	PHYSICIAN ASSISTANT	1							+
TECFIDERA 120-240 MG CAPSULE DR	N/A	NEUROLOGY	1	<u> </u>						+
TEG IDENA 120-240 MIG CAI SOLE DR	Into	THE STROLOGY	1*	1	l	l		l		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
·		CLINICAL								
TECFIDERA 240 MG CAPSULE DR	N/A	NEUROPHYSIOLOGY	1							
TECFIDERA 240 MG CAPSULE DR	N/A	NEUROLOGY	9	10	10					
TECFIDERA 240 MG CAPSULE DR	N/A	Other Provider	1							
TECFIDERA 240 MG CAPSULE DR	N/A	PHYSICIAN ASSISTANT	1							
TECFIDERA DR 120 MG CAPSULE	Multiple sclerosis	NEUROLOGY	1							
TECFIDERA DR 240 MG CAPSULE	Multiple sclerosis	INTERNAL MEDICINE		1	1					
TECFIDERA DR 240 MG CAPSULE	Multiple sclerosis	NEUROLOGY	6	1	1					
TECFIDERA DR 240 MG CAPSULE	Multiple sclerosis	Other Provider	1							
TECFIDERA STARTER PACK	Multiple sclerosis	NEUROLOGY	1							
TEKTURNA HCT 300MG-25MG TABLET	N/A	INTERNAL MEDICINE	1							
TELETHX ISODOSE PLAN SIMPLE	HYPERTROPHIC SCAR	SURGERY, PLASTIC	1	0	0	0	0			
		CARDIOVASCULAR								
TELMISARTAN 40 MG TABLET	Essential (primary) hypertension	DISEASE		1	1					
TELMISARTAN 40 MG TABLET	N/A	NEPHROLOGY	2							
TEMODAR 100 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	NEUROLOGY		1	1					
TEMOZOLOMIDE	MALIG NEOPLM OF CONN AND SOFT TISSUE OF HEAD, FACE AND NECK	PEDIATRIC	1	0	0	0	0			
		HEMATOLOGY/ONCOLOGY								
TEMOZOLOMIDE	MALIG NEOPLM OF CONN AND SOFT TISSUE OF HEAD, FACE AND NECK	PEDIATRICS	1	0	0	0	0			
TEMOZOLOMIDE 100 MG CAPSULE	MALIGNANT NEOPLASM CONNECTIVE & DFT TISSUE UNS	Other Provider	1							
TEMOZOLOMIDE 100 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	NEUROLOGY	1							
TEMOZOLOMIDE 100 MG CAPSULE	N/A	NEUROLOGY	1							
TEMOZOLOMIDE 100 MG CAPSULE	N/A	Other Provider	1							
TEMOZOLOMIDE 140 MG CAPSULE	Malignant neoplasm of brain, unspecified	HEMATOLOGY	1							
TEMOZOLOMIDE 140 MG CAPSULE	N/A	NEUROLOGY	2							
TEMOZOLOMIDE 180 MG CAPSULE	Malignant neoplasm of brain, unspecified	NEUROLOGY	2							
TEMOZOLOMIDE 180 MG CAPSULE	MALIGNANT NEOPLASM OF FRONTAL LOBE	NEUROLOGY	1							
TEMOZOLOMIDE 180 MG CAPSULE	N/A	NEUROLOGY	1							
TEMOZOLOMIDE 250 MG CAPSULE	Malignant neoplasm of brain, unspecified	NEUROLOGY	1							
TEMOZOLOMIDE 250 MG CAPSULE	N/A	NEUROLOGY	1							
TEMOZOLOMIDE 250 MG CAPSULE	N/A	Other Provider	1							
TEMOZOLOMIDE 5 MG CAPSULE	MALIGNANT NEOPLASM CONNECTIVE & DFT TISSUE UNS	Other Provider	1							
TEMPLE BONE IMPLANT REVISION	CELLULITIS OF FACE	OTOLARYNGOLOGY (EAR,	0	1	1	0	0			
		NOSE, AND THROAT)								
TEMPORAL ARTERY PROCEDURE	HEADACHE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	NOSE, AND THROAT) ORTHOPEDIC SURGERY	1							
Tenodesis of long tendon of biceps Tenodesis of long tendon of biceps	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	ORTHOPEDIC SURGERY	1	1	1					
renodesis of long tendon of biceps	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER;	OKTHOPEDIC SONGENT	1	1	1					
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	1							
renodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT;	OKTHOPEDIC SONGENT	+							
	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER; IMPINGEMENT									
Tenodesis of long tendon of biceps	SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	1							
TENOFOVIR DISOP FUM 300 MG TB	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Other Provider	2	1		 				
TENOFOVIR DISOP FUM 300 MG TB	N/A	INTERNAL MEDICINE	1	1		 				
TENOFOVIR DISOP FOM 300 MG TB TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET	N/A	FAMILY MEDICINE	2	1	1	 	-	-	-	}
TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET	N/A	GASTROENTEROLOGY	5	 		 				1
TENS FOUR LEAD	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	PHYSICAL MEDICINE	1	0	0	0	0			
TENS FOUR LEAD	OTHER ENTHESOPATHY OF UNSPECIFIED FOOT AND ANKLE	PAIN MANAGEMENT	1	0	0	0	0			<u> </u>
TENS FOUR LEAD			1	0	0	0	0			<u> </u>
TENS FOOR LEAD	RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	1	U	U	U	v			
TEPEZZA	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	OPHTHALMOLOGY	<u> </u>					1		
TERM DEV AUTO GRASP FEATURE	ACQUIRED ABSENCE OF LEFT UPPER LIMB BELOW ELBOW	FAMILY MEDICINE	0	1	1	0	0	I		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TEST FOR BLOOD FLOW IN GRAFT		SURGERY, PLASTIC	1	0	0	0	0			
TEST SOCK WRIST DISART/BEL E	PARTIAL TRAUMATIC TRANSMETCRPL AMP OF RIGHT HAND, SUBS	SURGERY, HAND	0	2	0	0	2			
TEST SOCKET BELOW KNEE	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TEST SOCKET BELOW KNEE	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	FAMILY MEDICINE	0	1	0	0	1			
	Malignant neoplasm of left testis, unspecified whether descended or									
Testicular Cancer	undescended	RADIATION ONCOLOGY	_	1	1					
TESTIM 1% (50MG) GEL	Testicular hypofunction	FAMILY MEDICINE	1							
TESTIM 1% (50MG) GEL	Testicular hypofunction	INTERNAL MEDICINE		1	1					
		ENDOCRINOLOGY AND								
TESTIM 50 MG (1%) GEL (GRAM)	N/A	METABOLISM	1	_	_					
TESTIM 50 MG (1%) GEL (GRAM)	N/A	FAMILY MEDICINE		2	2					4
TESTIM 50 MG (1%) GEL (GRAM)	N/A	UROLOGY		1	1					
TESTOPEL 75 MG PELLET(EA)	N/A	UROLOGY	1							4
TESTOPEL 75 MG PELLETS	Testicular hypofunction	UROLOGY		1	1					++
TECTOCTERONE	Total Laboration	FAMILY NURSE								
TESTOSTERONE	Testicular hypofunction	PRACTITIONER						1		++
TESTOSTERONE	Testicular hypofunction	INTERNAL MEDICINE	-					1		
TESTOSTERONE	Testicular hypofunction	Other Provider							1	4
TESTOSTERONE TO (FOLDER (F. C.) DIV	Testicular hypofunction	UROLOGY						1		++
TESTOSTERONE 1% (50 MG/5 G) PK	N/A	FAMILY MEDICINE	1							++
		CARDIOVASCULAR								
TESTOSTERONE 1.25G-1.62 GEL PACKET	N/A	DISEASE	1							4
		ENDOCRINOLOGY AND								
TESTOSTERONE 1.25G-1.62 GEL PACKET	N/A	METABOLISM	1.	1	1					
TESTOSTERONE 1.25G-1.62 GEL PACKET	N/A	FAMILY MEDICINE	1							4
TESTOSTERONE 1.25G-1.62 GEL PACKET	N/A	INTERNAL MEDICINE		1	1					
TESTOSTERONE 1.25G-1.62 GEL PACKET	N/A	NURSE PRACTITIONER	-	1	1					4
TESTOSTERONE 1.25G-1.62 GEL PACKET	N/A	Other Provider	3	3	3					
TESTOSTERONE 1.25G-1.62 GEL PACKET	N/A	UROLOGY	-	1	1					4
TESTOSTERONE 1.62% (2.5 G) PKT	Testicular hypofunction	Other Provider	2							++
TESTOSTERONE 1.62% GEL PUMP	N/A	FAMILY MEDICINE	3	2	2					4
TESTOSTERONE 1.62% GEL PUMP	N/A	INTERNAL MEDICINE		1	1					++
TESTOSTERONE 1.62% GEL PUMP	N/A	Other Provider		1	1					
TESTOSTERONE 1.62% GEL PUMP	N/A	UROLOGY	1							
TESTOSTERONE 1.62% GEL PUMP	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY MEDICINE	-	1	1					+
TESTOSTERONE 1.62% GEL PUMP	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	INTERNAL MEDICINE	1	2	2					
TESTOSTERONE 1.62% GEL PUMP TESTOSTERONE 1.62% GEL PUMP	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY TESTICULAR HYPERFUNCTION	Other Provider	1	2	1					
TESTOSTERONE 1.62% GEL POINIP	TESTICULAR HYPERFUNCTION	UROLOGY ENDOCRINOLOGY AND	-	1	1					
TESTOSTERONE 1.62% GEL PUMP	Testisular hypofunction	METABOLISM	2							
TESTOSTERONE 1.62% GEL PUMP	Testicular hypofunction Testicular hypofunction	FAMILY MEDICINE	2		c					+
TESTOSTERONE 1.02% GEL POWP	Testicular hyporuniction	FAMILY NURSE	8	ь	ь					+
TESTOSTERONE 1.62% GEL PUMP	Tocticular hypofunction	PRACTITIONER		1	1					
TESTOSTERONE 1.62% GEL PUMP	Testicular hypofunction Testicular hypofunction	INTERNAL MEDICINE	2	1	1					+
TESTOSTERONE 1.62% GEL PUMP		Other Provider	2	2	2					+
TESTOSTERONE 1.62% GEL PUMP	Testicular hypofunction Testicular hypofunction	PHYSICIAN ASSISTANT	1	1	1					++
TESTOSTERONE 1.62% GEL PUMP			6	2	2					+
TESTOSTERONE 1.62% GEL PUMP TESTOSTERONE 1.62%(1.25 G) PKT	Testicular hypofunction	UROLOGY FAMILY MEDICINE	U	1	1					++
TESTOSTERONE 1.62%(1.25 G) PKT TESTOSTERONE 1.62%(1.25 G) PKT	Testicular hypofunction			1	1					+
11.510.51LNONL 1.0276(1.25 G) PK1	Testicular hypofunction	Other Provider		1	1					+
TESTOSTEDONE 10 MG (2%) GEL MAD DMAD	N/A	ENDOCRINOLOGY AND	1	1	1]
TESTOSTERONE 10 MG (2%) GEL MD PMP	N/A	METABOLISM FAMILY MEDICINE	1	1	1					++
TESTOSTERONE 10 MG (2%) GEL MD PMP	N/A	FAMILY MEDICINE	1	1	1					+
TESTOSTERONE 10 MG (2%) GEL MD PMP	N/A N/A	Other Provider UROLOGY	1							4

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TESTOSTERONE 10 MG GEL PUMP	N/A	OBSTETRICS/GYNECOLOG		1	1					
TESTOSTERONE 10 MG GEL PUMP	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	FAMILY MEDICINE		1	1					
TESTOSTERONE 10 MG GEL PUMP	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	INTERNAL MEDICINE		1	1					
TESTOSTERONE 10 MG GEL PUMP	Testicular hypofunction	DIABETIC MEDICINE	1	_						
	The state of the s	ENDOCRINOLOGY AND								
TESTOSTERONE 10 MG GEL PUMP	Testicular hypofunction	METABOLISM	1							
TESTOSTERONE 10 MG GEL PUMP	Testicular hypofunction	FAMILY MEDICINE	1							
TESTOSTERONE 10 MG GEL PUMP	Testicular hypofunction	NURSE PRACTITIONER	1							
TESTOSTERONE 10 MG GEL PUMP	Testicular hypofunction	Other Provider		1	1					
TESTOSTERONE 12.5 MG/1.25 GRAM	N/A	NURSE PRACTITIONER	1							
TESTOSTERONE 12.5 MG/1.25 GRAM	Testicular hypofunction	Other Provider	1							
		ENDOCRINOLOGY AND								
TESTOSTERONE 12.5/1.25G GEL MD PMP	N/A	METABOLISM		1	1					
TESTOSTERONE 12.5/1.25G GEL MD PMP	N/A	FAMILY MEDICINE	2	3	3					
TESTOSTERONE 12.5/1.25G GEL MD PMP	N/A	OBSTETRICS/GYNECOLOG		2	,					
TESTOSTERONE 12.5/1.25G GEL MD PMP	N/A	Other Provider		1	1					
TESTOSTERONE 12:3/1:230 GEE IND T WII	1975	ENDOCRINOLOGY AND		1	1					
TESTOSTERONE 2.5G-1.62% GEL PACKET	N/A	METABOLISM	1							
TESTOSTERONE 2.5G-1.62% GEL PACKET	N/A	FAMILY MEDICINE	1							
TESTOSTERONE 2.5G-1.62% GEL PACKET	N/A	NURSE PRACTITIONER	1							
TESTOSTERONE 2.5G-1.62% GEL PACKET	N/A	Other Provider		2	2					
		ENDOCRINOLOGY AND								
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	METABOLISM	7	5	5					
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	FAMILY MEDICINE	17	8	8					
		FAMILY NURSE								
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	PRACTITIONER		1	1					
		FAMILY NURSE								
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	PRACTITIONER PRIMARY CARE		1	1					
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	INTERNAL MEDICINE	1	E	E					
TESTOSTERONE 20:25/1:25 GEE WID T WII	1975	OBSTETRICS/GYNECOLOG	7	,	,					
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	Υ		2	2					
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	Other Provider	12	6	6					
		PEDIATRIC								
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	ENDOCRINOLOGY	1							
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	PHYSICIAN ASSISTANT		1	1					
TESTOSTERONE 20.25/1.25 GEL MD PMP	N/A	UROLOGY	10	2	2					
		FAMILY NURSE								
TESTOSTERONE 25MG(1%) GEL PACKET	N/A	PRACTITIONER		1	1					
	[OBSTETRICS/GYNECOLOG								
TESTOSTERONE 25MG(1%) GEL PACKET	N/A	Other Drawides	2	1	1					
TESTOSTERONE 25MG(1%) GEL PACKET	N/A	Other Provider FAMILY MEDICINE	3	1	1					
TESTOSTERONE 30 MG/1.5 ML PUMP	Testicular hypofunction	OBSTETRICS/GYNECOLOG	1	1	1					
TESTOSTERONE 30 MG/1.5 ML PUMP	Testicular hypofunction	v	1							
TESTOSTERONE 30 MG/1.5 ML PUMP	Testicular hypotraction	Other Provider	-	1	1					
TESTOSTERONE 30MG/1.5ML SOL MD PMP	N/A	FAMILY MEDICINE	1	1	1					
TESTOSTERONE 30MG/1.5ML SOL MD PMP	N/A	INTERNAL MEDICINE		3	3	1				1
TESTOSTERONE 30MG/1.5ML SOL MD PMP	N/A	Other Provider	1	1	1					
TESTOSTERONE 30MG/1.5ML SOL MD PMP	N/A	UROLOGY		1	1					
		ENDOCRINOLOGY AND								
TESTOSTERONE 50 MG (1%) GEL (GRAM)	N/A	METABOLISM	1	1	1					
TESTOSTERONE 50 MG (1%) GEL (GRAM)	N/A	Family Medicine	2	1	1					
TESTOSTERONE 50 MG (1%) GEL (GRAM)	N/A	INTERNAL MEDICINE	3	3	3					

					Madian	Function and all 9	Naturali	Tatal	Total	
			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
TESTOSTERONE 50 MG (1%) GEL (GRAM)	N/A	Other Provider	1							
TESTOSTERONE 50 MG (1%) GEL (GRAM)	N/A	SURGERY, GENERAL		1	1					
TESTOSTERONE 50 MG (1%) GEL (GRAM)	N/A	UROLOGY	2	2	2					
TESTOSTERONE 50 MG (1%) GEL PACKET	N/A	FAMILY MEDICINE	3							
TESTOSTERONE 50 MG (1%) GEL PACKET	N/A	INFECTIOUS DISEASE		1	1					
TESTOSTERONE 50 MG (1%) GEL PACKET	N/A	INTERNAL MEDICINE	2	1	1					
		OBSTETRICS/GYNECOLOG								
TESTOSTERONE 50 MG (1%) GEL PACKET	N/A	Υ		2	2					
TESTOSTERONE 50 MG (1%) GEL PACKET	N/A	Other Provider	1							
TESTOSTERONE 50 MG (1%) GEL PACKET	N/A	PHYSICIAN ASSISTANT		1	1					
TESTOSTERONE 50 MG (1%) GEL PACKET	N/A	UROLOGY	2							
TESTOSTERONE 50 MG/5 GRAM GEL	HYPERALDOSTERONISM UNSPECIFIED	INTERNAL MEDICINE		1	1					
TESTOSTERONE 50 MG/5 GRAM GEL	N/A	FAMILY MEDICINE	1			İ				
1,11		ENDOCRINOLOGY AND	Ī			İ				
TESTOSTERONE 50 MG/5 GRAM GEL	Testicular hypofunction	METABOLISM	2	2	2	1	1			
TESTOSTERONE 50 MG/5 GRAM GEL	Testicular hypofunction	FAMILY MEDICINE	_	2	2	+				+
TESTOSTERONE 50 MG/5 GRAM GEL	Testicular hypofunction	Other Provider	1	1	1					+
TESTOSTERONE 50 MG/5 GRAM GEL		PHYSICIAN ASSISTANT	1	_	-	 			1	+
TESTOSTERONE 50 MG/5 GRAM GEL TESTOSTERONE 50 MG/5 GRAM PKT	Testicular hypofunction		1	1	1	1	-	-		+
TESTUSTERUNE SU MIG/S GRANI PRI	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	FAMILY MEDICINE	-	1	1	-				+
TESTOSTEDONE EGANS /E COANA DIVI	21/2	ENDOCRINOLOGY AND		l,		1	1			
TESTOSTERONE 50 MG/5 GRAM PKT	N/A	METABOLISM		1	1					+
TESTOSTERONE 50 MG/5 GRAM PKT	Testicular hypofunction	INTERNAL MEDICINE	4	2	2					
TESTOSTERONE 50 MG/5 GRAM PKT	Testicular hypofunction	Other Provider	1							
		PHYSICAL MEDICINE AND								
TESTOSTERONE 50 MG/5 GRAM PKT	Testicular hypofunction	REHABILITATION		1	1					
TESTOSTERONE CYPIONATE 200 MG/ML VIAL	N/A	Other Provider		1	1					
TESTOSTERONE PELLET 75 MG	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	UROLOGY	1	0	0	0	0			
TESTOSTERONE PELLET 75 MG	OTHER GENERAL SYMPTOMS AND SIGNS	PSYCHOLOGY	0	1	1	0	0			
TESTOSTERONE PELLET 75 MG	OTHER GENERAL SYMPTOMS AND SIGNS	UROLOGY	0	1	1	0	0			
TESTOSTERONE PELLET 75 MG	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	PHYSICIAN ASSISTANT	1	0	0	0	0			
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	FAMILY MEDICINE	1	0	0	0	0			
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	NURSE PRACTITIONER	1	0	0	0	0			
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	UROLOGY	10	3	3	0	0			
TESTOSTERONE UNDECANOATE 1MG	DISORDER OF PITUITARY GLAND, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	UROLOGY	4	0	0	0	0			
TESTOSTERONE UNDECANOATE 1MG	UNSPECIFIED ATRIAL FIBRILLATION	UROLOGY	1	0	0	0	0			
TETRABENAZINE	Other tics of organic origin	NEUROLOGY				-	-	1		+
TETRABENAZINE 12.5 MG TABLET	N/A	NEUROLOGY	2	2	2			<u> </u>		+
TETRADENAZINE 12.5 WIG TABLET	IN/A	NEGROEGGT	2	2	2					+
TETRABENAZINE 12.5 MG TABLET	N/A	PEDIATRIC NEUROLOGY	1							
	N/A N/A		1							
TETRABENAZINE 25 MG TABLET	N/A	NEUROLOGY	1							
TETRABENAZINE 25 MG TABLET	Tourette's disorder	PEDIATRIC NEUROLOGY	2							
THALOMID 100 MG CAPSULE	N/A	GASTROENTEROLOGY		1	1					
THALOMID 100 MG CAPSULE	N/A	HEMATOLOGY	1							
THALOMID 50 MG CAPSULE	Discoid lupus erythematosus	DERMATOLOGY	1							
THALOMID 50 MG CAPSULE	N/A	PULMONARY DISEASE		1	1	1				†
THAWING CRYOPRESRVED EMBRYO	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	2	1	0	0	1			
		ENDOCRINOLOGY/INFERTILI								
THAWING CRYOPRESRVED EMBRYO	OTHER MALE INFERTILITY	REPRODUCTIVE	1	0	0	0	0	†		
The state of the s		ENDOCRINOLOGY/INFERTILI	Ī ⁻		l ⁻	Ī	[
		TY				1				
THAWING CRYOPRESRVED OOCYTE	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE	0	1	0	0	1			
		ENDOCRINOLOGY/INFERTILI				1	1			
		TY	1	1						1

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THAWING CRYOPRESRVED OOCYTE	FEMALE INFERTILITY OF OTHER ORIGIN	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	1	1	0	0			2,
THAWING CRYOPRESRVED OOCYTE	FEMALE INFERTILITY, UNSPECIFIED	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	1	1	1	0	0			
THAWING CRYOPRESRVED SPERM	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	0	0	2			
THER CGM RECEIVER/MONITOR	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	CHRONIC IDIOPATHIC CONSTIPATION	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	HYPOKALEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	SNORING	FAMILY MEDICINE	1	0	0	0	0			
THER CGM RECEIVER/MONITOR THER CGM RECEIVER/MONITOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	ENDOCRINOLOGY AND METABOLISM ENDOCRINOLOGY AND	2	0	0	0	0			
		METABOLISM	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	U	U	U	U			
THER CGM RECEIVER/MONITOR	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	FAMILY MEDICINE	1	0	0	0	0			
THER CGM RECEIVER/MONITOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	END STAGE RENAL DISEASE	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	LOWER ABDOMINAL PAIN, UNSPECIFIED	PULMONARY DISEASE	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	LOWER ABDOMINAL PAIN, UNSPECIFIED	SOCIAL WORK	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	NONDISP FX OF NK OF 5TH MC BONE, R HAND, 7THD	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	PULMONARY DISEASE	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	PERSONAL HISTORY OF COLONIC POLYPS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	SHORTNESS OF BREATH	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	ENDOCRINOLOGY AND METABOLISM	7	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	PEDIATRIC ENDOCRINOLOGY	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER CGM SUPPLY ALLOWANCE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THER SPI PNXR DRG CSF	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
THER SPI PNXR DRG CSF	MALIGNANT NEOPLASM OF SPINAL CORD	ONCOLOGY	1	0	0	0	0			
THER SPI PNXR DRG CSF	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	HEMATOLOGY	1	0	0	0	0			
THER/PROPH/DIAG IV INF ADDON	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	NEUROLOGY	2	0	0	0	0			

					Medical	Evnorimental 8	Notwork	Total	Total	
Develop Code Developing	State of State State	Book idea Constalle	Total UM	Total UM	Necessity	Experimental & Investigational	Network Adequacy	Appeals	Total Appeals	Approved
Procedure Code Description THER/PROPH/DIAG IV INF INIT	Diagnosis Code Description HEART TRANSPLANT STATUS	Provider Specialty PEDIATRIC EMERGENCY	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
THER/PROPH/DIAG IV INF INIT	HEART TRANSPLANT STATUS	MEDICINE	1	U	U	U	U			
THER/PROPH/DIAG IV INF INIT	HEART TRANSPLANT STATUS	SOCIAL WORK	1	0	0	0	0			
THER/PROPH/DIAG IV INF INIT	SEQUELAE OF HYPERALIMENTATION	FAMILY MEDICINE	1	0	0	0	0			
THERAPEUTIC ACTIVITIES	Arteriovenous malformation of cerebral vessels	Other Provider						1		
THERAPEUTIC ACTIVITIES	AUTISTIC DISORDER	PEDIATRICS	0	2	0	0	2			
THERAPEUTIC ACTIVITIES	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	1							
THERAPEUTIC ACTIVITIES	Carpal tunnel syndrome, bilateral upper limbs	Other Provider						1		
THERAPEUTIC ACTIVITIES	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY	FAMILY MEDICINE	0	1	0	0	1			
THERAPEUTIC ACTIVITIES	Cerebral infarction, unspecified	OCCUPATIONAL THERAPY						1		
THERAPEUTIC ACTIVITIES	CONVERGENCE EXCESS	OPTOMETRY	1	0	0	0	0	_		†
THERAPEUTIC ACTIVITIES	COVID-19	FAMILY NURSE	1	0	0	0	0			
	Pinton della fasta a filofolista a la constanta della	PRACTITIONER								+
THE DADELITIC ACTIVITIES	Displaced pilon fracture of left tibia, subsequent encounter for	DUIVELCAL THED ADV							1	
THERAPEUTIC ACTIVITIES THERAPEUTIC ACTIVITIES	closed fracture with routine healing FEEDING DIFFICULTIES	PHYSICAL THERAPY	0		0	0	4		1	
THERAPEUTIC ACTIVITIES	FEEDING DIFFICULTIES	PEDIATRICS, DEVELOPMENTAL-	U	1	U	U	1			
		BEHAVIORAL								
THERAPEUTIC ACTIVITIES	INTERMITTENT MONOCULAR EXOTROPIA, RIGHT EYE	OPTOMETRY	1	0	0	0	0			
THERAPEUTIC ACTIVITIES	N/A	HOSPITAL	3							
THERAPEUTIC ACTIVITIES	Other specified postprocedural states	Other Provider							1	
THERAPEUTIC ACTIVITIES	Pain in left knee	Other Provider						1	1	
THERAPEUTIC ACTIVITIES	Scar conditions and fibrosis of skin	OCCUPATIONAL THERAPY							1	
THERAPEUTIC ACTIVITIES	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	PEDIATRICS	1	0	0	0	0			
THERAPEUTIC ACTIVITIES	TORTICOLLIS	FAMILY MEDICINE	0	1	0	0	1			
THERAPEUTIC ACTIVITIES	Unilateral primary osteoarthritis, left hip	Other Provider							1	
THERAPEUTIC ACTIVITIES	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRICS	1	0	0	0	0			
THERAPEUTIC EXERCISES	AUTISTIC DISORDER	PEDIATRICS	0	2	0	0	2			
THERAPEUTIC EXERCISES	AUTISTIC DISORDER	PHYSICAL THERAPY	0	1	0	0	1			†
THERAPEUTIC EXERCISES	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	HOSPITAL	1			_				
THERAPEUTIC EXERCISES	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY	FAMILY MEDICINE	0	1	0	0	1			1
THERAPEUTIC EXERCISES	CONVERGENCE EXCESS	OPTOMETRY	1	0	0	0	0			1
THERAPEUTIC EXERCISES	COVID-19	FAMILY NURSE	1	0	0	0	0			
THE TO THE EXENCISES	65115 15	PRACTITIONER	-				ŭ			
THERAPEUTIC EXERCISES	INTERMITTENT MONOCULAR EXOTROPIA, RIGHT EYE	OPTOMETRY	1	0	0	0	0			
THERAPEUTIC EXERCISES	N/A	PHYSICAL THERAPY	3							
THE A DELITIC EVEN CISES	Other Country of Guide Life	OCCUPATIONAL TUEDABY								
THERAPEUTIC EXERCISES	Other instability, left shoulder	OCCUPATIONAL THERAPY	l_	1				1		
THERAPEUTIC EXERCISES	PAIN IN RIGHT SHOULDER	SURGERY, ORTHOPEDIC	0	1	0	0	1			
THERAPEUTIC EXERCISES	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	SURGERY, ORTHOPEDIC	1	0	0	0	0			
THERAPEUTIC EXERCISES	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	PEDIATRICS	1	0	0	0	0			
THERASKIN	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	EMERGENCY MEDICINE	0	1	1	0	0			
THERASKIN	NON-PRS CHRONIC ULCER OTH PRT L LOW LEG W NECROSIS OF MUSCLE	INTERNAL MEDICINE	1	0	0	0	0			
THERASKIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INTERNAL MEDICINE	1	0	0	0	0			
THERASKIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	2	1	1	0	0			
THORACOABDOMINAL GRAFT	THORACOABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	FACILITY	1	0	0	0	0			+
THORACOABDOMINAL GRAFT	THORACOABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	SURGERY, THORACIC	1	0	0	0	0			
THORACOSCOPY DIAGNOSTIC	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	SURGERY, THORACIC	0	1	1	0	0			\vdash
THORACOSCOPY LYMPH NODE EXC	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	SURGERY, THORACIC	1	0	0	0	0			\vdash
THORACOSCOPY LYMPH NODE EXC	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	SURGERY, THORACIC	1	0	0	0	0			†
THORACOSCOPY LYMPH NODE EXC	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	SURGERY, GENERAL	1	0	0	0	0			\vdash
THORACOSCOPY LYMPH NODE EXC	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY, THORACIC	1	0	0	0	0			\vdash
THORACOSCOPY REM TOTL CORTEX	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	SURGERY, THORACIC	0	1	1	0	0			
THORACOSCOPY RESECT BULLAE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY, THORACIC	1	0	0	0	0			+
HIONACOSCOPT RESECT BULLAE	OTHER MONSPECIFIC ADMORANAL PINDING OF LUNG FIELD	SUNGENT, THURACIC	1*	I o	·	v	U	1		1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
THORACOSCOPY W/ TH NRV EXC	PRIMARY FOCAL HYPERHIDROSIS, PALMS	SURGERY, GENERAL	0	1	1	0	0			
THORACOSCOPY W/ TH NRV EXC	PRIMARY FOCAL HYPERHIDROSIS, PALMS	SURGERY, THORACIC	2	0	0	0	0			1
THORACOSCOPY W/LOBECTOMY	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
THORACOSCOPY W/LOBECTOMY	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	SURGERY, THORACIC	1	0	0	0	0			
THORACOSCOPY W/LOBECTOMY	MELENA	SURGERY, THORACIC	1	0	0	0	0			
THORACOSCOPY W/LOBECTOMY	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PSYCHIATRY	1	0	0	0	0			1
THORACOSCOPY W/LOBECTOMY	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY, THORACIC	1	0	0	0	0			1
THORACOSCOPY W/LOBECTOMY	SOLITARY PULMONARY NODULE	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
THORACOSCOPY W/LOBECTOMY	SOLITARY PULMONARY NODULE	SURGERY, GENERAL	1	0	0	0	0			1
THORACOSCOPY W/THYMUS RESECT	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	SURGERY, THORACIC	1	0	0	0	0			
THORACOSCOPY W/WEDGE RESECT	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	SURGERY, THORACIC	1	0	0	0	0			
THORACOSCOPY W/WEDGE RESECT	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	SURGERY, THORACIC	1	0	0	0	0			
THORACOSCOPY W/WEDGE RESECT	SOLITARY PULMONARY NODULE	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
THORACOSCOPY W/WEDGE RESECT	SOLITARY PULMONARY NODULE	SURGERY, GENERAL	1	0	0	0	0			1
THORAX SPINE FUSION	Adolescent idiopathic scoliosis, thoracic region	Other Provider							1	ı T
THORAX SPINE FUSION	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
THORAX SPINE FUSION	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY, ORTHOPEDIC	0	1	1	0	0			1
THORAX SPINE FUSION	RADICULOPATHY, THORACIC REGION	SURGERY, NEUROLOGICAL	1	0	0	0	0			
THORAX SPINE FUSION	SCOLIOSIS, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			1
THRMBC/NFS DIALYSIS CIRCUIT	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
THRMBC/NFS DIALYSIS CIRCUIT	OTH COMPLICATION OF VASCULAR DIALYSIS CATHETER, INIT ENCNTR	NEPHROLOGY	1	0	0	0	0			
Thromboendarterectomy, including patch graft, if performed;										1
carotid, vertebral, subclavian, by neck incision	Cerebral infarction, unspecified	THORACIC SURGERY	1							
Thromboendarterectomy, including patch graft, if performed;										1
carotid, vertebral, subclavian, by neck incision	Multiple myeloma not having achieved remission	THORACIC SURGERY	1							
Thromboendarterectomy, including patch graft, if performed;										
carotid, vertebral, subclavian, by neck incision	Occlusion and stenosis of bilateral carotid arteries	VASCULAR SURGERY	1							
Thromboendarterectomy, including patch graft, if performed;		CARDIO-THORACIC								
carotid, vertebral, subclavian, by neck incision	Occlusion and stenosis of left carotid artery	SURGERY	1							
Thromboendarterectomy, including patch graft, if performed;										
carotid, vertebral, subclavian, by neck incision	Occlusion and stenosis of left carotid artery	THORACIC SURGERY	1							
Thromboendarterectomy, including patch graft, if performed;		CARDIO-THORACIC								
carotid, vertebral, subclavian, by neck incision	Occlusion and stenosis of right carotid artery	SURGERY	1							
Thromboendarterectomy, including patch graft, if performed;										
carotid, vertebral, subclavian, by neck incision	Occlusion and stenosis of right carotid artery	GENERAL SURGERY	2							
Thromboendarterectomy, including patch graft, if performed;										
carotid, vertebral, subclavian, by neck incision	Occlusion and stenosis of right carotid artery	THORACIC SURGERY	2							<u> </u>
Thromboendarterectomy, including patch graft, if performed;										
carotid, vertebral, subclavian, by neck incision	Occlusion and stenosis of right carotid artery	VASCULAR SURGERY	2							<u> </u>
THYROID IMAGING W/BLOOD FLOW	THYROTOXICOSIS, UNSP WITHOUT THYROTOXIC CRISIS OR STORM	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
THYROID MET IMAGING BODY	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	ENDOCRINOLOGY AND METABOLISM	2	0	0	0	0			
THYROID MET IMAGING BODY	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY AND	1	0	0	0	0			
THYROID MET IMAGING BODY	MALIGNANT NEOPLASM OF THYROID GLAND	METABOLISM FAMILY MEDICINE	1	0	0	0	0		 	+
THYROTROPIN INJECTION	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	ENDOCRINOLOGY AND	1	0	0	0	0			1
TIB/PER REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	METABOLISM CARDIOVASCULAR DISEASE	2	0	0	0	0			
TIB/PER REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	1	1	0	0			+
		INTERVENTIONAL								4
TIB/PER REVASC ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
TIB/PER REVASC ADD-ON	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	3	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TIB/PER REVASC ADD-ON	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	VASCULAR &	1	0	0	0	0			-,
,		INTERVENTIONAL		_	ľ		ľ			
		RADIOLOGY								
TIB/PER REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	4	0	0	0	0			
TIB/PER REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			1
TIB/PER REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			+
TIB/PER REVASC ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR &	0	1	1	0	0			+
,		INTERVENTIONAL								
	Athorocologosis of native actories of autromities with intermittent	CARDIOVASCULAR								+
TIB/PER REVASC STENT & ATHER	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	CARDIOVASCULAR DISEASE						1		
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ART OF LEFT LEG WITH ULCER OTH PRT LOW LEG	SURGERY, VASCULAR	1	0	0	n	0	_		+
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	CARDIOVASCULAR DISEASE	1	0	0	0	0			+
					_	_	_			
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOLOGY,	1	0	0	0	0			
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	INTERVENTIONAL CARDIOVASCULAR DISEASE	2	0	0	0	0			
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W OLCERATION	CARDIOVASCULAR DISEASE	2	U	U	0	U			
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	1	0	0	0	0			
TID (DED DEL LACO OTENTE O ATTUED	ATUSCO ALITHUS ADTERISE OF FUTBOALLY DIVIDAGE OF AUGUS	INTERVENTIONAL								
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	1	0	0	0	0			1
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, RIGHT LEG	CARDIOVASCULAR DISEASE	0	1	1	0	0			†
										<u> </u>
TIB/PER REVASC STENT & ATHER	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	SURGERY, VASCULAR	1	0	0	0	0			<u> </u>
TIB/PER REVASC STENT & ATHER	DISORDER OF VEIN, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	0	1	1	0	0			
TIB/PER REVASC STENT & ATHER	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR &	2	0	0	0	0			
		INTERVENTIONAL RADIOLOGY								
TIB/PER REVASC STENT & ATHER	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
TIB/PER REVASC STENT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	4	0	0	0	0			
	PENIFTIENAE VASCOLAN DISEASE, ONSFECITIED	CANDIOVASCOLAN DISEASE	,	Ü	U	Ü	U			
TIB/PER REVASC STENT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
TIB/PER REVASC STENT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	0	0	0	0			†
TIB/PER REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			1
TIB/PER REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	1	1	0	0			+
TIB/PER REVASC STNT & ATHER	DISORDER OF VEIN, UNSPECIFIED	INTERVENTIONAL VASCULAR &	0	1	1	0	0	1		+
HOFFER REVASE SINT & ATHER	DISORDER OF VEIN, UNSFECIFIED	INTERVENTIONAL				o o	0			
TIB/PER REVASC STNT & ATHER	GANGRENE, NOT ELSEWHERE CLASSIFIED	RADIOLOGY VASCULAR &	1	0	0	0	0	-		+
ney, Ettievise sitti a illien	S. HOLER, NOT EESEMBLE SE SOMES	INTERVENTIONAL	_				Ü			
TIB/PER REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	RADIOLOGY CARDIOVASCULAR DISEASE	3	0	0	0	0	-		+
	·		Ţ	Ī	Ī	-	Ī			
TIB/PER REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
TIB/PER REVASC STNT & ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ART OF LEFT LEG WITH ULCER OTH PRT LOW LEG	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W GANGRENE, LEFT LEG	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W REST PAIN, RIGHT LEG	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOLOGY,	1	0	0	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	INTERVENTIONAL CARDIOVASCULAR DISEASE	2	0	0	0	0	-		+
	THIS SERVICE STREET OF EXTREMITIES W OLCOMATION	I III I I I I I I I I I I I I I I I I	Ī	Ī .	Ī	Ī	Ī .			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOLOGY, INTERVENTIONAL	2	0	0	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			+
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/ATHER	ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OTH PRT FOOT	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/ATHER	CRAMP AND SPASM	FAMILY MEDICINE	1	0	0	0	0			
TIB/PER REVASC W/ATHER	DISORDER OF VEIN, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	0	1	1	0	0			
TIB/PER REVASC W/ATHER	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	3	0	0	0	0			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	5	1	1	0	0			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, THORACIC	0	1	1	0	0			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			
TIB/PER REVASC W/ATHER	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	0	1	1	0	0			
TIB/PER REVASC W/ATHER	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
TIB/PER REVASC W/STENT	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
TIB/PER REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
TIB/PER REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
TIB/PER REVASC W/STENT	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/STENT	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR & INTERVENTIONAL	2	0	0	0	0			
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	RADIOLOGY CARDIOLOGY,	1	0	0	0	0			
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	4	0	0	0	0			
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			\vdash
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	1	0	0	0	0			
TIB/PER REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	1	1	1	0	0			
TIB/PER REVASC W/STENT	UNSP ATHSCL AUTOLOGOUS VEIN BYPASS OF THE EXTRM, LEFT LEG	SURGERY, VASCULAR	1	0	0	0	0			
TIB/PER REVASC W/STENT	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	1	0	0	0	0			
TIB/PER REVASC W/STENT	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	1	0	0	0	0			
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOLOGY, INTERVENTIONAL	1	0	0	0	0			
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY, INTERVENTIONAL	0	1	1	0	0			
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOVASCULAR DISEASE	0	1	1	0	0			
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
TIB/PER REVASC W/TLA	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	SURGERY, VASCULAR	1	0	0	0	0			

Procedure Code Description	Discussis Code Description	Drouidor Concieltu	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved
TIB/PER REVASC W/TLA	Diagnosis Code Description GANGRENE, NOT ELSEWHERE CLASSIFIED	Provider Specialty VASCULAR &	Approvals	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IRO
TIBY FER REVASC WYTLA	GANGAENE, NOT ELSEWHERE CLASSIFIED	INTERVENTIONAL	2	o .		U	0			
TIB/PER REVASC W/TLA	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	RADIOLOGY VASCULAR &	1	0	0	0	0			+
TIB/FER REVASE W/TEA	OTTER CHRONIC OSTEOWITEETTS, EET THAND	INTERVENTIONAL	1	o .	U	o .	U			
		RADIOLOGY								
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOLOGY,	1	0	0	0	0			
TID/DED DELYACO W/TI A	DEDIDUEDAL VACCILLAD DICEACE LINCOECIEIED	INTERVENTIONAL	-	4	4	0	0			
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	/	1	1	0	0			
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			1
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			+
TIB/PER REVASC W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR &	0	1	1	0	0			1
,		INTERVENTIONAL								
		RADIOLOGY								<u> </u>
TIBPER REVASC W/ATHER ADD-ON	ATHSCL NATIVE ARTERIES OF EXTREMITIES W ULCERATION	CARDIOVASCULAR DISEASE	2	0	0	0	0			
TIBPER REVASC W/ATHER ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	CARDIOLOGY,	0	1	1	0	0			
		INTERVENTIONAL		_	_	<u> </u>	_			
TIBPER REVASC W/ATHER ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	CARDIOLOGY,	2	0	0	0	0			
TIBPER REVASC W/ATHER ADD-ON	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	INTERVENTIONAL RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			+
TIBPER REVASC W/ATHER ADD-ON	GANGRENE, NOT ELSEWHERE CLASSIFIED	VASCULAR &	2	0	0	0	0			+
		INTERVENTIONAL		-			_			
		RADIOLOGY								ļ
TIBPER REVASC W/ATHER ADD-ON	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	VASCULAR &	1	0	0	0	0			
		INTERVENTIONAL								
TIBPER REVASC W/ATHER ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	RADIOLOGY CARDIOLOGY,	1	0	0	0	0			+
THE ENTERVISE WAYNING ON	TELLI TIETULE VI ISSSE IN BISERISE, STISI ESITIES	INTERVENTIONAL	_							
TIBPER REVASC W/ATHER ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TIBPER REVASC W/ATHER ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	COUNSELING	1	0	0	0	0			+
TIBPER REVASC W/ATHER ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, CARDIOVASCULAR	0	1	1	0	0			+
										
TIBPER REVASC W/ATHER ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			
TIBPER REVASC W/ATHER ADD-ON	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR &	0	1	1	0	0			
		INTERVENTIONAL RADIOLOGY								
TILT TABLE EVALUATION	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
TIS TRNFR ANY 30.1-60 SQ CM	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	SURGERY, PLASTIC	1	0	0	0	0			
TIS TRNFR ANY 30.1-60 SQ CM	HIDRADENITIS SUPPURATIVA	SURGERY, PLASTIC	1	0	0	0	0			
TIS TRNFR ANY 30.1-60 SQ CM	PILONIDAL CYST WITHOUT ABSCESS	FAMILY MEDICINE	1	0	0	0	0			
TIS TRNFR ANY 30.1-60 SQ CM	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT TIBIA, SEQUELA	SURGERY, PLASTIC	0	1	1	0	0			
TIS TRNFR E/N/E/L 10 SQ CM/<	ACCESSORY AURICLE	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
THE TOURS ELEVEN IN IN IN IN IN		NOSE, AND THROAT)								
TIS TRNFR F/C/C/M/N/A/G/H/F	CORNS AND CALLOSITIES	SURGERY, PLASTIC	1	U	U	0	U			
TIS TRNFR F/C/C/M/N/A/G/H/F	GENDER IDENTITY DISORDER, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	1	U	U			
TIS TRNFR F/C/C/M/N/A/G/H/F	HYPOSPADIAS, PENOSCROTAL	UROLOGY	1	0	0	0	0			1
TIS TRNFR F/C/C/M/N/A/G/H/F	ILLNESS, UNSPECIFIED	SOCIAL WORK	1	0	0	0	0			1
TIS TRNFR F/C/C/M/N/A/G/H/F	ILLNESS, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TIS TRNFR F/C/C/M/N/A/G/H/F	OTHER BENIGN NEOPLASM OF SKIN OF OTHER PARTS OF FACE	SURGERY, PLASTIC	1	0	0	0	0			1
TIS TRNFR F/C/C/M/N/A/G/H/F	TRANSSEXUALISM	FACILITY	1	0	0	0	0			1
TIS TRNFR S/A/L 10 SQ CM/<	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	SURGERY, PLASTIC	1	0	0	0	0			
TIS TRNFR TRUNK 10 SQ CM/<	PERSONAL HISTORY OF COLONIC POLYPS	SURGERY, PLASTIC	1	0	0	0	0			
TIS TRNFR TRUNK 10.1-30SQCM	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	SURGERY, PLASTIC	2	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, GENERAL	1	0	0	0	0			

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
TISS XPNDR PLMT BRST RCNSTJ	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	COVID-19	SURGERY, PLASTIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	DIFFUSE CYSTIC MASTOPATHY OF RIGHT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	SURGERY, PLASTIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, PLASTIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	2	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, PLASTIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, PLASTIC	5	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	SOCIAL WORK	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	SURGERY, GENERAL	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	3	0	0	0	0			1
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, GENERAL	2	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	SURGERY, PLASTIC	2	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	9	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, ORTHOPEDIC	2	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, PLASTIC	6	0	0	0	0			1
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	FAMILY MEDICINE	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	PSYCHIATRY	1	0	0	0	0			
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			-
TISS XPNDR PLMT BRST RCNSTJ	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	4	0	0	0	0			-
TISS XPNDR PLMT BRST RCNSTJ	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	SURGERY, PLASTIC	1	0	n	0	n			+
TISS XPNDR PLMT BRST RCNSTJ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	1	0	n	0	0			+
TISS XPNDR PLMT BRST RCNSTJ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			<u> </u>
TIGG VALUE BRILLIAT BRICK BOLLOTI		NOSE, AND THROAT)	-							
TISS XPNDR PLMT BRST RCNSTJ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	5	0	U	0	U			
TISS XPNDR PLMT BRST RCNSTJ TISS XPNDR PLMT BRST RCNSTJ	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	2	U	U	0	U			
TISS XPNDR PLMT BRST RCNSTJ TISSUE EXAM BY PATHOLOGIST	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF UNSPECIFIED BREAST ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TISSUE EXAM BY PATHOLOGIST TISSUE EXAM BY PATHOLOGIST	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	ONCOLOGY HEMATOLOGY	1	0	0	0	0			+
TISSUE EXAM BY PATHOLOGIST TLH UTERUS 250 G OR LESS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			+
TLH UTERUS 250 G OR LESS TLH UTERUS 250 G OR LESS	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	FAMILY MEDICINE	2	0	0	0	0			+
TLH UTERUS 250 G OR LESS TLH UTERUS 250 G OR LESS	CYSTOCELE, UNSPECIFIED	HOSPITAL	1	U	·	0	U			+
TLH UTERUS 250 G OR LESS TLH UTERUS 250 G OR LESS	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	OBSTETRICS/GYNECOLOGY	1	0	n	0	n			+
	·	·	1	Ŭ	ŭ .					<u> </u>
TLH UTERUS 250 G OR LESS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GASTROENTEROLOGY	1	0	0	0	0			
TLH UTERUS 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1

MINISTERNING MANUAL	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
MORTHER SPECIAL SPEC	•			2	0	0	0	0	Арргочса	Demea	by inc
MARTHE NEW PROCESSO ON INSECUTION OF DEPOME (MARTHE NEW PROCESSO) 0 0 0 0 0 0 0 0 0				0	1	1	0	0			
MARTHE NEW PROCESSO ON INSECUTION OF DEPOME (MARTHE NEW PROCESSO) 0 0 0 0 0 0 0 0 0	TLH UTERUS 250 G OR LESS	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	FAMILY MEDICINE	1	0	0	0	0			1
MARKERIA S				1	0	0	0	0			1
SAUTHERS ONE 200 C. C. C. C. C. C. C.	TLH UTERUS 250 G OR LESS	STRESS INCONTINENCE (FEMALE) (MALE)	FACILITY	1	0	0	0	0			
THE PRINCE THE STORY AND ADDITIONAL STORY OF THE PRINCE AND ADDITIONAL STORY AND ADDITIONAL S	TLH UTERUS 250 G OR LESS	SUBMUCOUS LEIOMYOMA OF UTERUS	FAMILY MEDICINE	2	0	0	0	0			
THE UTFERES OWER 290 G NATA UNIFORM 2004 290 G PELLOC AND PREDICE AND PREDICES, INC. RETERVEDION 2 AND YEAR OF THE UTFERES OWER 290 G NATIONAL PROPERTY OF THE UTFERES OWER 2005 G NATIONAL PROPERTY OWER 2005 G NATION	TLH UTERUS OVER 250 G	ENDOMETRIOSIS OF UTERUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MUTENNY DES OF LESS	TLH UTERUS OVER 250 G	LOW GRADE INTREPITH LESION CYTO SMR CRVX (LGSIL)	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
MUTENNY DES OF LESS	TLH UTERUS OVER 250 G	N/A	HOSPITAL	1							†
THE WITTO 258 OR 185		,		1	0	0	0	0			†
AMORIMA FROMES ON DX MAGING OF PRT DIGISTNY BRACT 1				2	0	0	0	0			
THE WAYTO 250 GO RESS ANNORMAL UTBINE AND VAGINAL BELEDHIG, UNPECIPIED FOR MINISTRATION CONTROL OF THE WAYTO 250 GO RESS ANNORMAL UTBINE AND VAGINAL BELEDHIG, UNPECIPIED OF SWEEDLOOK IN 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
THE MYTO 250 GO RESS ARNOMAN LITEMER AD VAGMAL REDMO, INSPECTED ONECTION OF 10 0 0 0 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	ABNORMAL FINDINGS ON DX IMAGING OF PRT DIGESTIVE TRACT	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
THE MYTO 250 GO RESS ARNOMAN LITEMER AD VAGMAL REDMO, INSPECTED ONECTION OF 10 0 0 0 0 0 0 0 0 0	TIH W/T/O 250 G OR LESS	ARNORMAL LITERINE AND VAGINAL REFEDING LINSPECIFIED	EAMILY MEDICINE	1	0	n	0	0			+
The WITTO 250 GO RESS		·		2	0	0	0	0			+
THE WITTO 250 GOR LESS BENIOR NEOPLASM OF RIGHT OVARY ORTICOLOGY (NO 08) 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		,		6	0	0	0	0			
THE WITTO 250 GIR LESS REATERAL PRIMARY OSTOARTHRITIS OF KNEE REATERAL PRIMARY OSTOARTHRITIS ON THE READ ON	TLH W/T/O 250 G OR LESS	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
THE WINTING 250 GOR LESS	TLH W/T/O 250 G OR LESS	BENIGN NEOPLASM OF RIGHT OVARY	GYNECOLOGY (NO OB)	1	0	0	0	0			
THE WITTO 250 G OR LESS		BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE		2	0	0	0	0			
ILW W/T/O 250 G OR LESS COMPLETE UTEROVAGINAL PROLAPSE ORSTETRICS/GYNECOLOGY IN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
THE WITTO 250 G OR LESS COMPLETE UTEROVAGINAL PROLAPSE OBSTETRICS/GYNECOLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
THE WITTO 250 G OR LESS COMPLETE UTEROVAGINAL PROLAPSE OBSTETRICS/GYNECOLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	COMPLETE UTEROVAGINAL PROLAPSE	GYNECOLOGY (NO OB)	1	0	0	0	0			
THE WYT/O 250 G OR LESS DYSPASIA OF CEREX UTER, UNSPECIFIED AMILY MEDICINE ENCOUNTER FOR SCREENING FOR MALIGNAM PEDICAND OF COLON THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIA NEOPLASIA [EIN] THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIA NEOPLASIA [EIN] THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G		COMPLETE UTEROVAGINAL PROLAPSE		1	0	0	0	0			
THE WYT/O 250 G OR LESS DYSPASIA OF CEREX UTER, UNSPECIFIED AMILY MEDICINE ENCOUNTER FOR SCREENING FOR MALIGNAM PEDICAND OF COLON THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] OSTETRICS/GYNECOLOGY THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIA NEOPLASIA [EIN] THE WYT/O 250 G OR LESS ENDOMETRIAL INTRAEPITHELIA NEOPLASIA [EIN] THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G OR LESS THE WYT/O 250 G	TLH W/T/O 250 G OR LESS	CYSTOCELE, MIDLINE	GYNECOLOGY (NO OB)	1	0	0	0	0			†
THE WITTO 250 G OR LESS		DYSPLASIA OF CERVIX UTERI, UNSPECIFIED		1	0	0	0	0			†
THE WITTO 250 G OR LESS ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN] BYNECOLOGY (NO 0B) THE WITTO 250 G OR LESS ENDOMETRIOSIS, UNSPECIFIED ENDOMETRIOSIS, UNSPECIFIED SEXESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE SEXESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE SEXESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE SEXESSIVE AND FREQUENT	TLH W/T/O 250 G OR LESS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	GYNECOLOGY (NO OB)	1	0	0	0	0			
Note	TLH W/T/O 250 G OR LESS	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	FAMILY MEDICINE	1	0	0	0	0			
THE WITTO 250 G OR LESS EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE OBSTETRICS/GYNECOLOGY THE WITTO 250 G OR LESS EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE SOCIAL WORK 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
THE WITTO 250 G OR LESS EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE OBSTETRICS/GYNECOLOGY THE WITTO 250 G OR LESS EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE SOCIAL WORK 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	ENDOMETRIOSIS, UNSPECIFIED	GYNECOLOGY (NO OB)	1	0	0	0	0			†
Company Comp				2	0	0	0	0			
EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE FAMILY MEDICINE 3	TLH W/T/O 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	7	0	0	0	0			
EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE FAMILY MEDICINE 3	TLH W/T/O 250 G OR LESS	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	SOCIAL WORK	1	0	0	0	0			
TLH W/T/O 250 G OR LESS EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE OBSTETRICS/GYNECOLOGY OBSTETRI		EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	FAMILY MEDICINE	3	0	0	0	0			
TLH W/T/O 250 G OR LESS			GYNECOLOGY (NO OB)	1	0	0	0	0			
Company Comp				15	0	0	0	0			
Company Comp	TLH W/T/O 250 G OR LESS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
Comparison	TLH W/T/O 250 G OR LESS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O 250 G OR LESS ILLNESS, UNSPECIFIED OBSTETRICS/GYNECOLOGY 1 0 0 0 0 0 0 0 0 1 0 0 1 0 0 0 0 0 0	TLH W/T/O 250 G OR LESS	IDIOPATHIC URTICARIA	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
Company	TLH W/T/O 250 G OR LESS	IDIOPATHIC URTICARIA	SOCIAL WORK	2	0	0	0	0			
		ILLNESS, UNSPECIFIED		1	0	0	0	0			
	TLH W/T/O 250 G OR LESS	INTRAMURAL LEIOMYOMA OF UTERUS	FAMILY MEDICINE	1	0	0	0	0			
	TLH W/T/O 250 G OR LESS	INTRAMURAL LEIOMYOMA OF UTERUS	GYNECOLOGY (NO OB)	2	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TLH W/T/O 250 G OR LESS	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O 250 G OR LESS	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	GYNECOLOGY (NO OB)	1	0	0	0	0			+
TLH W/T/O 250 G OR LESS	IRON DEFICIENCY ANEMIA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
TLH W/T/O 250 G OR LESS	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	6	0	0	0	0			+
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF ENDOCERVIX	FAMILY MEDICINE	1	0	0	0	0			+
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF ENDOMETRIUM	FAMILY MEDICINE	2	0	0	0	0			
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	FAMILY MEDICINE	1	0	0	0	0			+
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O 250 G OR LESS	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			+
TLH W/T/O 250 G OR LESS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O 250 G OR LESS	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
TLH W/T/O 250 G OR LESS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	GYNECOLOGY (NO OB)	1	n	n	0	0			+
TLH W/T/O 250 G OR LESS	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
TLH W/T/O 250 G OR LESS	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			\vdash
TLH W/T/O 250 G OR LESS	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
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TLH W/T/O 250 G OR LESS	PELVIC AND PERINEAL PAIN	FAMILY MEDICINE	1	0	0	0	0			
TLH W/T/O 250 G OR LESS	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			
TLH W/T/O 250 G OR LESS	PNEUMONIA, UNSPECIFIED ORGANISM	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
TLH W/T/O 250 G OR LESS	POSTMENOPAUSAL BLEEDING	FAMILY MEDICINE	3	0	0	0	0			
TLH W/T/O 250 G OR LESS	POSTMENOPAUSAL BLEEDING	GYNECOLOGY (NO OB)	2	0	0	0	0			
TLH W/T/O 250 G OR LESS	POSTMENOPAUSAL BLEEDING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O 250 G OR LESS	TRANSSEXUALISM	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
TLH W/T/O 250 G OR LESS	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O 250 G OR LESS	UTEROVAGINAL PROLAPSE, UNSPECIFIED	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE	2	0	0	0	0			
		SURGERY								
TLH W/T/O UTERUS OVER 250 G	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
TLH W/T/O UTERUS OVER 250 G	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	4	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	SOCIAL WORK	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	BENIGN ENDOMETRIAL HYPERPLASIA	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	FAMILY MEDICINE	1	0	0	0	0	1		1
TLH W/T/O UTERUS OVER 250 G	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	OBSTETRICS/GYNECOLOGY	7	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	SOCIAL WORK	2	0	0	0	0	1		1
TLH W/T/O UTERUS OVER 250 G	CYSTOCELE, MIDLINE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	SOCIAL WORK	1	0	0	0	0			†
TLH W/T/O UTERUS OVER 250 G	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			1
TLH W/T/O UTERUS OVER 250 G	HYPERTROPHY OF UTERUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
TLH W/T/O UTERUS OVER 250 G	INTRAMURAL LEIOMYOMA OF UTERUS	GYNECOLOGIC ONCOLOGY	1	0		0	0	 		+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TLH W/T/O UTERUS OVER 250 G	INTRAMURAL LEIOMYOMA OF UTERUS	GYNECOLOGY (NO OB)	1	0	0	0	0			-,
TLH W/T/O UTERUS OVER 250 G	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			†
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TLH W/T/O UTERUS OVER 250 G	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	9	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	MALIGNANT NEOPLASM OF FUNDUS UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	OTHER CHRONIC PAIN	FAMILY MEDICINE	1	0	0	0	0	-		
TLH W/T/O UTERUS OVER 250 G	PELVIC AND PERINEAL PAIN	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			+
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TLH W/T/O UTERUS OVER 250 G	POSTMENOPAUSAL BLEEDING	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	POSTMENOPAUSAL BLEEDING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	POSTMENOPAUSAL BLEEDING	SOCIAL WORK	1	0	0	0	0			1
TLH W/T/O UTERUS OVER 250 G	SUBSEROSAL LEIOMYOMA OF UTERUS	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TLH W/T/O UTERUS OVER 250 G	UNSPECIFIED OVARIAN CYST, LEFT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TLSO 4MOD SACRO-SCAP PRE	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	PHYSICAL MEDICINE	1	0	0	0	0	-		+
TMVI PERCUTANEOUS APPROACH	UNSTABLE ANGINA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TIMOT FERCOTAREOUS AFFROACTI	UNSTABLE ANGINA	CANDIO VASCOLAN DISLASL	1	U	U	o .	ľ			
TOBI PODHALER 28 MG CAP W/DEV	N/A	Other Provider	1							
TOBI PODHALER 28 MG INHALE CAP	N/A	PULMONARY DISEASE	1							
		PEDIATRIC								
TOBRAMYCIN 300 MG/4ML AMPUL-NEB	N/A	PULMONOLOGY	1							<u> </u>
		OTOLARYNCOLOCY (EAR								
TOBRAMYCIN 300 MG/5 ML AMPULE	Chronic maxillary sinusitis	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)		1	1					
TOBRAMYCIN 300 MG/5 ML AMPULE	N/A	Other Provider	1	1	1					+
TOBRAMYCIN 300 MG/5 ML AMPULE	N/A	PULMONARY DISEASE	1							+
TOBRAMITCIN 300 MG/S ML AMPOLE	IN/A	PEDIATRIC	1							
TOBRAMYCIN 300 MG/5ML AMPUL-NEB	N/A	PULMONOLOGY	1							
TOBRAMYCIN 300 MG/5ML AMPUL-NEB	N/A	PEDIATRICS	2							+
TOBRAMYCIN 300 MG/5ML AMPUL-NEB	N/A	PULMONARY DISEASE	1	2	2					+
TOCILIZUMAB INJECTION	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	RHEUMATOLOGY	1	0	0	0	n			
TOCILIZUMAB INJECTION	OTHER JUVENILE ARTHRITIS, MULTIPLE SITES	PEDIATRIC RHEUMATOLOGY	1	0	0	0	0			+
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TOCILIZUMAB INJECTION	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	RHEUMATOLOGY	0	1	1	0	0			
TOCILIZUMAB INJECTION	PERSONAL HISTORY OF COLONIC POLYPS	HEMATOLOGY	1	0	0	0	0			
TOCILIZUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	COUNSELING	1	0	0	0	0			
TOCILIZUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	RHEUMATOLOGY	10	0	0	0	0			
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	RHEUMATOLOGY	2	0	0	0	0			
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	RHEUMATOLOGY	2	0	0	0	0			
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	RHEUMATOLOGY	5	0	0	0	0			
TOLSURA 65 MG CAPSULE	N/A	INFECTIOUS DISEASE	1							
TONGUE AND MOUTH SURGERY	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
TONGUE BASE VOL REDUCTION	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	0	1	0			
TONGUE JAW & NECK SURGERY	MALIGNANT NEOPLASM OF BORDER OF TONGUE	SURGERY, ORAL AND	1	0	0	0	0			
TONGUE MOUTH NECK SURGERY	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH	MAXILLOFACIAL OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								<u> </u>

					Medical	Experimental &	Network	Total	Total	
Bracadura Codo Description	Diagnosis Codo Dosssintion	Dravidar Spacialty	Total UM	Total UM Denials	Necessity	Investigational Denials	Adequacy Denials	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Deniais	Denials	Deniais	Deniais	Approved	Denied	by IRO
TOPAMAX	Diabetes mellitus due to underlying condition with diabetic nephropathy	Other Provider						1		
TODAMAY 100 MC TABLET	Adiania di d	Oth on Dura didon	1							
TOPAMAX 100 MG TABLET	Migraine without aura, not intractable, without status migrainosus	Other Provider	1							
TODANAN 25 MC TABLET	Chronic migraine without aura, intractable, without status	NEUROLOGY	_							
TOPAMAX 25 MG TABLET	migrainosus	NEUROLOGY	1	1	1					
TOPAMAX 50 MG TABLET TOPICORT 0.25 % SPRAY	N/A N/A	NEUROLOGY Other Provider	1	1	1					
TOPICORT 0.25 % SPRAY	,	Other Provider	1							
TOPICORT 0.25% SPRAY	Atopic dermatitis, unspecified	DERMATOLOGY CARDIOVASCULAR	1							
TORROL VI 100 MC TAR ER 24H	NI/A		1							
TOPROL XL 100 MG TAB ER 24H TOPROL XL 100 MG TAB ER 24H	N/A N/A	DISEASE INTERNAL MEDICINE	1							
TOPROL XL 100 MIG TAB ER 24H	N/A	CARDIOVASCULAR	1							
TOPROL XL 200 MG TAB ER 24	N/A	DISEASE		1	1					
TOPROL XL 200 MG TAB ER 24	N/A	INTERNAL MEDICINE		1	1					
TOPROL XL 250 MG TAB ER 24H	N/A	Other Provider		2	1					
TOPROL XL 23 IVIG TAB ER 24H	N/A	CARDIOVASCULAR		2	2					
TOPROL XL 50 MG TAB ER 24H	N/A	DISEASE		1	1					
TOPROL XL 50 MG TAB ER 24H	N/A	FAMILY MEDICINE	1	1	1					
TOPROL XL 50 MG TAB ER 24H	N/A	INTERNAL MEDICINE	1	1	1					
			1	1	1					
TOPROL XL 50 MG TAB ER 24H	N/A	Other Provider		1	1					
		OTOLARVALCOLOGY (FAR								
TOCYANDA	A control of the control of the d	OTOLARYNGOLOGY (EAR,								
TOSYMRA	Acute sinusitis, unspecified	NOSE, AND THROAT)	1						1	
	Chronic migraine without aura, intractable, without status									
TOSYMRA 10 MG NASAL SPRAY	migrainosus	NEUROLOGY	1	1	1					
TOSYMRA 10 MG NASAL SPRAY	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY		1	1					
		CLINICAL								
TOSYMRA 10 MG SPRAY	N/A	NEUROPHYSIOLOGY		1	1					
		ENDOCRINOLOGY AND								
TOSYMRA 10 MG SPRAY	N/A	METABOLISM	1	1	1					
TOSYMRA 10 MG SPRAY	N/A	FAMILY MEDICINE		2	2					
TOSYMRA 10 MG SPRAY	N/A	NEUROLOGY	1	4	4					
Total abdominal hysterectomy, including partial vaginectomy, with										
para-aortic and pelvic lymph node sampling, with or without		GYNECOLOGIC								
removal of tube(s), with or without removal of ovary(s)	Malignant neoplasm of endometrium	ONCOLOGY	1							
Total abdominal hysterectomy, including partial vaginectomy, with										
para-aortic and pelvic lymph node sampling, with or without		OBSTETRICS &								
removal of tube(s), with or without removal of ovary(s)	Malignant neoplasm of endometrium	GYNECOLOGY	1							
Total disc arthroplasty (artificial disc), anterior approach, including										
discectomy with end plate preparation (includes osteophytectomy										
for nerve root or spinal cord decompression and microdissection);										
second level, cervical (List separately in addition t	Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY	1							
TOTAL HIP ARTHROPLASTY	HYPOKALEMIA	FAMILY MEDICINE	1	0	0	0	0			
TOTAL HIP ARTHROPLASTY	INFECT/INFLM REACTION DUE TO INTERNAL LEFT HIP PROSTH, INIT	HOSPITAL	2							
TOTAL HIP ARTHROPLASTY	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	SURGERY, GENERAL	1	0	0	0	0			
TOTAL HIP ARTHROPLASTY	N/A	HOSPITAL	1							
TOTAL HIP ARTHROPLASTY	PAIN IN LEFT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TOTAL HIP ARTHROPLASTY	PAIN IN RIGHT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TOTAL HIP ARTHROPLASTY	SNORING	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	HOSPITAL	2							

Bracedure Code Description	Diamesis Code Description	Drouidor Coosialtu	Total UM	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved
Procedure Code Description TOTAL HIP ARTHROPLASTY	Diagnosis Code Description Unilateral primary osteoarthritis, right hip	Provider Specialty Other Provider	Approvals	Deniais	Deniais	Deniais	Deniais	Approved	Denied	by IRO
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	SURGERY, ORTHOPEDIC	3	0	n	0	n			+
TOTAL HYSTERECTOMY	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	3	0	0	0	0			
TOTAL HYSTERECTOMY	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			1
TOTAL HYSTERECTOMY	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
TOTAL HYSTERECTOMY	DYSPLASIA OF CERVIX UTERI, UNSPECIFIED	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY	1	0	0	0	0			
TOTAL HYSTERECTOMY	DYSPLASIA OF CERVIX UTERI, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
TOTAL HYSTERECTOMY	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
TOTAL HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	OBSTETRICS/GYNECOLOGY	2	0	0	0	0			
TOTAL HYSTERECTOMY	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	7	0	0	0	0			
TOTAL HYSTERECTOMY	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	FAMILY MEDICINE	1	0	0	0	0			1
TOTAL HYSTERECTOMY	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	14	0	0	0	0			
TOTAL HYSTERECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY (NO OB)	1	0	0	0	0			
TOTAL HYSTERECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	SOCIAL WORK	1	0	0	0	0			
TOTAL HYSTERECTOMY	MODERATE CERVICAL DYSPLASIA	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	NONINFLAMMATORY DISORD OF OVARY, FALLOP & BROAD LIGMT, UNSP	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	OTHER OVARIAN CYST, RIGHT SIDE	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX UTERI	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	SUBMUCOUS LEIOMYOMA OF UTERUS	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	5	0	0	0	0			
TOTAL HYSTERECTOMY	SUBMUCOUS LEIOMYOMA OF UTERUS	PSYCHOLOGY	1	0	0	0	0			†
TOTAL HYSTERECTOMY	SUBSEROSAL LEIOMYOMA OF UTERUS	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TOTAL HYSTERECTOMY	UNSPECIFIED ECTOPIC PREGNANCY WITH INTRAUTERINE PREGNANCY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TOTAL KNEE ARTHROPLASTY	N/A	HOSPITAL	1							†
TOTAL KNEE ARTHROPLASTY	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	COUNSELING	1	0	0	0	0			
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	3	0	0	0	0			
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	HOSPITAL	1							
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	6	0	0	0	0			
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	1	0	0	0	0	1		†

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	4	0	0	0	0			
TOURS AND SOLOSTAR 200 (AU /2) INSULA REAL	11/4	ENDOCRINOLOGY AND								
TOUJEO MAX SOLOSTAR 300/ML (3) INSULN PEN	N/A	METABOLISM	1	1	1					
TOUJEO MAX SOLOSTAR 300/ML (3) INSULN PEN	N/A	INTERNAL MEDICINE		4	4					
TOUJEO MAX SOLOSTAR 300/ML (3) INSULN PEN	N/A	Other Provider		3	3					
TOUJEO MAX SOLOSTR 300 UNIT/ML	Type 2 diabetes mellitus without complications	Other Provider	1	1	1					
TOUJEO SOLOSTAR 300 UNIT/ML	N/A	ENDOCRINOLOGY AND METABOLISM			4					
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Other Provider		1	1					
TOUJEO SOLOSTAR SOO ONIT/INL	TIPE I DIABETES WELLITOS WITH HTPERGLTCEIVIA	ENDOCRINOLOGY AND		1	1					
TOUJEO SOLOSTAR 300 UNIT/ML	Type 1 diabetes mollitus without complications	METABOLISM		1	1					
TOOJEO SOLOSTAN SOO ONIT/INE	Type 1 diabetes mellitus without complications TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY	IVILTABOLISIVI		-	1					
TOUJEO SOLOSTAR 300 UNIT/ML	DISEASE	GENERAL PRACTICE	1							
TOOJEO SOLOSTAN SOO ONIT/INE	DISLASE	GLINERAL FRACTICE	1							
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Other Provider	1							
TOOJEO JOEOSTAIK JOO ONITTIME	THE 2 DIABETES WILLETTOS WITH DIABETIC NEGROTATITI, GNS	ENDOCRINOLOGY AND	1							
TOUJEO SOLOSTAR 300 UNIT/ML	Type 2 diabetes mellitus with hyperglycemia	METABOLISM		1	1					
TOUJEO SOLOSTAR 300 UNIT/ML	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1	1	1					
TOUJEO SOLOSTAR 300 UNIT/ML	Type 2 diabetes mellitus with hypergrycemia Type 2 diabetes mellitus without complications	FAMILY MEDICINE	1	1	1					
TOUJEO SOLOSTAR 300 UNIT/ML	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE		1	1					
TOOJEO SOLOSTAN SOO ONITYME	Type 2 diabetes menitus without complications	ENDOCRINOLOGY AND		1	1					
TOUJEO SOLOSTAR 300/ML INSULN PEN	N/A	METABOLISM	1	5	5					
TOUJEO SOLOSTAR 300/ML INSULN PEN	N/A	FAMILY MEDICINE	1	2	2					
TOUJEO SOLOSTAR 300/ML INSULN PEN	N/A	INTERNAL MEDICINE		1	1					
TOUJEO SOLOSTAR 300/ML INSULN PEN	N/A	Other Provider		6	6					
TOUJEO SOLOSTAR 300/ML INSULN PEN	N/A	PHYSICIAN ASSISTANT		1	1					
TOVIAZ	Reflex neuropathic bladder, not elsewhere classified	Physician	1	1	-			1		
TOVINE	nenex near opatine stadder, not elsewhere classified	OBSTETRICS/GYNECOLOG						_		
TOVIAZ 4 MG TAB ER 24H	N/A	v		1	1					
TOVIAZ 4 MG TAB ER 24H	N/A	UROLOGY		2	2					
TOVIAZ 8 MG TAB ER 24H	N/A	FAMILY MEDICINE		1	1					
TOVIAZ 8 MG TAB ER 24H	N/A	NURSE PRACTITIONER	1	1	1					
TOVIAZ 8 MG TAB ER 24H	N/A	UROLOGY	2	2	2					
TOVIAZ ER 4 MG TABLET	N/A	Other Provider	-	2	2					
TPMT GENE COM VARIANTS	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	PSYCHIATRY	0	1	1	0	0			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
TPMT GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	COUNSELING	0	1	1	0	0			
TPMT GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	PSYCHIATRY	0	1	1	0	0			
TPMT GENE COM VARIANTS	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	NURSE PRACTITIONER	0	1	1	0	0			
TPMT GENE COM VARIANTS	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION	GASTROENTEROLOGY	0	1	1	0	0			
TPMT NUDT15 GENES	Acute lymphoblastic leukemia not having achieved remission	Other Provider						1		
TPMT NUDT15 GENES	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC	0	1	1	0	0			
		HEMATOLOGY/ONCOLOGY								
TPRNL PLMT BIODEGRDABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	1	n	0	0	0			
TPRNL PLMT BIODEGROABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	5	0	0	0	0			
TRACH/LARYN TUBE NON-CUFFED	ACQUIRED ABSENCE OF LARYNX	ENDOCRINOLOGY AND	1	0	0	0	0			
THE CHILD TO BE NOW-COTTED	ACCOMED ADDENCE OF DAILINA	METABOLISM		ľ		ľ				
TRACH/LARYN TUBE NON-CUFFED	ACQUIRED ABSENCE OF LARYNX	OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
		NOSE, AND THROAT)								
TRADENTA	Type 2 diabetes mellitus without complications	Other Provider	ļ	ļ				1		
		ENDOCRINOLOGY AND								
TRADJENTA	Type 2 diabetes mellitus with hyperglycemia	METABOLISM						1		
		ADULT NURSE								
		PRACTITIONER PRIMARY								
TRADJENTA 5 MG TABLET	N/A	CARE		1	1					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		ENDOCRINOLOGY AND								
TRADJENTA 5 MG TABLET	N/A	METABOLISM	2	4	4					
TRADJENTA 5 MG TABLET	N/A	FAMILY MEDICINE	10	10	10					
TRADJENTA 5 MG TABLET	N/A	INTERNAL MEDICINE	4	8	8					
TRADJENTA 5 MG TABLET	N/A	Other Provider	3	5	5					
TRADJENTA 5 MG TABLET	N/A	PEDIATRICS	1							
TRADJENTA 5 MG TABLET	N/A	RHEUMATOLOGY		1	1					
		ENDOCRINOLOGY AND								
TRADJENTA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1	2	2					
TRADJENTA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE		3	3					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
TRADJENTA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	CARE	1							
TRADJENTA 5 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1	1	1					
TRADJENTA 5 MG TABLET	Type 2 diabetes mellitus without complications	DIABETIC MEDICINE		1	1					
TRADJENTA 5 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		2	2					
TRADJENTA 5 MG TABLET	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1	1	1					
TRAMADOL HCL 100 MG TABLET	N/A	FAMILY MEDICINE	1	1	1					
TRAMADOL HCL 100 MG TABLET	N/A	Other Provider	1	1	1					
TRAMADOL HCL 50 MG TABLET	N/A	Other Provider		1	1					
TRANS SHOE SOLID STIRRUP NEW	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	1	0	0	0	0			
TRANSAB ESOPH HIAT HERN RPR	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY, GENERAL	1	0	0	0	0			
TRANSCATH CLOSURE OF ASD	ATRIAL SEPTAL DEFECT	CARDIOLOGY,	1	0	0	0	0			
This is a second of res	THINE SET THE SET EST	INTERVENTIONAL	Ī			ŭ	·			
TRANSCATH CLOSURE OF ASD	ATRIAL SEPTAL DEFECT	CARDIOVASCULAR DISEASE	5	0	0	0	0			
TRANSCATH CLOSURE OF ASD	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
TRANSCATH CLOSURE OF ASD	DISCORDANT VENTRICULOARTERIAL CONNECTION	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TRANSCATH CLOSURE OF ASD	ILLNESS, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TRANSCATH CLOSURE OF ASD	PATENT DUCTUS ARTERIOSUS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TRANSCATH EMBOLIZ MICROSPHER	OBSTRUCTION OF BILE DUCT	ONCOLOGY	2	0	0	0	0			
TRANSCATH OCCLUSION CNS	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	SURGERY, NEUROLOGICAL	1	0	0	0	0			
TRANSCATH OCCLUSION CNS	CEREBRAL ANEURYSM, NONRUPTURED	SURGERY, NEUROLOGICAL	2	0	0	0	0			
TRANSCATH OCCLUSION CNS	HEADACHE	SURGERY, NEUROLOGICAL	1	0	0	0	0			
TRANSCATH OCCLUSION CNS	TACHYCARDIA, UNSPECIFIED	SURGERY, NEUROLOGICAL	0	1	1	0	0			
TRANSCATH STENT CCA W/EPS	DISSECTION OF CAROTID ARTERY	RADIOLOGY	1	0	0	0	0			
TRANSCATH STENT CCA W/EPS	DISSECTION OF CAROTID ARTERY	SURGERY, NEUROLOGICAL	1	0	0	0	0			
TRANSCATH STENT CCA W/EPS	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	CARDIOVASCULAR DISEASE	0	1	1	0	0			
, ,										
TRANSCATH STENT CCA W/EPS	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	SURGERY, VASCULAR	1	0	0	0	0			
TRANSCATH STENT CCA W/EPS	OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYSTEMS	CARDIOLOGY,	1	0	0	0	0			
		INTERVENTIONAL								<u> </u>
TRANSCATH STENT CCA W/O EPS	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	CARDIOVASCULAR DISEASE	0	1	1	0	0			
TRANSCATH STENT CCA W/O EPS	UNSPECIFIED ATHEROSCLEROSIS	NEUROLOGY	1	0	0	0	0			
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic		CARDIOVASCULAR				1				
valve; percutaneous femoral artery approach	Nonrheumatic aortic (valve) stenosis	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when						1				
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Chronic obstructive pulmonary disease, unspecified	DISEASE	1	<u></u>		<u> </u>				<u></u>
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Dizziness and giddiness	DISEASE	1			1				

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Essential (primary) hypertension	DISEASE	2							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Oth symptoms and signs involving the circ and resp systems	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid	, , , , , , , , , , , , , , , , , , , ,									
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Other persistent atrial fibrillation	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid	other persistent dand his matter	5.527.52	_							
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Presence of aortocoronary bypass graft	DISEASE	2							
Transcatheter placement of intravascular stent(s), cervical carotid	rresence of aortocoronary bypass grant	DISEASE								
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
T	Dura hypershalastaralamia unanasifiad	DISEASE	1							
distal embolic protection	Pure hypercholesterolemia, unspecified	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when		CARRIOVACCIII AR								
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Tobacco use	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; with		CARDIOVASCULAR								
distal embolic protection	Type 2 diabetes mellitus without complications	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; without		CARDIOVASCULAR								
distal embolic protection	Dizziness and giddiness	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; without		CARDIOVASCULAR								
distal embolic protection	Essential (primary) hypertension	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; without		CARDIOVASCULAR								
distal embolic protection	Oth symptoms and signs involving the circ and resp systems	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; without		CARDIOVASCULAR								
distal embolic protection	Presence of aortocoronary bypass graft	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when		1								
performed, and radiological supervision and interpretation; without		CARDIOVASCULAR								
distal embolic protection	Pure hypercholesterolemia, unspecified	DISEASE	1							
Transcatheter placement of intravascular stent(s), cervical carotid										
artery, open or percutaneous, including angioplasty, when										
performed, and radiological supervision and interpretation; without		CARDIOVASCULAR								
distal embolic protection	Type 2 diabetes mellitus without complications	DISEASE	1							
and a superior and procession	1.7F2 = 2.25ccc memes memos completions	1= 1021 102	1-		1	l .	1	·		1

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Chronic obstructive pulmonary disease, unspecified	DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Dizziness and giddiness	DISEASE	1							
	Dizziness and gludiness	DISEASE	1							+
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Essential (primary) hypertension	DISEASE	2							
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Oth symptoms and signs involving the circ and resp systems	DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic										1
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
	Out and a state of the state of									
and	Other persistent atrial fibrillation	DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Presence of aortocoronary bypass graft	DISEASE	2							
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Pure hypercholesterolemia, unspecified	DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic										1
common carotid artery or innominate artery by retrograde										
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Tohassausa	DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic	Tobacco use	DISCASE	1							\vdash
* ***									1	
common carotid artery or innominate artery by retrograde									1	
treatment, open ipsilateral cervical carotid artery exposure,										
including angioplasty, when performed, and radiological supervision		CARDIOVASCULAR								
and	Type 2 diabetes mellitus without complications	DISEASE	1							<u> </u>
									1	
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery, open or percutaneous										
antegrade approach, including angioplasty, when performed, and		CARDIOVASCULAR								
radiological supervision and interpretation	Chronic obstructive pulmonary disease, unspecified	DISEASE	1							
i i										
Transcatheter placement of intravascular stent(s), intrathoracic										
common carotid artery or innominate artery, open or percutaneous							1		1	
antegrade approach, including angioplasty, when performed, and		CARDIOVASCULAR					1		1	
	Distinger and aiddinger	DISEASE	1				1		1	
radiological supervision and interpretation	Dizziness and giddiness	DISCASE	1+			l	l	1	l	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Essential (primary) hypertension	CARDIOVASCULAR DISEASE	2							
Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Oth symptoms and signs involving the circ and resp systems	CARDIOVASCULAR DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Other persistent atrial fibrillation	CARDIOVASCULAR DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Presence of aortocoronary bypass graft	CARDIOVASCULAR DISEASE	2							
Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Pure hypercholesterolemia, unspecified	CARDIOVASCULAR DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Tobacco use	CARDIOVASCULAR DISEASE	1							
Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Type 2 diabetes mellitus without complications	CARDIOVASCULAR DISEASE	1							
- · · · · · · · · · · · · · · · · · · ·			1							
TRANSCOCHLEAR APPROACH/SKULL	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	SURGERY, HEAD AND NECK	1	0	U	0	0			
L		MH/SUD All Other			1				1	
Transcranial Magnetic Stimulation (TMS)	Major depressy disorder, recurrent severe w/o psych features	Outpatient	4					1		+
TRANSFER DEVICE	OTHER REDUCED MOBILITY	FAMILY MEDICINE	1	U	0	0	U			
TRANSLUM DIL EYE CANAL	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, MODERATE STAGE	OPHTHALMOLOGY	1	U	U	0	0			+
TRANSLUM DIL EYE CANAL TRANSPETROSAL APPROACH/SKULL	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MILD STAGE BENIGN NEOPLASM OF CRANIAL NERVES	OPHTHALMOLOGY OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
TRANSPL ALLOGRAFT PANCREAS	END STAGE RENAL DISEASE	NEPHROLOGY	11	0	0	0	0			
TRANSPL ALLOGRAFT PANCREAS	ESSENTIAL (PRIMARY) HYPERTENSION	NEPHROLOGY	1	0	0	0	0			
TRANSPL ALLOGRAFT PANCREAS	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	SURGERY, GENERAL	2	0	0	0	0			
TRANSPL ALLOGRAFT PANCREAS	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	SURGERY, GENERAL	2	0	0	0	0			
TRANSPLANTATION HEART/LUNG	UNSP INFECTION DUE TO CENTRAL VENOUS CATHETER, INIT ENCNTR	INTERNAL MEDICINE	1	0	0	0	0			
TRANSPLANTATION OF HEART	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	CARDIOVASCULAR DISEASE	2	0	0	0	0			
TRANSPLANTATION OF HEART	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR DISEASE	2	0	0	0	0			
TRANSPLANTATION OF HEART	ACUTE POSTHEMORRHAGIC ANEMIA	INTERNAL MEDICINE	2	0	0	0	0			
TRANSPLANTATION OF HEART	ACUTE RESPIRATORY DISTRESS	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TRANSPLANTATION OF HEART	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	CARDIOVASCULAR DISEASE	2	0	0	0	0			+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TRANSPLANTATION OF HEART	CARDIOMYOPATHY, UNSPECIFIED	CARDIOVASCULAR DISEASE	2	0	0	0	0			
TRANSPLANTATION OF HEART	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
TRANSPLANTATION OF HEART	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	PEDIATRIC EMERGENCY	2	0	0	0	0			1
TRANSPLANTATION OF HEART	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	MEDICINE SOCIAL WORK	2	0	0	0	0			
TRANSPLANTATION OF HEART	EPIGASTRIC PAIN	CARDIOVASCULAR DISEASE	4	0	0	0	0			1
TRANSPLANTATION OF HEART	HEART FAILURE, UNSPECIFIED	CARDIOVASCULAR DISEASE	4	0	0	0	0			
TRANSPLANTATION OF HEART	HEART TRANSPLANT STATUS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			+
TRANSPLANTATION OF HEART	HYPOPLASTIC LEFT HEART SYNDROME	SURGERY, THORACIC	1	0	0	0	0			+
TRANSPLANTATION OF HEART	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	1	0	0	0	0			
										<u> </u>
TRANSPLANTATION OF HEART	LIVER CELL CARCINOMA	GASTROENTEROLOGY	1	0	0	0	0			
TRANSPLANTATION OF HEART	OTHER FORMS OF STOMATITIS	ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY	1	0	0	0	0			
TRANSPLANTATION OF HEART	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			+
TRANSPLANTATION OF HEART	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	CARDIOVASCULAR DISEASE	3	0	0	0	0			
TRANSPLANTATION OF HEART	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TRANSPLANTATION OF KIDNE	End stage renal disease	Other Provider							1	+
TRANSPLANTATION OF KIDNEY	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	TRANSPLANT HEPTOLOGY	2	0	0	n	0		-	
TRANSPLANTATION OF KIDNEY	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	NURSE PRACTITIONER	1	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	ACUTE KIDNEY FAILURE, UNSPECIFIED	NEPHROLOGY	2	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	ANEMIA, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	CALCULUS OF KIDNEY	NEPHROLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	CALCULUS OF KIDNEY	NURSE PRACTITIONER	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	CEREBRAL INFARCTION, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	FACILITY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	NEPHROLOGY	11	0	0	0	0			
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	NURSE PRACTITIONER	1	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	SURGERY, GENERAL	3	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 5	NEPHROLOGY	4	0	0	0	0			
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 5	SURGERY, GENERAL	4	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 5	SURGERY, VASCULAR	1	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, UNSPECIFIED	NEPHROLOGY	2	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, UNSPECIFIED	SURGERY, GENERAL	2	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	COVID-19	NEPHROLOGY	2	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	DEHYDRATION	SURGERY, GENERAL	1	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	1	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	NEPHROLOGY	1	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SURGERY, GENERAL	1	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	FACILITY	4	1	0	0	1			1
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	HEMATOLOGY	1	0	0	0	0			1
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	NEPHROLOGY	87	2	2	0	0			†
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	NURSE PRACTITIONER	4	0	0	0	0			†
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	PULMONARY DISEASE	2	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	SOCIAL WORK	1	0	0	0	0			+
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	SURGERY, GENERAL	22	2	2	0	0			
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	TRANSPLANT HEPTOLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE END STAGE RENAL DISEASE	UROLOGY	1	0	0	0	0		 	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TRANSPLANTATION OF KIDNEY	EPIGASTRIC PAIN	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	ESSENTIAL (PRIMARY) HYPERTENSION	NEPHROLOGY	6	0	n	0	n			
TRANSPLANTATION OF KIDNEY	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	PEDIATRIC SURGERY	2	0	n	0	0			
TRANSPLANTATION OF KIDNEY	HEART FAILURE, UNSPECIFIED	NEPHROLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	SURGERY, GENERAL	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	COUNSELING	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	NEPHROLOGY	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	HYPERTENSIVE CHRONIC KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	NEPHROLOGY	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	HYPOCALCEMIA	INTERNAL MEDICINE	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	HYPOKALEMIA	HEMATOLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	LIVER TRANSPLANT STATUS	NEPHROLOGY	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	LUNG TRANSPLANT STATUS	NEPHROLOGY	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	MECH COMPL OF SURGICALLY CREATED ARTERIOVENOUS FISTULA, INIT	NEPHROLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	MYOCLONUS	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	NEPHROTIC SYNDROME W FOCAL AND SEGMENTAL GLOMERULAR LESIONS	INTERNAL MEDICINE	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	OTHER ASCITES	PEDIATRIC SURGERY	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	OTHER CIRRHOSIS OF LIVER	PEDIATRIC SURGERY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	OTHER FORMS OF STOMATITIS	ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	NEPHROLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	SHORTNESS OF BREATH	NEPHROLOGY	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	SPONTANEOUS BACTERIAL PERITONITIS	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	TRACTION DETACHMENT OF RETINA, RIGHT EYE	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF KIDNEY	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	FAMILY MEDICINE	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	NEPHROLOGY	2	0	0	0	0			
TRANSPLANTATION OF KIDNEY	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	SURGERY, GENERAL	3	0	0	0	0			
TRANSPLANTATION OF LIVER	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	TRANSPLANT HEPTOLOGY	2	0	0	0	0			
TRANSPLANTATION OF LIVER	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA	SURGERY, GENERAL	3	0	0	0	0			
TRANSPLANTATION OF LIVER	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	HEPATOLOGY	2	0	0	0	0			
TRANSPLANTATION OF LIVER	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	PEDIATRIC SURGERY	3	0	0	0	0			
TRANSPLANTATION OF LIVER	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	INTERNAL MEDICINE	2	1	1	0	0			
TRANSPLANTATION OF LIVER	ALCOHOLIC FATTY LIVER	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF LIVER	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF LIVER	BENIGN NEOPLASM OF LIVER	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF LIVER	CHRONIC VIRAL HEPATITIS C	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF LIVER	CRITICAL ILLNESS POLYNEUROPATHY	SURGERY, GENERAL	2	0	0	0	0			
TRANSPLANTATION OF LIVER	DIARRHEA, UNSPECIFIED	GASTROENTEROLOGY	2	0	0	0	0			
TRANSPLANTATION OF LIVER	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	SURGERY, GENERAL	2	0	0	0	0			
TRANSPLANTATION OF LIVER	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	SURGERY, GENERAL	2	0	0	0	0			
TRANSPLANTATION OF LIVER	HEPATIC FAILURE, UNSPECIFIED WITH COMA	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF LIVER	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	INTERNAL MEDICINE	1	0	0	0	0			
TRANSPLANTATION OF LIVER	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	SURGERY, GENERAL	5	0	0	0	0			
TRANSPLANTATION OF LIVER	HYPERKALEMIA	PEDIATRIC SURGERY	1	0	0	0	0			
TRANSPLANTATION OF LIVER	LIVER CELL CARCINOMA	GASTROENTEROLOGY	2	0	0	0	0			
TRANSPLANTATION OF LIVER	LIVER CELL CARCINOMA	HEPATOLOGY	1	0	0	0	0			
TRANSPLANTATION OF LIVER	LIVER DISEASE, UNSPECIFIED	FACILITY	1	0	0	0	0			
TRANSPLANTATION OF LIVER	LIVER DISEASE, UNSPECIFIED	PEDIATRIC SURGERY	2	0	0	0	0			
TRANSPLANTATION OF LIVER	LIVER TRANSPLANT STATUS	PEDIATRIC SURGERY	1	1	1	0	0			
TRANSPLANTATION OF LIVER	LUNG TRANSPLANT STATUS	NEPHROLOGY	2	0	0	0	0			
TRANSPLANTATION OF LIVER	NONALCOHOLIC STEATOHEPATITIS (NASH)	PEDIATRICS	2	0	0	0	0			
TRANSPLANTATION OF LIVER	NONDISPLACED UNSP FRACTURE OF RIGHT LESSER TOE(S), INIT	PEDIATRIC SURGERY	2	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
TRANSPLANTATION OF LIVER	OTHER ASCITES	PEDIATRIC SURGERY	2	0	0	0	0			4
TRANSPLANTATION OF LIVER	OTHER CIRRHOSIS OF LIVER	GASTROENTEROLOGY	2	0	0	0	0			
TRANSPLANTATION OF LIVER	OTHER CIRRHOSIS OF LIVER	INTERNAL MEDICINE	1	0	0	0	0			4
TRANSPLANTATION OF LIVER	OTHER CIRRHOSIS OF LIVER	PEDIATRIC SURGERY	2	0	0	0	0			4
TRANSPLANTATION OF LIVER	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF LIVER	PALPITATIONS	GASTROENTEROLOGY	1	0	0	0	0			
TRANSPLANTATION OF LIVER	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
TRANSPLANTATION OF LIVER	UNSPECIFIED ABDOMINAL PAIN	SURGERY, GENERAL	1	0	0	0	0			
TRANSPLANTATION OF LIVER	UNSPECIFIED CIRRHOSIS OF LIVER	INTERNAL MEDICINE	8	0	0	0	0			
TRANSPLANTATION OF LIVER	UNSPECIFIED CIRRHOSIS OF LIVER	PEDIATRIC SURGERY	1	0	0	0	0			
TRANSPLANTATION OF LIVER	UNSPECIFIED CIRRHOSIS OF LIVER	SURGERY, GENERAL	2	0	0	0	0			
TRANSPLANTATION OF LIVER	UNSPECIFIED CIRRHOSIS OF LIVER	TRANSPLANT HEPTOLOGY	2	0	0	0	0			<u> </u>
TRANSPLANTATION OF LIVER	UNSPECIFIED JAUNDICE	PEDIATRIC SURGERY	4	0	0	0	0			<u> </u>
TRANSPLI HEMATOPOIETIC BOOST	CELLULITIS, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			<u> </u>
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	HEMATOLOGY	2	0	0	0	0			
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	3	0	0	0	0			
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	ONCOLOGY	2	0	0	0	0			1
TRANSPLT ALLO HCT/DONOR	APLASTIC ANEMIA, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			<u> </u>
TRANSPLT ALLO HCT/DONOR	APLASTIC ANEMIA, UNSPECIFIED	PEDIATRIC ALLERGY &	1	0	0	0	0			
TRANSPLT ALLO HCT/DONOR	BONE MARROW TRANSPLANT STATUS	IMMUNOLOGY HEMATOLOGY	4	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT ACHIEVE REMISSION	HEMATOLOGY	6	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	COVID-19	HEMATOLOGY	0	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	INTERNAL MEDICINE	1	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	HYPEROSMOLALITY AND HYPERNATREMIA	ONCOLOGY	2	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	ILLNESS, UNSPECIFIED	HEMATOLOGY	4	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY	2	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	MYELOFIBROSIS	ONCOLOGY	1	0	0	0	0			+
TRANSPLT ALLO HCT/DONOR	PNEUMONIA, UNSPECIFIED ORGANISM	INTERNAL MEDICINE	1	0	0	0	0			+
TRANSPLT ALLO LYMPHOCYTES	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE	FACILITY	1	0	0	0	0			+
TRANSPLT AUTOL HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	2	0	0	0	0			+
TRANSPLT AUTOL HCT/DONOR	AUTISTIC DISORDER	HEMATOLOGY	0	1	1	0	0			+
TRANSPLT AUTOL HCT/DONOR	BONE MARROW TRANSPLANT STATUS	ONCOLOGY	1	0	0	0	0			+
TRANSPLT AUTOL HCT/DONOR TRANSPLT AUTOL HCT/DONOR	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	HEMATOLOGY	1	0	0	0	0			+
TRANSPLT AUTOL HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	ONCOLOGY	2	0	0	0	0			+
TRANSPET AUTOL HCT/DUNOR	DIFFOSE LANGE B-CELL LTWIFHOWA, LTWIFH NODES OF WICETIFLE SITES	ONCOLOGY	3	U	U	O	U			
TRANSPLT AUTOL HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	4	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	ONCOLOGY	7	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	DYSPNEA, UNSPECIFIED	HEMATOLOGY	2	0	0	0	0			+
TRANSPLT AUTOL HCT/DONOR	DYSPNEA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	ESSENTIAL (PRIMARY) HYPERTENSION	ONCOLOGY	4	0	0	0	0			1
TRANSPLT AUTOL HCT/DONOR	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	INTERNAL MEDICINE	1	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	NEUROLOGY	1	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	ONCOLOGY	1	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	9	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA IN REMISSION	HEMATOLOGY	3	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	CRITICAL CARE MEDICINE	3	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	20	0	0	0	0			1
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	6	0	0	0	0			
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	6	0	0	0	0			
TRANSPLT AUTOL HCT/DONOR	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	HEMATOLOGY	1	0	0	0	0			
TRANSPLT AUTOL HCT/DONOR	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	ONCOLOGY	2	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	HEMATOLOGY	2	0	0	0	0			†
TRANSPLT AUTOL HCT/DONOR	OTHER HODGKIN LYMPHOMA, UNSPECIFIED SITE	HEMATOLOGY	1	0	0	0	0			+
TRANSPLT AUTOL HCT/DONOR	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	4	0	0	0	0			+
TRANSPLT AUTOL HCT/DONOR	SHORTNESS OF BREATH	HEMATOLOGY	2	0	0	0	0			+
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TRANSVAGINAL US NON-OB	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			1
TRANSPORTATION OF THE PROPERTY		0110 0501/ TUOD 1 010								
TRANSVRS A-ARCH GRF HYPTHRM	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	SURGERY, THORACIC	1	0	0	0	0			
TRAPEZE BAR ATTACHED TO BED	ACUTE KIDNEY FAILURE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
Trackininal	Malianasta anniana afilanna antar anniadant afilafi fanala lancat	Oth an Danidan								
Trastuzumab TRAVATAN Z 0.004 % DROPS	Malignant neoplasm of lower-outer quadrant of left female breast N/A	Other Provider OPHTHALMOLOGY	+	1	4					+
TREAT BIG TOE FRACTURE	DISP FX OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INIT	SURGERY, ORTHOPEDIC	1	0	1	0	0			+
TREAT BIG TOE FRACTURE	BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			+
TREAT CLAVICLE FRACTURE	DISP FX OF SHAFT OF LEFT CLAVICLE, INIT FOR CLOS FX	FAMILY MEDICINE	2	0	0	0	0	-		
TREAT CLAVICLE FRACTURE	DISP FX OF SHAFT OF LEFT CLAVICLE, SUBS FOR FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
TREAT CLAVICLE FRACTURE	DISP FX OF SHAFT OF EEFT CLAVICLE, SUBS FOR FX W ROOTN HEAL	FAMILY MEDICINE	1	0	0	0	0			+
TREAT CLAVICLE FRACTURE	DISP FX OF SHAFT OF RIGHT CLAVICLE, SUBS FOR FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			+
TREAT CLAVICLE FRACTURE	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	FAMILY MEDICINE	1	0	0	0	0			+
TREAT CLAVICLE FRACTURE	ENCININ FOR F/O EXAMINAFI TRIIMII FOR COND OTH THAN MALIG NEOPEM	PAIVILY WEDICINE	1	U	U	O	U			
TREAT CLAVICLE FRACTURE	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
TREAT ECTOPIC PREGNANCY	LEFT TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
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TREAT ECTOPIC PREGNANCY	RIGHT TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TREAT ECTOPIC PREGNANCY	UNICOSCISIO ECTORIC PRECNIANCI/ WITHOUT INTRA LITERINE PRECNIANCI/	ODSTETDICS (CVALES OLO SAV	4	0	0	0	0			
TREAT ECTOPIC PREGNANCY	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			,
TREAT ELBOW FRACTURE	MONTEGGIA'S FRACTURE OF RIGHT ULNA, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			
TREAT ELBOW FRACTURE	MONTEGGIA'S FRACTURE OF RIGHT ULNA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT FINGER FRACTURE EACH	DISP FX OF DISTAL PHALANX OF UNSP FINGER, INIT FOR OPN FX	FAMILY MEDICINE	1	0	0	0	0			
TREAT FINGER FRACTURE EACH	DISP FX OF MIDDLE PHALANX OF LEFT LITTLE FINGER, INIT	SOCIAL WORK	1	0	0	0	0			
TREAT FINGER FRACTURE EACH	DISP FX OF MIDDLE PHALANX OF LEFT LITTLE FINGER, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0	-		
TREAT FINGER FRACTURE EACH	DISP FX OF PROXIMAL PHALANX OF RIGHT INDEX FINGER, INIT	SOCIAL WORK	1	0	0	0	0			
TREAT FINGER FRACTURE EACH	DISP FX OF PROXIMAL PHALANX OF RIGHT INDEX FINGER, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT FINGER FRACTURE EACH	FRACTURE OF UNSP PHALANX OF UNSP FINGER, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			
TREAT FINGER FRACTURE EACH	FRACTURE OF UNSP PHALANX OF UNSP FINGER, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT FOOT BONE LESION	OSTEOMYELITIS, UNSPECIFIED	PODIATRY	1	0	0	0	0			
TREAT FRACTURE OF RADIUS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W MALUNION	SOCIAL WORK	1	0	0	0	0			
TREAT FRACTURE OF RADIUS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W MALUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT FRACTURE OF RADIUS	UNSP FX SHAFT OF R RADIUS, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0	-		+
TREAT FRACTURE RADIUS & ULNA	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W ROUTN HEAL	SOCIAL WORK	1	0	0	0	0			
TREAT FRACTURE RADIUS & ULNA	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT FRACTURE RADIUS/ULNA	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF LEFT RADIUS, INIT	PEDIATRICS	1	0	0	0	0	-		+
TREAT FRACTURE RADIUS/ULNA	UNSP FRACTURE OF SHAFT OF RIGHT RADIUS, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0	-		+
TREAT FRACTURE RADIUS/ULNA	UNSP FRACTURE OF SHAFT OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT FX DISTAL RADIAL	POISONING BY OTH PARASYMPATH AND SPASMOLYTICS, ACC, INIT	SOCIAL WORK	1	0	0	0	0			
TREAT FX DISTAL RADIAL	POISONING BY OTH PARASYMPATH AND SPASMOLYTICS, ACC, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT FX DISTAL RADIAL	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SOCIAL WORK	1	0	0	0	0	-		+
TREAT FX DISTAL RADIAL	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT FX RAD EXTRA-ARTICUL	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	SOCIAL WORK	1	0	0	0	0			+
TREAT FX RAD EXTRA-ARTICUL	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT FX RAD EXTRA-ARTICUL	COLLES' FRACTURE OF LEFT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT FX RAD EXTRA-ARTICUL	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			+
TREAT FX RAD EXTRA-ARTICUL	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0	 		+
TREAT FX RAD EXTRA-ARTICUL	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W DELAY HEAL	SOCIAL WORK	1	0	0	0	0			+
TREAT FX RAD EXTRA-ARTICUL	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W DELAY HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0	 		+
TREAT FX RAD INTRA-ARTICUL	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0	-		+
TREAT FX RAD INTRA-ARTICUL	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	n	0	0			+
TREAT FX RAD INTRA-ARTICUL	OTH INTARTIC FRACTURE OF LOWER END OF RIGHT RADIUS, INIT	SOCIAL WORK	1	0	n	0	0	-		+
TREAT FX RAD INTRA-ARTICUL	OTH INTARTIC FRACTURE OF LOWER END OF RIGHT RADIUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT FX RADINTRA-ARTICOL TREAT FX RADIAL 3+ FRAG	DISLOCATION OF RADIOCARPAL JOINT OF RIGHT WRIST. INIT ENCNTR	SOCIAL WORK	1	0	0	0	0	 		+
INCAT I A NADIAL ST FRAG	DISLOCATION OF RADIOCARPAE JOINT OF RIGHT WRIST, INTERNENTR	SOCIAL WORK	1	U	Ü	o .	Ü			

Procedure Code Description	Discussio Code Description	Dunaidas Caraiala.	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals Denied	Approved
TREAT FX RADIAL 3+ FRAG	Diagnosis Code Description DISLOCATION OF RADIOCARPAL JOINT OF RIGHT WRIST, INIT ENCNTR	Provider Specialty SURGERY, ORTHOPEDIC	1	O	O Denials	Deniais	O	Approved	Denied	by IRO
THEATTA NADIAL ST THAG	DISECCATION OF RADIOCAM ACCOUNT OF RIGHT WRIST, INTERCENT	SONGENT, ONTHOLEDIC	1				Ů			
TREAT FX RADIAL 3+ FRAG	OTH FRACTURES OF LOWER END OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, PLASTIC	1	0	0	0	0			
TREAT FX RADIAL 3+ FRAG	OTH INTARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	SOCIAL WORK	1	0	0	0	0			
TREAT FX RADIAL 3+ FRAG	OTH INTARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT FX RADIAL 3+ FRAG	SMITH'S FRACTURE OF LEFT RADIUS, INIT FOR CLOS FX	SURGERY, PLASTIC	1	0	0	0	0			
TREAT FX RADIAL 3+ FRAG	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	SOCIAL WORK	1	0	0	0	0			
TREAT FX RADIAL 3+ FRAG	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT HAND DISLOCATION	DISLOC OF MC (BONE), PROXIMAL END OF RIGHT HAND, SUBS	SOCIAL WORK	1	0	0	0	0			
TREAT HAND DISLOCATION	DISLOC OF MC (BONE), PROXIMAL END OF RIGHT HAND, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT HAND DISLOCATION	DISLOCATION OF OTH CARPOMETACARPAL JOINT OF RIGHT HAND, SUBS	SOCIAL WORK	1	0	0	0	0			
TREAT HAND DISLOCATION	DISLOCATION OF OTH CARPOMETACARPAL JOINT OF RIGHT HAND, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT HIP DISLOCATION	CONGENITAL DISLOCATION OF RIGHT HIP, UNILATERAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TREAT HUMERUS FRACTURE	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT ARM	SOCIAL WORK	1	0	0	0	0			1
TREAT HUMERUS FRACTURE	BENIGN LIPOMATOUS NEOPLASM OF SKIN, SUBCU OF LEFT ARM	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TREAT HUMERUS FRACTURE	DISP FX (AVULSION) OF MEDIAL EPICONDYLE OF L HUMERUS, INIT	SOCIAL WORK	1	0	0	0	0			1
TREAT HUMERUS FRACTURE	DISP FX (AVULSION) OF MEDIAL EPICONDYLE OF L HUMERUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TREAT HUMERUS FRACTURE	DISP FX OF LATERAL CONDYLE OF LEFT HUMERUS, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			1
TREAT HUMERUS FRACTURE	DISP FX OF LATERAL CONDYLE OF LEFT HUMERUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT HUMERUS FRACTURE	DISP FX OF MEDIAL EPICONDYLE OF UNSP HUMERUS, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			+
TREAT HUMERUS FRACTURE	DISPL OBLIQUE FX SHAFT OF HUMER, R ARM, 7THK	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
TREAT HUMERUS FRACTURE	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	SPORTS MEDICINE	1	0	0	0	0			+
TREAT HUMERUS FRACTURE	UNSP FRACTURE OF SHAFT OF HUMERUS, LEFT ARM, INIT	SURGERY, ORTHOPEDIC	1	0	n	0	n			+
TREAT HUMERUS FRACTURE	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	SOCIAL WORK	1	0	0	0	0			+
TREAT HUMERUS FRACTURE	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	SURGERY, ORTHOPEDIC	1	0	n	0	0			+
TREAT HOWEROS FRACTURE	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INIT	FAMILY MEDICINE	1	0	0	0	0			+
TREAT KNEE FRACTURE	DISPLACED BICONDYLAR FRACTURE OF EEFT TIBIA, INIT	SURGERY, ORTHOPEDIC	0	1	1	0	0			+
TREAT KNEE FRACTURE	UNSP FRACTURE OF UPPER END OF RIGHT TIBIA, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	0	1	1	0	0			+
TREAT LOWER JAW FRACTURE	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	SURGERY, ORAL AND	1	0	0	0	0			+
	, , , , , , , , , , , , , , , , , , ,	MAXILLOFACIAL		0	O .	U	O			
TREAT LOWER LEG FRACTURE	DISPLACED PILON FX LEFT TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT LOWER LEG JOINT	UNSPECIFIED INJURY OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	COUNSELING	1	0	0	0	0			
TREAT LOWER LEG JOINT	UNSPECIFIED INJURY OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT METACARPAL FRACTURE	DISP FX OF DISTAL PHALANX OF RIGHT THUMB, INIT FOR OPN FX	SURGERY, PLASTIC	1	0	0	0	0			
TREAT METACARPAL FRACTURE	DISP FX OF SHAFT OF FIFTH METACARPAL BONE, LEFT HAND, INIT	SOCIAL WORK	1	0	0	0	0			
TREAT METACARPAL FRACTURE	DISP FX OF SHAFT OF FIFTH METACARPAL BONE, LEFT HAND, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT METACARPAL FRACTURE	DISP FX OF SHAFT OF FOURTH METACARPAL BONE, LEFT HAND, INIT	SOCIAL WORK	1	0	0	0	0			
TREAT METACARPAL FRACTURE	DISP FX OF SHAFT OF FOURTH METACARPAL BONE, LEFT HAND, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT METATARSAL FRACTURE	DISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT SPINE FRACTURE	SPONDYLOLYSIS, LUMBOSACRAL REGION	SURGERY, ORTHOPEDIC	0	1	1	0	0			
TREAT SPINE FRACTURE	STABLE BURST FRACTURE OF SECOND LUMBAR VERTEBRA, INIT	SURGERY, NEUROLOGICAL	1	0	0	0	0			
TREAT THIGH FRACTURE	FX UNSP PART OF NK OF R FEMR, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT THIGH FRACTURE	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	SURGERY, ORTHOPEDIC	2	0	0	0	0			
TREAT THUMB FRACTURE	BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			
TREAT THUMB FRACTURE	BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT TRIGEMINAL NERVE	OTHER EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS	SURGERY, NEUROLOGICAL	1	0	0	0	0			
TREAT ULNAR FRACTURE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
TREAT ULNAR FRACTURE	PERSONAL HISTORY OF COLONIC POLYPS	SOCIAL WORK	1	0	0	0	0			
TREAT ULNAR FRACTURE	PERSONAL HISTORY OF COLONIC POLYPS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREAT WRIST BONE FRACTURE	NONDISP FX OF HOOK PROCESS OF HAMATE BONE, LEFT WRIST, INIT	SOCIAL WORK	1	0	0	0	0			1
TREAT WRIST BONE FRACTURE	NONDISP FX OF HOOK PROCESS OF HAMATE BONE, LEFT WRIST, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TREATMENT OF ANAL FISSURE	ABNORMAL WEIGHT LOSS	SURGERY, GENERAL	1	0	0	0	0			1
TREATMENT OF ANAL FISSURE	ANAL FISSURE, UNSPECIFIED	FAMILY MEDICINE	2	0	0	0	0			+
				1						+
TREATMENT OF ANAL FISSURE	ANAL FISSURE, UNSPECIFIED	SURGERY, GENERAL	4	0	0	0	0			

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TREATMENT OF ANKLE FRACTURE	DISLOCATION OF LEFT ANKLE JOINT, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TREATMENT OF ANKLE FRACTURE	DISP FX OF LATERAL MALLEOLUS OF LEFT FIBULA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TREATMENT OF ANKLE FRACTURE	DISPL BIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREATMENT OF ANKLE FRACTURE	DISPL TRIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREATMENT OF ANKLE FRACTURE	DISPL TRIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	COUNSELING	1	0	0	0	0			
TREATMENT OF ANKLE FRACTURE	DISPL TRIMALLEOL FX R LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREATMENT OF ANKLE FRACTURE	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			
TREATMENT OF ANKLE FRACTURE	DISPLACED TRIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INIT	SURGERY, ORTHOPEDIC	2	0	0	0	0			1
TREATMENT OF ANKLE FRACTURE	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
TREATMENT OF ANKLE FRACTURE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
TREATMENT OF ANKLE FRACTURE	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			
TREATMENT OF ANKLE FRACTURE	OTHER HAMMER TOE(S) (ACQUIRED), LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREATMENT OF ANKLE FRACTURE	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
TREATMENT OF BLADDER LESION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	UROLOGY	1	0	0	0	0			
TREATMENT OF CORNEAL LESION	UNSPECIFIED KERATOCONJUNCTIVITIS, BILATERAL	OPHTHALMOLOGY	1	0	0	0	0			
TREATMENT OF MISCARRIAGE	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			+
THE THIEFT OF MISCHININGE	ALICONNI ELTE SI CHITANEGOS ABORTION WITHOUT CONFEICATION	S S S TE T M C S / G T N L C O L O G T	1	Ĭ	Ĭ	Ĭ	Ĭ			
TREATMENT OF RETINA	EXUDATIVE RETINOPATHY, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
TREATMENT OF RETINA	HORSESHOE TEAR OF RETINA WITHOUT DETACHMENT, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
TREATMENT OF RETINAL LESION	CONJUNCTIVAL PIGMENTATIONS, UNSPECIFIED EYE	OPHTHALMOLOGY	1	0	0	0	0			
TREATMENT OF URETHRA LESION	OTHER SPECIFIED DISORDERS OF URETHRA	UROLOGY	1	0	0	0	0			
TREATMENT X10SV RETINOPATHY	N/A	OPHTHALMOLOGY	1							1
TREMFYA	Hidradenitis suppurativa	DERMATOLOGY	1						1	1
TREMFYA	N/A	RHEUMATOLOGY						1	_	
TREMFYA 100 MG/ML AUTO INJCT	N/A	DERMATOLOGY	6					-		
TREMFYA 100 MG/ML AUTO INJCT	N/A	Other Provider	2							+
TREMFYA 100 MG/ML AUTO INJCT	N/A	PHYSICIAN ASSISTANT	1							+
TREMFYA 100 MG/ML AUTO INJCT	N/A	RHEUMATOLOGY	2	1	1					+
TREMFYA 100 MG/ML INJECTOR	Other psoriasis	Other Provider	1	1	1					+
TREMFYA 100 MG/ML INJECTOR	Psoriasis vulgaris	DERMATOLOGY	0							+
TREMFYA 100 MG/ML INJECTOR	Psoriasis vulgaris	Other Provider	2							+
TREMFYA 100 MG/ML INJECTOR	Psoriasis vuigaris Psoriasis, unspecified	Other Provider	1							+
TREMFYA 100 MG/ML INSECTOR TREMFYA 100 MG/ML SYRINGE	N/A	DERMATOLOGY	17							+
TREMFYA 100 MG/ML SYRINGE TREMFYA 100 MG/ML SYRINGE	N/A	Other Provider	2							+
TREMFYA 100 MG/ML SYRINGE	N/A	PHYSICIAN ASSISTANT	4							₩
-			1							
TREMFYA 100 MG/ML SYRINGE TREMFYA 100 MG/ML SYRINGE	N/A	RHEUMATOLOGY	2							₩
TREMFYA 100 MG/ML SYRINGE TREMFYA 100 MG/ML SYRINGE	Other psoriasis	DERMATOLOGY	1							
,	Other psoriasis	Other Provider	1							
TREMFYA 100 MG/ML SYRINGE	Psoriasis vulgaris	DERMATOLOGY	5	-	-	1				
TREMFYA 100 MG/ML SYRINGE	Psoriasis vulgaris	Other Provider	4							├
TREMFYA 100 MG/ML SYRINGE	Psoriasis vulgaris	PHYSICIAN ASSISTANT	1	1	1					
TREMFYA 100 MG/ML SYRINGE	Psoriasis, unspecified	DERMATOLOGY	2	_	_		_			
TREPROSTINIL, NON-COMP UNIT	SECONDARY PULMONARY ARTERIAL HYPERTENSION	ADVANCED HEART FAILURE	1	0	0	0	0			
		AND TRANSPLANT CARDIOLOGY								
TRESIBA FLEXTOUCH 200 UNIT/ML	Other general symptoms and signs	Other Provider	1							
THE SIGN TEEN TO GOT EGG GITH / INC	etitel general symptoms and signs	ENDOCRINOLOGY AND	-							
TRESIBA FLEXTOUCH 200 UNIT/ML	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1	1	1					
·			1							
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Other Provider	1							
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES W UNSP DIABETIC RTNOP W/O MACULAR EDEMA	Other Provider	1							<u> </u>
TRESIBA FLEXTOUCH U-100 100/ML (3) INSULN PEN	N/A	Other Provider	2							
		ENDOCRINOLOGY AND								
TRESIBA FLEXTOUCH U-200 200/ML (3) INSULN PEN	N/A	METABOLISM	3	1	1				1	
TRESIBA FLEXTOUCH U-200 200/ML (3) INSULN PEN	N/A	INTERNAL MEDICINE		1	1					
TRESIBA FLEXTOUCH U-200 200/ML (3) INSULN PEN	N/A	Other Provider		1	1					T

DERMAT FAMILY INTERNA Other Pr Other Pr Other Pr DERMAT INTERNA Other Pr Other Pr DERMAT FAMILY I OTHER PR OTHER PR OTHER PR OTHER PR DERMAT FAMILY I OTHER PR DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT OTHER PR	TRY ATOLOGY Provider Provider ATOLOGY / MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY	Total UM Approvals 19 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total UM Denials 2 4 1 1	Medical Necessity Denials 2	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
DERMAT FAMILY INTERNA Other Pr Other Pr Other Pr DERMAT INTERNA Other Pr Other Pr DERMAT FAMILY I OTHER PR OTHER PR OTHER PR OTHER PR DERMAT FAMILY I OTHER PR DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT OTHER PR	ATOLOGY / MEDICINE Provider FRY ATOLOGY Provider Provider Provider Provider ATOLOGY / MEDICINE Provider Provider Provider Provider Provider Provider Provider ATOLOGY / MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY Provider	19 4 1 1 1 1 9 2 1 1 1 1	Denials 2 4 1 1 2	Denials 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Denials	Denials	Approved	Denied	by IRO
FAMILY I INTERNA Other Pr PODIATE DERMAT Other Pr DERMAT FAMILY I INTERNA Other Pr DERMAT FAMILY I OTHER PR DERMAT FAMILY I OTHER PR DERMAT FAMILY I OTHER PR DERMAT DERMAT DERMAT DERMAT DERMAT OTHER PR	/ MEDICINE HAL MEDICINE Provider FIRY ATOLOGY Provider ATOLOGY / MEDICINE HAL MEDICINE Provider Provider ATOLOGY / MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY Provider	4 1 1 1 9 2 1 1 1 1	4 1 1 2	4 1 1					
INTERNA Other Pr PODIATE DERMAT Other Pr Other Pr DERMAT FAMILY INTERNA Other Pr DERMAT FAMILY INTERNA Other Pr DERMAT FAMILY IOTHER PR DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT OTHER PR	VAL MEDICINE Provider TRY ATOLOGY Provider ATOLOGY ATOLOGY ATOLOGY AND MEDICINE Provider ATOLOGY AND MEDICINE ATOLOGY ATOLOGY AND MEDICINE ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY	2 1 1 1 1	4 1 1 2 2	4 1 1					
Other Pr PODIATF DERMAT Other Pr Other Pr DERMAT FAMILY I INTERNA Other Pr DERMAT FAMILY I Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT DERMAT DERMAT DERMAT Other Pr	Provider FRY ATOLOGY Provider ATOLOGY Provider ATOLOGY ATOLOGY F MEDICINE Provider ATOLOGY ATOLOGY FOR MEDICINE Provider ATOLOGY FOR MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY Provider	2 1 1 1 1	4 1 1 2 2	4 1 1					
PODIATE DERMAT Other Pr Other Pr DERMAT FAMILY I INTERNA Other Pr Other Pr DERMAT FAMILY I Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT Other Pr	TRY ATOLOGY Provider Provider ATOLOGY / MEDICINE UAL MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY Provider	2 1 1 1 1	4 1 1 2 2	4 1 1					
DERMAT Other Pr Other Pr DERMAT FAMILY I INTERNA Other Pr Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT DERMAT DERMAT DERMAT DERMAT Other Pr PHYSICIA	ATOLOGY Provider Provider ATOLOGY V MEDICINE HAL MEDICINE Provider Provider ATOLOGY V MEDICINE Provider Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY Provider	2 1 1 1 1	4 1 1 2	4 1 1 1					
Other Pr Other Pr DERMAT FAMILY I INTERNA Other Pr Other Pr DERMAT FAMILY I Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT Other Pr PHYSICIA DERMAT DERMAT	Provider Provider Provider ATOLOGY / MEDICINE JAL MEDICINE Provider ATOLOGY / MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY Provider	2 1 1 1 1	4 1 1 2	1 1					
Other Pr DERMAT FAMILY I INTERNA Other Pr Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT DERMAT DERMAT Other Pr PHYSICIA	Provider ATOLOGY I MEDICINE AL MEDICINE Provider ATOLOGY I MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY	2 1 1 1 1 1 1 5 2	1 1 2	1 1					
DERMAT FAMILY INTERNA Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT DERMAT DERMAT Other Pr PHYSICIA	ATOLOGY ATOLOGY ATOLOGY Provider ATOLOGY MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY Provider	1 1 1 1 1 15 2	1 1 2	1 1					
FAMILY INTERNAL Other Pr Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT DERMAT DERMAT Other Pr PHYSICIA	MEDICINE HAL MEDICINE Provider ATOLOGY MEDICINE Provider ATOLOGY MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY	1 1 1 1 15 2	1 1 2	1					
INTERNA Other Pr Other Pr DERMAT FAMILY I Other Pr DERMAT OTHER PR DERMAT OTHER PR PHYSICIA DERMAT	VAL MEDICINE Provider Provider ATOLOGY Y MEDICINE Provider ATOLOGY ATOLOGY ATOLOGY ATOLOGY ATOLOGY Provider	1 1 1 15 2	1 2	1					
Other Pr Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT Other Pr PHYSICIA Dermato	Provider Provider ATOLOGY / MEDICINE Provider ATOLOGY ATOLOGY Provider	1 1 15 2 1	2	1					<u> </u>
Other Pr DERMAT FAMILY I Other Pr DERMAT DERMAT Other Pr PHYSICIA Dermato	Provider ATOLOGY / MEDICINE Provider ATOLOGY Provider	1 1 15 2 1	2	2					<u> </u>
DERMAT FAMILY I Other Pr DERMAT DERMAT Other Pr PHYSICIA Dermato	ATOLOGY / MEDICINE Provider ATOLOGY Provider	1 15 2 1	2	2					<u> </u>
FAMILY I Other Pr DERMAT DERMAT Other Pr PHYSICIA Dermato	MEDICINE Provider ATOLOGY ATOLOGY Provider	15 2 1	2	2					<u> </u>
Other Pr DERMAT DERMAT Other Pr PHYSICIA Dermato	Provider ATOLOGY ATOLOGY Provider	1		۷					<u> </u>
DERMAT DERMAT Other Pr PHYSICIA Dermato	ATOLOGY ATOLOGY Provider	1							
DERMAT Other Pr PHYSICIA Dermato	ATOLOGY Provider	11	2	2					
Other Pr PHYSICIA Dermato	Provider	1							
PHYSICIA Dermato		8							Ь——
Dermato	IAN ASSISTANT	4							<u> </u>
		1							<u> </u>
FAMILY I		3	3	3					
	/ MEDICINE		1	1					<u> </u>
	l Medicine	1							<u> </u>
Other Pr		1							
DERMAT	ATOLOGY		1	1					
Other Pr		1							<u> </u>
DERMAT	ATOLOGY	2							
FAMILY	/ MEDICINE		1	1					
INTERN/	NAL MEDICINE	1							<u> </u>
OBSTETE	TRICS/GYNECOLOG								
Υ		1							
Other Pr			1	1					
DERMAT	ATOLOGY	1							
Other Pr	Provider	1							
PHYSICI/	IAN ASSISTANT	1							
DERMAT	ATOLOGY	2	2	2					
HEMATO	TOLOGY	1							
Other Pr	Provider	1							
DERMAT	ATOLOGY	1							
Other Pr	Provider	1							
DERMAT	ATOLOGY	1							
SURGER	RY, ORTHOPEDIC	1							<u></u>
		1							
NEUROL	OLOGY	1	0	0	0	0			
NEUROL HEMATO	MEDICINE	1	0	0	0	0			
HEMATO	OGY	1	0	0	0	0			
HEMATO EAST FAMILY N	MEDICINE	0	1	0	1	0			
HEMATO EAST FAMILY N		0	1	1	0	0			
EAST FAMILY N	MEDICINE	2	0	0	0	0			
HEMATO EAST FAMILY N EAST ONCOLOG FAMILY N FAMILY N		0	1	1	0	0			
HEMATO EAST FAMILY N EAST ONCOLOG FAMILY N FAMILY N GYNECOL	DLOGIC ONCOLOGY		0	0	0	0			
HEMATOI EAST FAMILY N EAST ONCOLOG FAMILY N FAMILY N GYNECOL	DLOGIC ONCOLOGY	1	-						
BRE	FAMILY	FAMILY MEDICINE FAMILY MEDICINE GYNECOLOGIC ONCOLOGY	FAMILY MEDICINE 0 FAMILY MEDICINE 0 GYNECOLOGIC ONCOLOGY 2 ONCOLOGY 0	FAMILY MEDICINE	FAMILY MEDICINE	FAMILY MEDICINE	FAMILY MEDICINE	FAMILY MEDICINE 0	FAMILY MEDICINE

December Code Description	Discussio Code Description	Duncidas Canalella.	Total UM	Total UM	Medical Necessity	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals	Total Appeals	Approved
Procedure Code Description TRGT GEN SEQ DNA 324 GENES	Diagnosis Code Description MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	Provider Specialty HEMATOLOGY	Approvals	Denials 0	Denials	Deniais	Deniais	Approved	Denied	by IRO
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	FAMILY MEDICINE	1	0	0	0	0			+
TRGT GEN SEQ DNA 324 GENES TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	1	0	0	0	0			+
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	1	0	0	0	0			1
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	1	0	0	0	0			
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY	1	0	0	0	0			1
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	INTERNAL MEDICINE	0	1	1	0	0			†
TRGT GEN SEQ DNA 324 GENES	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	1	0	0	0	0			1
TRGT GEN SEQ DNA 324 GENES	UNSPECIFIED ATRIAL FIBRILLATION	ONCOLOGY	1	0	0	0	0			1
TRIAMCINOLONE ACETONIDE 0.1 % CREAM(GM)	N/A	DERMATOLOGY	1	-	-	-	-			+
TRIANEX 0.05 % OINT. (G)	N/A	DERMATOLOGY	-	3	3					+
TRIENTINE HCL 250 MG CAPSULE	N/A	Other Provider	1	1	1					+
THENTINE TICE 250 WG CAI SOLE	ing A	ENDOCRINOLOGY AND	<u> </u>	-	-					+
TRIJARDY XR 12.5-2.5MG TAB BP 24H	N/A	METABOLISM		2	2					
TRIJARDY XR 12.5-2.5MG TAB BP 24H TRIKAFTA 100/50/75 MG-150 MG	CYSTIC FIBROSIS, UNSPECIFIED	Pulmonology	1	_	_					+
TRIRAFTA 100/50/75 IVIG-150 IVIG	C1311C FIBRO313, UNSPECIFIED		1							+
TDWAFTA 100/F0/7F NAC 1F0 NAC	N1/A	FAMILY NURSE	1							
TRIKAFTA 100/50/75 MG-150 MG	N/A	PRACTITIONER	1							
		PEDIATRIC		_						
TRIKAFTA 100/50/75 MG-150 MG	N/A	PULMONOLOGY	1	1	1					
TRIKAFTA 100/50/75 MG-150 MG	N/A	PULMONARY DISEASE	2							
TRIKAFTA 100/50/75 MG-150 MG	N/A	Pulmonology	1							
		CARDIOVASCULAR								
TRIKAFTA 100-50-75 TABLET SEQ	N/A	DISEASE	4							
		FAMILY NURSE								
TRIKAFTA 100-50-75 TABLET SEQ	N/A	PRACTITIONER	1							
		PEDIATRIC								
TRIKAFTA 100-50-75 TABLET SEQ	N/A	PULMONOLOGY	2							
TRIKAFTA 100-50-75 TABLET SEQ	N/A	PULMONARY DISEASE	5							
TRILEPTAL 300 MG TABLET	Disruptive mood dysregulation disorder	Other Provider	1							
	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS									
TRILEPTAL 300 MG TABLET	EPILEPTICUS	NEUROLOGY	1							
TRINTELLIX	INHALANT ALLERGIES	Other Provider						1		
TRINTELLIX	Major depressive disorder, recurrent, in full remission	Physician						1		1
TRINTELLIX	Major depressive disorder, recurrent, in partial remission	Physician						1		1
TRINTELLIX	Major depressive disorder, recurrent, moderate	FAMILY MEDICINE						1		1
THINK ELLIX	Major depressive disorder, single episode, severe without psychotic	TANNET WEDTONE		-				-		+
TRINTELLIX	features	Physician						1		
TRINTELLIX	Major depressive disorder, single episode, unspecified	Physician						<u> </u>	1	1
TRINTELLIX	Obsessive-compulsive disorder	Physician						1	1	+
TRINTELLIX TRINTELLIX 10 MG TABLET	Anxiety disorder, unspecified	FAMILY MEDICINE	1					1		+
TRINTELLIX 10 MG TABLET TRINTELLIX 10 MG TABLET			1	-	-		-	-	-	+
	Bipolar II disorder	Other Provider	1	-		-			-	+
TRINTELLIX 10 MG TABLET	Generalized anxiety disorder	FAMILY MEDICINE	1	4	4			-		+
TRINTELLIX 10 MG TABLET	Generalized anxiety disorder	Other Provider	1	4	4					+
TRINTELLIX 10 MG TABLET	Hypoactive sexual desire disorder	WOMEN'S HLTH NURSE PRACTITIONER		1	1					
	Major depressive disorder, recurrent severe without psychotic]	
TRINTELLIX 10 MG TABLET	features	Other Provider	3	1	1					<u> </u>
TRINTELLIX 10 MG TABLET	Major depressive disorder, recurrent, in full remission	Other Provider	1							
TRINTELLIX 10 MG TABLET	Major depressive disorder, recurrent, in partial remission	Other Provider		1	1					
TRINTELLIX 10 MG TABLET	Major depressive disorder, recurrent, moderate	FAMILY MEDICINE	1	1	1					
TRINTELLIX 10 MG TABLET	Major depressive disorder, recurrent, moderate	INTERNAL MEDICINE		1	1					1
TRINTELLIX 10 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	4	3	3					1
TRINTELLIX 10 MG TABLET	Major depressive disorder, recurrent, unspecified	INTERNAL MEDICINE	1							1
-	A Committee of the comm									+

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
TRINTELLIX 10 MG TABLET	Major depressive disorder, single episode, unspecified	CARE		1	1					
TRINTELLIX 10 MG TABLET	Major depressive disorder, single episode, unspecified	INTERNAL MEDICINE	1	1	1					
TRINTELLIX 10 MG TABLET	Major depressive disorder, single episode, unspecified	Other Provider	1	2	2					
TRINTELLIX 10 MG TABLET	Major depressy disorder, recurrent, severe w psych symptoms	Other Provider	1							
TRINITELLIV 10 MC TARLET	21/2	ALLED CV/IN AN ALINIOLOGY			4					
TRINTELLIX 10 MG TABLET TRINTELLIX 10 MG TABLET	N/A N/A	ALLERGY/IMMUNOLOGY FAMILY MEDICINE	2	6	6					
TRINTELLIX 10 IVIG TABLET	IN/A	FAMILY NURSE	3	В	ь					
TRINTELLIX 10 MG TABLET	N/A	PRACTITIONER		2	2					
TRINTELLIX TO MIG TABLET	IN/A	FAMILY NURSE	1	2	2					
		PRACTITIONER PRIMARY								
TRINTELLIX 10 MG TABLET	N/A	CARE	1	1	1					
TRINTELLIX 10 MG TABLET	N/A	INTERNAL MEDICINE	3	1	-					
TRINTELLIX 10 MG TABLET	N/A	NEUROLOGY	3	1	1					
TRINTELLIX 10 WIG TABLET	IN/A	OBSTETRICS/GYNECOLOG		1	1					
TRINTELLIX 10 MG TABLET	N/A	v	1							
TRINTELLIX 10 MG TABLET	N/A	Other Provider	35	12	12					
TRINTELLIX 10 MG TABLET	N/A	PHYSICIAN ASSISTANT	1	1	1					
TRINTELLIX 10 MG TABLET	Other general symptoms and signs	Other Provider	-	1	1					
TRINTELLIX 10 MG TABLET	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	Other Provider	1	1	1					
TRINTELLIX 10 WIG TABLET	PANIC DISORDER [EFISODIC PAROXISIVIAL ANXIETT]	FAMILY NURSE	1							
		PRACTITIONER PRIMARY								
TRINTELLIX 20 MG TABLET	Anxiety disorder, unspecified	CARE	1							
TRINTELLIX 20 MG TABLET	Anxiety disorder, unspecified Bipolar disorder, unspecified	Other Provider	1	1	1					
TRINTELLIX 20 MG TABLET	Bipolar II disorder	Other Provider	1	1	1					
TRINTELLIX 20 MG TABLET	Generalized anxiety disorder	INTERNAL MEDICINE	1							
TRINTELLIX 20 MG TABLET	Generalized anxiety disorder	Other Provider	2							
THINTELEIX 20 WG TABLET	Major depressive disorder, recurrent severe without psychotic	Other Frovider	-							
TRINTELLIX 20 MG TABLET	features	Other Provider	2	1	1					
TRINTELLIA 20 MIG TABLET	Major depressive disorder, recurrent severe without psychotic	Other Frovider		1	1					
TRINTELLIX 20 MG TABLET	features	PHYSICIAN ASSISTANT	1							
TRINTELLIX 20 MG TABLET	Major depressive disorder, recurrent, in partial remission	Other Provider	1	1	1					
TRINTELLIX 20 MG TABLET	Major depressive disorder, recurrent, m partial remission Major depressive disorder, recurrent, moderate	FAMILY MEDICINE	-	1	1					
TRINTELLIX 20 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	3	1	1					
TRINTELLIX 20 MG TABLET	Major depressive disorder, recurrent, unspecified	FAMILY MEDICINE	1	-	-					
TRINTELLIX 20 MG TABLET	Major depressive disorder, recurrent, unspecified	Other Provider	1							
THE PERSON OF TH	Major depressive disorder, received, unspecimed Major depressive disorder, single episode, severe without psychotic	other rioride.	-							
TRINTELLIX 20 MG TABLET	features	Other Provider	1							
		FAMILY NURSE								
TRINTELLIX 20 MG TABLET	Major depressive disorder, single episode, unspecified	PRACTITIONER	1							
	, , , , , , , , , , , , , , , , , , ,		<u> </u>							
TRINTELLIX 20 MG TABLET	Major depressy disorder, recurrent, severe w psych symptoms	Other Provider	1							
TRINTELLIX 20 MG TABLET	Migraine with aura, not intractable, without status migrainosus	Other Provider	1							
TRINTELLIX 20 MG TABLET	N/A	FAMILY MEDICINE	3	3	3					
TRINTELLIX 20 MG TABLET	N/A	Other Provider	19	6	6					
TRINTELLIX 20 MG TABLET	Unspecified mood [affective] disorder	FAMILY MEDICINE	1	ľ	-					
TRINTELLIX 5 MG TABLET	Anxiety disorder, unspecified	FAMILY MEDICINE	l .	1	1					
		FAMILY NURSE		i -	-					
TRINTELLIX 5 MG TABLET	EMOTIONAL LABILITY	PRACTITIONER		1	1					
TRINTELLIX 5 MG TABLET	Generalized anxiety disorder	INTERNAL MEDICINE		1	1					
TRINTELLIX 5 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	4	3	3					
THIRTELEN JIVIO TADLET	major acpressive assoraci, recurrent, mouerate	Outer i rovidel	<u> </u>	12	ام	ı		l		<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		ENDOCRINOLOGY AND								
TRINTELLIX 5 MG TABLET	N/A	METABOLISM	1							
TRINTELLIX 5 MG TABLET	N/A	FAMILY MEDICINE	1							
TRINTELLIX 5 MG TABLET	N/A	INTERNAL MEDICINE	2	2	2					
		OBSTETRICS/GYNECOLOG								
TRINTELLIX 5 MG TABLET	N/A	Υ		1	1					
TRINTELLIX 5 MG TABLET	N/A	Other Provider	10	3	3					
TRINTELLIX 5 MG TABLET	N/A	SLEEP MEDICINE		2	2					
TRLUML BALO ANGIOP 1ST VEIN	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	COMPRESSION OF VEIN	SURGERY, VASCULAR	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	DEHYDRATION	NEPHROLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	END STAGE RENAL DISEASE	NEPHROLOGY	6	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	END STAGE RENAL DISEASE	SURGERY, VASCULAR	2	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	NEPHROLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	N/A	DIAGNOSTIC RADIOLOGY		1			1			
TRLUML BALO ANGIOP 1ST VEIN	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	PSYCHOLOGY	0	1	1	0	0			
TRLUML BALO ANGIOP 1ST VEIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	SURGERY, VASCULAR	0	1	1	0	0			
TRLUML BALO ANGIOP 1ST VEIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	INTERNAL MEDICINE	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	1	0	0	0	0			
TRLUML BALO ANGIOP 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	COMPRESSION OF VEIN	SURGERY, VASCULAR	1	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	DEHYDRATION	NEPHROLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	END STAGE RENAL DISEASE	FAMILY MEDICINE	1	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	END STAGE RENAL DISEASE	NEPHROLOGY	2	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	1	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	COUNSELING	1	0	0	0	0			
TRLUML BALO ANGIOP ADDL VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	NEPHROLOGY	1	0	0	0	0			
TROKENDI XR	Prophylaxis of migraine	PHYSICIAN ASSISTANT							1	
TROKENDI XR 100 MG CAP ER 24H	N/A	FAMILY MEDICINE	1	3	3					
TROKENDI XR 100 MG CAP ER 24H	N/A	INTERNAL MEDICINE		1	1					
TROKENDI XR 100 MG CAP ER 24H	N/A	NEUROLOGY	2	7	7					
TROKENDI XR 100 MG CAP ER 24H	N/A	PAIN MANAGEMENT		2	2					
TROKENDI XR 100 MG CAP ER 24H	N/A	PEDIATRIC NEUROLOGY	1							
TROKENDI XR 100 MG CAP ER 24H	N/A	PHYSICIAN ASSISTANT		1	1					
TROKENDI XR 100 MG CAPSULE	Chronic migraine without aura, intractable, with status migrainosus	Other Provider	1							
TROKENDI XR 100 MG CAPSULE	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	1							
TROKENDI XR 100 MG CAPSULE	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	NEUROLOGY	1							
TROKENDI XR 100 MG CAPSULE	Migraine without aura, intractable, without status migrainosus	NEUROLOGY		2	2					

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TROKENDI XR 100 MG CAPSULE	Migraine without aura, not intractable, without status migrainosus	INTERNAL MEDICINE		1	1					
TROKENDI XR 100 MG CAPSULE	Migraine, unspecified, not intractable, without status migrainosus	NEUROLOGY		1	1					
TROKENDI XR 100 MG CAPSULE	Migraine, unspecified, not intractable, without status migrainosus	Other Provider	1							
TROKENDI XR 100 MG CAPSULE	N/A	NEUROLOGY	1	1	1					
TROKENDI XR 100 MG CAPSULE	N/A	Other Provider		2	2					1
TROKENDI XR 200 MG CAP ER 24H	N/A	INTERNAL MEDICINE		1	1					
TROKENDI XR 200 MG CAP ER 24H	N/A	NEUROLOGY	5	1	1					
TROKENDI XR 200 MG CAP ER 24H	N/A	Other Provider	1	5	5					
TROKENDI XR 200 MG CAP ER 24H	N/A	RHEUMATOLOGY		1	1					
TROKENDI XR 200 MG CAPSULE	Migraine without aura, intractable, without status migrainosus	Other Provider		1	1					
TROKENDI XR 200 MG CAPSULE	N/A	Other Provider		1	1					
TROKENDI XR 25 MG CAP ER 24H	N/A	FAMILY MEDICINE		1	1					1
TROKENDI XR 25 MG CAP ER 24H	N/A	NEUROLOGY	1							
TROKENDI XR 25 MG CAP ER 24H	N/A	Other Provider	1	1	1					
	Chronic migraine without aura, intractable, without status		_	_						†
TROKENDI XR 25 MG CAPSULE	migrainosus	Other Provider		1	1					
TROKENDI XR 25 MG CAPSULE	Migraine with aura, not intractable, without status migrainosus	Other Provider		1	1					
TROKENDI XR 25 MG CAPSULE	Obesity, unspecified	Other Provider		1	1					1
TROKENDI XR 50 MG CAP ER 24H	N/A	INTERNAL MEDICINE		1	1					
TROKENDI XR 50 MG CAP ER 24H	N/A	NEUROLOGY		3	3					
TROKENDI XR 50 MG CAP ER 24H	N/A	Other Provider	1	3	3					
TROKENDI XR 50 MG CAPSULE	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	NEUROLOGY	1							
TROKENDI XR 50 MG CAPSULE	Migraine, unspecified, not intractable, without status migrainosus	FAMILY MEDICINE		1	1					
TROKENDI XR 50 MG CAPSULE	N/A	FAMILY MEDICINE		1	1					
TRUE METRIX GLUCOSE TEST STRIP STRIP	N/A	FAMILY MEDICINE		7	7					
TRUE METRIX GLUCOSE TEST STRIP STRIP	N/A	OBSTETRICS/GYNECOLOG		2	2					
TRULANCE 3 MG TABLET	N/A	GASTROENTEROLOGY	4	3	3					+
			1							+
TRULANCE 3 MG TABLET	N/A	INTERNAL MEDICINE	1							
TRULICITY	Type 2 diabetes mellitus with other circulatory complications	FAMILY MEDICINE						1		
TRULICITY	Type 2 diabetes mellitus without complications	FAMILY MEDICINE						1		
		FAMILY NURSE PRACTITIONER PRIMARY								
TRULICITY	Type 2 diabetes mellitus without complications	CARE			<u> </u>				1	<u></u>
TRULICITY	Type 2 diabetes mellitus without complications	Other Provider						1		
TRULICITY 0.75 MG/0.5 ML PEN	N/A	FAMILY MEDICINE	1							
TRULICITY 0.75 MG/0.5 ML PEN	N/A	INTERNAL MEDICINE	1							
TRULICITY 0.75 MG/0.5 ML PEN	N/A	Other Provider	1							
TRULICITY 0.75 MG/0.5 ML PEN	Other general symptoms and signs	Other Provider		1	1					
TRULICITY 0.75 MG/0.5 ML PEN	PREDIABETES	FAMILY MEDICINE		1	1					
TRULICITY 0.75 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	2							
TRULICITY 0.75 MG/0.5 ML PEN	Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE	2							
TRULICITY 0.75 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Other Provider	1							
		ENDOCRINOLOGY AND								
TRULICITY 0.75 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	METABOLISM	2	1	1			1		1

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		FAMILY NURSE PRACTITIONER PRIMARY]
TRUUCITY O 75 MC/O 5 MI DEN	Type 2 diabates mellitus without complications	CARE	1							
TRULICITY 0.75 MG/0.5 ML PEN TRULICITY 0.75 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1							-
TRULICITY 0.75 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications Type 2 diabetes mellitus without complications	Other Provider	2	1	1					-
TROLICITY 0.73 WIG/0.3 WIE FEW	Type 2 diabetes memtas without complications	ENDOCRINOLOGY AND	2	1	1					-
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	METABOLISM	Ω	2	2					
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	FAMILY MEDICINE	21							
TROLICHT 0.75Mid/0.51EN INSCH	14/1	FAMILY NURSE	21							-
		PRACTITIONER PRIMARY								
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	CARE	3							
The Electric of Simple of Environment	147.	GERONTOLOGICAL NURSE	:							
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	PRACTITIONER	1							
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	INTERNAL MEDICINE	10	2	2					
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	NURSE PRACTITIONER		1	1					
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	Other Provider	9	1	1					
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	PHYSICIAN ASSISTANT	1		_					
TRULICITY 0.75MG/0.5 PEN INJCTR	N/A	SPORTS MEDICINE	1							
, , , , , , , , , , , , , , , , , , , ,		ENDOCRINOLOGY AND								
TRULICITY 1.5 MG/0.5 ML PEN	N/A	METABOLISM	2							
TRULICITY 1.5 MG/0.5 ML PEN	N/A	FAMILY MEDICINE	1	1	1					
TRULICITY 1.5 MG/0.5 ML PEN	N/A	INTERNAL MEDICINE		1	1					
TRULICITY 1.5 MG/0.5 ML PEN	N/A	Other Provider	2	1	1					
TRULICITY 1.5 MG/0.5 ML PEN	N/A	RHEUMATOLOGY	1							
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	INTERNAL MEDICINE		1	1					
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	FAMILY MEDICINE	1							
		ENDOCRINOLOGY AND								
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with diabetic polyneuropathy	METABOLISM	1							
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with diabetic polyneuropathy	FAMILY MEDICINE	1							
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with diabetic polyneuropathy	Other Provider	1							
		ENDOCRINOLOGY AND								
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	2	1	1					
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	GENERAL PRACTICE	1							
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
		ENDOCRINOLOGY AND								
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with other specified complication	METABOLISM	1							
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	METABOLISM	1							
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	3							
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE		1	1					
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	Other Provider	1	1	1					
TRULICITY 1.5 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	PHYSICIAN ASSISTANT	1							
		ENDOCRINOLOGY AND								
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	METABOLISM	34	ļ						
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	FAMILY MEDICINE	40	1	1					
		FAMILY NURSE								
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	PRACTITIONER	2	ļ						<u> </u>
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	CARE	2							<u> </u>
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	INTERNAL MEDICINE	20	2	2					
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	Other Provider	26	ļ						ļ
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	PHYSICIAN ASSISTANT	2	1	1					<u> </u>
TRULICITY 1.5 MG/0.5 PEN INJCTR	N/A	SPORTS MEDICINE	1							

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
		ENDOCRINOLOGY AND								
TRULICITY 3 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	2							
TRULICITY 3 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	Other Provider	2							
TRULICITY 3 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	PEDIATRICS	1							
TRULICITY 3 MG/0.5 ML PEN	Type 2 diabetes mellitus with hyperglycemia	PHYSICIAN ASSISTANT	1							
TRULICITY 3 MG/0.5 ML PEN	Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1							
		ENDOCRINOLOGY AND								
TRULICITY 3 MG/0.5ML PEN INJCTR	N/A	METABOLISM	1							
TRULICITY 3 MG/0.5ML PEN INJCTR	N/A	FAMILY MEDICINE	1							
TRULICITY 3 MG/0.5ML PEN INJCTR	N/A	INTERNAL MEDICINE	2							
TRULICITY 3 MG/0.5ML PEN INJCTR	N/A	NURSE PRACTITIONER	1							
TRULICITY 3 MG/0.5ML PEN INJCTR	N/A	Other Provider	2							
TRURL DSTRJ PRST8 TISS RF WV	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	COUNSELING	0	1	1	0	0			
TRURL DSTRJ PRST8 TISS RF WV	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	PSYCHIATRY	1	0	0	0	0			
TRURL DSTRJ PRST8 TISS RF WV	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	UROLOGY	9	2	2	0	0			
TRURL DSTRJ PRST8 TISS RF WV	Benign prostatic hyperplasia with lower urinary tract symptoms	Other Provider						1		
TRURL DSTRJ PRST8 TISS RF WV	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	UROLOGY	1	0	0	0	0			-
THORE BOTTO TISS III WV	BENIGHT ROSTATION EN EASIA WITHOUT EOWER ONINKT THACT STWI	ONOLOGI	1	·	l o		o .			
TRURL DSTRJ PRST8 TISS RF WV	Enlarged prostate with lower urinary tract symptoms	UROLOGY						1		
TRURL DSTRJ PRST8 TISS RF WV	FREQUENCY OF MICTURITION	UROLOGY	1	0	0	0	0			
TRURL DSTRJ PRST8 TISS RF WV	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	2	0	0	0	0			
TRUVADA 200 MG-300 MG TABLET	High risk homosexual behavior	Other Provider	1	1	1					
TRUVADA 200-300 MG TABLET	N/A	FAMILY MEDICINE		2	2					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
TRUVADA 200-300 MG TABLET	N/A	CARE		1	1					
TTE F-UP OR LMTD	CARDIAC MURMUR, UNSPECIFIED	PEDIATRICS	2	0	0	0	0			
TTE F-UP OR LMTD	CHEST PAIN, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			+
THE CONTENTS	Chesh Frank, Grist Edit Es	CARDIOVASCULAR	-		-					+
TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	SURGERY	1							
TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	FAMILY MEDICINE	1	0	0	0	0			+
TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	HOSPITAL	2	U	0	0	0			+
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PEDIATRIC CARDIOLOGY	1	0	0	0	0			++
TTE W/DOPPLER COMPLETE	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	PEDIATRICS	1	0	0	0	0			++
THE WYDOFFLER COMPLETE	ABNORIVIAL ELECTROCARDIOGRAIN [ECG] [ERG]	PEDIATRICS	1	U	U	U	U			++
TTE W/DODDIED COMPLETE	ADMODANAL RECLUT OF CARRIOVASCULAR FUNCTION STUDY LINES	LIOCDITAL	1							
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	HOSPITAL PEDIATRIC	1	0	0	0	0			+
THE W/DOPPLER COMPLETE	ACUTE LYMPHOBLASTIC LEUKEINIIA, IN REINISSION	HEMATOLOGY/ONCOLOGY	1	U	U	U	0			
TTE W/DOPPLER COMPLETE	ACUTE SUPPR OTITIS MEDIA W/O SPON RUPT EAR DRUM, RECUR, BI	FAMILY MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	FAMILY MEDICINE	1	0	0	0	0			+
TTE W/DOPPLER COMPLETE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	CARDIOVASCULAR DISEASE	2	0	0	0	0			
TTE W/DOPPLER COMPLETE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	HOSPITAL	1							
TTE W/DOPPLER COMPLETE	ATRIAL SEPTAL DEFECT	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	BONE MARROW TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			+
TTE W/DOPPLER COMPLETE	CARDIAC ARRHYTHMIA, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	CARDIAC ARREST FINITA, UNSPECIFIED	FAMILY MEDICINE	4	0	n	0	0			+
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED	HOSPITAL	1	Ĭ	1					+
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			+
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED CARDIAC MURMUR, UNSPECIFIED	PEDIATRIC CARDIOLOGY PEDIATRICS	1	0	0	0	0			+
			1	0	0	0	0			
TTE W/DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED	SURGICAL CRITICAL CARE	1	0	U	0	U			+
TTE W/DOPPLER COMPLETE	CARDIOMEGALY	PEDIATRIC CARDIOLOGY	<u> </u>	U	lη	U	U			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
		CARDIOVASCULAR								
TTE W/DOPPLER COMPLETE	CHEST PAIN, UNSPECIFIED	SURGERY	1							
TTE W/DOPPLER COMPLETE	CHEST PAIN, UNSPECIFIED	FAMILY MEDICINE	5	0	0	0	0			
TTE W/DOPPLER COMPLETE	CHEST PAIN, UNSPECIFIED	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
TTE W/DOPPLER COMPLETE	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	FAMILY MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	PEDIATRIC CARDIOLOGY	2	0	0	0	0			
TTE W/DOPPLER COMPLETE	CONJUNCTIVAL PIGMENTATIONS, UNSPECIFIED EYE	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	DILATED CARDIOMYOPATHY	INTERNAL MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	DIZZINESS AND GIDDINESS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	DIZZINESS AND GIDDINESS	PEDIATRIC CRITICAL CARE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	DIZZINESS AND GIDDINESS	MEDICINE PSYCHIATRY	1	0	0	0	0			+
THE WYDOFFLER COMPLETE	DIZZINESS AND GIDDINESS		1	0	U	U	U			+
TTE W/DODDIED COMBLETE	DVCDNEA HAICDECIFIED	CARDIOVASCULAR	1							
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	DYSPNEA, UNSPECIFIED DYSPNEA, UNSPECIFIED	SURGERY HEMATOLOGY	1	0	0	0	0			
			2	0	0	0	0			₩
TTE W/DOPPLER COMPLETE	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	PEDIATRIC CARDIOLOGY	1	0	0	0	0			₩
TTE W/DOPPLER COMPLETE	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	PEDIATRICS	1	0	0	0	0			├
TTE W/DOPPLER COMPLETE	ENCOUNTER FOR EXAMINATION FOR PARTICIPATION IN SPORT	FAMILY MEDICINE	1	U	U	U	U			
TTE W/DOPPLER COMPLETE	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	HOSPITAL	2							
TTE W/DOPPLER COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	FAMILY MEDICINE	4	0	0	n	0			
TTE W/DOPPLER COMPLETE	ESSENTIAL (PRIMARY) HYPERTENSION	HOSPITAL	1							+
TTE W/DOPPLER COMPLETE	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	FAMILY MEDICINE	1	0	0	n	0			+
TTE W/DOPPLER COMPLETE	FAM HX OF CONGEN MALFORM, DEFORMATIONS AND CHROMSOML	FAMILY MEDICINE	1	0	0	0	0			
THE MIND OF TEEN COMMITTEE	ABNIT	TANNET WEDICITE	1		Ü		ŭ			
TTE W/DOPPLER COMPLETE	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	FAMILY MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	PEDIATRIC CARDIOLOGY	3	0	0	0	0			
TTE W/DOPPLER COMPLETE	FEVER, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	HEART TRANSPLANT STATUS	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	HEART TRANSPLANT STATUS	PEDIATRIC EMERGENCY MEDICINE	3	0	0	0	0			
TTE W/DOPPLER COMPLETE	HEART TRANSPLANT STATUS	SOCIAL WORK	3	0	0	0	0			
		CARDIOVASCULAR								
TTE W/DOPPLER COMPLETE	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	SURGERY	1							
TTE W/DOPPLER COMPLETE	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	MALFORMATION OF CORONARY VESSELS	FAMILY MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			1
TTE W/DOPPLER COMPLETE	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	PEDIATRIC	1	0	0	0	0			†
		HEMATOLOGY/ONCOLOGY								
TTE W/DOPPLER COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	HEMATOLOGY	2	0	0	0	0			1
TTE W/DOPPLER COMPLETE	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	PEDIATRICS	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	ONCOLOGY	1	0	0	0	0			
	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR SURGERY	2							
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]		1	0	0	0	0			+
TTE W/DOPPLER COMPLETE TTE W/DOPPLER COMPLETE	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI] MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]	PEDIATRIC CARDIOLOGY RHEUMATOLOGY	1	0	0	0	0			+
THE WIDOFFEER CONTELLE	MOCOCOTANEOUS ETIMETT NODE STINDNOIME [NAVVASANI]	CARDIOVASCULAR	1		-		-			+
TTE W/DOPPLER COMPLETE	N/A	SURGERY	2							

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TTE W/DOPPLER COMPLETE	N/A	DIAGNOSTIC RADIOLOGY	1							
THE WYDOPPLER CONPLETE	IN/A	INTERVENTIONAL	1							+
TTE W/DOPPLER COMPLETE	N/A	CARDIOLOGY	1							
THE WYDOTT LER COMMETTE	IVA	CARDIOVASCULAR	_							+
TTE W/DOPPLER COMPLETE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	SURGERY	1							
TTE W/DOPPLER COMPLETE	NONRHEUMATIC TRICUSPID (VALVE) INSUFFICIENCY	FAMILY MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	NONRHEUMATIC TRICUSPID (VALVE) INSUFFICIENCY	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	FAMILY MEDICINE	1	0	0	0	0			1
TTE W/DOPPLER COMPLETE	OTHER CARDIOMYOPATHIES	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	OTHER CHEST PAIN	FAMILY MEDICINE	1	0	0	0	0			1
TTE W/DOPPLER COMPLETE	OTHER DISEASES OF PULMONARY VESSELS	FAMILY MEDICINE	1	0	0	0	0			
·		CARDIOVASCULAR								1
TTE W/DOPPLER COMPLETE	OTHER FORMS OF DYSPNEA	SURGERY	1							
TTE W/DOPPLER COMPLETE	OTHER SPECIFIED POSTPROCEDURAL STATES	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	PAIN IN LEFT FOOT	PULMONARY DISEASE	1	0	0	0	0			+
THE MYSSITEER COMMETEE	- All Held 11001	CARDIOVASCULAR	1	_	-	ř				+
TTE W/DOPPLER COMPLETE	PALPITATIONS	SURGERY	1							
TTE W/DOPPLER COMPLETE	PALPITATIONS	FAMILY MEDICINE	1	0	0	n	n			-
TTE W/DOPPLER COMPLETE	PALPITATIONS	INTERNAL MEDICINE	1	0	0	0	n			+
TTE W/DOPPLER COMPLETE	PARKINSON'S DISEASE	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
TTE W/DOPPLER COMPLETE	PAROXYSMAL ATRIAL FIBRILLATION	PEDIATRIC CARDIOLOGY	1	0	0	0	0			<u> </u>
TTE W/DOPPLER COMPLETE	PERSONAL HISTORY OF CONGENITAL MALFORM OF HEART AND CIRC SYS	PEDIATRICS	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
THE WYDOTT EER CONTINETE	TENDONAL HISTORY OF OTHER INTECTIONS AND FARASHIC DISEASES	CARDIOVASCULAR	-	0			0			+
TTE W/DOPPLER COMPLETE	PRECORDIAL PAIN	SURGERY	1							
TTE W/DOPPLER COMPLETE	PRESENCE OF XENOGENIC HEART VALVE	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			
,		CARDIOVASCULAR								
TTE W/DOPPLER COMPLETE	SHORTNESS OF BREATH	SURGERY	1							
TTE W/DOPPLER COMPLETE	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	SYNCOPE AND COLLAPSE	FAMILY MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	SYNCOPE AND COLLAPSE	PEDIATRICS	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	THORACIC AORTIC ECTASIA	PEDIATRICS	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	THORACIC AORTIC ECTASIA	SOCIAL WORK	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	TURNER'S SYNDROME, UNSPECIFIED	PEDIATRIC CARDIOLOGY	1	0	0	0	0			1
TTE W/DOPPLER COMPLETE	UNSPECIFIED ABDOMINAL PAIN	ADVANCED HEART FAILURE	1	0	0	0	0			
		AND TRANSPLANT								
TTE W/DOPPLER COMPLETE	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGY CARDIOVASCULAR DISEASE	2	0	0	0	0			-
	LINCOPCIFIED FALL INITIAL ENCOUNTER		1	0	0	0	0			<u> </u>
TTE W/DOPPLER COMPLETE	UNSPECIFIED FALL, INITIAL ENCOUNTER	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	U	U	U	0			
TTE W/DOPPLER COMPLETE	VENTRICULAR PREMATURE DEPOLARIZATION	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
TTE W/DOPPLER COMPLETE	VENTRICULAR SEPTAL DEFECT	PEDIATRICS	1	0	0	0	0			
TTE W/O DOPPLER COMPLETE	ATRIAL SEPTAL DEFECT	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TTE W/O DOPPLER COMPLETE	BRADYCARDIA, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
TTE W/O DOPPLER COMPLETE	CARDIAC MURMUR, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
TTE W/O DOPPLER COMPLETE	CARDIOMEGALY	PEDIATRICS	1	0	0	0	0			
TTE W/O DOPPLER COMPLETE	DILATED CARDIOMYOPATHY	PEDIATRICS	1	0	0	0	0			

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TTE W/O DOPPLER COMPLETE	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAM W ABNORMAL FINDINGS	FAMILY MEDICINE	1	0	0	0	0			
TTE W/O DOPPLER COMPLETE	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	PEDIATRICS	4	0	0	0	0			+
TTE W/O DOPPLER COMPLETE	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	SOCIAL WORK	1	n	0	0	0			+
TTE W/O DOPPLER COMPLETE	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	PEDIATRICS	1	0	0	0	0			+
TTE W/O DOPPLER COMPLETE	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	SOCIAL WORK	1	0	0	0	0			+
TTE W/O DOPPLER COMPLETE	OTHER CHEST PAIN	PEDIATRICS	1	0	0	0	0			
TTE W/O DOPPLER COMPLETE	PALPITATIONS	CARDIOVASCULAR DISEASE	1	0	0	0	0			1
TTE W/O DOPPLER COMPLETE	PALPITATIONS	PEDIATRICS	2	0	0	0	0			-
TTE W/O DOPPLER COMPLETE	PERSONAL HISTORY OF DISEASES OF THE MS SYS AND CONN TISS	FAMILY MEDICINE	1	0	0	0	0			+
TTE W/O DOPPLER COMPLETE	SYNCOPE AND COLLAPSE	PEDIATRICS	1	0	0	0	0			+
TUDORZA PRESSAIR 400 MCG AER POW BA	N/A	PULMONARY DISEASE	2	1	1	U	U			+
TUMOR IMMUNOHISTOCHEM/MANUAL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			+
TOWOR IMMONORISTOCHEM/MANUAL	INIALIGNANT NEOPLASINI OF GIVSP SITE OF GIVSPECIFIED FEIVIALE BREAST	HEMATOLOGY	1	U	U	O	U			
TX ATRIAL FIB PULM VEIN	Paroxysmal atrial fibrillation	Other Provider							1	
TX ATRIAL FIB PULM VEIN ISOL	ATYPICAL ATRIAL FLUTTER	CARDIAC	1	1	1	0	0			
TX ATRIAL FIB PULM VEIN ISOL	COMPLEX TEAR OF MEDIAL MENSC, CURRENT INJURY, L KNEE, INIT	ELECTROPHYSIOLOGY CARDIAC	1	0	0	0	0	 		+
TX ATRIAL FIB POLMI VEIN ISOL	COMPLEX TEAR OF MEDIAL MENSC, CURRENT INJURY, L KNEE, INIT	ELECTROPHYSIOLOGY	1	U	U	U	U			
TX ATRIAL FIB PULM VEIN ISOL	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	CARDIAC	1	0	0	0	0			
		ELECTROPHYSIOLOGY								
TX ATRIAL FIB PULM VEIN ISOL	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	FAMILY MEDICINE	2	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	2	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIAC	2	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIAC	8	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	5	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	COUNSELING	1	0	0	n	0			+
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	FACILITY	1	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	INTERNAL MEDICINE	1	n	0	0	0			+
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	PATHOLOGY, ANATOMIC	1	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	PALPITATIONS	CARDIAC	3	0	0	0	0			+
TA ATRIAL TID TO CHI VERY ISOC	TABITATIONS	ELECTROPHYSIOLOGY	3	o .	o	o .	Ö			
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	CARDIAC	25	3	3	0	0			
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	7	0	0	0	0			-
TA ATRIAL FIB FOLIN VEIN 150E	FAROATSWAE ATRIAL FIBRILLATION	CARDIOVASCOLAR DISLASE	'	o .	O .	O	O			
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	FAMILY MEDICINE	3	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	6	1	1	0	0			
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	PATHOLOGY, ANATOMIC	1	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	PERMANENT ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	1	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, ACCIDENTAL, INIT	CARDIAC	1	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	RE-ENTRY VENTRICULAR ARRHYTHMIA	ELECTROPHYSIOLOGY CARDIAC	0	2	2	0	0			
TV ATRIAL FIR DILLA VEIN ISOL	CLIDDAVENTDICLII AD TACHVCARDIA	ELECTROPHYSIOLOGY	0	1	1	0	0			
TX ATRIAL FIB PULM VEIN ISOL	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC ELECTROPHYSIOLOGY	U	1	1	U	U			
TX ATRIAL FIB PULM VEIN ISOL	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC	11	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	2	0	0	0	0			
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION	PSYCHIATRY	1	0	0	0	0			┼──
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION UNSPECIFIED ATRIAL FLUTTER	CARDIAC	1	0	0	0	0			
		ELECTROPHYSIOLOGY	Ĺ	Ī	ľ	Ī	ľ			<u> </u>

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TX ATRIAL FIB PULM VEIN ISOL	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIAC	0	1	1	0	0			
THE CONTROL OF THE CO		ELECTROPHYSIOLOGY								
TX CONTOUR DEFECTS >10.0 CC	MALIGNANT NEOPLASM OF UNSPISITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
TX CONTOUR DEFECTS 1.1-5.0CC TX L/R ATRIAL FIB ADDL	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	PODIATRY CARDIAC	1	0	1	0	0			
IX L/K ATRIAL FIB ADDL	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY	1	U	U	U	U			
TX L/R ATRIAL FIB ADDL	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
TX L/R ATRIAL FIB ADDL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	CARDIAC	1	0	0	0	0			1
TX L/R ATRIAL FIB ADDL	OTHER PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIAC	5	0	0	0	0			1
TX L/R ATRIAL FIB ADDL	OTHER PERSISTENT ATRIAL FIBRILLATION	ELECTROPHYSIOLOGY CARDIOVASCULAR DISEASE	3	0	0	0	0			1
TX L/R ATRIAL FIB ADDL	OTHER PERSISTENT ATRIAL FIBRILLATION	FACILITY	1	0	0	0	0			+
TX L/R ATRIAL FIB ADDL	PALPITATIONS	CARDIAC	1	0	0	0	n			
TA CATALANT ADDE	FALFITATIONS	ELECTROPHYSIOLOGY	1	o .	O .	o .	U			
TX L/R ATRIAL FIB ADDL	PAROXYSMAL ATRIAL FIBRILLATION	CARDIAC	12	2	2	0	0			1
		ELECTROPHYSIOLOGY		ļ						
TX L/R ATRIAL FIB ADDL	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	3	0	0	0	0			
TX L/R ATRIAL FIB ADDL	PAROXYSMAL ATRIAL FIBRILLATION	FAMILY MEDICINE	1	0	0	0	0			+
TX L/R ATRIAL FIB ADDL	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	3	1	1	0	0			+
TX L/R ATRIAL FIB ADDL	RE-ENTRY VENTRICULAR ARRHYTHMIA	CARDIAC ELECTROPHYSIOLOGY	0	2	2	0	0			
TX L/R ATRIAL FIB ADDL	SUPRAVENTRICULAR TACHYCARDIA	CARDIAC	0	1	1	0	0			+
,		ELECTROPHYSIOLOGY					_			
TX L/R ATRIAL FIB ADDL	UNSPECIFIED ATRIAL FIBRILLATION	CARDIAC ELECTROPHYSIOLOGY	5	0	0	0	0			
TX L/R ATRIAL FIB ADDL	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	1	0	0	0	0			
		HEMATOLOGY/ONCOLOG								
TX/PRO/DX INJ NEW DRUG ADDON	N/A	Υ	2							
TX/PROPH/DG ADDL SEQ IV INF	N/A	HEMATOLOGY/ONCOLOG	2							
TYKERB 250 MG TABLET	N/A	HEMATOLOGY	2							+
TYLENOL WITH CODEINE #3 TABLET	N/A	PHYSICIAN ASSISTANT	1							+
TTEINGE WITH CODEINE #3 TABLET	14/6	ENDOCRINOLOGY AND	1							+
TYMLOS	Other osteoporosis without current pathological fracture	METABOLISM						1		
		ENDOCRINOLOGY AND								1
TYMLOS 80 MCG DOSE PEN INJECTR	Age-related osteoporosis without current pathological fracture	METABOLISM		1	1					
TYMLOS 80 MCG DOSE PEN INJECTR	Age-related osteoporosis without current pathological fracture	Other Provider	4	1	1					
TYMLOS 80 MCG DOSE PEN INJECTR	Age-related osteoporosis without current pathological fracture	RHEUMATOLOGY	1							
TYMLOS 80 MCG DOSE PEN INJECTR	Age-related osteoporosis without current pathological fracture	SURGERY, ORTHOPEDIC		1	1					
		ENDOCRINOLOGY AND								
TYMLOS 80 MCG DOSE PEN INJECTR	Other osteoporosis without current pathological fracture	METABOLISM		1	1					
		ENDOCRINOLOGY AND								
TYMLOS 80MCG/DOSE PEN INJCTR	N/A	METABOLISM	3	1	1					├
TYMLOS 80MCG/DOSE PEN INJCTR	N/A	FAMILY MEDICINE	1			1				
TYMLOS 80MCG/DOSE PEN INJCTR	N/A	INTERNAL MEDICINE	2	1	1					
TYMLOS 80MCG/DOSE PEN INJCTR	N/A	NURSE PRACTITIONER	1			1				
TYMLOS 80MCG/DOSE PEN INJCTR	N/A	Other Provider	3			-				+
TYMLOS 80MCG/DOSE PEN INJCTR	N/A	PHYSICIAN ASSISTANT	1			-				+
TYMLOS 80MCG/DOSE PEN INJCTR TYMPANOMETRY	N/A ENCOUNTER FOR EXAM OF EARS AND HEARING W/O ABNORMAL FINDING	RHEUMATOLOGY SS OTOLARYNGOLOGY (EAR,) T	0	0	0	0			+
TTIVIPANOIVIETRY	ENCOUNTER FOR EXAIN OF EARS AND REARING W/O ABNORMAL FINDING	NOSE, AND THROAT)		U	U	U	U			<u> </u>

TRANSPANDENTEY & REVIEX THRESH CONDUCTIVE HEARING LODG, BLATERAL OTTOLAMOSCOLOF (LAR. 1) O O O O O O O O O O O O O O O O O O	Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
TrumAndCritter & REFLETHERSH AND GOMENT REFLEX AND CONTROL			OTOLARYNGOLOGY (EAR,	1	0	0	0	0			
TOWARD STARTER KET 1.74MG/3 9 AMPUL-NEB N/A DISEASE 1 UBRELYV 100 MG TABLET Chronic migrate without aura, intractable, with status migratinous NEUROLOGY 1 UBRELYV 100 MG TABLET Chronic migrate without aura, intractable, without status migratinous NEUROLOGY 1 UBRELYV 100 MG TABLET Chronic migrate without aura, intractable, without status migratinous NEUROLOGY 1 UBRELYV 100 MG TABLET Chronic migrate without aura, intractable, without status migratinous NEUROLOGY 1 UBRELYV 100 MG TABLET Chronic migrate without aura, intractable, without status migratinous Chronic migrate Neurol Status Migrate Neurol	TYMPANOMETRY & REFLEX THRESH	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS		1	0	0	0	0			+
TYMOS STATER KT. 174MG/2.9 AMPULNES Myrame with aura, not intractable Obter Provider UBRELYY 100 MG TABLET Chonic migraine without aura, intractable, without status migrainosus NEUROLOGY 1 UBRELYY 100 MG TABLET Chonic migraine without aura, intractable, without status migrainosus NEUROLOGY 1 UBRELYY 100 MG TABLET Chonic migraine without aura, intractable, without status migrainosus NEUROLOGY 1 UBRELYY 100 MG TABLET Migraine with aura, not intractable, without status migrainosus UBRELYY 100 MG TABLET Migraine without aura, not intractable, without status migrainosus NEUROLOGY 1 UBRELYY 100 MG TABLET Migraine without aura, not intractable, without status migrainosus NEUROLOGY 1 UBRELYY 100 MG TABLET Migraine without aura, intractable, without status migrainosus NEUROLOGY 1 UBRELYY 100 MG TABLET Migraine without aura, intractable, without status migrainosus NEUROLOGY 1 UBRELYY 100 MG TABLET Migraine without aura, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine without aura, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine without aura, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine without aura, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine without aura, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine, unspecified, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine, unspecified, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine, unspecified, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine, unspecified, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG TABLET Migraine, unspecified, not intractable, without status migrainosus NURSE PACITIONER 1 UBRELYY 100 MG	THE ANOMETRI & RELEX TIMEST	MADDIANT REGIESSING FEET RIGHET, EXCELL REGIEF EEVIS		<u> </u>	0		Ü	Ů.			+
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UBRELVY 100 MG TABLET N/A UBRELVY 100 MG TABLET N/A OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS NEUROLOGY UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, with status migrainosus UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status MEUROLOGY DEPRIVATION OF TABLET CHRONIC migraine without aura, intractable, without status MEUROLOGY DEPRIVATION OF TABLET CHRONIC migraine without aura, not intractable, without status MEUROLOGY DEPRIVATION OF TABLET CHRONIC migraine without aura, not intractable, without status MIGRAINOSUS OTHER Provider DEPRIVATION OF TABLET DEPRIVATION OF TABLET MIGRAINOSUS OTHER PROVIDER DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS OTHER PROVIDER DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLOGY DEPRIVATION OF TABLET MIGRAINOSUS NEUROLO		·		6	6	6					++
UBRELVY 100 MG TABLET OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS NEUROLOGY UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, with status migrainosus Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status CLINICAL MERCHOPHYSIOLOGY NEUROPHYSIOLOGY 1 1 Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Migrainosus NEUROLOGY 1 2 Chronic migraine without aura, intractable, without status MEUROLOGY 1 2 Chronic migraine without aura, intractable, without status Other Provider 1 2 UBRELVY 50 MG TABLET Migrainosus Other Provider 1 2 INTERNAL MEDICINE IN				3	2	2					+
UBRELVY 100 MG TABLET Chronic migraine without aura, intractable, with status migrainosus Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status CLINICAL Migrainosus NEUROPHYSIOLOGY 1 1 Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Migrainosus NEUROLOGY 1 2 2 1 1 1 1 1 1 1 1 1 1				2							
Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status migrainosus NEUROLOGY 1 2 2 Chronic migraine without aura, intractable, without status migrainosus Other Provider 1 2 2 UBRELVY 50 MG TABLET Chronic migraine without aura, not intractable, without status migrainosus UBRELVY 50 MG TABLET Chronic migraine without aura, not intractable, without status migrainosus INTERNAL MEDICINE 1 1					2	2					
UBRELVY 50 MG TABLET migrainosus Chronic migraine without aura, intractable, without status migrainosus NEUROPHYSIOLOGY 1 1 1 Chronic migrainosus NEUROLOGY 1 2 2 Chronic migraine without aura, intractable, without status migrainosus Other Provider 1 2 2 Chronic migraine without aura, not intractable, without status UBRELVY 50 MG TABLET migrainosus INTERNAL MEDICINE 1 1 Chronic migraine without aura, not intractable, without status	UBRELVY 50 MG TABLET	Chronic migraine without aura, intractable, with status migrainosus	Other Provider	2							
Chronic migraine without aura, intractable, without status migrainosus UBRELVY 50 MG TABLET Chronic migraine without aura, intractable, without status migrainosus UBRELVY 50 MG TABLET Chronic migraine without aura, not intractable, without status migrainosus UBRELVY 50 MG TABLET Chronic migraine without aura, not intractable, without status migrainosus INTERNAL MEDICINE 1 1 Chronic migraine without aura, not intractable, without status		Chronic migraine without aura, intractable, without status									
UBRELVY 50 MG TABLET Discription of the provider 1 2 2 2	UBRELVY 50 MG TABLET		NEUROPHYSIOLOGY		1	1					
Chronic migraine without aura, intractable, without status migrainosus Other Provider 1 2 2 Chronic migraine without aura, not intractable, without status migrainosus UBRELVY 50 MG TABLET migrainosus INTERNAL MEDICINE 1 1 Chronic migraine without aura, not intractable, without status	LIBBELLOW SO AND TABLET		NEUROLOGY		2						
UBRELVY 50 MG TABLET migrainosus Other Provider 1 2 2 2 S S S S S S S S S S S S S S S S	UBRELVY 50 MG TABLET		NEUROLOGY	1	2	2					+
Chronic migraine without aura, not intractable, without status UBRELVY 50 MG TABLET migrainosus INTERNAL MEDICINE 1 1 Chronic migraine without aura, not intractable, without status	UBRELVY 50 MG TABLET		Other Provider	1	2	2					
UBRELVY 50 MG TABLET migrainosus INTERNAL MEDICINE 1 1 1 Chronic migraine without aura, not intractable, without status	OSMEETT SO ING INSEET		other Frontact	1		_					+
	UBRELVY 50 MG TABLET		INTERNAL MEDICINE		1	1					
UBRELVY 50 MG TABLET migrainosus NEUROLOGY 5	UBRELVY 50 MG TABLET		NEUROLOGY	5							
Chronic migraine without aura, not intractable, without status											
UBRELVY 50 MG TABLET migrainosus Other Provider 1		migrainosus		1							
UBRELVY 50 MG TABLET MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS NEUROLOGY 1 1 1			NEUROLOGY		1	1					
UBRELVY 50 MG TABLET MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS INTERNAL MEDICINE 1 1	UBRELVY 50 MG TABLET	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	INTERNAL MEDICINE		1	1					 _
LIDDELIVE COMC TARLET. Adjusting with aura not intractable without status migrainagus. INTERNAL MEDICINE.	LIBBELLY EO MC TARLET	Migraina with aura not intractable without status	INTERNAL MEDICING		_	_	1				
UBRELVY 50 MG TABLET Migraine with aura, not intractable, without status migrainosus INTERNAL MEDICINE 1 1 UBRELVY 50 MG TABLET Migraine without aura, intractable, with status migrainosus FAMILY MEDICINE 1				1	1	1	+		-		+

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
UBRELVY 50 MG TABLET	Migraine without aura, intractable, without status migrainosus	NEUROLOGY	1							
UBRELVY 50 MG TABLET	Migraine without aura, intractable, without status migrainosus	Other Provider	1							
UBRELVY 50 MG TABLET	Migraine without aura, intractable, without status migrainosus	PAIN MANAGEMENT		1	1					
UBRELVY 50 MG TABLET	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY	1							
UBRELVY 50 MG TABLET	Migraine without aura, not intractable, without status migrainosus	PAIN MANAGEMENT FAMILY NURSE		1	1					
UBRELVY 50 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	PRACTITIONER PRIMARY CARE	1							
UBRELVY 50 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	NEUROLOGY	4							
UBRELVY 50 MG TABLET	Migraine, unspecified, not intractable, without status migrainosus	Other Provider CARDIAC		1	1					
UBRELVY 50 MG TABLET	N/A	ELECTROPHYSIOLOGY	1	1	1					
UBRELVY 50 MG TABLET	N/A	FAMILY MEDICINE	2	4	4					
		FAMILY NURSE PRACTITIONER PRIMARY								
UBRELVY 50 MG TABLET	N/A	CARE	1							
UBRELVY 50 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					
UBRELVY 50 MG TABLET	N/A	NEUROLOGY	16	4	4					<u> </u>
UBRELVY 50 MG TABLET	N/A	OBSTETRICS/GYNECOLOG Y	1	1	1					
UBRELVY 50 MG TABLET	N/A	Other Provider	4	7	7					
UBRELVY 50 MG TABLET	N/A	PAIN MANAGEMENT	1							
LIBBELLOVED AND TABLET	21/2	PHYSICAL MEDICINE AND								
UBRELVY 50 MG TABLET	N/A	REHABILITATION	1							
UBRELVY 50 MG TABLET UBRELVY 50 MG TABLET	N/A TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	PHYSICIAN ASSISTANT	1	1	1					-
UCERIS 2 MG FOAM/APPL	N/A	NEUROLOGY GASTROENTEROLOGY	1	2	2					-
UCERIS 2 MG FOAM/APPL UCERIS 2 MG FOAM/APPL	N/A	Other Provider	1	1	1					-
UCERIS 2 MIG FOAM/APPL UCERIS 2 MIG RECTAL FOAM	N/A	Other Provider Other Provider		1	1					
UCERIS 2 MG RECTAL FOAM	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	1	1	1					+
UCERIS 9 MG TABOR - ER	N/A	GASTROENTEROLOGY OBSTETRICS/GYNECOLOG		1	1					
UDENYCA 6 MG/0.6 ML SYRINGE	N/A	Υ		1	1					
ULTRALIGHTWEIGHT WHEELCHAIR	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	ARNOLD-CHIARI SYNDROME WITH SPINA BIFIDA AND HYDROCEPHALUS	PEDIATRICS	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, BILATERAL LEGS	PHYSICAL MEDICINE	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	BROWN-SEQUARD SYNDROME	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
ULTRALIGHTWEIGHT WHEELCHAIR	CEREBRAL INFARCTION, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			<u> </u>
ULTRALIGHTWEIGHT WHEELCHAIR	CRITICAL ILLNESS MYOPATHY	PHYSICAL MEDICINE	1	0	0	0	0			ļ
ULTRALIGHTWEIGHT WHEELCHAIR	HEMIPLGA FOL OTH NTRM INTCRN HEMOR AFF RIGHT DOMINANT SIDE	FAMILY MEDICINE	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	FAMILY MEDICINE	1	U	U	U	0			↓
ULTRALIGHTWEIGHT WHEELCHAIR	MALIGNANT NEOPLASM OF PROSTATE	INTERNAL MEDICINE	1	0	0	U	0			\vdash
ULTRALIGHTWEIGHT WHEELCHAIR	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN CEREBELLUM	PHYSICAL MEDICINE	1	0	0	0	0			1
ULTRALIGHTWEIGHT WHEELCHAIR	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			├ ──┤
ULTRALIGHTWEIGHT WHEELCHAIR ULTRALIGHTWEIGHT WHEELCHAIR	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED OTHER CEREBROVASCULAR DISEASE	PSYCHIATRY PHYSICAL MEDICINE	1	0	0	0	0			├ ──┤
ULTRALIGHT WEIGHT WHEELCHAIR ULTRALIGHTWEIGHT WHEELCHAIR	PARAPLEGIA, COMPLETE	FAMILY MEDICINE	1	0	0	0	0			1
ULTRALIGHT WEIGHT WHEELCHAIR ULTRALIGHTWEIGHT WHEELCHAIR	PARAPLEGIA, COMPLETE PARAPLEGIA, UNSPECIFIED	CRITICAL CARE MEDICINE	1	0	0	0	0			
OLIMACION WEIGHT WHILLICHAIN	I ANAL LEGIA, UNOF LOTTED	CHITICAL CARE WEDICINE	1*	ı~	ı~	~	·	l		

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ULTRALIGHTWEIGHT WHEELCHAIR	QUADRIPLEGIA, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	SPINA BIFIDA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	UNSP FRACTURE OF SHAFT OF RIGHT TIBIA, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	1	0	0	0	0			
ULTRALIGHTWEIGHT WHEELCHAIR	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT TIBIA, SEQUELA	PHYSICAL MEDICINE	1	0	0	0	0			
ULTRAVATE 0.05 % LOTION	N/A	FAMILY MEDICINE		1	1					
ULTRAVATE 0.05% LOTION	Dermatitis, unspecified	DERMATOLOGY	1							
ULTRAVATE 0.05% LOTION	N/A	DERMATOLOGY		1	1					
UNCLASSIFIED BIOLOGICS	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	NEUROLOGY	1	0	0	0	0			
UNCLASSIFIED BIOLOGICS	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	ALLERGY/IMMUNOLOGY	0	1	1	0	0			
UNCLASSIFIED BIOLOGICS	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN		0	1	1	0	0			
UNCLASSIFIED BIOLOGICS	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	1	0	0	0	0			
UNCLASSIFIED BIOLOGICS	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
UNCLASSIFIED BIOLOGICS	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	SURGERY, THORACIC	1	0	0	0	0			
UNCLASSIFIED BIOLOGICS	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	NEUROLOGY	1	0	0	0	0			
UNCLASSIFIED BIOLOGICS	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	PODIATRY	0	1	1	0	0			
UNCLASSIFIED BIOLOGICS	SICKLE-CELL DISEASE WITHOUT CRISIS	HEMATOLOGY	1	0	0	0	0			
UNCLASSIFIED BIOLOGICS	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	FACILITY	2	0	0	0	0			
UNCLASSIFIED BIOLOGICS	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS	OPHTHALMOLOGY	1	0	0	0	0			
Under Anterior or Anterolateral Approach Technique Arthrodesis										
Procedures on the Spine	Radiculopathy, lumbar region	Other Provider							1	L
Under Diagnostic Nuclear Medicine Procedures on the	Unknown(78431),Other diseases of mediastinum, not elsewhere									
Cardiovascular System	classified(78431),	Other Provider							1	L
Under Endovascular Ablation Therapy of Incompetent Extremity	Varicose veins of bilateral lower extremities with other									
Veins	complications	Physician						1		
Under Repair and/or Reconstruction Procedures on the Breast	Hypertrophy of breast	SURGERY, GENERAL							1	
Under Repair, Revision, and/or Reconstruction Procedures on the Head	Congenital malformation of skull and face bones, unspecified	Other Provider							1	L
Under Sclerotherapy of Telangiectasia and Incompetent Veins	Venous insufficiency (chronic) (peripheral)	Physician						1		
UNLISTED ANESTH PROCEDURE	MALOCCLUSION, ANGLE'S CLASS III	DENTISTRY	0	1	0	0	1			
UNLISTED MAAA	MALIGNANT NEOPLASM OF LEFT OVARY	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MAAA	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MAAA	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGIC ONCOLOGY	2	0	0	0	0			
UNLISTED MISC PROSTHETIC SER	SENSORINEURAL HEARING LOSS, BILATERAL	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	0	1	0	0	1			
UNLISTED MOLECULAR PATHO	Elevated prostate specific antigen [PSA]	Other Provider							1	L
UNLISTED MOLECULAR PATHO	Estrogen receptor negative status [ER-]	Other Provider						1		
UNLISTED MOLECULAR PATHO	Family history of malignant neoplasm of ovary	OBSTETRICS/GYNECOLOG Y							1	
UNLISTED MOLECULAR PATHO	Malignant neoplasm of transverse colon	Other Provider			†				1	
	5				†					
UNLISTED MOLECULAR PATHO	Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY							1	
UNLISTED MOLECULAR PATHO	Personal history of in-situ neoplasm	SURGERY, GENERAL						1		
UNLISTED MOLECULAR PATHOLOGY	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GENETICS	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	PEDIATRICS	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	INTERNAL MEDICINE	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	PSYCHIATRY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	PSYCHIATRY	n	1	1	0	0			1

					Medical	Experimental &	Network	Total	Total	
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Necessity Denials	Investigational Denials	Adequacy Denials	Appeals Approved	Appeals Denied	Approved by IRO
UNLISTED MOLECULAR PATHOLOGY	AUTISTIC DISORDER	GENETICS	0	1	1	0	0	търготов		-7
UNLISTED MOLECULAR PATHOLOGY	BACTEREMIA	NEPHROLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	BENIGN NEOPLASM OF CEREBRAL MENINGES	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	CEREBRAL EDEMA	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	CEREBROVASCULAR DISEASE, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED	MIDWIFERY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	CORONAVIRUS INFECTION, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	COUGH	NURSE PRACTITIONER	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	DISORDER OF BILIRUBIN METABOLISM, UNSPECIFIED	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	UROLOGY	0	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	6	6	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	OBSTETRICS/GYNECOLOGY	3	5	5	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	MATERNAL AND FETAL MEDICINE	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	REPRODUCTIVE ENDOCRINOLOGY/INFERTILI	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR PROCREATIVE GENETIC COUNSELING	ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	HEMATOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	ENDOMETRIOSIS, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	HEMATOLOGY	1	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	INTERNAL MEDICINE	2	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIG NEOPLASM OF TRACHEA, BRONC AND LUNG	COUNSELING	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIG NEOPLASM OF TRACHEA, BRONC AND LUNG	OBSTETRICS/GYNECOLOGY	1	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BLADDER	ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	BEHAVIORAL NURSE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	COUNSELING	1	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	5	10	10	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY NURSE PRACTITIONER PRIMARY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY GERIATRIC MEDICINE	1	0	0	0	0			\vdash
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	GYNECOLOGY (NO OB)	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	HEMATOLOGY	3	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	4	1	1	0	0			\vdash

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	MIDWIFERY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	10	62	62	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	1	1	1	0	0			†
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	PATHOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	PHYSICIAN ASSISTANT	0	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	RADIATION ONCOLOGY	0	3	3	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SOCIAL WORK	0	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	BEHAVIORAL NURSE	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	FAMILY MEDICINE	1	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	NURSE PRACTITIONER	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	OBSTETRICS/GYNECOLOGY	1	5	5	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	RADIATION ONCOLOGY	1	0	0	0	0			+
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	REPRODUCTIVE	0	1	1	0	0			1
		ENDOCRINOLOGY/INFERTILI								
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY	ADULT NURSE	n	1	1	0	0			+
ONLISTED MOLECODARFATHOLOGI	TAMILE HISTORY OF WALIGNAMY NEOF DASW OF KIDNET	PRACTITIONER PRIMARY			1					
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	FAMILY MEDICINE	1	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	HEMATOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	NURSE PRACTITIONER	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	OBSTETRICS/GYNECOLOGY	0	6	6	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	FAMILY MEDICINE	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	OBSTETRICS/GYNECOLOGY	1	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	COUNSELING	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	FAMILY MEDICINE	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	HEMATOLOGY	1	2	2	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	NURSE PRACTITIONER	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	OBSTETRICS/GYNECOLOGY	5	21	21	0	0			1
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	BEHAVIORAL NURSE	1	0	0	0	0			₩
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE		1	0	0	0	0			+
UNLISTED MOLECULAR PATHOLOGY UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	FAMILY MEDICINE OBSTETRICS/GYNECOLOGY	2	2	2	0	0			+
ONEISTED MOLECULAR PATHOLOGY	TAINIEL HISTORY OF MACIONANY NEOFEASIN OF PROSTATE	OBSTETNICS/GTNECOLOGT	2	١	3		U			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FEVER, UNSPECIFIED	PEDIATRIC INFECTIOUS	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	FLAIL JOINT, UNSPECIFIED JOINT	DISEASE GENETICS	1	0	0	0	0			+
UNLISTED MOLECULAR PATHOLOGY	FLUSHING	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	HEMORRHAGIC CONDITION, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	HYPERCALCEMIA	PHYSICIAN ASSISTANT	0	1	1	0	0			†
UNLISTED MOLECULAR PATHOLOGY	HYPERSOMNIA, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
UNLISTED MOLECULAR PATHOLOGY	HYPERTROPHY OF BREAST	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	IMMUNODEFICIENCY, UNSPECIFIED	ALLERGY/IMMUNOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	SURGERY, GENERAL	2	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	SURGERY, GENERAL	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	SURGERY, GENERAL	1	0	0	0	0			1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
UNLISTED MOLECULAR PATHOLOGY	INTRAHEPATIC BILE DUCT CARCINOMA	HEMATOLOGY	0	1	0	1	0			
UNLISTED MOLECULAR PATHOLOGY	LEIOMYOMA OF UTERUS, UNSPECIFIED	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	PSYCHIATRY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	PATHOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	SURGERY, GENERAL	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF CECUM	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	1	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	HEMATOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS	ONCOLOGY	1	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVRLP SITES OF FEMALE GENITAL ORGANS	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	SURGERY, GENERAL	2	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF OVRLP SITES OF UNSP FEMALE BREAST	SURGERY, GENERAL	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	ONCOLOGY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	INTERNAL MEDICINE	1	0	0	0	0			-
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGIC ONCOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	ONCOLOGY	1	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	INTERNAL MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, GENERAL	2	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	SURGERY, GENERAL	1	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, GENERAL	1	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	HEMATOLOGY	1	0	0	0	0			\vdash
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
UNLISTED MOLECULAR PATHOLOGY	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	2	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			1
UNLISTED MOLECULAR PATHOLOGY	NEUTROPENIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			1
UNLISTED MOLECULAR PATHOLOGY	NONTOXIC MULTINODULAR GOITER	SURGERY, GENERAL	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	OTH CONGENITAL MALFORMATION SYNDROMES, NEC	OPHTHALMOLOGY	1	0	0	0	0			1
UNLISTED MOLECULAR PATHOLOGY	OTHER INSTABILITY, UNSPECIFIED ANKLE	HEMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	OTHER JUVENILE ARTHRITIS, MULTIPLE SITES	PEDIATRIC NEUROLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	OTHER LONG TERM (CURRENT) DRUG THERAPY	COUNSELING	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	OTHER LONG TERM (CURRENT) DRUG THERAPY	FAMILY NURSE PRACTITIONER	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	OTHER LONG TERM (CURRENT) DRUG THERAPY	PSYCHIATRY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	OTHER LONG TERM (CURRENT) DRUG THERAPY	SOCIAL WORK	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	OTHER SPECIFIED MUSCULAR DYSTROPHIES	NEUROLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	PAIN IN RIGHT HIP	HEMATOLOGY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	PAIN IN UNSPECIFIED ELBOW	FAMILY MEDICINE	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERIODIC FEVER SYNDROMES	PEDIATRIC RHEUMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF COLONIC POLYPS	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF COLONIC POLYPS	GENETICS	1	0	0	0	0			1
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF COLONIC POLYPS	OBSTETRICS/GYNECOLOGY	1	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF IN-SITU NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF IN-SITU NEOPLASM OF BREAST	SURGERY, GENERAL	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	HEMATOLOGY	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	OBSTETRICS/GYNECOLOGY	0	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY MEDICINE	1	0	0	0	0			1
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS/GYNECOLOGY	0	3	3	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	0	2	2	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, GENERAL	1	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	GYNECOLOGIC ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTH PRT UTERUS	ONCOLOGY	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	RECURRENT PREGNANCY LOSS		0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	PEDIATRIC RHEUMATOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY	0	1	1	0	0			1
UNLISTED MOLECULAR PATHOLOGY	SECONDARY POLYCYTHEMIA	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	SEPSIS, UNSPECIFIED ORGANISM	SURGERY, GENERAL	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	SPLIT FOOT, LEFT LOWER LIMB	FAMILY MEDICINE	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	TACHYCARDIA, UNSPECIFIED	MATERNAL AND FETAL MEDICINE	1	0	0	0	0			
UNLISTED MOLECULAR PATHOLOGY	UNSPECIFIED ATRIAL FIBRILLATION	ONCOLOGY	1	0	0	0	0			1
UNLISTED MOLECULAR PATHOLOGY	UNSPECIFIED CIRRHOSIS OF LIVER	ONCOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	OBSTETRICS/GYNECOLOGY	0	1	1	0	0			
UNLISTED MOLECULAR PATHOLOGY	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	ONCOLOGY	0	1	1	0	0			1
UNLISTED PROCEDURE COLON	ABNORMAL WEIGHT LOSS	PEDIATRIC GASTROENTEROLOGY	0	1	1	0	0			
UNLISTED PROCEDURE COLON	BENIGN NEOPLASM OF CECUM	GASTROENTEROLOGY	1	0	0	0	0			+

					Medical	Experimental &	Network	Total	Total	
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
UNLISTED PROCEDURE COLON UNLISTED PX SMALL INTESTINE	PERSONAL HISTORY OF COLONIC POLYPS	GASTROENTEROLOGY	1	0	0	0	0			
UPPER ARM/ELBOW SURGERY	IRON DEFICIENCY ANEMIA, UNSPECIFIED STRAIN OF MUSC/FASC/TEND PRT BICEPS, UNSP ARM, INIT	GASTROENTEROLOGY SURGERY, ORTHOPEDIC	1	0	0	0	0			
			0	0	0	0	0			
UPPER EXTREMITY PROSTHES NOS	COMPLETE TRAUMATIC AMPUTATION AT ELBOW LEVEL, LEFT ARM, SUBS	SURGERY, ORTHOPEDIC	U	1	1	U	U			
UPPER EXTREMITY PROSTHES NOS	COMPLETE TRAUMATIC TRNSPHAL AMP OF L LITTLE FINGER, INIT	SURGERY, HAND	0	1	1	0	0			
UPPER EXTREMITY PROSTHES NOS	COMPLETE TRAUMATIC TRNSPHAL AMP OF R LITTLE FINGER, INIT	SURGERY, HAND	0	1	1	0	0			†
UPPER EXTREMITY PROSTHES NOS	PARTIAL TRAUMATIC TRANSMETCRPL AMP OF RIGHT HAND, SUBS	SURGERY, HAND	0	2	0	0	2			
	Complete traumatic metacarpophalangeal amputation of other	,								†
UPPR EXTREM PROTHES NOS	finger, initial encounter	SURGERY, ORTHOPEDIC						1		
UPR/L XTREMITY ART 2 LEVELS	END STAGE RENAL DISEASE	PODIATRY	1	0	0	0	0	_		
UPR/L XTREMITY ART 2 LEVELS	N/A	NEUROLOGY	1	-	-	-				
UPRIGHT GAIT TRAINER	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	FAMILY MEDICINE	1	0	0	0	0			+
UPRIGHT GAIT TRAINER	OTH GENERALIZED EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	PHYSICAL MEDICINE	1	0	0	0	0			+
UPTRAVI 1000 MCG TABLET	N/A	PULMONARY DISEASE	1	1	1	-				
UPTRAVI 1200 MCG TABLET	N/A	PULMONARY DISEASE	1	1	1					+
UPTRAVI 1200 MCG TABLET	N/A	PULMONARY DISEASE	1	1	1					+
UPTRAVI 1400 MCG TABLET	N/A N/A	PULMONARY DISEASE	2	-	1	1				+
OPTRAVI 1000 MCG TABLET	N/A		2							+
UPTRAVI 200 MCG TABLET	N/A	CARDIOVASCULAR DISEASE	1							
	· ·		1	4	4					
UPTRAVI 200 MCG TABLET	N/A	PULMONARY DISEASE	1	1	1					
UPTRAVI 200-800MCG TAB DS PK	N/A	PULMONARY DISEASE	1	1						
UPTRAVI 400 MCG TABLET	N/A	PULMONARY DISEASE	1	1	1					
UPTRAVI 600 MCG TABLET	N/A	PULMONARY DISEASE	1	1	1					
UPTRAVI 800 MCG TABLET	N/A	PULMONARY DISEASE	2							
URINALYSIS VOLUME MEASURE	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	FAMILY MEDICINE	0	1	1	0	0			
UROLOGY SURGERY PROCEDURE	TRANSSEXUALISM	SURGERY, PLASTIC	0	1	1	0	0			
US EXAM ABDO BACK WALL COMP	CALCULUS OF KIDNEY	UROLOGY	1	0	0	0	0			
US EXAM ABDO BACK WALL COMP	CONGENITAL POSTERIOR URETHRAL VALVES	FAMILY MEDICINE	2	0	0	0	0			
US EXAM ABDO BACK WALL COMP	EPIGASTRIC PAIN	PEDIATRIC	1	0	0	0	0			
LIC EVALA ARRO RACK WALL COMP	NOCTURNAL FAUIRFOIC	GASTROENTEROLOGY		0	0	0	0			
US EXAM ABDO BACK WALL COMP	NOCTURNAL ENURSIS	PEDIATRIC UROLOGY	1	0	0	0	0			+
US EXAM ABDO BACK WALL COMP	RENAL DYSPLASIA	SURGERY, PLASTIC	1	0	0	0	0			
US EXAM ABDO BACK WALL COMP	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	GENETICS	1	0	0	0	0			
US EXAM ABDO BACK WALL COMP	UNSPECIFIED ABDOMINAL PAIN	PEDIATRIC UROLOGY	1	0	0	0	0			
US EXAM ABDO BACK WALL COMP	UNSPECIFIED HYDRONEPHROSIS	PEDIATRICS	1	0	0	0	0			
US EXAM ABDO BACK WALL COMP	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	2	0	0	0	0			
US EXAM ABDO BACK WALL COMP	UNSPECIFIED URINARY INCONTINENCE	UROLOGY	1	0	0	0	0			
US EXAM ABDO BACK WALL COMP	VESICOURETERAL-REFLUX, UNSPECIFIED	PEDIATRIC UROLOGY	2	0	0	0	0			
US EXAM ABDO BACK WALL COMP	VESICOURETERAL-REFLUX, UNSPECIFIED	PEDIATRICS	1	0	0	0	0			
US EXAM ABDOM COMPLETE	CALCULUS OF KIDNEY	FAMILY MEDICINE	1	0	0	0	0			
US EXAM INFANT HIPS STATIC	ENCOUNTER FOR SCREENING FOR OTHER DISORDER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
US EXAM OF HEAD AND NECK	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1	0	0	0	0			
US EXAM OF HEAD AND NECK	LOCALIZED ENLARGED LYMPH NODES	PEDIATRIC	1	0	0	0	0			
US EXAM OF HEAD AND NECK	MALIGNANT NEOPLASM OF PAROTID GLAND	OTOLARYNGOLOGY PHYSICIAN ASSISTANT	1	0	n	n	0			+
US EXAM SCROTUM	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0		-	+
	N/A	_	2	V	U	U	U		-	+
US GUIDE INTRAOP US GUIDE VASCULAR ACCESS	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	HOSPITAL HEMATOLOGY	1	0	0	0	0		-	+
			1	0	0	0	0			+
US LMTD JT/NONVASC XTR STRUX	GENERALIZED ENLARGED LYMPH NODES	PEDIATRICS	1	0	0	0	0			+
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	GASTROENTEROLOGY	1	U	U	0	U			
USTEKINUMAB SUB CU INJ, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	U	U	U	U			—
USTEKINUMAB SUB CU INJ, 1 MG	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	RHEUMATOLOGY	1	0	0	0	0			
USTEKINUMAB SUB CU INJ, 1 MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	INTERNAL MEDICINE	1	0	0	0	0			↓
USTEKINUMAB SUB CU INJ, 1 MG	PSORIASIS, UNSPECIFIED	DERMATOLOGY	1	0	0	0	0			↓
USTEKINUMAB SUB CU INJ, 1 MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			

USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	GASTROENTEROLOGY GASTROENTEROLOGY GASTROENTEROLOGY	1	1		Denials	Denials	Approved	Denied	by IRO
USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS			I ⁻	1	0	0			
USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS		1	0	0	0	0			+
USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS		1	0	0	0	0			1
USTEKINUMAB, IV INJECT, 1 MG USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			†
USTEKINUMAB, IV INJECT, 1 MG		PHYSICIAN ASSISTANT	1	0	0	0	0			
	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS	NURSE PRACTITIONER	1	0	0	0	0			
LISTEKINUMAR IV INJECT 1 MG	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING	RHEUMATOLOGY	1	0	0	0	0			
05.20, IV IIDECI, 1 IVO	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA	GASTROENTEROLOGY	1	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	GASTROENTEROLOGY	2	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	2	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	HEMATOLOGY	1	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	INTERNAL MEDICINE	1	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	1	1	0	0			
USTEKINUMAB, IV INJECT, 1 MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	1	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	PEDIATRIC	1	0	0	0	0			
		GASTROENTEROLOGY								
USTEKINUMAB, IV INJECT, 1 MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	GASTROENTEROLOGY	5	1	1	0	0			
USTEKINUMAB, IV INJECT, 1 MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	HEMATOLOGY	1	0	0	0	0			
USTEKINUMAB, IV INJECT, 1 MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	INFECTIOUS DISEASE	1	0	0	0	0			
UVL SYS PANEL 6 FT	LICHEN PLANUS, UNSPECIFIED	FAMILY MEDICINE	0	1	1	0	0			
VAG HYST INCLUDING T/O	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
VAG HYST INCLUDING T/O	STRESS INCONTINENCE (FEMALE) (MALE)	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
VAGINAL HYSTERECTOMY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
VAGINAL HYSTERECTOMY	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
VAGINAL HYSTERECTOMY	IRREGULAR MENSTRUATION, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS									+
VALTOCO 10 MG NASAL SPRAY	EPILEPTICUS	Other Provider	1							
77/2/000 20 11/0 17/0/12 0/ 10/1	Localization-related (focal) (partial) symptomatic epilepsy and	other riovide.	-							
	epileptic syndromes with simple partial seizures, not intractable,									
VALTOCO 10 MG NASAL SPRAY	without status epilepticus	PEDIATRIC NEUROLOGY	1							
VALTOCO 10 MG NASAL SPRAY	N/A	NEUROLOGY	1							†
			_							†
VALTOCO 10MG/SPRAY SPRAY	N/A	PEDIATRIC NEUROLOGY	2	1	1					
VALTOCO 15/2 SPRAY SPRAY	N/A	PEDIATRIC NEUROLOGY	1	1	1					
VALTOCO 20/2 SPRAY SPRAY	N/A	NEUROLOGY	1	1	1					+
VANCOMYCIN HCL 125 MG CAPSULE	N/A	GASTROENTEROLOGY	E							+
VANCOMYCIN HCL 125 MG CAPSULE	N/A	Other Provider	2							+
VANCOWITCH TICE 125 Mid CAFSOLE	IN/A	Other Frovider	2							+
		OTOLARVNICOLOGY (FAR								
VANCOMYCIN HCL 125 MG CAPSULE	N/A	OTOLARYNGOLOGY (EAR,	1							
VANCOMYCIN HCL 125 MG CAPSULE VANCOMYCIN HCL 250 MG CAPSULE	N/A	NOSE, AND THROAT) INTERNAL MEDICINE	1							+
VANCOMYCIN HCL 250 MG CAPSULE VANCOMYCIN HCL 250 MG CAPSULE	N/A	PODIATRY	1	1	1		-			+
VAINCOIVITCIN FICE 230 IVID CAPSULE	IN/A		1	1	1		-			+
WANCOMAYCINI HCL 250 MC CARCULE	Type 2 diabetes mollitus with dishetic active acceptable	ENDOCRINOLOGY AND		1	1					
VANCOMYCIN HCL 250 MG CAPSULE	Type 2 diabetes mellitus with diabetic polyneuropathy N/A	METABOLISM	1	1	1					+
VANCOMYCIN HCL 50 MG/ML SOLN RECON	•	FAMILY MEDICINE	1							+
VARDENAFIL HCL 10 MG TABLET	N/A	INTERNAL MEDICINE	1							+
VARUBI 90 MG TABLET	N/A	ONCOLOGY	5	0	0	0	0			+
VASC EMBOLIZE/OCCLUDE BLEED VASC EMBOLIZE/OCCLUDE ORGAN	INJURY OF UNSP NERVE AT WRS/HND LV OF UNSP ARM, INIT LEIOMYOMA OF UTERUS, UNSPECIFIED	SURGERY, HAND RADIOLOGY	1	U	U	U	U			├

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
VASC EMBOLIZE/OCCLUDE VENOUS	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	OBSTETRICS/GYNECOLOGY	1	0	0	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	ANEURYSMAL BONE CYST, UNSPECIFIED SITE	PEDIATRIC RADIOLOGY	1	0	0	0	0			+
VASC EMBOLIZE/OCCLUDE VENOUS	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSP	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	CONGENITAL MALFORMATION, UNSPECIFIED	PEDIATRIC RADIOLOGY	1	0	0	0	0			+
VASC EMBOLIZE/OCCLUDE VENOUS	CONGENITAL MALFORMATION, UNSPECIFIED	VASCULAR & INTERVENTIONAL RADIOLOGY	2	0	0	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	DISCORDANT VENTRICULOARTERIAL CONNECTION	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	END STAGE RENAL DISEASE	NEPHROLOGY	1	0	0	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	COUNSELING	0	1	1	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	NEPHROLOGY	0	1	1	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	OTHER ASCITES	RADIOLOGY, DIAGNOSTIC	0	1	1	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	PAIN IN RIGHT LOWER LEG	SURGERY, GENERAL	0	1	1	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	PAIN IN RIGHT LOWER LEG	SURGERY, PLASTIC	0	2	2	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	Pelvic and perineal pain	Other Provider							1	ı
VASC EMBOLIZE/OCCLUDE VENOUS	PELVIC AND PERINEAL PAIN	RADIOLOGY	0	1	1	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	SCROTAL VARICES	FAMILY MEDICINE	1	0	0	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	SCROTAL VARICES	RADIOLOGY	2	0	0	0	0			
VASC EMBOLIZE/OCCLUDE VENOUS	SCROTAL VARICES	RADIOLOGY, DIAGNOSTIC	1	0	0	0	0			
VASCEPA	Atherosclerotic heart disease of native coronary artery without angina pectoris	CARDIOVASCULAR DISEASE						1		
VASCEPA	Disorder of arteries and arterioles, unspecified	FAMILY MEDICINE						1		
77002171	bisorder of different and different anspectified	CARDIOVASCULAR						_		
VASCEPA	Essential (primary) hypertension	DISEASE							1	. '
VASCEPA	Essential (primary) hypertension	Other Provider						1		
VASCEPA	Hyperlipidemia, unspecified	NEUROLOGY							1	
VASCEPA	Hyperlipidemia, unspecified	Other Provider							1	
VASCEPA	Hyperlipidemia, unspecified	Physician						1		
VASCEPA	HYPERTRIGLYCERIDEMIA	FAMILY MEDICINE						3		
VASCEPA	hypertriglyceridemia	INTERNAL MEDICINE							1	L
		CARDIOVASCULAR								
VASCEPA	Mixed hyperlipidemia	DISEASE						2		'
VASCEPA	Mixed hyperlipidemia	FAMILY MEDICINE						1	2	2
VASCEPA	Mixed hyperlipidemia	INTERNAL MEDICINE						1		
VASCEPA	Mixed hyperlipidemia	Other Provider						1		
VASCEPA	Mixed hyperlipidemia	Physician						1		
VASCEPA	Other hyperlipidemia	FAMILY MEDICINE						1	1	L
VASCEPA	Pure hyperglyceridemia	CARDIOLOGY, INTERVENTIONAL						1		
		CARDIOVASCULAR						_		
VASCEPA VASCEPA	Pure hyperglyceridemia	DISEASE	1	-		 		1	_	.+'
	Pure hyperglyceridemia	FAMILY MEDICINE							1	
VASCEPA VASCEPA	Pure hyperglyceridemia	INTERNAL MEDICINE						1	1	+
VASCLEA	Pure hyperglyceridemia	Physician ENDOCRINOLOGY AND				1		1		+
VASCEPA	Type 2 diabetes mellitus without complications	METABOLISM						1		1
VASCEPA	Type 2 diabetes mellitus without complications Type 2 diabetes mellitus without complications	Other Provider	+			 		1		+
VASCEPA 0.5 GM CAPSULE	Mixed hyperlipidemia	FAMILY MEDICINE		1	1	<u> </u>		-		+
VASCEPA 0.5 GM CAPSULE	Mixed hyperlipidemia	INTERNAL MEDICINE		1	1					-
		CARDIOVASCULAR	1_		_					1
VASCEPA 0.5 GRAM CAPSULE	N/A	DISEASE	2							<u> </u>
VASCEPA 0.5 GRAM CAPSULE	N/A	FAMILY MEDICINE	1			<u> </u>				<u> </u>
VASCEPA 0.5 GRAM CAPSULE	N/A	INTERNAL MEDICINE	1	1	1					<u> </u>
VASCEPA 0.5 GRAM CAPSULE	N/A	Other Provider	1	1	1		<u>l</u>		l	

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
VASCEPA 0.5 GRAM CAPSULE	N/A	PHYSICIAN ASSISTANT ADULT NURSE		1	1					-
		PRACTITIONER PRIMARY								
VASCEPA 1 G CAPSULE	N/A	CARE		2	2					
VASCEPA I G CAPSULE	N/A	CARE		2	2					-
VASCEPA 1 G CAPSULE	N/A	ALLERGY/IMMUNOLOGY	1	1	1					
VASCETA I G CALSOLE	IV/A	CARDIOLOGY,	1	-	1					
VASCEPA 1 G CAPSULE	N/A	INTERVENTIONAL	5	5	5					
VASCELAT COM SOLE	N/A	CARDIOVASCULAR	,	3	,					
VASCEPA 1 G CAPSULE	N/A	DISEASE	84	40	40					
VASCEPA 1 G CAPSULE	N/A	DIABETIC MEDICINE	3	0	10					
77.00217712 0 0 11 0022	1971	ENDOCRINOLOGY AND								
VASCEPA 1 G CAPSULE	N/A	METABOLISM	33	13	13					
VASCEPA 1 G CAPSULE	N/A	FAMILY MEDICINE	104	63	63					
	1411	FAMILY NURSE			-					1
VASCEPA 1 G CAPSULE	N/A	PRACTITIONER	1							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
VASCEPA 1 G CAPSULE	N/A	CARE	8	6	6					
VASCEPA 1 G CAPSULE	N/A	GENERAL PRACTICE	2	_						
VASCEPA 1 G CAPSULE	N/A	INTERNAL MEDICINE	55	33	33					
VASCEPA 1 G CAPSULE	N/A	NEPHROLOGY	3	6	6					
VASCEPA 1 G CAPSULE	N/A	NURSE PRACTITIONER	8	1	1					
VASCEPA 1 G CAPSULE	N/A	Other Provider	36	21	21					
VASCEPA 1 G CAPSULE	N/A	PEDIATRICS	4	1	1					
VASCEPA 1 G CAPSULE	N/A	PHYSICIAN ASSISTANT	10	9	9					
VASCEPA 1 GM CAPSULE	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	Other Provider	1							
	Atherosclerotic heart disease of native coronary artery without	CARDIOVASCULAR								
VASCEPA 1 GM CAPSULE	angina pectoris	DISEASE	2	1	1					
	Atherosclerotic heart disease of native coronary artery without									
VASCEPA 1 GM CAPSULE	angina pectoris	FAMILY MEDICINE	2	1	1					
VASCEPA 1 GM CAPSULE	Disorder of arteries and arterioles, unspecified	FAMILY MEDICINE		1	1					
VASCEPA 1 GM CAPSULE	Essential (primary) hypertension	FAMILY MEDICINE	3	1	1					
		OBSTETRICS/GYNECOLOG								
VASCEPA 1 GM CAPSULE	Essential (primary) hypertension	Υ		1	1					
VASCEPA 1 GM CAPSULE	Essential (primary) hypertension	Other Provider		1	1					
		CARDIOVASCULAR								
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	DISEASE	3	2	2					
		ENDOCRINOLOGY AND								
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	METABOLISM	1	1	1					
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	FAMILY MEDICINE	12	6	6					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	CARE		1	1					
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	INTERNAL MEDICINE	8	4	4					
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	NEPHROLOGY		1	1					
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	NEUROLOGY		3	3					
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	NURSE PRACTITIONER	1							
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	Other Provider	7	5	5					
VASCEPA 1 GM CAPSULE	Hyperlipidemia, unspecified	PHYSICIAN ASSISTANT	2	1	1					
		CARDIOLOGY,								
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	INTERVENTIONAL	1	1	1					
		CARDIOVASCULAR								
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	DISEASE	7	4	4					
		ENDOCRINOLOGY AND							·	
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	METABOLISM	7	5	5					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	FAMILY MEDICINE	19	9	9					
VASCEDA 1 CM CADSULE	Miyad hynarlinidamia	FAMILY NURSE			4					
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	PRACTITIONER FAMILY NURSE	4	1	1					
		PRACTITIONER PRIMARY								
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	CARE		1	1					
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	INTERNAL MEDICINE	7	3	3					-
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	NURSE PRACTITIONER	2	3	3					-
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	Other Provider	10	4	4					
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	PEDIATRICS	1	7	7					
VASCEPA 1 GM CAPSULE	Mixed hyperlipidemia	PHYSICIAN ASSISTANT	3	2	2					
Wideliki alika alia alia	mixed if peripadina	CARDIOLOGY,		-	-					
VASCEPA 1 GM CAPSULE	N/A	INTERVENTIONAL		1	1					
Wildelin's divisors	1971	CARDIOVASCULAR		-	-					
VASCEPA 1 GM CAPSULE	N/A	DISEASE	3	1	1					
		ENDOCRINOLOGY AND		-	-					
VASCEPA 1 GM CAPSULE	N/A	METABOLISM	1							
VASCEPA 1 GM CAPSULE	N/A	FAMILY MEDICINE	2	1	1					
VASCEPA 1 GM CAPSULE	N/A	INTERNAL MEDICINE	1							
VASCEPA 1 GM CAPSULE	Other general symptoms and signs	INTERNAL MEDICINE	1							
	, , ,	CARDIOVASCULAR								
VASCEPA 1 GM CAPSULE	Other hyperlipidemia	DISEASE	1	1	1					
VASCEPA 1 GM CAPSULE	Other hyperlipidemia	DIABETIC MEDICINE	2							
VASCEPA 1 GM CAPSULE	Other hyperlipidemia	FAMILY MEDICINE	1	1	1					
VASCEPA 1 GM CAPSULE	Other hyperlipidemia	INTERNAL MEDICINE	1							
		CARDIOVASCULAR								
VASCEPA 1 GM CAPSULE	Other specified postprocedural states	DISEASE	1							
VASCEPA 1 GM CAPSULE	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	Other Provider	1							
		CARDIOVASCULAR								
VASCEPA 1 GM CAPSULE	Pure hypercholesterolemia, unspecified	DISEASE	2	2	2					
		ENDOCRINOLOGY AND								
VASCEPA 1 GM CAPSULE	Pure hypercholesterolemia, unspecified	METABOLISM	2							
VASCEPA 1 GM CAPSULE	Pure hypercholesterolemia, unspecified	FAMILY MEDICINE	4							
VASCEPA 1 GM CAPSULE	Pure hypercholesterolemia, unspecified	Other Provider	2	1	1					
		CARDIOVASCULAR								
VASCEPA 1 GM CAPSULE	Pure hyperglyceridemia	DISEASE	6	1	1					
VASCEPA 1 GM CAPSULE	Pure hyperglyceridemia	FAMILY MEDICINE	17	5	5					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
VASCEPA 1 GM CAPSULE	Pure hyperglyceridemia	CARE	1	1	1					
VASCEPA 1 GM CAPSULE	Pure hyperglyceridemia	INTERNAL MEDICINE	11	1	1					
VASCEPA 1 GM CAPSULE	Pure hyperglyceridemia	Other Provider	10	3	3					
VASCEPA 1 GM CAPSULE	Pure hyperglyceridemia	PHYSICIAN ASSISTANT	4							
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
		ENDOCRINOLOGY AND								
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus with other specified complication	METABOLISM	1							
		FAMILY NURSE								
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus with other specified complication	PRACTITIONER	ļ	1	1					ļ
l		CARDIOLOGY,	1.							
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus without complications	INTERVENTIONAL	1	<u> </u>						
		ENDOCRINOLOGY AND								
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus without complications	METABOLISM	<u> </u>	1	1					
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	2	1	1					ļ
		FAMILY NURSE								
		PRACTITIONER PRIMARY		1.						
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus without complications	CARE	<u> </u>	1	1					

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VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus without complications	Other Provider	1							
VASCEPA 1 GM CAPSULE	Type 2 diabetes mellitus without complications	PHYSICIAN ASSISTANT	1							
VASCULAR BIOPSY	ABNORMAL FINDINGS ON DX IMAGING OF LIVER AND BILIARY TRACT	GASTROENTEROLOGY	1	0	0	0	0			
VASCULAR STUDY	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED TIBIAL VEIN	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
VASCULAR STUDY	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	PEDIATRIC CARDIOLOGY	1	0	0	0	0			
VASCULAR STUDY	HEART TRANSPLANT STATUS	FAMILY MEDICINE	1	0	0	0	0			
VASCULAR STUDY	HEMORRHAGE OF ANUS AND RECTUM	SURGERY, GENERAL	1	0	0	0	0			
VASCULAR STUDY	НҮРОХЕМІА	PEDIATRIC GASTROENTEROLOGY	1	0	0	0	0			
VASCULAR SURGERY PROCEDU	Compression of vein	Other Provider						1		
VASCULAR SURGERY PROCEDU	Personal history of malignant neoplasm of breast	SURGERY, PLASTIC							1	
VASCULAR SURGERY PROCEDURE	ARTERIOVENOUS FISTULA, ACQUIRED	INTERNAL MEDICINE	0	1	1	0	0			
VASCULAR SURGERY PROCEDURE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	SURGERY, PLASTIC	0	1	0	1	0			
VASCULAR SURGERY PROCEDURE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, PLASTIC	0	1	1	0	0			
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	FAMILY MEDICINE	2	0	0	0	0			
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	RADIOLOGY	4	0	0	0	0			
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	SURGERY, GENERAL	1	0	0	0	0			
VEEG 2-12 HR INTMT MNTR	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
VEEG 2-12 HR INTMT MNTR	SLEEP APNEA, UNSPECIFIED	PHYSICIAN ASSISTANT	0	1	0	0	1			
VEEG EA 12-26HR CONT MNTR	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus	Other Provider						1		
VEEG EA 12-26HR CONT MNTR	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	PEDIATRIC NEUROLOGY	1	0	0	0	0			
VEEG EA 12-26HR CONT MNTR	LOCAL-REL SYMPTC EPI W CMPLX PARTIAL SEIZ, NTRCT, W STAT EPI	NEUROLOGY	0	1	1	0	0			
VEEG EA 12-26HR CONT MNTR	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	NEUROLOGY	1	0	0	0	0			
VEEG EA 12-26HR INTMT MNTR	DISORIENTATION, UNSPECIFIED	FAMILY MEDICINE	0	1	0	0	1			
VEEG EA 12-26HR INTMT MNTR	SLEEP APNEA, UNSPECIFIED	PHYSICIAN ASSISTANT	0	1	0	0	1			
VEIN X-RAY CHEST	N/A	DIAGNOSTIC RADIOLOGY		1			1			
VELPHORO 500 MG CHEWABLE TAB	N/A	INTERNAL MEDICINE	1							
VELTIN 1.2%-0.025% GEL	Acne vulgaris	Other Provider		1	1					
VELTIN 1.2-0.025% GEL (GRAM)	N/A	DERMATOLOGY		3	3					
VELTIN 1.2-0.025% GEL (GRAM)	N/A	FAMILY NURSE PRACTITIONER PRIMARY CARE		1	1					
VENCLEXTA 100 MG TABLET	Acute myeloblastic leukemia, in relapse	ONCOLOGY	1	-	_		-			
VENLAFAXINE HCL ER 150 MG CAP.SR 24H	N/A	NEUROLOGY	1	 		 	 		 	+
VENLAFAXINE HCL ER 150 MG CAP.SR 24H	N/A	Other Provider	3							\vdash
VENLAFAXINE HCL ER 225 MG TAB	N/A	INTERNAL MEDICINE	3	1	1		-			
VENOUS SAMPLING BY CATHETER	HYPERSOMNIA, UNSPECIFIED	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
VENTOLIN HFA 90 MCG HFA AER AD	N/A	FAMILY MEDICINE	3	3	3					
VENTOLIN HFA 90 MCG HFA AER AD	N/A	INTERNAL MEDICINE	1	1	1					
VENTOLIN HFA 90 MCG HFA AER AD	N/A	Other Provider	4	1	1					†
VENTOLIN HFA 90 MCG HFA AER AD	N/A	PEDIATRICS	1	2	2					
VENTOLIN HFA 90 MCG HFA AER AD	N/A	PULMONARY DISEASE	1	1	1					†
VENTOLIN HFA 90 MCG INHALER	Chronic obstructive pulmonary disease, unspecified	INTERNAL MEDICINE	1	1	1					†
VENTOLIN HFA 90 MCG INHALER	SHORTNESS OF BREATH	Other Provider	1	1	1					†
VERDESO 0.05 % FOAM	N/A	DERMATOLOGY	1				†			
VERDESO 0.05% FOAM	N/A	Other Provider	i i	1	1		†			
VERDESO 0.05% FOAM	Vitiligo	DERMATOLOGY	1	2	2					+
VERZENIO 150 MG TABLET	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST		1	_	_					1
		ONCOLOGY	1			1	-		-	+
VERZENIO 200 MG TABLET	N/A	ONCOLOGY	Iτ	I .		l .	I	l .	<u> </u>	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
VESICARE 5 MG TABLET	N/A	Urology	Approvais	1	1	Demais	Demais	Approved	Deffieu	by inc
VIAGRA 100 MG TABLET	N/A	FAMILY MEDICINE	1	1	1					
VIAGRA 100 MG TABLET	N/A	INTERNAL MEDICINE	1	1	1					
VIAGRA 50 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	INTERNAL MEDICINE	<u> </u>	1	1					
VIAGRA 50 MG TABLET	Other general symptoms and signs	INTERNAL MEDICINE		1	1					
VICTOZA	Impaired fasting glucose	FAMILY MEDICINE		_					1	
VICTOZA 2-PAK 0.6 MG/0.1 PEN INJCTR	N/A	FAMILY MEDICINE	4	1	1					
VICTOZA 2-PAK 0.6 MG/0.1 PEN INJCTR	N/A	INTERNAL MEDICINE	1							
VICTOZA 2-PAK 0.6 MG/0.1 PEN INJCTR	N/A	NURSE PRACTITIONER	1	1	1					
VICTOZA 2-PAK 0.6 MG/0.1 PEN INJCTR	N/A	Other Provider	1							
VICTOZA 2-PAK 18 MG/3 ML PEN	BODY MASS INDEX BMI 30.0-30.9 ADULT	GENERAL PRACTICE		1	1					
,		ENDOCRINOLOGY AND								
VICTOZA 2-PAK 18 MG/3 ML PEN	Type 2 diabetes mellitus with hyperglycemia	METABOLISM	1							
VICTOZA 2-PAK 18 MG/3 ML PEN	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
,	7. 07	ADULT NURSE								
		PRACTITIONER PRIMARY								
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	CARE	1							
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	DIABETIC MEDICINE	1							
,		ENDOCRINOLOGY AND								
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	METABOLISM	5							
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	FAMILY MEDICINE	8	2	2					
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	INTERNAL MEDICINE	3	1	1					
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	NURSE PRACTITIONER	1	1	1					
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	Other Provider	5							
VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR	N/A	PHYSICIAN ASSISTANT	3							
VICTOZA 3-PAK 18 MG/3 ML PEN	Metabolic syndrome	Other Provider	1							
		ENDOCRINOLOGY AND								
VICTOZA 3-PAK 18 MG/3 ML PEN	PREDIABETES	METABOLISM	1							P
		ENDOCRINOLOGY AND	Ī							
VICTOZA 3-PAK 18 MG/3 ML PEN	Type 2 diabetes mellitus with hyperglycemia	METABOLISM		1	1					P
VICTOZA 3-PAK 18 MG/3 ML PEN	Type 2 diabetes mellitus without complications	FAMILY MEDICINE	2	-	-					
VIOLOGIAS I AIR LO INICIO INIC	Type 2 diabetes memas without complications	FAMILY NURSE	_							
		PRACTITIONER PRIMARY								
VICTOZA 3-PAK 18 MG/3 ML PEN	Type 2 diabetes mellitus without complications	CARE		1	1					
VICTOZA 3-PAK 18 MG/3 ML PEN	Type 2 diabetes melitus without complications Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	1	-	_					┼──┤
VIIBRYD	Binge eating disorder	Physician	_					1		
VIIBRYD	Generalized anxiety disorder	Other Provider							1	-
VIIBRYD	Major depressive disorder, recurrent, moderate	Other Provider						1		1
VIIBRYD	Major depressive disorder, recurrent, moderate	Physician	-					-	1	-
VIIBRYD	Major depressive disorder, recurrent, moderate	INTERNAL MEDICINE	-						1	-
VIIBRYD	Major depressive disorder, single episode, unspecified	Other Provider	-						1	-
VIIBRYD 10 MG TABLET	Generalized anxiety disorder	Other Provider	2	2	2				1	
VIIDITID TO WIG TABLET	Major depressive disorder, recurrent severe without psychotic	Other Frovider								-
VIIBRYD 10 MG TABLET	features	Other Provider	1							
VIIBRYD 10 MG TABLET	Major depressive disorder, recurrent, in partial remission	Other Provider	1	1	1					
VIIBRYD 10 MG TABLET VIIBRYD 10 MG TABLET	Major depressive disorder, recurrent, in partial remission Major depressive disorder, recurrent, moderate	Other Provider	1	2	2	1				
VIIDITID TO INIG TABLET	iviajor depressive disorder, recurrent, moderate	FAMILY NURSE	1	_	_					\vdash
		PRACTITIONER PRIMARY								1
VIIBRYD 10 MG TABLET	N/A	CARE	1							1
VIIBRYD 10 MG TABLET VIIBRYD 10 MG TABLET	N/A N/A	INTERNAL MEDICINE	1		-	1		-		
	·		1			-				
VIIBRYD 10 MG TABLET	N/A	Other Provider	3			 		 		
VIIBRYD 10 MG-20MG TAB DS PK	N/A	Other Provider	2	<u> </u>	1	1		1		
VIIBRYD 10-20 MG STARTER PACK	Major depressive disorder, recurrent, moderate	Other Provider	1	1	T	1		1		+
VIIBRYD 20 MG TABLET	Anxiety disorder, unspecified	FAMILY MEDICINE	1	1	1	1		-		
VIIBRYD 20 MG TABLET	Binge eating disorder	Other Provider	<u> </u>	1	1	1				
VIIBRYD 20 MG TABLET	Generalized anxiety disorder	FAMILY MEDICINE]1	I .			<u> </u>			L

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
1100cuute coue Description	Major depressive disorder, recurrent severe without psychotic	Trovider openaty	/ Ipprovais	Demais	Demais	Demais	Demais	/ tpp:orcu	Demeu	2,
VIIBRYD 20 MG TABLET	features	Other Provider	3							
VIIBRYD 20 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	3	3	3					
VIIBRYD 20 MG TABLET	Major depressive disorder, recurrent, unspecified	INTERNAL MEDICINE	1							
VIIBRYD 20 MG TABLET	Major depressive disorder, recurrent, unspecified	NEPHROLOGY	1							
VIIBRYD 20 MG TABLET	Major depressive disorder, single episode, unspecified	FAMILY MEDICINE	1							
VIIBRYD 20 MG TABLET	Major depressive disorder, single episode, unspecified	INTERNAL MEDICINE		1	1					
VIIBRYD 20 MG TABLET	Major depressive disorder, single episode, unspecified	Other Provider	1	3	3					
VIIBRYD 20 MG TABLET	Major depressy disord, single epsd, severe w psych features	INTERNAL MEDICINE		1	1					
VIIBRYD 20 MG TABLET	N/A	FAMILY MEDICINE	1							†
	1.44.	FAMILY NURSE	<u> </u>							†
		PRACTITIONER PRIMARY								
VIIBRYD 20 MG TABLET	N/A	CARE		1	1					
VIIBRYD 20 MG TABLET	N/A	INTERNAL MEDICINE		2	2					
VIIBRYD 20 MG TABLET	N/A	Other Provider	17	2	2					
VIIBRYD 20 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
VIIBRYD 20 MG TABLET	Other general symptoms and signs	FAMILY MEDICINE	1							
VIIBRYD 40 MG TABLET	Bipolar II disorder	Other Provider	1							
	Major depressive disorder, recurrent severe without psychotic									
VIIBRYD 40 MG TABLET	features	Other Provider	1							
VIIBRYD 40 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1							
	Major depressive disorder, single episode, severe without psychotic									
VIIBRYD 40 MG TABLET	features	Other Provider	1							
VIIBRYD 40 MG TABLET	Major depressive disorder, single episode, unspecified	FAMILY MEDICINE	1							
VIIBRYD 40 MG TABLET	N/A	FAMILY MEDICINE	1							
VIIBRYD 40 MG TABLET	N/A	INTERNAL MEDICINE	1							
VIIBRYD 40 MG TABLET	N/A	Other Provider	9	1	1					
VIIBRYD 40 MG TABLET	N/A	PEDIATRICS	1							
VIIBRYD 40 MG TABLET	OTHER FATIGUE	Other Provider	1							
VIMOVO 500MG-20MG TAB IR DR	N/A	FAMILY MEDICINE		1	1					
VIMOVO 500MG-20MG TAB IR DR	N/A	Other Provider		2	2					
VIMOVO 500MG-20MG TAB IR DR	N/A	SURGERY, ORTHOPEDIC		1	1					
VIMOVO DR 500-20 MG TABLET	Chronic pain syndrome	Other Provider		1	1					
VIMOVO DR 500-20 MG TABLET	N/A	INTERNAL MEDICINE		1	1					
VIMOVO DR 500-20 MG TABLET	N/A	SPORTS MEDICINE	1	1	1					
VIMOVO DR 500-20 MG TABLET	N/A	SURGERY, ORTHOPEDIC		1	1					
	Rheumatoid arthritis with rheumatoid factor of multiple sites									
VIMOVO DR 500-20 MG TABLET	without organ or systems involvement	RHEUMATOLOGY		1	1					
WINDOWS DD 500 30 MC TABLET	Physical Colombia (1975) (2th also control for the control for	CURCERY ORTHORERIC								
VIMOVO DR 500-20 MG TABLET	Rheumatoid arthritis with rheumatoid factor, unspecified	SURGERY, ORTHOPEDIC	1							+
VIMPAT 10 MG/ML SOLUTION	N/A	NEUROLOGY	1							
WARDAT 400 MC TABLET	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS	CLINICAL								
VIMPAT 100 MG TABLET	EPILEPTICUS	NEUROPHYSIOLOGY	1		-	 				+
WINADAT 100 MAC TARLET	LOC DEL CY EDILEDCY MICHENIOT INTRACT MIO SE	SURGERY,	 							
VIMPAT 100 MG TABLET VIMPAT 100 MG TABLET	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGICAL FAMILY MEDICINE	1							+
AIMINAT TOO MIG TABLET	N/A		1							\vdash
VIMIDAT 100 MC TARLET	NI/A	FAMILY NURSE	1							
VIMPAT 100 MG TABLET VIMPAT 100 MG TABLET	N/A N/A	PRACTITIONER NEUROLOGY	1		-	 				+
	•		4		-	 				+
VIMPAT 100 MG TABLET	N/A	NURSE PRACTITIONER	1							+
VIMPAT 100 MG TABLET	N/A	PEDIATRIC NEUROLOGY								
VIMPAT 100 MG TABLET	UNSPECIFIED CONVULSIONS	FAMILY MEDICINE	2							+
ANAIL VI TOO IAIG LABELI	TOMOL ECHTED CONVOLDIONS	I VIAILE INFRICTIVE	14	1	1			I		

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	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS									
VIMPAT 150 MG TABLET	EPILEPTICUS	NEUROLOGY	1							
VIMPAT 150 MG TABLET	N/A	NEUROLOGY	2							
VIMPAT 150 MG TABLET	N/A	Other Provider	1							
		NEURODEVELOPMENTAL								
VIMPAT 150 MG TABLET	UNSPECIFIED CONVULSIONS	DISABILITIES	1							
	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS									
VIMPAT 200 MG TABLET	EPILEPTICUS	NEUROLOGY	1							
	Localization-related (focal) (partial) symptomatic epilepsy and									
	epileptic syndromes with simple partial seizures, not intractable,									
VIMPAT 200 MG TABLET	without status epilepticus	NEUROLOGY	1							
VIMPAT 200 MG TABLET	Malignant neoplasm of brain, unspecified	NEUROLOGY	1							1
VIMPAT 200 MG TABLET	N/A	NEUROLOGY	2							1
VIMPAT 200 MG TABLET	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	Other Provider	1							+
VIIVII AT 200 IVIG TABLET	OTH GEN EFFEETST NOT INTINACTABLE W/O STATUS EFF	Other Frovider	_							+
VIMPAT 200 MG TABLET	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	PEDIATRIC NEUROLOGY	1							
VIMPAT 50 MG TABLET	Migraine without aura, not intractable, without status migrainosus	Other Provider	2	1	1					-
VIMPAT 50 MG TABLET	N/A	NEUROLOGY	2							
			_							
VIMPAT 50 MG TABLET	N/A	PEDIATRIC NEUROLOGY	1							
		NEUROMUSCULOSKELETA								
VIMPAT 50 MG TABLET	UNSPECIFIED CONVULSIONS	L MEDICINE	1							
VINCRISTINE SULFATE 1 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRIC HEMATOLOGY/ONCOLOGY	2	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	PEDIATRICS	1	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	PEDIATRIC HEMATOLOGY/ONCOLOGY	2	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	ONCOLOGY	1	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	MALIG NEOPLM OF CONN AND SOFT TISSUE OF HEAD, FACE AND NECK	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	MALIG NEOPLM OF CONN AND SOFT TISSUE OF HEAD, FACE AND NECK	PEDIATRICS	1	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY/ONCOLOGY	1	0	0	0	0			
VINCRISTINE SULFATE 1 MG INJ	N/A	HEMATOLOGY/ONCOLOG Y	3							
VIREAD 300 MG TABLET	N/A	Other Provider		1	1					\vdash
VISC & INFRAREN ABD 3 PROSTH	Abdominal aortic aneurysm, without rupture	SURGERY, GENERAL			t ·			1		\vdash
VIT FOR MACULAR HOLE	DERMATOCHALASIS OF RIGHT UPPER EYELID	OPHTHALMOLOGY	1	0	0	0	0			\vdash
VIT FOR MACULAR HOLE	MACULAR CYST, HOLE, OR PSEUDOHOLE, RIGHT EYE	OPHTHALMOLOGY	4	0	0	0	0			\vdash
VIT FOR MACULAR HOLE	PUCKERING OF MACULA, LEFT EYE	OPHTHALMOLOGY	2	0	0	0	0			\vdash
VITAMIN B12 INJECTION	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	FAMILY MEDICINE	1	0	0	0	0			\vdash
VITAMIN B12 INJECTION VITAMIN B12 INJECTION	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	HEMATOLOGY	1	0	0	0	0			\vdash
VITAMIN B12 INJECTION VITAMIN B12 INJECTION	IRON DEFICIENCY ANEMIA, UNSPECIFIED	ONCOLOGY	1	0	0	0	0			++
VIVLODEX 10 MG CAPSULE		NEUROLOGY	-	1	1	·	-			++
AIAFODEV 10 IAIG CALONE	Unspecified osteoarthritis, unspecified site	INLURULUUT		1	1	-				+
VORICONAZOLE 200 MG TABLET	N/A	ALLERGY/IMMUNOLOGY		1	1					
		CARDIOVASCULAR								
VORICONAZOLE 200 MG TABLET	N/A	DISEASE	1	1	1					

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VORICONAZOLE 200 MG TABLET	N/A	INFECTIOUS DISEASE	3							
		OBSTETRICS/GYNECOLOG								
VORICONAZOLE 200 MG TABLET	N/A	Υ	1							
VORICONAZOLE 200 MG TABLET	N/A	OPHTHALMOLOGY	1							
VORICONAZOLE 200 MG TABLET	N/A	Other Provider	2							
VORICONAZOLE 200 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
VORICONAZOLE 200 MG TABLET	N/A	PULMONARY DISEASE	2							
VORICONAZOLE 200 MG TABLET	N/A	SURGERY, GENERAL	2	1	1					
VORICONAZOLE 200 MG TABLET	Neutropenia, unspecified	ONCOLOGY	1							
VOSEVI	Chronic viral hepatitis C	GASTROENTEROLOGY						1		
VOSEVI	Chronic viral hepatitis C	PHYSICIAN ASSISTANT						1		
VOSEVI 400-100 MG TABLET	N/A	GASTROENTEROLOGY	2							
VOSEVI 400-100 MG TABLET	N/A	INFECTIOUS DISEASE		1	1					
VOSEVI 400-100-100 MG TABLET	Chronic viral hepatitis C	PHYSICIAN ASSISTANT		1	1					
VOTRIENT 200 MG TABLET	N/A	Other Provider	1							
VRAYLAR 1.5 MG CAPSULE	Bipolar disord, crnt epsd depress, sev, w/o psych features	Other Provider	2							
VRAYLAR 1.5 MG CAPSULE	Bipolar disorder, unspecified	INTERNAL MEDICINE		1	1					
VRAYLAR 1.5 MG CAPSULE	Bipolar disorder, unspecified	Other Provider		2	2					
VRAYLAR 1.5 MG CAPSULE	Bipolar II disorder	Other Provider	2							
	Major depressive disorder, recurrent severe without psychotic									
VRAYLAR 1.5 MG CAPSULE	features	Other Provider	1							
VRAYLAR 1.5 MG CAPSULE	Major depressive disorder, recurrent, moderate	Other Provider		1	1					
VRAYLAR 1.5 MG CAPSULE	N/A	FAMILY MEDICINE	2	1	1					
VRAYLAR 1.5 MG CAPSULE	N/A	INTERNAL MEDICINE	2	1	1					
VRAYLAR 1.5 MG CAPSULE	N/A	Other Provider	13	5	5					
VRAYLAR 1.5 MG CAPSULE	N/A	PAIN MANAGEMENT	1							
VRAYLAR 3 MG CAPSULE	Bipolar disord, crnt epsd depress, sev, w/o psych features	Other Provider	2							
VRAYLAR 3 MG CAPSULE	N/A	FAMILY MEDICINE	1							
VRAYLAR 3 MG CAPSULE	N/A	Other Provider	2							
		FAMILY NURSE PRACTITIONER PRIMARY								
VRAYLAR 4.5 MG CAPSULE	Bipolar disorder, unspecified	CARE	1	1	1					1
VRAYLAR 4.5 MG CAPSULE	N/A	Other Provider	3							
VUMERITY 231 MG CAPSULE DR	N/A	INTERNAL MEDICINE	1							
VUMERITY 231 MG CAPSULE DR	N/A	NEUROLOGY	5							
VUMERITY DR	Multiple sclerosis	NEUROLOGY							1	
VUMERITY DR 231 MG CAPSULE	Multiple sclerosis	NEUROLOGY		1	1					
VUSION OINTMENT	Rash and other nonspecific skin eruption	PEDIATRICS		1	1					
	Chronic migraine without aura, intractable, without status									
VYEPTI	migrainosus	INTERNAL MEDICINE						1		
VYEPTI	Migraine with aura	INTERNAL MEDICINE						1		
VYEPTI 100 MG/ML VIAL	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY	1							
VYLEESI 1.75MG/0.3 AUTO INJCT	N/A	Other Provider	2							
VYVANSE	ADD/ADHD	Other Provider							1	L
VYVANSE	ADD/ADHD	Physician							1	L
VYVANSE	ADHD	Physician						1		
VYVANSE	Attention-deficit hyperactivity disorder, predominantly hyperactive type	Physician							1	L
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE	type	Physician						3	1	
VYVANSE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider						1		
VYVANSE	Autistic disorder	Other Provider						1		
VYVANSE	Generalized anxiety disorder	Other Provider							1	
VYVANSE	Major depressive disorder, recurrent, moderate	Physician							1	
VYVANSE	N/A	Other Provider						1	1	

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
VYVANSE	Narcolepsy without cataplexy	NEUROLOGY	Терготино					търготоп	1	
VYVANSE	Personal history of other mental and behavioral disorders	Physician						1		
VYVANSE 10 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE		1	1					
VYVANSE 10 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	2	<u> </u>	_					
VYVANSE 10 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	-	1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive			1	-					
VYVANSE 10 MG CAPSULE	type	Other Provider	3	2	2					
	Attention-deficit hyperactivity disorder, predominantly inattentive				_					
VYVANSE 10 MG CAPSULE	type	PEDIATRIC NEUROLOGY	1							
THE TOTAL STATE OF A SOCIETY	Attention-deficit hyperactivity disorder, predominantly inattentive	T ESWAMME TAZOTTOZOG	1							
VYVANSE 10 MG CAPSULE	type	PEDIATRICS	1							
VYVANSE 10 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	1	1						
VYVANSE 10 MIG CAPSULE	Generalized anxiety disorder	Other Provider	1							+
VYVANSE 10 MG CAPSULE	N/A	FAMILY MEDICINE	1	2	2					+
VYVANSE 10 MG CAPSULE	N/A	Other Provider	11	7	7					+
VYVANSE 10 MG CAPSULE	N/A	PEDIATRICS	2	5	5					
VYVANSE 10 MG CAPSOLL VYVANSE 10 MG CHEWABLE TABLET	Attention-deficit hyperactivity disorder, combined type	Other Provider	1	1	1					
VYVANSE 10 MG CHEWABLE TABLET	Attention-deficit hyperactivity disorder, combined type Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1	1	1					-
VIVANSE 10 IVIG CHEWABLE TABLET		PEDIATRICS	1	1	1					
NAMES TO MAC CUENTARILE TARILET	Attention-deficit hyperactivity disorder, predominantly inattentive	Oth an Duardalan	l,	l.						
VYVANSE 10 MG CHEWABLE TABLET	type	Other Provider	1	1	1					
VYVANSE 10 MG TAB CHEW	N/A	Other Provider	1	4	4					
			I_	I_	_					
VYVANSE 10 MG TAB CHEW	N/A	PEDIATRIC NEUROLOGY	3	2	2					
VYVANSE 10 MG TAB CHEW	N/A	PEDIATRICS	1	6	6					
VYVANSE 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
VYVANSE 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	4	3	3					
VYVANSE 20 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	2	2	2					
VYVANSE 20 MG CAPSULE	Attention-deficit hyperactivity disorder, predominantly inattentive type	FAMILY MEDICINE	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 20 MG CAPSULE	type	Other Provider	8	9	9					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 20 MG CAPSULE	type	PEDIATRICS	1	1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 20 MG CAPSULE	type	PHYSICIAN ASSISTANT	1							
VYVANSE 20 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1	1	1					
VYVANSE 20 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							
VYVANSE 20 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRIC NEUROLOGY	1	1	1					
VYVANSE 20 MG CAPSULE	Autistic disorder	Other Provider		1	1					
VYVANSE 20 MG CAPSULE	Binge eating disorder	Other Provider	1							
VYVANSE 20 MG CAPSULE	N/A	FAMILY MEDICINE	11	9	9					
VYVANSE 20 MG CAPSULE	N/A	INTERNAL MEDICINE	1	4	4					
VYVANSE 20 MG CAPSULE	N/A	Other Provider	24	28	28					
VYVANSE 20 MG CAPSULE	N/A	PEDIATRICS	14	10	10					
VYVANSE 20 MG CAPSULE	N/A	SLEEP MEDICINE	1							
VYVANSE 20 MG CAPSULE	Narcolepsy without cataplexy	NEUROLOGY	<u> </u>	1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive				_					
VYVANSE 20 MG CHEWABLE TABLET	type	Other Provider		1	1					
VYVANSE 20 MG CHEWABLE TABLET	Attention-deficit hyperactivity disorder, unspecified type	Other Provider		1	1					
VYVANSE 20 MG CHEWABLE TABLET	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS		1	1					\vdash
VYVANSE 20 MG TAB CHEW	N/A	Other Provider	1	2	2					
VYVANSE 20 MG TAB CHEW	N/A	PEDIATRICS	7	1	1					+
VYVANSE 30 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1	 -	1-					+
VYVANSE 30 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type Attention-deficit hyperactivity disorder, combined type	Other Provider	6	1	1					++
VYVANSE 30 MG CAPSULE VYVANSE 30 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1	2	2					
V I VANUE DU IVIU CAPOULE	Accention-dentic hyperactivity disorder, combined type	FLUIATRICS	l _T	14	J4	l l		ı		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
	Attention-deficit hyperactivity disorder, predominantly hyperactive									
VYVANSE 30 MG CAPSULE	type	Other Provider	4							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 30 MG CAPSULE	type	FAMILY MEDICINE	4	1	1					
	Attention-deficit hyperactivity disorder, predominantly inattentive									1
VYVANSE 30 MG CAPSULE	type	INTERNAL MEDICINE	1	1	1]
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 30 MG CAPSULE	type	Other Provider	12	3	3					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 30 MG CAPSULE	type	PEDIATRIC NEUROLOGY	1							
VYVANSE 30 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	4							
VYVANSE 30 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	2	3	3					
VYVANSE 30 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	2	3	3					
VYVANSE 30 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	6]
VYVANSE 30 MG CAPSULE	N/A	FAMILY MEDICINE	28	6	6					
VYVANSE 30 MG CAPSULE	N/A	INTERNAL MEDICINE	3	4	4]
VYVANSE 30 MG CAPSULE	N/A	NEUROLOGY	3	1	1					
VYVANSE 30 MG CAPSULE	N/A	Other Provider	57	28	28]
VYVANSE 30 MG CAPSULE	N/A	PEDIATRIC NEUROLOGY	2							
VYVANSE 30 MG CAPSULE	N/A	PEDIATRICS	21	12	12					
VYVANSE 30 MG CAPSULE	Other general symptoms and signs	FAMILY MEDICINE		1	1					
VYVANSE 30 MG CHEWABLE TABLET	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 30 MG CHEWABLE TABLET	type	PEDIATRICS		1	1					
VYVANSE 30 MG TAB CHEW	N/A	INTERNAL MEDICINE		1	1					1
VYVANSE 30 MG TAB CHEW	N/A	Other Provider	1							
VYVANSE 30 MG TAB CHEW	N/A	PEDIATRICS	3	1	1					
VYVANSE 40 MG CAPSULE	Anxiety disorder, unspecified	FAMILY MEDICINE		1	1					
VYVANSE 40 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	9	3	3					
VYVANSE 40 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	3	1	1					1
	Attention-deficit hyperactivity disorder, predominantly hyperactive									
VYVANSE 40 MG CAPSULE	type	Other Provider	2]
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 40 MG CAPSULE	type	FAMILY MEDICINE	4	2	2]
	Attention-deficit hyperactivity disorder, predominantly inattentive									1
VYVANSE 40 MG CAPSULE	type	Other Provider	17	3	3					
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 40 MG CAPSULE	type	PEDIATRICS	1							
VYVANSE 40 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1							
VYVANSE 40 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	3	2	2					
VYVANSE 40 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	1							
VYVANSE 40 MG CAPSULE	Binge eating disorder	FAMILY MEDICINE	1							
VYVANSE 40 MG CAPSULE	Binge eating disorder	Other Provider	3]
VYVANSE 40 MG CAPSULE	N/A	FAMILY MEDICINE	31	9	9					
VYVANSE 40 MG CAPSULE	N/A	INTERNAL MEDICINE	8	1	1]
VYVANSE 40 MG CAPSULE	N/A	Other Provider	64	8	8					
VYVANSE 40 MG CAPSULE	N/A	PEDIATRIC NEUROLOGY	1							
VYVANSE 40 MG CAPSULE	N/A	PEDIATRICS	25	4	4					
VYVANSE 40 MG TAB CHEW	N/A	Other Provider	3							
VYVANSE 40 MG TAB CHEW	N/A	PEDIATRIC NEUROLOGY	1		<u></u>	<u> </u>				
VYVANSE 50 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1							
VYVANSE 50 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	Other Provider	7							
VYVANSE 50 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1	1	1	l i				

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
Troccuire code bescription	Attention-deficit hyperactivity disorder, predominantly hyperactive	1 Tovider Specialty	Арргочиз	Demais	Demais	Demais	Demais	Аррготси	Demeu	by mo
VYVANSE 50 MG CAPSULE	tyne	Other Provider	5	1	1					
TTV WISE SO ME OF II SOLE	Attention-deficit hyperactivity disorder, predominantly inattentive	other rioride.		-	-					\vdash
VYVANSE 50 MG CAPSULE	type	FAMILY MEDICINE	4	2	2					1
11771102 30 III	Attention-deficit hyperactivity disorder, predominantly inattentive	TANNET WEBTONE	1	-	1					
VYVANSE 50 MG CAPSULE	type	INTERNAL MEDICINE		1	1					'
	Attention-deficit hyperactivity disorder, predominantly inattentive			_	-					\vdash
VYVANSE 50 MG CAPSULE	type	Other Provider	5	4	4					
VYVANSE 50 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	1							
VYVANSE 50 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	3							
VYVANSE 50 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	1							
VYVANSE 50 MG CAPSULE	Binge eating disorder	FAMILY MEDICINE	1							\vdash
VYVANSE 50 MG CAPSULE	Binge eating disorder	Other Provider	1							
VYVANSE 50 MG CAPSULE	Hypersomnia, unspecified	FAMILY MEDICINE	1							†
VYVANSE 50 MG CAPSULE	N/A	FAMILY MEDICINE	33	14	14					
	,	FAMILY NURSE	<u> </u>	<u> </u>	<u> </u>					\vdash
		PRACTITIONER PRIMARY								'
VYVANSE 50 MG CAPSULE	N/A	CARE	1							'
VYVANSE 50 MG CAPSULE	N/A	INTERNAL MEDICINE	4							
VYVANSE 50 MG CAPSULE	N/A	Neurology	4	3	3					+
VYVANSE 50 MG CAPSULE	N/A	Other Provider	68	17	17					+
VYVANSE 50 MG CAPSULE	N/A	PEDIATRICS	17		1,					+
VYVANSE 50 MG CAPSULE	N/A	SPORTS MEDICINE	1							+
VYVANSE 50 MG CAI SOLE VYVANSE 50 MG TAB CHEW	N/A	FAMILY MEDICINE	+	1	1					+
VYVANSE 60 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	2	-	1					+
VYVANSE 60 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type Attention-deficit hyperactivity disorder, combined type	Other Provider	3	2	2					+
VI VAINSE 00 IVIG CAPSOLE	Attention-deficit hyperactivity disorder, predominantly hyperactive	Other Frovider	3	2	2					+
VYVANSE 60 MG CAPSULE	type	Other Provider	2							'
VI VAINSE 00 IVIG CAPSOLE	Attention-deficit hyperactivity disorder, predominantly hyperactive	Other Frovider								+
VYVANSE 60 MG CAPSULE	type	PEDIATRICS	1							
VIVANSE 00 IVIO CAI SOLE	Attention-deficit hyperactivity disorder, predominantly inattentive	LDIATRICS	1							+
VYVANSE 60 MG CAPSULE	type	FAMILY MEDICINE	E							'
VIVANSE 00 IVIG CAI SOLE	Attention-deficit hyperactivity disorder, predominantly inattentive	TAIVILLI WILDICINE	3							+
VYVANSE 60 MG CAPSULE	type	NEUROLOGY	1							
VIVANSE 00 IVIO CAFSOLE	Attention-deficit hyperactivity disorder, predominantly inattentive	NLUKULUGT	1							+
VYVANSE 60 MG CAPSULE	type	Other Provider	14							
VYVANSE 60 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	2							+
VYVANSE 60 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	1							+
VYVANSE 60 MG CAPSULE	Binge eating disorder	FAMILY MEDICINE	2							+
VYVANSE 60 MG CAPSULE	Major depressive disorder, recurrent, moderate	Other Provider	1							+
VYVANSE 60 MG CAPSULE	N/A	FAMILY MEDICINE	26	Q	Q					+
VYVANSE 60 MG CAPSULE	N/A	INTERNAL MEDICINE	6		3					+
VYVANSE 60 MG CAPSULE	N/A	NEUROLOGY	3	 	 					+
VYVANSE 60 MG CAPSULE	N/A	Other Provider	57	4	4					+
VIVALUE OF THE CALLED	19/5	Other Frovider	3,	-						+
VYVANSE 60 MG CAPSULE	N/A	PEDIATRIC NEUROLOGY	1							1 '
VYVANSE 60 MG CAPSULE	N/A	PEDIATRICS	6	 	 					+
VYVANSE 60 MG CAPSULE	Personal history of other mental and behavioral disorders	Other Provider		1	1					+
VYVANSE 60 MG CHEWABLE TABLET	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	1	-	f-					+
THE SECOND CHEWASE TABLET	Attention-deficit hyperactivity disorder, predominantly inattentive	VIIET WIEDICHVE	Ť	 	 					+
VYVANSE 60 MG CHEWABLE TABLET	type	Other Provider		1	1					1
VYVANSE 60 MG TAB CHEW	N/A	Other Provider	1	-	f-					
VYVANSE 60 MG TAB CHEW	N/A	PEDIATRICS	 	1	1					+
VYVANSE 70 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type	FAMILY MEDICINE	2	*	-					+
VYVANSE 70 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type Attention-deficit hyperactivity disorder, combined type	Other Provider	5	1	1					+
VYVANSE 70 MG CAPSULE	Attention-deficit hyperactivity disorder, combined type Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	1	7	7					+
VIVANUE /U IVIU CARDULL	Attention-deficit hyperactivity disorder, combined type	I LUIATRICS	1*	1	1	l l				

					Modical	Evnorimental 9	Notwork	Total	Total	
			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
	Attention-deficit hyperactivity disorder, predominantly hyperactive									
VYVANSE 70 MG CAPSULE	type	Other Provider	2							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 70 MG CAPSULE	type	FAMILY MEDICINE	2							
		FAMILY NURSE								
	Attention-deficit hyperactivity disorder, predominantly inattentive	PRACTITIONER PRIMARY								
VYVANSE 70 MG CAPSULE	type	CARE	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 70 MG CAPSULE	type	INTERNAL MEDICINE	1							
	Attention-deficit hyperactivity disorder, predominantly inattentive									
VYVANSE 70 MG CAPSULE	type	NEUROLOGY	1	1	1					+
	Attention-deficit hyperactivity disorder, predominantly inattentive			_						
VYVANSE 70 MG CAPSULE	type	Other Provider	11	2	2					+
VYVANSE 70 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	FAMILY MEDICINE	4	1.						
VYVANSE 70 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	1	1	1					+
VYVANSE 70 MG CAPSULE	Attention-deficit hyperactivity disorder, unspecified type	Other Provider	4	1	1					
VYVANSE 70 MG CAPSULE	Binge eating disorder	Other Provider	2							
VYVANSE 70 MG CAPSULE	Hypersomnia, unspecified	INTERNAL MEDICINE	1							
VYVANSE 70 MG CAPSULE	N/A	FAMILY MEDICINE	24	2	2					
VYVANSE 70 MG CAPSULE	N/A	INTERNAL MEDICINE	3							
VYVANSE 70 MG CAPSULE	N/A	NEUROLOGY	2	1	1					
VYVANSE 70 MG CAPSULE	N/A	Other Provider	73	7	7					
VYVANSE 70 MG CAPSULE	N/A	PEDIATRIC NEUROLOGY		1	1					
VYVANSE 70 MG CAPSULE	N/A	PEDIATRICS	5							
VYVANSE 70 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	1							
VYVANSE 70 MG CAPSULE	N/A	SURGERY, ORTHOPEDIC	1							
VYZULTA	Primary open-angle glaucoma, bilateral, mild stage	OPTOMETRY							1	
VYZULTA	Unspecified open-angle glaucoma, stage unspecified	OPTOMETRY						1		
VYZULTA 0.024 % DROPS	N/A	OPHTHALMOLOGY	5	5	5					
VYZULTA 0.024 % DROPS	N/A	OPTOMETRY	5	5	5					
VYZULTA 0.024 % DROPS	N/A	Other Provider	1	1	1					
VYZULTA 0.024% OPHTH SOLUTION	N/A	OPHTHALMOLOGY	1							
W/C COMPONENT-ACCESSORY NOS	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR, INIT ENCNTR	PHYSICAL MEDICINE	1	0	0	0	0			
W/C COMPONENT-ACCESSORY NOS	I/I REACT D/T INDWELLING URETHRAL CATHETER, INIT	PHYSICAL MEDICINE	1	0	0	0	0			
W/C COMPONENT-ACCESSORY NOS	OTHER ACQUIRED DEFORMITY OF HEAD	FAMILY MEDICINE	1	0	0	0	0			
WAKIX	Narcolepsy with cataplexy	Physician						1		
WAKIX	Narcolepsy with cataplexy	PULMONARY DISEASE						1	1	<u> </u>
		CARDIOVASCULAR								
WAKIX 17.8 MG TABLET	N/A	DISEASE	1							\perp
WAKIX 17.8 MG TABLET	N/A	Other Provider	1	1	1	ļ				
WAKIX 17.8 MG TABLET	N/A	PULMONARY DISEASE	1	ļ						\perp
WAKIX 17.8 MG TABLET	Narcolepsy with cataplexy	NEUROLOGY		1	1					
WAKIX 17.8 MG TABLET	Narcolepsy with cataplexy	PULMONARY DISEASE		1	1	ļ				
WAKIX 17.8 MG TABLET	Narcolepsy without cataplexy	NEUROLOGY	1							
WAKIX 17.8 MG TABLET	Other general symptoms and signs	NEUROLOGY	1	ļ		ļ				
WAKIX 17.8 MG TABLET	Other hypersomnia	SLEEP MEDICINE	1	ļ		ļ				
WAKIX 4.45 MG TABLET	N/A	PULMONARY DISEASE		2	2	ļ				\perp
WAKIX 4.45 MG TABLET	Narcolepsy with cataplexy	PULMONARY DISEASE	1	1	1					\perp
		FAMILY NURSE								
WAKIX 4.45 MG TABLET	Narcolepsy without cataplexy	PRACTITIONER	1	ļ		ļ				\perp
WAKIX 4.45 MG TABLET	Narcolepsy without cataplexy	Other Provider	1	ļ		ļ				\perp
WAKIX 4.45 MG TABLET	Narcolepsy without cataplexy	SLEEP MEDICINE	1							
WALKER FOLDING ADJUST/FIXED	DISPL BIMALLEOL FX L LOW LEG, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WALKER FOLDING ADJUST/FIXED	HYPOXEMIA	INTERNAL MEDICINE	1	0	0	0	0	i		

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
WALKER FOLDING ADJUST/FIXED	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			
WALKER FOLDING ADJUST/FIXED	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WALKER FOLDING ADJUST/FIXED	POSTPROCEDURAL URETHRAL STRICTURE, MALE, OVERLAPPING SITES	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING ADJUST/FIXED	SOMNOLENCE	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	INTERNAL MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	ACQUIRED ABSENCE OF LARYNX	ENDOCRINOLOGY AND	1	0	0	0	0			
		METABOLISM								
WALKER FOLDING WHEELED W/O S	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	PHYSICIAN ASSISTANT	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	INTERNAL MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	CHEST PAIN, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	CHRONIC CHOLECYSTITIS	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	PHYSICIAN ASSISTANT	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	FIBROSIS DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	GENERALIZED EDEMA	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	HEART FAILURE, UNSPECIFIED	NURSE PRACTITIONER	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	PHYSICAL MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	NON-PRESSURE CHRONIC ULCER OTH PRT LEFT FOOT W UNSP SEVERITY	SURGERY, GENERAL	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	INTERNAL MEDICINE	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	INTERNAL MEDICINE	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	OTHER ASCITES	INTERNAL MEDICINE	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	PHYSICAL MEDICINE	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	OTHER REDUCED MOBILITY	FAMILY MEDICINE	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	FAMILY MEDICINE	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP	PHYSICIAN ASSISTANT	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	PAIN IN LEFT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	PELVIC AND PERINEAL PAIN	PHYSICIAN ASSISTANT	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	PERIPROSTH OSTEOLYSIS OF INTERNAL PROSTHETIC L HIP JT, SUBS	ORTHOPAEDIC SPORTS	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	PLANTAR FASCIAL FIBROMATOSIS	MEDICINE FAMILY MEDICINE	1	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	PHYSICIAN ASSISTANT	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	RADICULOPATHY, LUMBAR REGION	PHYSICIAN ASSISTANT	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	RHEUMATOID ARTHRITIS, UNSPECIFIED	PHYSICIAN ASSISTANT	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S WALKER FOLDING WHEELED W/O S	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	PHYSICAL MEDICINE	2	0	0	0	0			
WALKER FOLDING WHEELED W/O S	SPONDYLOLYSIS, LUMBAR REGION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	PHYSICAL MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	INTERNAL MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	FAMILY MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	PHYSICIAN ASSISTANT	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	FAMILY MEDICINE	2	0	0	0	0			+
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Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ORTHOPAEDIC SPORTS MEDICINE	1	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	PHYSICIAN ASSISTANT	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	SURGERY, ORTHOPEDIC	1	0	0	0	0			†
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	PHYSICIAN ASSISTANT	3	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	FAMILY MEDICINE	2	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ORTHOPAEDIC SPORTS MEDICINE	3	0	0	0	0			
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PHYSICIAN ASSISTANT	2	0	0	0	0			1
WALKER FOLDING WHEELED W/O S	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	PODIATRY	1	0	0	0	0			†
WALKER FOLDING WHEELED W/O S	UNSP FX RIGHT PATELLA, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	UNSPECIFIED INFECTIOUS DISEASE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			+
WALKER FOLDING WHEELED W/O S	WEAKNESS	INTERNAL MEDICINE	1	0	n	0	n			+
WALKER SEAT ATTACHMENT	NON-PRESSURE CHRONIC ULCER OF UNSP ANKLE W FAT LAYER EXPOSED	PEDIATRICS	1	0	0	0	0			
WALKER VARIABLE WHEEL RESIST	HYPERSOMNIA, UNSPECIFIED	PHYSICAL MEDICINE	1	0	0	0	0			†
WALKER VARIABLE WHEEL RESIST	PRECORDIAL PAIN	FAMILY MEDICINE	1	0	n	0	n			+
WALKER VARIABLE WHEEL RESIST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SURGERY, ORTHOPEDIC	1	0	n	0	n			+
WEDGE RESECT OF LUNG ADD-ON	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	SURGERY, THORACIC	1	0	n	0	n			+
WEDGE RESECT OF LUNG ADDI-ON	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	SURGERY, GENERAL	1	0	0	0	0			+
WEDGE RESECT OF LUNG INITIAL	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	SURGERY, CARDIOVASCULAR	2	0	0	0	0			
WEDGE RESECT OF LUNG INITIAL	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY, THORACIC	1	0	0	0	0			+
WELLBUTRIN SR 150 MG TABLET	Major depressive disorder, recurrent, unspecified	NEUROLOGY	-	1	1					+
	Major depressive disorder, recurrent severe without psychotic			1	1			_		
WELLBUTRIN XL	features	INTERNAL MEDICINE						1		_
WELLBUTRIN XL	Major depressive disorder, recurrent, in full remission	Physician						1		
WELLBUTRIN XL	Major depressive disorder, recurrent, in partial remission	Other Provider						1		<u> </u>
WELLBUTRIN XL 150 MG TAB ER 24H	N/A	INTERNAL MEDICINE		2	2					<u> </u>
WELLBUTRIN XL 150 MG TAB ER 24H	N/A	Other Provider		1	1					
WELLBUTRIN XL 150 MG TABLET	Bipolar II disorder	Other Provider	1							
WELLBUTRIN XL 150 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1	1	1					
WELLBUTRIN XL 150 MG TABLET	Major depressive disorder, recurrent, unspecified	Other Provider		2	2					
WELLBUTRIN XL 150 MG TABLET	N/A	Other Provider	1							<u> </u>
WELLBUTRIN XL 300 MG TAB ER 24H	N/A	Other Provider	5	2	2					<u> </u>
WELLBUTRIN XL 300 MG TABLET	Anxiety disorder, unspecified	INTERNAL MEDICINE	1							<u> </u>
WELLBUTRIN XL 300 MG TABLET	Anxiety disorder, unspecified	Other Provider	1							
WELLBUTRIN XL 300 MG TABLET	Bipolar II disorder	Other Provider	1							
WELLBUTRIN XL 300 MG TABLET	Generalized anxiety disorder	Other Provider		1	1					
WELLBUTRIN XL 300 MG TABLET	Major depressive disorder, recurrent severe without psychotic features	FAMILY MEDICINE	1							
WELLBUTRIN XL 300 MG TABLET	Major depressive disorder, recurrent, moderate	Other Provider	1							
WELLBUTRIN XL 300 MG TABLET	Major depressive disorder, recurrent, moderate	RHEUMATOLOGY		1	1					1
WELLBUTRIN XL 300 MG TABLET	Major depressive disorder, recurrent, unspecified	Other Provider	1							1
WELLBUTRIN XL 300 MG TABLET	Major depressive disorder, single episode, unspecified	Other Provider	1							
WELLBUTRIN XL 300 MG TABLET	N/A	Other Provider	1							1
WHEELCHAIR ANTI-TIPPING DEVI	NEOPLASTIC (MALIGNANT) RELATED FATIGUE	INTERNAL MEDICINE	1	0	0	0	0			
WHEELCHAIR BRAKE EXTENSION	CEREBRAL INFARCTION, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
WHEELCHAIR DETACHABLE ARMS	MULTIPLE SCLEROSIS	FAMILY MEDICINE	1	0	0	0	0			1
WHEELCHAIR HEAVY DUTY FIXED	INJ OTH MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHEELCHAIR LIGHTWT FOOT REST	WEAKNESS	SURGERY, ORTHOPEDIC	2	0	0	0	0			†
WHEELCHAIR STANDARD DETACH A	FX L SHOULDER GIRDLE, PART UNSP, SUBS FOR FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			+
WHEELCHAIR STANDARD DETACH A	MULTIPLE SCLEROSIS	NEUROLOGY	1	0	0	0	0			+
WHEELCHAIR STANDARD DETACH A	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0	†		+
						1 -	1 -	1		

Description Description						Medical	Experimental &	Network	Total	Total	
MERICANE MARKANDO PETROLA MARKANDO PETRO	Procedure Code Description	Diagnosis Codo Description	Drovidor Specialty	Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
MARKEN MARKANDE DUTCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN WITCH A MARKEN MARKEN MARKEN WITCH A MARKEN MARKEN MARKEN MARKEN A MARKEN MARKE	•			1	0	O	O	O Delliais	Approveu	Dellieu	by IRO
DEBECAND STANDARD W/ LEG N				1	0	0	0	0			\vdash
MERICHAND STANDARD WILE BE OF THE PROCESSAR OF THE PROCES				1	0	0	0	0			\vdash
MERICAND STRUMEN WILE R				1	0	0	0	0			
MERICANI STAMPS AND WILDS S MARCH STAMPS AND AND ATTERIOR CRISCART LEAGURET OR REGIT TO RECURS S MARCH STAMPS AND AND ATTERIOR CRISCART LEAGURET OR REGIT TO REGIT TO SEASON AND AND AND ATTERIOR CRISCART S MARCH STAMPS AND AND ATTERIOR CRISCART S MARCH STAMPS AND AND ATTERIOR CRISCART S MARCH STAMPS AND ATTERIOR S MARCH STAMPS A				1	0	0	0	0			
MARCH WITHOUT STREET ACQUIRED ABMONE OF INTERFECT SURGEST, CAPPER LIMPS				1	0	0	0	0			
WITH OWN DOWNST PRECET WITH OWN DOWNST PRECED WITH OWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN				1	0	0	0	0			\vdash
WITH OWN DOWNST PRECET WITH OWN DOWNST PRECED WITH OWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN	WHFO W/O JOINTS PRE CST	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	RHEUMATOLOGY	1	0	0	0	0			+
WIRD WIS CONTROL PRESECT WIRD WIS CONTROL PRESECT WIRD WIS CONTROL PRESECT WIRD WIS CONTROL PRESECT WIRD WIS CONTROL PRESECT WIRD WIS CONTROL PRESECT WIRD WIS CONTROL PRESECT WIRD WIRD WIRD WIS CONTROL PRESECT WIRD WIRD WIRD WIRD WIRD WIRD WIRD WIRD	WHFO W/O JOINTS PRE CST			2	0	0	0	0			\vdash
WIFO WAS DISTS PRECEST ATTREAS PERSONNERS. (SIGNET PRODUCE NATE AND ADDRESS PARKS FOR MAN SINCE PERSONNERS. (SIGNET PRODUCE NATE AND ADDRESS PARKS FOR MAN SINCE PERSONNERS. (SIGNET PRODUCE NATE AND ADDRESS PARKS FOR MAN SINCE PERSONNERS. (SIGNET PERSONNERS. SIGNET PERSONNERS. SIGNET PERSONNERS. (SIGNET PERSONNERS. SIGNET PERSONNERS.			SURGERY, ORTHOPEDIC	1	0	0	0	0			
WIRD WAY COUNTS PRE CST WHO W		HYPOXEMIA		1	0	0	0	0			\vdash
WIND WIND DOINTS PRE CET MONDAY FOR FOR MED ON PANCE DOING F 1 WAS, THIS SOPER MEDICINE 0 0 0 0 0 0 0 0 0 0 0	WHFO W/O JOINTS PRE CST	LATERAL EPICONDYLITIS, RIGHT ELBOW	FAMILY MEDICINE	2	0	0	0	0			
WIFO WO, DOINTS PRECET DOINT SECRET DOINT SECRET DOINT SECRET SECRET DOINT SECRET SECRET DANN ILLET FORCE SPORTS MIDDORN 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·			1	0	0	0	0			+
WISH OW, DOINTS RE CST PARK NET STEAR STREET SHORE STATE STREET SHORE STATE STREET SHORE STATE STREET SHORE STATE STATE STREET SHORE STATE				1	0	0	0	0			+
MARTON DO DORTS PRE CST APAIN IN REFET INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA IN RIGHT INDRESS PARA INDRESS P		· · · · · · · · · · · · · · · · · · ·		1	0	0	0	0			\vdash
WHO W/O JOINTS PRE CST PARAMY COST DAMINING SELECT HAND SOORS ARBDONE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		PAIN IN LEFT KNEE		1	0	0	0	0			+
WHO W/O JOINTS RECST				1	0	0	0	0			+
WHO W/O JOINTS RRE CST		. ,		1	0	0	0	0			
WHO W/O JOINTS PRE CST	·			1	0	0	0	0			
WHEFOW JOINTS PRECST PRIMARY OSTEOATHERTS, UNSPECIFIED WINST ADADAS STYLLOIP TROPOSYDUTIS DE QUERVANN WHEFOW JOINTS PRECST ADADAS STYLLOIP TROPOSYDUTIS DE QUERVANN WHEFOW JOINTS PRECST ADADAS STYLLOIP TROPOSYDUTIS DE QUERVANN WHEFOW JOINTS PRECST ADADAS STYLLOIP TROPOSYDUTIS DE QUERVANN WHEFOW JOINTS PRECST SPRAIN OF HET ACARPOPHALANGEAL JOINT OF UNSP THUMB, BIT WHEFOW JOINTS PRECST WHEFOW JOINTS PRECST WHEFOW JOINTS PRECST JOINT SPRAIN OF HET ACARPOPHALANGEAL JOINT OF UNSP THUMB, BIT WHEFOW JOINTS PRECST JOINT SPRAIN OF HET ACARPOPHALANGEAL JOINT OF UNSP THUMB, BIT WHEFOW JOINTS PRECST JOINT SPRAIN OF HET ACARPOPHALANGEAL JOINT OF UNSP THUMB, BIT WHEFOW JOINTS PRECST JUNE SPRAIN OF HET ACARPOPHALANGEAL JOINT OF UNSP THUMB, BIT WHEFOW JOINTS PRECST JUNE SPRAIN OF HET ACARPOPHALANGEAL JOINT OF UNSP THUMB, BIT WHEFOW JOINTS PRECST JUNE SPRAIN OF HET ACARPOPHALANGEAL JOINT OF UNSP THUMB, BIT WHEFOW JOINTS PRECST JUNE SPRAIN OF JOINT OF HEST CARPOMETACARP JOINT, I HAND WHEFOW JOINTS PRECST JUNE SPRAIN OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND AND PINGERISS, INT ENCHTR WHEFOW JOINTS PRECST JUNES PRUNTY OF LEFT WRIST, HAND A				1	0	0	0	0			
WHEF W/J JOINTS PRE CST ADAMS STYLOID TRONOFWORD ISE QUERVAIN] APRICA WIND TRONOFWORD ISE QUERVAIN] APRICA WIND TRONOFWORD ISE QUERVAIN] APRICA WIND TRONOFWORD ISE QUERVAIN] APRICA WIND TRONOFWORD ISE QUERVAIN] APRICA WIND TRONOFWORD ISE QUERVAIN] BY AND ASSESSED TO THE CONTROL OF TH	·	· ·		1	0	0	0	0			+
WHIFO W/O. JOHN'S PRE CST				2	0	0	0	0			+
WHFO W/O JOINTS PRE CST				11	0	0	0	0			+
WHFO W/O JOINTS PRE CST				2	0	0	0	0			+
WHEN W/O JOINTS PRE CST WHEN W/O JOINTS PRE CST UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, LHAND WHEN W/O JOINTS PRE CST UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, LHAND WHEN W/O JOINTS PRE CST UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, LHAND WHEN W/O JOINTS PRE CST UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, LHAND WHEN W/O JOINTS PRE CST UNSPINUARY OF LEFT WRIST, HAND AND PINGERS), INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF LEFT WRIST, HAND AND PINGERS), INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPINUARY OF RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INIT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INT ENCHTR WHEN W/O JOINTS PRE CST UNSPICE SPRAND OR RIGHT WRIST, HAND AND PINGERSS, INT ENCHTR WHEN W/O JOINTS PRE CST CARPAL TUNNEL SYNDROMORE, BILLTERS LEVER WRIST, HAND AND PINGERSS, INTERCORT WHEN W/O JOINTS PRE CST UNSPICE SPRAND				1	0	0	0	0			+
WHFO W/O JOINTS PRE CST		· ·		1	0	0	0	-			+
WHFO W/O JOINTS PRE CST UNSP INJURY OF LEFT WRIST, HAND AND FINGERIS), INIT ENCHTR WHFO W/O JOINTS PRE CST UNSP INJURY OF LEFT WRIST, HAND AND FINGERIS), INIT ENCHTR WHFO W/O JOINTS PRE CST UNSP INJURY OF LEFT WRIST, HAND AND FINGERIS, INIT ENCHTR WHFO W/O JOINTS PRE CST UNSP INJURY OF LEFT WRIST, HAND AND FINGERIS, BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO				1	0	0	0	•			
WHFO W/O JOINTS PRE CST UNSP INJURY OF LEFT WRIST, HAND AND FINGERISJ, INIT ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, INIT ENCNTR PEDIATRICS 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, INIT ENCNTR PEDIATRICS 1 0 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, INIT ENCNTR PEDIATRICS 1 0 0 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, INIT ENCNTR SPORTS MEDICINE 2 0 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGERISJ, SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST SERVER SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST SERVER SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST SERVER SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST CARPAL TUNNEL SYNDROME, EIGHTERAL UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST CARPAL TUNNEL SYNDROME, EIGHTERAL UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST CARPAL TUNNEL SYNDROME, EIGHTERAL UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CSTS CARPAL TUNNEL SYNDROME, EIGHTERAL UPPER LIMBS REJUMATION OF THE CST SERVER SWEET SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CSTS CONTUSION OF RIGHT KIRE, INTITULE ENCOUNTER PEDIATRICS 1 0 0 0 0 0 WHFO W/O JOINTS PRE CSTS CONTUSION OF RIGHT KIRE, LINTITULE LEFT LIMBS REPUMATION OF THE CST SERVER SWEET SWEET SWEET SWEET SWEET SWEET SWEET SWEET SWEET SWEET SWEET	WHFO W/O JOINTS PRE CST	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, L HAND	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHFO W/O JOINTS PRE CST	WHFO W/O JOINTS PRE CST	UNIL PRIMARY OSTEOARTH OF FIRST CARPOMETACARP JOINT, R HAND	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE CST	WHEO W/O JOINTS PRE CST	LINSP INIURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNTR	PEDIATRICS	1	0	0	0	0			
WHFO W/O JOINTS PRE CST				1	0	0	0	0			+
WHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNTR PWHFO W/O JOINTS PRE CST UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSPECIFIED SPRAIN OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CST UNSPECIFIED SPRAIN OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX SOCIAL WORK 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX SURGERY, ORTHOPEDIC 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS FAMILY MEDICINE 2 0 0 0 0 0 WHFO W/O JOINTS PRE CTS CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB RIFLUMATOLOGY WHFO W/O JOINTS PRE CTS CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB RIFLUMATOLOGY 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS CONTUSION OF RIGHT RALE OF A DAMAGE OF ANAL OF A RIGHT RALE OF A RIGHT WAS A SYNDROME. RIGHT UPPER LIMB RIFLUMATOLOGY WHFO W/O JOINTS PRE CTS CONTUSION OF RIGHT KNEE, INTITAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS CONTUSION OF RIGHT KNEE, INTITAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS DISP FX OF BIASS OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS DISP FX OF BIASS OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS DISP FX OF BIASS OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS DISP FX OF BIASS OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0 0 0 0 0 WHFO W/O JOINTS PRE CTS DISP FX OF BIASS OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSI				1	0	0	0	0			+
WHFO W/O JOINTS PRE CST				2	0	0	0	0			+
WHFO W/O JOINTS PRE CST UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER SPORTS MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	n			+
WHFO W/O JOINTS PRE OTS BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX SOCIAL WORK 1				1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS BENNETT'S FRACTURE, RIGHT HAND, INIT FOR CLOS FX SURGERY, ORTHOPEDIC WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS FAMILY MEDICINE CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, LEFT UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB RHEUMATOLOGY 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS COLLES' FX LEFT RADIUS, SUBS FOR CLOS FX W ROUTH HEAL FAMILY MEDICINE WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT GREAT TOG W DAMAGE TO NAIL, INIT ENCNTR PEDIATRICS 1 0 0 0 0 WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT WELL, INITIAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF BASE OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF DISTAL PHALANKO OF RIGHT THUMB, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SOCIAL WORK 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SAF	·	·		1	0	0	0	0			
WHFO W/O JOINTS PRE OTS				1	0	0	0	0			\vdash
WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS SPORTS MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·		· ·	2	0	0	0	0			+
WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB SPORTS MEDICINE 1 0 0 0 0 WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB RHEUMATOLOGY 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS COLLES' FX LEFT RADIUS, SUBS FOR CLOS FX W ROUTH HEAL FAMILY MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT GREAT TOE W DAMAGE TO NAIL, INIT ENCNTR PEDIATRICS 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF BASE OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0	·			1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB RHEUMATOLOGY 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•	· ·		1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS COLLES' FX LEFT RADIUS, SUBS FOR CLOS FX W ROUTN HEAL WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT GREAT TOE W DAMAGE TO NAIL, INIT ENCNTR PEDIATRICS 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER WHFO W/O JOINTS PRE OTS DISP FX OF BASE OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT O 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF DISTAL PHALANX OF RIGHT THUMB, INIT FOR OPN FX SURGERY, PLASTIC WHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SOCIAL WORK TWHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SURGERY, ORTHOPEDIC WHFO W/O JOINTS PRE OTS DISP FX OF SHAFT OF FIFTH MC BONE, SUBS FOR FX W ROUTN HEAL SURGERY, PLASTIC UNFOW O/ JOINTS PRE OTS DISP FX OF SHAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC UNFOW O/ JOINTS PRE OTS DISP FX OF SHAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC UNFOW O/ JOINTS PRE OTS DISP FX OF SHAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC UNFOW O/ JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON SPORTS MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·			1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT GREAT TOE W DAMAGE TO NAIL, INIT ENCNTR WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER FAMILY MEDICINE 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF BASE OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0		·		1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS DISP FX OF BASE OF FIFTH METACARPAL BONE, LEFT HAND, INIT PHYSICIAN ASSISTANT 1 0				1	0	0	0	n			
WHFO W/O JOINTS PRE OTS DISP FX OF DISTAL PHALANX OF RIGHT THUMB, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SOCIAL WORK 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF NECK OF UNSP MC BONE, SUBS FOR FX W ROUTH HEAL SURGERY, PLASTIC 1 0				1	0	0	0	0			\vdash
WHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SOCIAL WORK 1 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SURGERY, ORTHOPEDIC 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF NECK OF UNSP MC BONE, SUBS FOR FX W ROUTN HEAL SURGERY, PLASTIC 1 0 <td< td=""><td></td><td></td><td></td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td> </td><td>+</td></td<>				1	0	0	0	0		 	+
WHFO W/O JOINTS PRE OTS DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THD SURGERY, ORTHOPEDIC 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF NECK OF UNSP MC BONE, SUBS FOR FX W ROUTN HEAL SURGERY, PLASTIC 1 0 0 0 0 0 WHFO W/O JOINTS PRE OTS DISP FX OF SHAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0<		·		1	0	0	0	0			\vdash
WHFO W/O JOINTS PRE OTS DISP FX OF NECK OF UNSP MC BONE, SUBS FOR FX W ROUTN HEAL SURGERY, PLASTIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	0	0	0	0		 	+
WHFO W/O JOINTS PRE OTS DISP FX OF SHAFT OF FIFTH MC BONE, L HAND, INIT FOR OPN FX SURGERY, PLASTIC 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ESSENTIAL (PRIMARY) HYPERTENSION SPORTS MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·	·		1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ESSENTIAL (PRIMARY) HYPERTENSION SPORTS MEDICINE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·	· · · · · · · · · · · · · · · · · · ·		1	0	0	0	0			
WHFO W/O JOINTS PRE OTS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON WHFO W/O JOINTS PRE OTS ESSENTIAL (PRIMARY) HYPERTENSION SPORTS MEDICINE 1 0 0 0 0 0 0 0		· · ·		1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS ESSENTIAL (PRIMARY) HYPERTENSION SPORTS MEDICINE 1 0 0 0				1	0	0	0	0			+
				1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS FAMILY HISTORY OF SUDDEN CARDIAC DEATH PEDIATRICS 1 0 0 0 0	·			1	0	0	0	0			+

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			Total UM	Total UM	Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
WHFO W/O JOINTS PRE OTS	FLAIL JOINT, LEFT HAND	SURGERY, PLASTIC	2	0	0	0	0			<u> </u>
WHFO W/O JOINTS PRE OTS	FRACTURE OF UNSP CARPAL BONE, LEFT WRIST, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	LATERAL EPICONDYLITIS, RIGHT ELBOW	RHEUMATOLOGY	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	MASTITIS WITHOUT ABSCESS	SOCIAL WORK	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	MASTITIS WITHOUT ABSCESS	SURGERY, ORTHOPEDIC	1	0	0	0	0			<u> </u>
WHFO W/O JOINTS PRE OTS	MEDIAL EPICONDYLITIS, LEFT ELBOW	RHEUMATOLOGY	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	NONDISP FX OF MIDDLE THIRD OF NAVIC BONE OF R WRIST, INIT	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	NONDISP FX OF NK OF 5TH MC BONE, R HAND, 7THD	PHYSICIAN ASSISTANT	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	NONDISP FX OF PROXIMAL PHALANX OF LEFT THUMB, INIT	PEDIATRICS	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	NONDISP FX OF PROXIMAL PHALANX OF LEFT THUMB, INIT	PHYSICIAN ASSISTANT	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	NONDISP FX OF PROXIMAL PHALANX OF RIGHT RING FINGER, INIT	SURGERY, PLASTIC	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	OTH FRACTURES OF LOWER END OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, PLASTIC	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	OTHER SPRAIN OF RIGHT THUMB, SUBSEQUENT ENCOUNTER	SOCIAL WORK	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	OTHER SPRAIN OF RIGHT THUMB, SUBSEQUENT ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHFO W/O JOINTS PRE OTS	PAIN IN LEFT FINGER(S)	FAMILY MEDICINE	2	0	0	0	0			1
WHFO W/O JOINTS PRE OTS	PAIN IN LEFT HAND	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	PAIN IN LEFT KNEE	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	PAIN IN LEFT WRIST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	PAIN IN RIGHT HAND	PHYSICIAN ASSISTANT	1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS	PAIN IN RIGHT WRIST	SPORTS MEDICINE	1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	PRIMARY OSTEOARTHRITIS, LEFT HAND	FAMILY MEDICINE	1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	FAMILY MEDICINE	4	0	n	0	n			+
WHFO W/O JOINTS PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	SPORTS MEDICINE	6	0	0	0	0			+
WHFO W/O JOINTS PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WHFO W/O JOINTS PRE OTS	SPRAIN OF METACARPOPHALANGEAL JOINT OF LEFT THUMB, INIT	SURGERY, PLASTIC	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	SPRAIN OF METACARPOPHALANGEAL JOINT OF LEFT THOMB, NITT		1	0	0	0	0			
		FAMILY MEDICINE SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	SPRAIN OF METACARPOPHALANGEAL JOINT OF RIGHT THUMB, INIT		1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	SPRAIN OF METACARPOPHALANGEAL JOINT OF UNSP THUMB, INIT	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	TRIGGER THUMB, RIGHT THUMB	FAMILY MEDICINE	1	0	0	0	0			├
WHFO W/O JOINTS PRE OTS	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNTR	INTERNAL MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNTR	FAMILY MEDICINE	2	0	0	0	0			
WHFO W/O JOINTS PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
WHFO W/O JOINTS PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR	SPORTS MEDICINE	1	0	0	0	0			<u> </u>
WHFO W/O JOINTS PRE OTS	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
WHFO W/O JOINTS PRE OTS	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	FAMILY MEDICINE	1	0	0	0	0			<u> </u>
WHLCHR STAND FXD ARM FT REST	SPINA BIFIDA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	GASTROENTEROLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ACUTE PAIN DUE TO TRAUMA	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ACUTE PAIN DUE TO TRAUMA	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ANESTHESIA OF SKIN	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ANESTHESIA OF SKIN	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ANESTHESIA OF SKIN	PHYSICAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ANESTHESIA OF SKIN	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	BRADYCARDIA, UNSPECIFIED	PHYSICIAN ASSISTANT	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	BRADYCARDIA, UNSPECIFIED	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	BRADYCARDIA, UNSPECIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	CALCIFIC TENDINITIS, LEFT FOREARM	SPORTS MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	FAMILY MEDICINE	10	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	INTERNAL MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	NEUROLOGY	-		<u> </u>		-	1		+

			Total UM	Total UM	Medical Necessity	Experimental & Investigational	Network Adequacy	Total Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	ORTHOPAEDIC SPORTS MEDICINE	1	U	U	U	U			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	SOCIAL WORK	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	SPORTS MEDICINE	6	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	SURGERY, ORTHOPEDIC	3	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	SURGERY, PLASTIC	4	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	FAMILY MEDICINE	4	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	ORTHOPAEDIC SPORTS	1	0	0	0	0			
	,	MEDICINE								
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SOCIAL WORK	3	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SPORTS MEDICINE	5	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SURGERY, ORTHOPEDIC	5	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	FAMILY MEDICINE	6	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	NEUROLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	PHYSICIAN ASSISTANT	3	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SOCIAL WORK	6	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SPORTS MEDICINE	8	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SURGERY, ORTHOPEDIC	7	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SURGERY, PLASTIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CHEST PAIN, UNSPECIFIED	NEUROLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	COLLES' FRACTURE OF LEFT RADIUS, SUBS FOR CLOS FX W MALUNION	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	COLLES' FRACTURE OF LEFT RADIUS, SUBS FOR CLOS FX W MALUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	NEUROLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CONTUSION OF LEFT HAND, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	CONTUSION OF SCROTUM AND TESTES, INITIAL ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DILATED CARDIOMYOPATHY	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISLOC OF MC (BONE), PROXIMAL END OF RIGHT HAND, SUBS	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISLOC OF MC (BONE), PROXIMAL END OF RIGHT HAND, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISLOCATION OF OTH CARPOMETACARPAL JOINT OF RIGHT HAND, SUBS	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISLOCATION OF OTH CARPOMETACARPAL JOINT OF RIGHT HAND, SUBS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISLOCATION OF RADIOCARPAL JOINT OF RIGHT WRIST, INIT ENCNTR	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISLOCATION OF RADIOCARPAL JOINT OF RIGHT WRIST, INIT ENCNTR	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF NECK OF UNSP MC BONE, SUBS FOR FX W ROUTN HEAL	SURGERY, PLASTIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF PISIFORM, RIGHT WRIST, INIT FOR CLOS FX	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF SHAFT OF 5TH MC BONE, L HAND, 7THD	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF SHAFT OF 5TH MC BONE, L HAND, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF SHAFT OF FOURTH METACARPAL BONE, LEFT HAND, INIT	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF SHAFT OF FOURTH METACARPAL BONE, LEFT HAND, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISP FX OF TRIQUETRUM BONE, LEFT WRIST, INIT FOR CLOS FX	PHYSICIAN ASSISTANT	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF RIGHT ULNA, INIT	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF RIGHT ULNA, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	DORSALGIA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ENCNTR FOR OTH SCREENING FOR GENETIC AND CHROMSOML ANOMALIES	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	ESSENTIAL (PRIMARY) HYPERTENSION	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	ESSENTIAL (PRIMARY) HYPERTENSION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	FX UNSP CARPAL BONE, LEFT WRIST, SUBS FOR FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	FX UNSP CARPAL BONE, LEFT WRIST, SUBS FOR FX W ROUTN HEAL	PHYSICIAN ASSISTANT	1	0	0	0	0			1
	FX UNSP CARPAL BONE, LEFT WRIST, SUBS FOR FX W ROUTN HEAL	SOCIAL WORK					t	t		1

Bracedura Codo Description	Diagnosis Code Description	Drouidor Caosialty	Total UM	Total UM	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy	Total Appeals	Total Appeals	Approved by IRO
Procedure Code Description WHO COCK-UP NONMOLDE PRE OTS	Diagnosis Code Description FX UNSP CARPAL BONE, LEFT WRIST, SUBS FOR FX W ROUTN HEAL	Provider Specialty SPORTS MEDICINE	Approvals	Denials 0	Deniais	Deniais	Denials	Approved	Denied	by IKO
WHO COCK-UP NONMOLDE PRE OTS	FX UNSP CARPAL BONE, LEFT WRIST, SUBS FOR FX W ROUTH HEAL	SURGERY, ORTHOPEDIC	1	0	n	0	n			+
WHO COCK-UP NONMOLDE PRE OTS	FX UNSP CARPAL BONE, RIGHT WRIST, SUBS FOR FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	GANGLION, UNSPECIFIED SITE	SOCIAL WORK	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	GANGLION, UNSPECIFIED SITE	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PHYSICAL MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SOCIAL WORK	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SPORTS MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	HYPOXEMIA	NEUROLOGY	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	LATERAL EPICONDYLITIS, RIGHT ELBOW	FAMILY MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	LATERAL EPICONDYLITIS, RIGHT ELBOW	SOCIAL WORK	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	LATERAL EPICONDYLITIS, RIGHT ELBOW	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	PHYSICIAN ASSISTANT	1	0	0	0	0			+
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WHO COCK-UP NONMOLDE PRE OTS	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	MIXED INCONTINENCE	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	NAUSEA WITH VOMITING, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF BASE OF FOURTH MC BONE, LEFT HAND, INIT	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF L RADIAL STYLOID PRO, 7THD	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF L RADIAL STYLOID PRO, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	NONDISP FX OF NK OF 5TH MC BONE, L HAND, 7THD	FAMILY MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	NONDISP TRANSVERSE FRACTURE OF SHAFT OF RIGHT RADIUS, INIT	FAMILY MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	NONDISP TRANSVERSE FX SHAFT OF R ULNA, 7THD	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	NONDISP TRANSVERSE FX SHAFT OF R ULNA, 7THD	SPORTS MEDICINE	2	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	NONDISP TRANSVERSE FX SHAFT OF R ULNA, 7THD	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE, RIGHT HAND	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE, RIGHT HAND	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	FAMILY MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FRACTURE OF LOWER END OF RIGHT RADIUS, INIT	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FRACTURE OF LOWER END OF RIGHT RADIUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END R RAD, 7THD	FAMILY MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END R RAD, 7THD	SPORTS MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END R RAD, 7THG	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH EXTRARTIC FX LOW END R RAD, 7THG	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH FRACTURE OF THIRD METACARPAL BONE, RIGHT HAND, INIT	FAMILY MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH FRACTURES OF LOWER END OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, PLASTIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH FX OF LOWER END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH FX OF LOWER END R RADIUS, SUBS FOR CLOS FX W DELAY HEAL	SOCIAL WORK	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH FX OF LOWER END R RADIUS, SUBS FOR CLOS FX W DELAY HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	OTH INTARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	SOCIAL WORK	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH INTARTIC FRACTURE OF LOWER END OF LEFT RADIUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W DELAY HEAL	SOCIAL WORK	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W DELAY HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTH INTARTIC FX LOW END L RAD, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTHER CHEST PAIN	SURGERY, PLASTIC	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTHER ENTHESOFATHIES, NOT ELSEWHERE CLASSIFIED	SPORTS MEDICINE	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	OTHER ERMINES OF ALTHEST OTHER ECASSIFIED	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
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			Total UM	Total UM	Necessity	Experimental & Investigational	Adequacy	Appeals	Total Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
WHO COCK-UP NONMOLDE PRE OTS	OTHER INSTABILITY, RIGHT WRIST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	OTHER LESIONS OF MEDIAN NERVE, RIGHT UPPER LIMB	NEUROLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	OTHER SPECIFIED JOINT DISORDERS, RIGHT WRIST	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	OTHER SPECIFIED JOINT DISORDERS, RIGHT WRIST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	OTHER SPECIFIED SPRAIN OF LEFT WRIST, SUBSEQUENT ENCOUNTER	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM	SURGERY, ORTHOPEDIC SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN LEFT SHOULDER PAIN IN LEFT WRIST	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN LEFT WRIST	INTERNAL MEDICINE	5	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN LEFT WRIST	PEDIATRICS	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN LEFT WRIST	RHEUMATOLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN LEFT WRIST	SPORTS MEDICINE	1	0	0	0	0			-
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT ARM	PEDIATRICS	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT AND	FAMILY MEDICINE	1	0	0	0	0			-
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT HAND	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT HAND	SURGERY, ORTHOPEDIC	1	0	0	0	0			-
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT HAND	FAMILY MEDICINE	1	0	0	0	0			-
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT WRIST	ORTHOPAEDIC SPORTS	1	0	0	0	0			-
WHO COCK-OF NONWOLDE PRE 013	FAIN IN NIGHT WAIST	MEDICINE	1	U	U	U	U			
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT WRIST	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT WRIST	SPORTS MEDICINE	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN RIGHT WRIST	SURGERY, ORTHOPEDIC	3	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PAIN IN UNSPECIFIED WRIST	PEDIATRICS	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PAIN, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PARESTHESIA OF SKIN	PULMONARY DISEASE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PARESTHESIA OF SKIN	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PERSONAL HISTORY OF COLONIC POLYPS	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PERSONAL HISTORY OF COLONIC POLYPS	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	POISONING BY OTH PARASYMPATH AND SPASMOLYTICS, ACC, INIT	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	POISONING BY OTH PARASYMPATH AND SPASMOLYTICS, ACC, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT WRIST	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	RHEUMATOLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]	SURGERY, PLASTIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	SIXTH [ABDUCENT] NERVE PALSY, RIGHT EYE	PHYSICIAN ASSISTANT	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	SLTR-HARIS TYPE II PHYSL FX LOWER END RADIUS, LEFT ARM, INIT	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	SLTR-HARIS TYPE II PHYSL FX LOWER END RADIUS, LEFT ARM, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	SMITH'S FRACTURE OF LEFT RADIUS, INIT FOR CLOS FX	SURGERY, PLASTIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	SNORING	ORTHOPAEDIC SPORTS	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	SPRAIN OF DELTOID LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	MEDICINE PEDIATRICS	1	0	0	0	0			-
WHO COCK-UP NONMOLDE PRE OTS	STRAIN OF UNSP MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, INIT	INTERNAL MEDICINE	1	0	0	0	0			-
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	FAMILY MEDICINE	1	0	0	0	0			\vdash
WHO COCK-UP NONMOLDE PRE OTS	TORUS FRACTURE OF LOWER END OF LEFT RADIUS, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			++
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	TORUS FRACTURE OF LOWER END OF LEFT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			\vdash
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	TORUS FX LOWER END OF LEFT RADIUS, SUBS FOR FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	TORUS FX LOWER END OF LEFT RADIUS, SUBS FOR FX W ROUTH HEAL TORUS FX LOWER END OF R RADIUS, SUBS FOR FX W ROUTH HEAL	SPORTS MEDICINE SPORTS MEDICINE	1	0	0	0	n			\vdash
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	TRIGGER FINGER, UNSPECIFIED FINGER	SURGERY, ORTHOPEDIC	1	0	0	0	0			++
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	SPORTS MEDICINE	2	0	0	0	0			\vdash
WHO COCK-UP NONMOLDE PRE OTS WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF LEFT FOREARM, INIT FOR CLOS FX	SPORTS MEDICINE SPORTS MEDICINE	1	0	0	0	0			+
WHO COCK-UP NOINIVIOLDE PRE UTS	UNSE FRACTURE OF LEFT FUREARIN, INTI FUR CLUS FX	SPUKIS WIEDICINE	I _T	ľ	U	U	U	l .		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF LEFT FOREARM, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF NAVICULAR BONE OF LEFT WRIST, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			+
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF SHAFT OF RIGHT RADIUS, INIT FOR CLOS FX	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF SHAFT OF RIGHT RADIUS, INIT FOR CLOS FX	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF SHAFT OF UNSP ULNA, INIT FOR CLOS FX	PEDIATRICS	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	ORTHOPAEDIC TRAUMA	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FRACTURE OF THE LOWER END OF RIGHT RADIUS, INIT	SURGERY, ORTHOPEDIC	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W MALUNION	SOCIAL WORK	1	0	0	0	0			1
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W MALUNION	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W ROUTN HEAL	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX SHAFT OF LEFT ULNA, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	PHYSICIAN ASSISTANT	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SOCIAL WORK	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOW END LEFT RAD, SUBS FOR CLOS FX W ROUTN HEAL	SURGERY, ORTHOPEDIC	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	PHYSICIAN ASSISTANT	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP FX THE LOWER END R RAD, SUBS FOR CLOS FX W ROUTN HEAL	SPORTS MEDICINE	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP INJURY OF LEFT SHOULDER AND UPPER ARM, INIT ENCNTR	FAMILY MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP INJURY OF LEFT WRIST, HAND AND FINGER(S), INIT ENCNTR	PEDIATRICS	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCNTR	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), SUBS ENCNTR	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	CYTOPATHOLOGY	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED INJURY OF RIGHT FOREARM, INITIAL ENCOUNTER	INTERNAL MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	SPORTS MEDICINE	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF LEFT WRIST, SUBSEQUENT ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	FAMILY MEDICINE	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	SOCIAL WORK	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	SPORTS MEDICINE	1	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	SURGERY, ORTHOPEDIC	2	0	0	0	0			
WHO COCK-UP NONMOLDE PRE OTS	UNSTABLE ANGINA	SURGERY, PLASTIC	1	0	0	0	0			
WHO W/O JOINTS CF	PERONEAL TENDINITIS, LEFT LEG	SURGERY, PLASTIC	1	0	0	0	0			
WHOLE MITOCHONDRIAL GENOME	CONGENITAL AND DEVELOPMENTAL MYASTHENIA	PEDIATRIC NEUROLOGY	0	1	0	0	1			
WHOLE MITOCHONDRIAL GENOME	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	NEUROLOGY	0	2	2	0	0			
WHOLE MITOCHONDRIAL GENOME	FAMILIAL DYSAUTONOMIA [RILEY-DAY]	GENETICS	0	1	1	0	0			
WHOLE MITOCHONDRIAL GENOME	HYPERMOBILE EHLERS-DANLOS SYNDROME	GENETICS	0	1	1	0	0			
WHOLE MITOCHONDRIAL GENOME	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	PEDIATRIC NEUROLOGY	0	1	1	0	0			
WHOLE MITOCHONDRIAL GENOME	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	PEDIATRIC NEUROLOGY	1	0	0	0	0			
WIG ANY TYPE	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	HEMATOLOGY	1	0	0	0	0			
WIG ANY TYPE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
WIG ANY TYPE	NEUTROPENIA, UNSPECIFIED	INTERNAL MEDICINE	1	0	0	0	0			
WIRELESS PRESSURE SENSOR	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	INTERNAL MEDICINE	1	0	0	0	0			
WOUND PREP ADDL 100 CM	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
WOUND PREP ADDL 100 CM	OTHER HYPERTROPHIC DISORDERS OF THE SKIN	SURGERY, PLASTIC	2	0	0	0	0			
WOUND PREP TRK/ARM/LEG	BURN OF UNSPECIFIED BODY REGION, UNSPECIFIED DEGREE	SURGERY, PLASTIC	0	1	1	0	0			↓
WOUND PREP TRK/ARM/LEG	FEVER, UNSPECIFIED	SURGERY, PLASTIC	2	0	0	0	0			
WOUND PREP TRK/ARM/LEG	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	SURGERY, PLASTIC	1	0	0	0	0			
WOUND PREP TRK/ARM/LEG	OTHER HYPERTROPHIC DISORDERS OF THE SKIN	SURGERY, PLASTIC	2	0	0	0	0			
WOUNDEX, BIOSKIN, PER SQ CM	END STAGE RENAL DISEASE	PODIATRY	0	1	1	0	0			↓
WOUNDEX, BIOSKIN, PER SQ CM	NON-PRS CHR ULCER OF RIGHT HEEL AND MIDFT LMT TO BRKDWN SKIN	PODIATRY	0	1	0	1	0			
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SOCIAL WORK	1	0	0	0	0			

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SOCIAL WORK	1	0	0	0	0			
WRIST ENDOSCOPY/SURGERY	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WRIST ENDOSCOPY/SURGERY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SOCIAL WORK	1	0	0	0	0			
WRIST ENDOSCOPY/SURGERY	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SURGERY, ORTHOPEDIC	1	0	0	0	0			
WRIST ENDOSCOPY/SURGERY	TRIGGER FINGER, RIGHT RING FINGER	SURGERY, ORAL AND MAXILLOFACIAL	0	1	1	0	0			
Xalkori	Malignant neoplasm of rectum	ONCOLOGY						1		
XALKORI 250 MG CAPSULE	N/A	PHYSICIAN ASSISTANT	1							
XCAPSL CTRC RMVL CPLX WO ECP	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	OPHTHALMOLOGY	3	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	OPHTHALMOLOGY	12	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	LESION OF ULNAR NERVE, LEFT UPPER LIMB	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	OTHER SPECIFIED CATARACT	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	PAIN IN RIGHT KNEE	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	RIGHT LOWER QUADRANT PAIN	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	SPASMODIC TORTICOLLIS	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	FAMILY MEDICINE	1	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	TYPE 2 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL CPLX WO ECP	UNSPECIFIED TRAUMATIC CATARACT, RIGHT EYE	OPHTHALMOLOGY	2	0	n	0	n			-
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, BILATERAL	INTERNAL MEDICINE	2	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, BILATERAL	OPHTHALMOLOGY	5	0	0	0	0			-
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	FAMILY MEDICINE	2	0	n	0	n			-
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	OPHTHALMOLOGY	8	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	OPHTHALMOLOGY	8	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	ALZHEIMER'S DISEASE WITH LATE ONSET	OPHTHALMOLOGY	2	0	n	0	n			-
XCAPSL CTRC RMVL W/O ECP	ANTERIOR DISLOCATION OF LENS, RIGHT EYE	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	CEREBRAL INFARCTION, UNSPECIFIED	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	CHEST PAIN, UNSPECIFIED	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	FAMILY MEDICINE	4	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	OPHTHALMOLOGY	33	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	FAMILY MEDICINE	6	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	OPHTHALMOLOGY	9	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	FAMILY MEDICINE	1	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	OPHTHALMOLOGY	23	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER, NOT TRAUMA	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	CORTICAL AGE-RELATED CATARACT, BILATERAL	FAMILY MEDICINE	2	0	0	0	0			-
XCAPSL CTRC RMVL W/O ECP XCAPSL CTRC RMVL W/O ECP	DYSPHAGIA, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			├ ──┤
XCAPSL CTRC RMVL W/O ECP XCAPSL CTRC RMVL W/O ECP	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	OPHTHALMOLOGY	1	0	0	0	0			-
XCAPSL CTRC RMVL W/O ECP	END STAGE RENAL DISEASE	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	ESOPHAGEAL VARICES WITHOUT BLEEDING	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP XCAPSL CTRC RMVL W/O ECP	HEADACHE, UNSPECIFIED	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP	HYPERKALEMIA	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP XCAPSL CTRC RMVL W/O ECP	HYPERSOMNIA, UNSPECIFIED	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP XCAPSL CTRC RMVL W/O ECP	INFLAMMATORY POLYARTHROPATHY	OPHTHALMOLOGY	1	0	0	0	0			+
XCAPSL CTRC RMVL W/O ECP	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	OPHTHALMOLOGY	2	0	n	0	n			
XCAPSL CTRC RIVVE W/O ECP XCAPSL CTRC RMVL W/O ECP	OBSTRUCTIVE GLASTROENTERITIS AND COLITIS, UNSPECIFIED	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RIVVE W/O ECP XCAPSL CTRC RMVL W/O ECP	PAIN IN RIGHT KNEE	OPHTHALMOLOGY	1	0	0	0	0			+
XCAPSL CTRC RIVVE W/O ECP XCAPSL CTRC RMVL W/O ECP	PERSONAL HISTORY OF COLONIC POLYPS	OPHTHALMOLOGY	1	0	0	0	0			
XCAPSL CTRC RIVVE W/O ECP XCAPSL CTRC RMVL W/O ECP	POSTERIOR DISLOCATION OF LENS, LEFT EYE	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RIVVE W/O ECP XCAPSL CTRC RMVL W/O ECP	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	OPHTHALMOLOGY	2	0	0	0	0			
XCAPSL CTRC RMVL W/O ECP XCAPSL CTRC RMVL W/O ECP	RADICULOPATHY, LUMBAR REGION	OPHTHALMOLOGY	1	0	0	0	0			+
ACAPSE CIRC RIVIVE W/U ECP	KADICULUPATHY, LUMBAK KEGIUN	UPHTHALMULUGY	1	U	U	U	U			<u> </u>

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
XCAPSL CTRC RMVL W/O ECP	SLTR-HARIS TYPE I PHYSL FX LOW END L TIBIA, 7THD	OPHTHALMOLOGY	2	0	0	0	0			ļ!
XCAPSL CTRC RMVL W/O ECP	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	OPHTHALMOLOGY	3	0	0	0	0			
XCOPRI 150 MG TABLET	N/A	PEDIATRIC NEUROLOGY	1							
XCOPRI 200 MG TABLET	N/A	PEDIATRIC NEUROLOGY	2							
XCOPRI 50 MG TABLET	N/A	PEDIATRIC NEUROLOGY	1							
XELJANZ	Alopecia (capitis) totalis	DERMATOLOGY							1	
XELIANZ	Other alopecia areata	DERMATOLOGY							1	
XELJANZ 10 MG TABLET	N/A	GASTROENTEROLOGY	2							
XELJANZ 10 MG TABLET	N/A	PHYSICIAN ASSISTANT	1							
XELIANZ 5 MG TABLET	Alopecia (capitis) totalis	DERMATOLOGY		1	1					
XELJANZ 5 MG TABLET	N/A	DERMATOLOGY	1	5	5			-		—
XELIANZ 5 MG TABLET	N/A	Other Provider	1	3	3			-		—
ACEMINE STITIO TABLET	1978	PEDIATRIC	<u> </u>							┼
XELIANZ 5 MG TABLET	N/A	RHEUMATOLOGY	2							ŀ
ALBANZ 3 MIG TABLET	IVA	PEDIATRIC SPORTS	2							\vdash
XELJANZ 5 MG TABLET	N/A	MEDICINE	1							ŀ
XELJANZ 5 MG TABLET XELJANZ 5 MG TABLET	N/A	RHEUMATOLOGY	1	1				-		
XELIANZ 5 MG TABLET			3	1				-		
	Rheumatoid arthritis, unspecified	Other Provider	2							ļ
XELJANZ 5 MG TABLET	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	1							ļ
XELJANZ 5 MG TABLET	ULCERATIVE CHRONIC PANCOLITIS WITH UNS COMP	GASTROENTEROLOGY	1							ļ!
XELJANZ 5 MG TABLET	Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	1							ļ!
XELJANZ XR 11 MG TAB ER 24H	N/A	DERMATOLOGY	1							
XELJANZ XR 11 MG TAB ER 24H	N/A	GASTROENTEROLOGY	1							
XELJANZ XR 11 MG TAB ER 24H	N/A	Other Provider	6							ļ!
		PEDIATRIC								l l
XELJANZ XR 11 MG TAB ER 24H	N/A	RHEUMATOLOGY	2							
XELJANZ XR 11 MG TAB ER 24H	N/A	PULMONARY DISEASE	1							
XELJANZ XR 11 MG TAB ER 24H	N/A	RHEUMATOLOGY	20	2	2					
XELJANZ XR 11 MG TABLET	Arthropathic psoriasis, unspecified	RHEUMATOLOGY	2							
XELJANZ XR 11 MG TABLET	N/A	GASTROENTEROLOGY	1							
XELJANZ XR 11 MG TABLET	N/A	RHEUMATOLOGY	5							
XELJANZ XR 11 MG TABLET	Psoriasis vulgaris	DERMATOLOGY	1							
XELJANZ XR 11 MG TABLET	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	RHEUMATOLOGY	6	1	1					
XELJANZ XR 11 MG TABLET	Rheumatoid arthritis without rheumatoid factor, multiple sites	NURSE PRACTITIONER	1							ŀ
XELJANZ XR 11 MG TABLET	Rheumatoid arthritis, unspecified	RHEUMATOLOGY	3							
XELJANZ XR 22 MG TAB ER 24H	N/A	GASTROENTEROLOGY	1							
XELODA 500 MG TABLET	Malignant neoplasm of colon, unspecified	ONCOLOGY	1							
XEOMIN 100 UNIT VIAL	N/A	NEUROLOGY	1	1	1					†
	,	PHYSICAL MEDICINE AND	<u> </u>	<u> </u>	_					
XEOMIN 200 UNIT VIAL	Spasmodic torticollis	REHABILITATION	1							ŀ
ALCOHOL 200 CHILL THE	Spasinous to tioonis	OBSTETRICS/GYNECOLOG	-	1				-		—
XERESE 5 %-1 % CREAM(GM)	N/A	v		3	3					ŀ
MENERS 5 /0 1 /0 Cheminioning	1971	FAMILY NURSE	 	1		1		 		\vdash
XERESE 5%-1% CREAM	N/A	PRACTITIONER		l ₁	1					
XERMELO 250 MG TABLET	N/A	PHYSICIAN ASSISTANT	1	-	-			 		+
			1	 		-		1		
XHANCE	Chronic frontal sinusitis	Physician	 	 		-		1		\vdash
VHANCE OF MCC AER RR ACT	N/A	ALLED CV/INANALINIOLOGY			-	_				
XHANCE 93 MCG AER BRACT	N/A	ALLERGY/IMMUNOLOGY	ŏ	1	1	1		-		
XHANCE 93 MCG AER BR.ACT	N/A	DERMATOLOGY	-	1	1			-		
XHANCE 93 MCG AER BR.ACT	N/A	FAMILY MEDICINE	3	lτ	Ţ		l	1		<u> </u>

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
WHANGE OF ACC AED DD ACT		FAMILY NURSE								
XHANCE 93 MCG AER BR.ACT	N/A	PRACTITIONER		1	1					
XHANCE 93 MCG AER BR.ACT	N/A	INTERNAL MEDICINE	1	2	2					_
XHANCE 93 MCG AER BR.ACT	N/A	Other Provider	3	ь	ь					_
		OTOLABYAICOLOGY (FAD								
VHANCE 03 MCC AED DD ACT	NI/A	OTOLARYNGOLOGY (EAR,	20	12	12					
XHANCE 93 MCG AER BRACT	N/A N/A	NOSE, AND THROAT)	29	13	12	1				
XHANCE 93 MCG AER BR.ACT XHANCE 93 MCG NASAL SPRAY		PHYSICIAN ASSISTANT FAMILY MEDICINE	1	1	1	1				
XHANCE 93 MCG NASAL SPRAY	Allergic rhinitis, unspecified Allergic rhinitis, unspecified	Other Provider		1	1					
AHAINCE 93 MICG NASAL SPRAT	Allergic Hillitis, unspecified	Other Provider		1	1					
		OTOLARVNICOLOGY (EAR								
XHANCE 93 MCG NASAL SPRAY	Allorgic rhipitic unspecified	OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	1							
ANAINCE 93 WICG WASAL SPRAT	Allergic rhinitis, unspecified	NOSE, AND THROAT)	1							
VHANCE OZ MCG NASAL SDRAV	N/A	ALLERGY/IMM/LINOLOGY	1							
XHANCE 93 MCG NASAL SPRAY	N/A	ALLERGY/IMMUNOLOGY	T							
		OTOLABYNCOLOGY (EAR								
VHANCE O2 MCC NASAL SDDAV	Nosal congestion/70496	OTOLARYNGOLOGY (EAR,		4	1					
XHANCE 93 MCG NASAL SPRAY	Nasal congestion(70486)	NOSE, AND THROAT)		1	1					_
VIIANICE OZ MACC MACAL CRRAV	Need ask as consensation	ALLED CV/INANALINIOLOGY	2	2	2					
XHANCE 93 MCG NASAL SPRAY	Nasal polyp, unspecified	ALLERGY/IMMUNOLOGY	4	2	2					-
XHANCE 93 MCG NASAL SPRAY	Nasal polyp, unspecified	FAMILY MEDICINE	1	2	2					-
XHANCE 93 MCG NASAL SPRAY	Nasal polyp, unspecified	Other Provider	1	2	2					-
		OTOLABYMCOLOGY (FAR								
WILANIES OF MACCINICAL CRIPAY	New Lord Control of the Land	OTOLARYNGOLOGY (EAR,	_							
XHANCE 93 MCG NASAL SPRAY	Nasal polyp, unspecified	NOSE, AND THROAT)	5	3	3					
		== 0.//								
XHANCE 93 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	ALLERGY/IMMUNOLOGY	1.	1	1					-
XHANCE 93 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	PHYSICIAN ASSISTANT	1							
VIIANICE OZ MACC MACAL CRRAV	DOLVD OF MASAL CAN/ITV	ALLED CV/INANALINIOLOGY								
XHANCE 93 MCG NASAL SPRAY	POLYP OF NASAL CAVITY	ALLERGY/IMMUNOLOGY		1	1					
		OTOLABYMCOLOGY (FAR								
WILANIES CO NACO NACAL CRRAV	BOLVE OF MACAL CAN/ITV	OTOLARYNGOLOGY (EAR,								
XHANCE 93 MCG NASAL SPRAY	POLYP OF NASAL CAVITY	NOSE, AND THROAT)	1							
XIAFLEX 0.9 MG VIAL	N/A	Other Provider	1	1	1					
XIAFLEX 0.9 MG VIAL	N/A	UROLOGY	2							
XIFAXAN 550 MG TABLET	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	GASTROENTEROLOGY	1	1.						-
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	GASTROENTEROLOGY		1	1					
XIFAXAN 550 MG TABLET	N/A	FAMILY MEDICINE	1	3	3					-
XIFAXAN 550 MG TABLET	N/A	GASTROENTEROLOGY	15	2	2					-
XIFAXAN 550 MG TABLET	N/A	NURSE PRACTITIONER	2							-
XIFAXAN 550 MG TABLET	N/A	Other Provider	1	2	2					
XIFAXAN 550 MG TABLET	N/A	PHYSICIAN ASSISTANT	T	1	-	<u> </u>				-
VIEAVANI FEO MC TARI ET	N/A	TRANSPLANT								
XIFAXAN 550 MG TABLET	N/A	HEPATOLOGY	1							-
VICINIO VID 10 MC 1 000 MC TAIR	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY	Oth an Duantidan		4	1					
XIGDUO XR 10 MG-1,000 MG TAB	DISEASE	Other Provider	1	1	1	<u> </u>				-
VICILIO VI 10 MC 1 000 MC TAD	Tuno 2 diabates mollitus with him and unanti-	ENDOCRINOLOGY AND	1							
XIGDUO XR 10 MG-1,000 MG TAB	Type 2 diabetes mellitus with hyperglycemia	METABOLISM FAMILY MEDICINE	1	1	1	<u> </u>				-
XIGDUO XR 10 MG-1,000 MG TAB	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1	1	1	<u> </u>				-
XIGDUO XR 10 MG-1,000 MG TAB	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1	1	-	<u> </u>				-
XIGDUO XR 10 MG-500 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	PHYSICIAN ASSISTANT	1							
WICDLIG VD 40 4000 NAC TAB BB 2411		ENDOCRINOLOGY AND								
XIGDUO XR 10-1000 MG TAB BP 24H	N/A	METABOLISM	1							
XIGDUO XR 10-1000 MG TAB BP 24H	N/A	Other Provider	2							
WICELIA VE 3 5 MG 4 000 MG T 2	The second state of the se	ENDOCRINOLOGY AND								
XIGDUO XR 2.5 MG-1,000 MG TAB	Type 2 diabetes mellitus with diabetic polyneuropathy	METABOLISM	1	l	L					

					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
XIGDUO XR 2.5 MG-1,000 MG TAB	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1							
XIGDUO XR 5 MG-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	FAMILY MEDICINE	1	1	1				1	1
XIGDUO XR 5 MG-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	1							
XIGDUO XR 5 MG-1,000 MG TABLET	Type 2 diabetes mellitus with hyperglycemia	Other Provider	1							
XIGDUO XR 5 MG-1,000 MG TABLET	Type 2 diabetes mellitus without complications	FAMILY MEDICINE		1	1					
XIGDUO XR 5 MG-1,000 MG TABLET	TYPE 2 DIABETES W OTH DIABETIC OPHTHALMIC COMPLICATION	FAMILY MEDICINE	1							
	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR	FAMILY NURSE								
XIGDUO XR 5 MG-500 MG TABLET	EDEMA, BI	PRACTITIONER		1	1					
		ENDOCRINOLOGY AND								1
XIGDUO XR 5 MG-500MG TAB BP 24H	N/A	METABOLISM	2							
XIGDUO XR 5 MG-500MG TAB BP 24H	N/A	INTERNAL MEDICINE		2	2					
XIGDUO XR 5 MG-500MG TAB BP 24H	N/A	Other Provider	1							
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
XIGDUO XR 5MG-1000MG TAB BP 24H	N/A	CARE	1							
XIGDUO XR 5MG-1000MG TAB BP 24H	N/A	INTERNAL MEDICINE	3							
XIGDUO XR 5MG-1000MG TAB BP 24H	N/A	Other Provider	1							
XIMINO ER 135 MG CAPSULE	N/A	DERMATOLOGY		1	1					
X-LINKED INTELLECTUAL DBLT	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	GENETICS	0	4	4	0	0			
XOLAIR	Idiopathic urticaria	ALLERGY/IMMUNOLOGY						1		1
XOLAIR	Severe persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY						2		
XOLAIR	Unspecified asthma with (acute) exacerbation	Physician						1		
XOLAIR 150 MG VIAL	Idiopathic urticaria	ALLERGY/IMMUNOLOGY	6							
XOLAIR 150 MG VIAL	Idiopathic urticaria	PEDIATRICS		2	2					\perp
XOLAIR 150 MG VIAL	Moderate persistent asthma, uncomplicated	Other Provider	1							\perp
XOLAIR 150 MG VIAL	N/A	ALLERGY	1							-
XOLAIR 150 MG VIAL	N/A	ALLERGY/IMMUNOLOGY	7							
XOLAIR 150 MG VIAL	N/A	FAMILY MEDICINE	1	1	1					
		FAMILY NURSE								
XOLAIR 150 MG VIAL	N/A	PRACTITIONER	1							1
XOLAIR 150 MG VIAL	N/A	INTERNAL MEDICINE	1	1	1					
		PEDIATRIC ALLERGY &								
XOLAIR 150 MG VIAL	N/A	IMMUNOLOGY	1							
XOLAIR 150 MG VIAL	N/A	PULMONARY DISEASE	1							
XOLAIR 150 MG VIAL	Severe persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY	3							1
XOLAIR 150 MG VIAL	Severe persistent asthma, uncomplicated	SLEEP MEDICINE	1							
XOLAIR 150 MG VIAL	Unspecified asthma with (acute) exacerbation	Other Provider	1							
XOLAIR 150 MG/ML SYRINGE	Idiopathic urticaria	ALLERGY/IMMUNOLOGY	4	1	1					
XOLAIR 150 MG/ML SYRINGE	Idiopathic urticaria	Other Provider	2	2	2					\vdash
XOLAIR 150 MG/ML SYRINGE XOLAIR 150 MG/ML SYRINGE	Idiopathic urticaria	PEDIATRICS	2	_	_					\vdash
XOLAIR 150 MG/ML SYRINGE XOLAIR 150 MG/ML SYRINGE	Idiopathic urticaria	RHEUMATOLOGY	1		-					+
		20	-	†	†					\vdash
XOLAIR 150 MG/ML SYRINGE	N/A	ALLERGY/IMMUNOLOGY	8	1	1					
XOLAIR 150 MG/ML SYRINGE	N/A	DERMATOLOGY	1	1	1					
		ENDOCRINOLOGY AND								
XOLAIR 150 MG/ML SYRINGE	N/A	METABOLISM	1							
XOLAIR 150 MG/ML SYRINGE	N/A	Other Provider	5							
XOLAIR 150 MG/ML SYRINGE	N/A	PHYSICIAN ASSISTANT	1							

					Medical Necessity	Experimental & Investigational	Network Adequacy		Total Appeals	Approved
			Total UM	Total UM				Total Appeals		
Procedure Code Description	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved	Denied	by IRO
XOLAIR 150 MG/ML SYRINGE	N/A	PULMONARY DISEASE	4	1	1					
XOLAIR 150 MG/ML SYRINGE	N/A	SLEEP MEDICINE	2							
XOLAIR 150 MG/ML SYRINGE	Severe persistent asthma, uncomplicated	ALLERGY/IMMUNOLOGY	1							
XOLAIR 75 MG/0.5 ML SYRINGE	Severe persistent asthma, uncomplicated	PULMONARY DISEASE	1							
		PEDIATRIC ALLERGY &								
XOLAIR 75MG/0.5ML SYRINGE	N/A	IMMUNOLOGY	1							
XOLAIR 75MG/0.5ML SYRINGE	N/A	SLEEP MEDICINE	1							
XOPENEX HFA 45 MCG HFA AER AD	N/A	PEDIATRICS	1							
XOPENEX HFA 45 MCG HFA AER AD	N/A	PULMONARY DISEASE		2	2		0			
XRAY CONTROL CATHETER CHANGE X-RAY EXAM OF ANKLE	PERITONEAL ABSCESS END STAGE RENAL DISEASE	SURGERY, GENERAL PODIATRY	1	0	0	0	0			
X-RAY EXAM OF FOOT	END STAGE RENAL DISEASE END STAGE RENAL DISEASE	PODIATRY	1	0	0	0	0			
X-RAY EXAM OF POUT X-RAY EXAM OF PELVIS	N/A	HOSPITAL	2	U	U	0	U			
X-RAY OF LOWER SPINE DISK	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	PHYSICAL MEDICINE	1	0	0	0	0			
A-NAT OF EOWER SPINE DISK	INTERVENTEBRAE DISC DISORDERS W RADICOLOFATTI, LOWBAR REGION	FITTSICAL WEDICINE	1	ľ	U		O			
X-RAY URETHRA/BLADDER	BILATERAL INTRAABDOMINAL TESTES	FAMILY MEDICINE	1	0	0	0	0			
X-RAY URETHRA/BLADDER	RENAL DYSPLASIA	SURGERY, PLASTIC	1	0	0	0	0			
X-RAY URETHRA/BLADDER	URINARY TRACT INFECTION, SITE NOT SPECIFIED	PEDIATRIC UROLOGY	1	0	0	0	0			
X-RAY URETHRA/BLADDER	URINARY TRACT INFECTION, SITE NOT SPECIFIED	PEDIATRICS	1	0	0	0	0			
X-RAY XM SWLNG FUNCJ C+	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY	1	0	0	0	0			
X-RAY XM SWLNG FUNCJ C+	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	FAMILY MEDICINE	1	0	0	0	0			
X-RAY XM UPR GI TRC 1CNTRST	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	PEDIATRIC	1	0	0	0	0			
	116	GASTROENTEROLOGY	_							
XTAMPZA ER 13.5 MG CAP SPR 12	N/A	Other Provider	2							
		PHYSICAL MEDICINE AND	1.							
XTAMPZA ER 13.5 MG CAP SPR 12	N/A	REHABILITATION	1							
XTAMPZA ER 13.5 MG CAPSULE	N/A	Other Provider	1							
XTAMPZA ER 13.5 MG CAPSULE	Postlaminectomy syndrome, not elsewhere classified	Other Provider	1							
XTAMPZA ER 18 MG CAP SPR 12	N/A	Other Provider	2							
VTANADTA ED 40 MC CADCUUE	Character and a second assets	PHYSICAL MEDICINE AND								
XTAMPZA ER 18 MG CAPSULE XTAMPZA ER 18 MG CAPSULE	Chronic pain syndrome SECONDARY MALIGNANT NEOPLASM OF BONE	REHABILITATION	2							
XTAINIPZA ER 18 MIG CAPSULE	SECUNDARY MALIGNANT NEOPLASIN OF BONE	Other Provider PHYSICAL MEDICINE AND	1							
VTANADZA ED 27 NAC CAD CDD 42	NI/A		l,							
XTAMPZA ER 27 MG CAP SPR 12	N/A	REHABILITATION	1							
XTAMPZA ER 27 MG CAPSULE	Radiculanathy, lumbar ragion	PHYSICAL MEDICINE AND REHABILITATION	1							
XTAMPZA ER 27 MG CAPSOLE XTAMPZA ER 36 MG CAP SPR 12	Radiculopathy, lumbar region N/A	PAIN MANAGEMENT	2							
ATAINIFZA EN 30 IVIG CAF 3FN 12	N/A	PHYSICAL MEDICINE AND	2							
XTAMPZA ER 36 MG CAP SPR 12	N/A	REHABILITATION	1							
XTAMPZA ER 9 MG CAP SPR 12	N/A	Other Provider	1	1	1					
ATAMI EA ER 9 MG GAI SI R IE	N/A	PHYSICAL MEDICINE AND	-	-	_					
XTAMPZA ER 9 MG CAP SPR 12	N/A	REHABILITATION	1	1	1					
XTAMPZA ER 9 MG CAPSULE	Chronic pain syndrome	PAIN MANAGEMENT	1	-	-					
XTANDI 40 MG CAPSULE	N/A	Other Provider	1							
	.4	2	 -							+
XTANDI 40 MG CAPSULE	N/A	RADIATION ONCOLOGY	1							
XTANDI 40 MG CAPSULE	N/A	UROLOGY	1	1						
	Other specified disorders of bone density and structure, unspecified		1	1						
XULANE PATCH	site	PEDIATRICS	1							
XYOSTED	N/A	FAMILY MEDICINE							1	
		ENDOCRINOLOGY AND								
XYOSTED	Testicular hypofunction	METABOLISM						1		
XYOSTED	Testicular hypofunction	FAMILY MEDICINE						2	1	
XYOSTED	Testicular hypofunction	Other Provider						1		1
		ENDOCRINOLOGY AND								
XYOSTED 100 MG/0.5 AUTO INJCT	N/A	METABOLISM	1							

Procedure Code Description	Diagnosis Code Description	Provider Specialty		Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
			Total UM Approvals							
XYOSTED 100 MG/0.5 AUTO INJCT	N/A	FAMILY MEDICINE	Approvais	2 Delliais	2 Delliais	Demais	Delliais	Approveu	Dellieu	by INO
XYOSTED 100 MG/0.5 AUTO INJCT	N/A	PHYSICIAN ASSISTANT	1	1	1					
XYOSTED 100 MG/0.5 AUTO INJCT	N/A	UROLOGY	1	2	2					
XYOSTED 100 MG/0.5 ACTO INSCI	Testicular hypofunction	FAMILY MEDICINE	1	5	5					
XYOSTED 100 MG/0.5 ML AUTO-INJ	Testicular hypofunction	Other Provider	12	1	1					
XYOSTED 100 MG/0.5 ML AUTO-INJ	Testicular hypofunction	PHYSICIAN ASSISTANT	2	1	1					
XYOSTED 100 MG/0.5 ML AUTO-INJ	Testicular hypofunction	UROLOGY	1	1	1					
XYOSTED 75 MG/0.5 ML AUTO-INJ	N/A	INTERNAL MEDICINE	1	1	1					
XYOSTED 75 MG/0.5 ML AUTO-INJ	Testicular hypofunction	FAMILY MEDICINE		2	2					
XYOSTED 75 MG/0.5 ML AUTO-INJ		INTERNAL MEDICINE	2	1	2					
XYOSTED 75 MG/0.5 ML AUTO-INJ	Testicular hypofunction	Other Provider	2	1	1					
XYOSTED 75 MG/0.5 ML AUTO-INJ	Testicular hypofunction	UROLOGY		2	1					
AYUSTED 75 MIG/U.5 MIL AUTU-INJ	Testicular hypofunction			3	3			1		
VACCTED TENAC (O ENAL ALITO INJECT	11/4	ENDOCRINOLOGY AND		-	-					
XYOSTED 75MG/0.5ML AUTO INJCT	N/A	METABOLISM	1	5	5					
XYOSTED 75MG/0.5ML AUTO INJCT	N/A	FAMILY MEDICINE	1	1	1					
XYOSTED 75MG/0.5ML AUTO INJCT	N/A	Other Provider	1	_	_					₩
XYOSTED 75MG/0.5ML AUTO INJCT	N/A	UROLOGY	1	3	3					
XYREM	NARCOLEPSY	SLEEP MEDICINE							1	<u> </u>
XYREM	Narcolepsy with cataplexy	NEUROLOGY						1		<u> </u>
XYREM 500 MG/ML ORAL SOLUTION	Hypersomnia, unspecified	NEUROLOGY	1							
XYREM 500 MG/ML ORAL SOLUTION	N/A	NEUROLOGY		1	1					
XYREM 500 MG/ML ORAL SOLUTION	N/A	SLEEP MEDICINE	1							
XYREM 500 MG/ML ORAL SOLUTION	Narcolepsy with cataplexy	NEUROLOGY	1							
XYREM 500 MG/ML ORAL SOLUTION	Narcolepsy with cataplexy	NURSE PRACTITIONER	2							
XYREM 500 MG/ML ORAL SOLUTION	Narcolepsy with cataplexy	PEDIATRIC NEUROLOGY	1							
XYREM 500 MG/ML ORAL SOLUTION	Narcolepsy without cataplexy	Other Provider		1	1					
XYREM 500 MG/ML ORAL SOLUTION	Narcolepsy without cataplexy	PEDIATRIC NEUROLOGY	2							
XYREM 500 MG/ML ORAL SOLUTION	Narcolepsy without cataplexy	PULMONARY DISEASE		1	1					
XYREM 500 MG/ML SOLUTION	N/A	NEUROLOGY	5	2	2					
XYREM 500 MG/ML SOLUTION	N/A	NURSE PRACTITIONER	3	2	2					
XYREM 500 MG/ML SOLUTION	N/A	PULMONARY DISEASE	1							
XYREM 500 MG/ML SOLUTION	N/A	SLEEP MEDICINE		4	4					
		CARDIOVASCULAR								
XYWAV 0.5G/ML SOLUTION	N/A	DISEASE	3							
XYWAV 0.5G/ML SOLUTION	N/A	NEUROLOGY	1							
YERVOY 50 MG/10ML VIAL	N/A	ONCOLOGY		1	1					
YUPELRI 175 MCG/3 ML SOLUTION	Chronic obstructive pulmonary disease, unspecified	PULMONARY DISEASE		1	1					
YUPELRI 175 MCG/3 ML SOLUTION	Chronic obstructive pulmonary disease, unspecified	SLEEP MEDICINE		1	1					
		FAMILY NURSE								
		PRACTITIONER PRIMARY								
YUVAFEM 10 MCG TABLET	N/A	CARE	1							
ZARXIO 480 MCG/0.8 ML SYRINGE	N/A	ONCOLOGY	1							
	·	GYNECOLOGIC								†
ZEJULA 100 MG CAPSULE	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	1							
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY		2	2					
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	Migraine without aura, intractable, with status migrainosus	Other Provider		2	2					
ZEMBRACE SYMTOUCH 3 MG/0.5ML PEN INJCTR	N/A	FAMILY MEDICINE	1	1	1					
ZEMBRACE SYMTOUCH 3 MG/0.5ML PEN INJCTR	N/A	NEUROLOGY	l .	2	2					
ZENATANE	Acne vulgaris	DERMATOLOGY	 	-	-				1	\vdash
ZENATANE ZENATANE 40 MG CAPSULE	N/A	DERMATOLOGY	 	2	2				1	\vdash
ZENATANE 40 MG CAPSULE	N/A	Other Provider	1		-					+
ZERATIANE TO INIO CAI JULE	1973	PEDIATRIC	<u> </u>							+
ZENPEP DR 20,000 UNIT CAPSULE	N/A	PULMONOLOGY	 1							
	117/7	FULIVIONULUGI	1-					l		

Procedure Code Description	Diagnosis Code Description	Provider Specialty	Total UM Approvals	Total UM Denials	Medical Necessity Denials	Experimental & Investigational Denials	Network Adequacy Denials	Total Appeals Approved	Total Appeals Denied	Approved by IRO
ZENPEP DR 40,000 UNIT CAPSULE	Unknown	Other Provider	1							
.,		PEDIATRIC								
ZENPEP DR 40,000 UNIT CAPSULE	Unknown	PULMONOLOGY	1							
ZENZEDI 15 MG TABLET	N/A	NEUROLOGY	1							
ZENZEDI 20 MG TABLET	N/A	Other Provider	1							
ZENZEDI 30 MG TABLET	N/A	Other Provider	1							
ZEPATIER	Chronic viral hepatitis C	GASTROENTEROLOGY							1	
ZERVIATE 0.24 % DROPERETTE	N/A	OPHTHALMOLOGY		2	2					
ZIANA 1.2-0.025% GEL (GRAM)	N/A	DERMATOLOGY		1	1					
ZILRETTA	Bilateral primary osteoarthritis of knee	PHYSICIAN ASSISTANT							1	
ZILRETTA 32 MG SUSER VIAL	N/A	SURGERY, ORTHOPEDIC		2	2					
ZILXI 1.5% FOAM	N/A	Other Provider	1							
ZIOPTAN 0.0015% EYE DROPS	N/A	OPHTHALMOLOGY	2							
ZIOPTAN 0.0015% EYE DROPS	N/A	Other Provider		1	1					
ZIPSOR 25 MG CAPSULE	N/A	Other Provider		2	2					
ZIPSOR 25 MG CAPSULE	N/A	PAIN MANAGEMENT		1	1					
ZIPSOR 25 MG CAPSULE	N/A	SPORTS MEDICINE		1	1					
ZIPSOR 25 MG CAPSULE	PAIN IN UNSPECIFIED KNEE	Other Provider	1	1	1					
ZOLEDRONIC ACID 1MG	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ENDOCRINOLOGY AND	3	0	0	0	0			
		METABOLISM								
ZOLEDRONIC ACID 1MG	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	FAMILY MEDICINE	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	HEMATOLOGY	2	0	0	0	0			
ZOLEDRONIC ACID 1MG	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	INTERNAL MEDICINE	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	CEREBRAL ANEURYSM, NONRUPTURED	FAMILY MEDICINE	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	HEMATOLOGY	2	0	0	0	0			
ZOLEDRONIC ACID 1MG	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	HEMATOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	ONCOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	MELENA	HEMATOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	NAUSEA WITH VOMITING, UNSPECIFIED	HEMATOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	ONCOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HEMATOLOGY	3	0	0	0	0			
ZOLEDRONIC ACID 1MG	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	ENDOCRINOLOGY AND METABOLISM	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	FAMILY MEDICINE	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	ONCOLOGY	1	0	0	0	0			
ZOLEDRONIC ACID 1MG	UNSPECIFIED ABDOMINAL PAIN	HEMATOLOGY	1	0	0	0	0			
ZOLMITRIPTAN 5 MG ODT	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY		1	1					
ZOLMITRIPTAN 5 MG TABLET	N/A	FAMILY MEDICINE		1	1					
ZOLMITRIPTAN 5 MG TABLET	N/A	Other Provider	1	1	1					
		OBSTETRICS/GYNECOLOG							1	
ZOLOFT 100 MG TABLET	Anxiety disorder, unspecified	Υ		1	1					
ZOLOFT 100 MG TABLET	N/A	Other Provider	1							
		ADULT NURSE								
		PRACTITIONER PRIMARY				1				
ZOLOFT 25 MG TABLET	N/A	CARE	1			1				
ZOLOFT 50 MG TABLET	N/A	FAMILY MEDICINE	1	2	2					
ZOLPIMIST 5 MG/SPRAY SPRAY/PUMP	N/A	INTERNAL MEDICINE	1							

Procedure Code Description					Medical	Experimental &	Network	Total	Total	
			Total UM	Total UM	Necessity	Investigational	Adequacy	Appeals	Appeals	Approved by IRO
	Diagnosis Code Description	Provider Specialty	Approvals	Denials	Denials	Denials	Denials	Approved		
		PEDIATRIC								
ZOMACTON	Hypopituitarism	ENDOCRINOLOGY							1	1
		PEDIATRIC								
ZOMACTON	N/A	ENDOCRINOLOGY							1	1
		PEDIATRIC								
ZOMACTON 10 MG VIAL	Hypopituitarism	ENDOCRINOLOGY		1	1					
		PEDIATRIC								
ZOMACTON 10 MG VIAL	N/A	ENDOCRINOLOGY		1	1					
		PEDIATRIC								
ZOMACTON 10 MG VIAL	Short stature (child)	ENDOCRINOLOGY		1	1					<u> </u>
ZOMIG	Migraine, unspecified, not intractable, without status migrainosus	Physician						1		
ZOMIG 5 MG NASAL SPRAY	Chronic migraine without aura, intractable, with status migrainosus	NEUROLOGY		3	3					
ZOMIG 5 MG NASAL SPRAY	Migraine without aura, not intractable, without status migrainosus	NEUROLOGY		2	2					
ZOMIG 5 MG NASAL SPRAY	N/A	NEUROLOGY		1	1					
ZOMIG 5 MG SPRAY	N/A	FAMILY MEDICINE		1	1					
ZOMIG 5 MG SPRAY	N/A	NEUROLOGY	2	8	8					
ZOMIG 5 MG SPRAY	N/A	Other Provider	1	3	3					
		PHYSICAL MEDICINE AND								
ZONALON 5 % CREAM (G)	N/A	REHABILITATION		1	1					
ZONEGRAN 100 MG CAPSULE	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Other Provider	1							
ZORTRESS 1 MG TABLET	Heart transplant status	PEDIATRIC CARDIOLOGY	1							
TORMOLEY 40 MAC CARCULE	21/2	DEDIATRIC MELIDOLOGY								
ZORVOLEX 18 MG CAPSULE	N/A	PEDIATRIC NEUROLOGY		1	1					+
ZORVOLEX 35 MG CAPSULE	Arthropathic psoriasis, unspecified	RHEUMATOLOGY		1	1	-				+
ZORVOLEX 35 MG CAPSULE	N/A	FAMILY MEDICINE		4	1	-				+
ZORVOLEX 35 MG CAPSULE ZOVIRAX 5% CREAM	N/A N/A	RHEUMATOLOGY DERMATOLOGY		1	1					+
ZOVIRAX 3% CREAIVI	N/A	OBSTETRICS/GYNECOLOG		1	1					+
ZOVIRAX 5% CREAM	N/A	V V V		1	1					
ZOVIRAX 5% CREAM	N/A	Other Provider		1	1					+
ZUPLENZ 8 MG SOLUBLE FILM	NAUSEA WITH VOMITING UNSPECIFIED	INTERNAL MEDICINE		1	1					+
ZYCLARA 2.5 % CRM MD PMP	N/A	DERMATOLOGY		1	1					+
ZYCLARA 3.75 % CRM MD PMP	N/A	DERMATOLOGY		1	1					+
ZYFLO 600 MG FILMTAB	Moderate persistent asthma, uncomplicated	Other Provider		1	1					+
ZTELO UUU IVIG FILIVITAD	imoderate persistent astinna, uncomplicated	CARDIOLOGY,		1	1	+				+
ZYPITAMAG 1 MG TABLET	N/A	INTERVENTIONAL		l ₁	1					
ZII II AINIAO I INIO TABLET	IIV O	CARDIOVASCULAR		1	1	+				+
ZYPITAMAG 2 MG TABLET	N/A	DISEASE	1							
ZYPITAMAG 2 MG TABLET	N/A	INTERNAL MEDICINE	1	1		+				+
ZYTIGA 500 MG TABLET	Malignant neoplasm of prostate	ONCOLOGY	-	1	1					+
ZYTIGA 500 MG TABLET ZYTIGA 500 MG TABLET	Malignant neoplasm of prostate	Other Provider		1	1	+				+
ZITION JOU IND TABLET	Intalignant heopiasin of prostate	Other Frovider	l	1*	1*	I	1	1	1	