

Cigna Arkansas Prior Authorization Report for 01012020 - 03312020

Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Sacrococcygeal disorders nec	27096	Denied	Medical Director Review
	Segmental & somatic dysfunction of sacral region	27096	Denied	Medical Director Review
	Unilateral primary osteoarthritis left hip	27130	Approved	
	Unilateral primary osteoarthritis left hip	27130	Approved	
	Unilateral primary osteoarthritis right knee	27447	Approved	
	Incpl rot cuff tear/rupt lt shouldr not traumat	29807	Approved	
	Primary osteoarthritis right shoulder	29823	Approved	
	Pain in right shoulder	29823	Approved	
	Incpl rot cuff tear/rupt lt shouldr not traumat	29823	Approved	
	Primary osteoarthritis right shoulder	29824	Approved	
	Impingement syndrome of right shoulder	29824	Approved	
	Pain in right shoulder	29824	Approved	
	Incpl rot cuff tear/rupt lt shouldr not traumat	29824	Approved	
	Primary osteoarthritis right shoulder	29826	Approved	
	Impingement syndrome of right shoulder	29826	Approved	
	Pain in right shoulder	29826	Approved	
	Incpl rot cuff tear/rupt lt shouldr not traumat	29826	Approved	
	Impingement syndrome of right shoulder	29827	Approved	
	Pain in right shoulder	29827	Approved	
	Incpl rot cuff tear/rupt lt shouldr not traumat	29827	Approved	
	Pain in right shoulder	29828	Approved	
	Incpl rot cuff tear/rupt lt shouldr not traumat	29828	Approved	
	Pain in right knee	29877	Approved	
	Pain in right knee	29880	Approved	
	Derangemnt uns med meniscus old tear/inj lt knee	29881	Approved	
	Pain in right knee	29881	Approved	
	Other articular cartilage disorders left hip	29914	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Other articular cartilage disorders left hip	29915	Denied	Medical Director Review
	Other articular cartilage disorders left hip	29916	Denied	Medical Director Review
	Other articular cartilage disorders left hip	29999	Denied	Medical Director Review
	Radiculopathy cervical region	62321	Approved	
	Radiculopathy cervical region	62321	Approved	
	Radiculopathy cervical region	62321	Approved	
	Radiculopathy cervical region	62321	Approved	
	Radiculopathy cervical region	62321	Denied	Medical Director Review
	Spondylosis w/o myelopath/radiculopathy cerv rgn	62321	Denied	Medical Director Review
	Spinal stenosis; lumbar region with neurogenic claudication	62323	Approved	
	Other chronic pain	62323	Approved	
	Spondylosis w/o myelopath/radiculopathy lumb rgn	62323	Approved	
	Sciatica right side	62323	Approved	
	Sciatica right side	62323	Approved	
	Spondylosis w/o myelopath/radiculopathy lumb rgn	62323	Approved	
	Other acute postprocedural pain	62324	Denied	Medical Director Review
	Radiculopathy lumbosacral region	64483	Approved	
	Radiculopathy lumbosacral region	64484	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64490	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64490	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64490	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64491	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64491	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64491	Denied	Medical Director Review
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64492	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64492	Denied	Medical Director Review
	Other spondylosis lumbar region	64493	Approved	
	Spondylosis w/o myelopath/radiculopathy ls rgn	64633	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64633	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	64634	Approved	
	Spondylosis w/o myelopath/radiculopathy ls rgn	64634	Approved	
	Personal history oth diseases circulatory system	70450	Approved	
	Anxiety disorder unspecified	70450	Approved	
	Tension-type headache uns not intractable	70450	Denied	Medical Director Review
	Paralysis of vocal cords and larynx unilateral	70470	Approved	
	Conductive hearing loss unspecified	70480	Approved	
	Unspecified cholesteatoma; right ear	70480	Approved	
	Unspecified cholesteatoma right ear	70480	Approved	
	Contusion other part of head initial encounter	70480	Approved	
	Thyrotoxicos diffus goiter w/o thyrotoxic crisis	70480	Approved	
	Contusion of other part of head; initial encounter	70480	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	70480	Approved	
	Edema of left orbit	70481	Approved	
	Sensorinurl hl uni lt ear unrestrict cntrlat side	70481	Approved	
	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	70482	Approved	
	Thyrotoxicos diffus goiter w/o thyrotoxic crisis	70482	Approved	
	Chronic maxillary sinusitis	70486	Approved	
	Chronic pansinusitis	70486	Approved	
	Chronic maxillary sinusitis	70486	Approved	
	Chronic sinusitis unspecified	70486	Approved	
	Chronic sinusitis; unspecified	70486	Approved	
	Chronic sinusitis unspecified	70486	Approved	
	Chronic sinusitis; unspecified	70486	Approved	
	Other spec disorders eustachian tube uns ear	70486	Approved	
	Other chronic sinusitis	70486	Approved	
	Other chronic sinusitis	70486	Approved	
	Other chronic sinusitis	70486	Approved	
	Other specified disorders nose and nasal sinuses	70486	Approved	
	Other chronic sinusitis	70486	Approved	
	Chronic sinusitis; unspecified	70486	Approved	
	Chronic sinusitis unspecified	70486	Approved	
	Chronic pansinusitis	70486	Denied	Medical Director Review
	Headache	70486	Denied	Medical Director Review
	Chronic sinusitis; unspecified	70486	Denied	Medical Director Review
	Chronic sinusitis unspecified	70486	Denied	Medical Director Review
	Enlarged lymph nodes unspecified	70491	Approved	
	Diffuse large b-cell lymphoma extranod solid org	70491	Approved	
	Diffuse large B-cell lymphoma; extranodal and solid organ sites	70491	Approved	
	Localized swelling mass and lump neck	70491	Denied	Medical Director Review
	Generalized enlarged lymph nodes	70491	Denied	Medical Director Review
	Malignant neoplasm of tonsillar fossa	70491	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Malignant neoplasm of nasal cavity	70491	Denied	Medical Director Review
	Paralysis of vocal cords and larynx unilateral	70491	Approved	
	Other classical Hodgkin lymphoma; lymph nodes of head; face; and neck	70491	Denied	Medical Director Review
	Oth classical hodgkin lymphoma node head fce nck	70491	Denied	Medical Director Review
	Occlusion & stenosis unspecified carotid artery	70498	Denied	Medical Director Review
	Paralysis of vocal cords and larynx unilateral	70543	Approved	
	New daily persistent headache	70544	Approved	
	Unspecified abnormalities of gait and mobility	70544	Approved	
	Benign neoplasm of cerebral meninges	70544	Approved	
	Pulsatile tinnitus; unspecified ear	70546	Approved	
	Headache	70551	Approved	
	Malignant neoplasm lt kidney except renal pelvis	70551	Approved	
	Anesthesia of skin	70551	Approved	
	Diplopia	70552	Denied	Medical Director Review
	Malignant neoplasm lower lobe lt bronchus/lung	70553	Approved	
	Transient visual loss right eye	70553	Approved	
	Transient visual loss; right eye	70553	Approved	
	Unspecified sensorineural hearing loss	70553	Approved	
	Headache	70553	Approved	
	Syncope and collapse	70553	Approved	
	Other abnormalities of gait and mobility	70553	Approved	
	Headache	70553	Approved	
	Benign neoplasm of pituitary gland	70553	Approved	
	Unspecified disturbances of skin sensation	70553	Approved	
	Other peripheral vertigo unspecified ear	70553	Approved	
	Multiple sclerosis	70553	Approved	
	Secondary malignant neoplasm of brain	70553	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Benign neoplasm of pituitary gland	70553	Approved	
	Migraine w/o aura not intract w/o stat migrain	70553	Approved	
	Other peripheral vertigo; unspecified ear	70553	Approved	
	Unspecified abnormalities of gait and mobility	70553	Approved	
	Secondary malignant neoplasm of brain	70553	Approved	
	Secondary malignant neoplasm of brain	70553	Denied	Medical Director Review
	Secondary malignant neoplasm of brain	70553	Denied	Medical Director Review
	Paresthesia of skin	70553	Denied	Medical Director Review
	Benign neoplasm of cerebral meninges	70553	Approved	
	Paralysis of vocal cords and larynx unilateral	70553	Approved	
	Anesthesia of skin	70553	Approved	
	Solitary pulmonary nodule	71250	Approved	
	Other nonspecific abnormal finding of lung field	71250	Approved	
	Solitary pulmonary nodule	71250	Approved	
	Solitary pulmonary nodule	71250	Approved	
	Iron deficiency anemia sec to blood loss chronic	71250	Approved	
	Iron deficiency anemia secondary to blood loss (chronic)	71250	Approved	
	Solitary pulmonary nodule	71250	Approved	
	Malignant neoplasm lt kidney except renal pelvis	71250	Approved	
	Malignant neoplasm lt kidney except renal pelvis	71250	Approved	
	Malignant neoplasm lt kidney except renal pelvis	71250	Approved	
	Solitary pulmonary nodule	71250	Approved	
	Malig neoplasm upper-inner quad lt female breast	71260	Denied	Medical Director Review
	Malignant neoplasm of upper-inner quadrant of left female breast	71260	Denied	Medical Director Review
	Malignant neoplasm of tonsillar fossa	71260	Approved	
	Solitary pulmonary nodule	71260	Approved	
	Solitary pulmonary nodule	71260	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Malignant neoplasm lower lobe lt bronchus/lung	71260	Approved	
	Malig neoplasm central portion uns female breast	71260	Approved	
	Malignant neoplasm of rectum	71260	Approved	
	Solitary pulmonary nodule	71260	Approved	
	Malig neoplasm upper-inner quad lt female breast	71260	Approved	
	Malignant neoplasm of cervix uteri unspecified	71260	Approved	
	Malig neoplasm upper-outer quad lt female breast	71260	Approved	
	Malignant neoplasm of cervix uteri; unspecified	71260	Approved	
	Malignant neoplasm of upper-inner quadrant of left female breast	71260	Approved	
	Malignant neoplasm lt kidney except renal pelvis	71260	Approved	
	Malignant neoplasm overlap site lt bronch & lung	71260	Approved	
	Personal history malignant neoplasm of pancreas	71260	Approved	
	Personal history of malignant neoplasm of pancreas	71260	Approved	
	Enlarged lymph nodes unspecified	71260	Approved	
	Malignant neoplasm lower lobe lt bronchus/lung	71260	Approved	
	Malignant neoplasm of overlapping sites of left bronchus and lung	71260	Approved	
	Mesothelioma of pleura	71260	Approved	
	Diffuse large B-cell lymphoma; extranodal and solid organ sites	71260	Approved	
	Diffuse large b-cell lymphoma extranod solid org	71260	Approved	
	Malignant neoplasm of central portion of left female breast	71260	Approved	
	Malig neoplasm central portion lt female breast	71260	Approved	
	Malignant neoplasm upper lobe lt bronchus/lung	71260	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Malignant neoplasm uns site right female breast	71260	Denied	Medical Director Review
	Malignant neoplasm lt kidney except renal pelvis	71260	Approved	
	Generalized enlarged lymph nodes	71260	Denied	Medical Director Review
	Personal history of malignant melanoma of skin	71260	Denied	Medical Director Review
	Other malignant neuroendocrine tumors	71260	Approved	
	Secondary malignant neoplasm of brain	71260	Denied	Medical Director Review
	Paralysis of vocal cords and larynx unilateral	71260	Approved	
	Malignant neoplasm lt kidney except renal pelvis	71260	Denied	Medical Director Review
	Malig neoplasm lower-outer quad lt female breast	71260	Denied	Medical Director Review
	Malignant neoplasm lower lobe lt bronchus/lung	71260	Denied	Medical Director Review
	Oth classical hodgkin lymphoma node head fce nck	71260	Denied	Medical Director Review
	Other classical Hodgkin lymphoma; lymph nodes of head; face; and neck	71260	Denied	Medical Director Review
	Solitary pulmonary nodule	71270	Approved	
	Localized swelling mass and lump trunk	71270	Denied	Medical Director Review
	Tension-type headache uns not intractable	72125	Denied	Medical Director Review
	Spinal stenosis site unspecified	72126	Approved	
	Low back pain	72128	Approved	
	Spinal stenosis site unspecified	72129	Approved	
	Low back pain	72131	Approved	
	Low back pain	72131	Approved	
	Spinal stenosis site unspecified	72132	Approved	
	Spondylosis w/o myelopath/radiculopathy ls rgn	72132	Approved	
	Oth intervertebral disc degen lumbar region	72133	Approved	
	Radiculopathy cervical region	72141	Approved	



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Radiculopathy cervical region	72141	Approved	
	Radiculopathy cervical region	72141	Approved	
	Spondylosis w/o myelopath/radiculopathy cerv rgn	72141	Approved	
	Cervicalgia	72141	Approved	
	Cervicalgia	72141	Approved	
	Cervicalgia	72141	Denied	Medical Director Review
	Oth cervical disc degeneration uns cerv region	72141	Approved	
	Cervicalgia	72141	Denied	Medical Director Review
	Radiculopathy cervical region	72141	Denied	Medical Director Review
	Cervicalgia	72141	Denied	Medical Director Review
	Cervicalgia	72141	Denied	Medical Director Review
	Cervicalgia	72141	Denied	Medical Director Review
	Collapsed vert nec thor rgn init enc fx	72146	Denied	Medical Director Review
	Lumbago with sciatica unspecified side	72148	Approved	
	Low back pain	72148	Approved	
	Radiculopathy lumbar region	72148	Approved	
	Other idiopathic scoliosis thoracolumbar region	72148	Approved	
	Lumbago with sciatica right side	72148	Approved	
	Radiculopathy lumbar region	72148	Approved	
	Low back pain	72148	Denied	Medical Director Review
	Lumbago with sciatica left side	72148	Approved	
	Collapsed vert nec thor rgn init enc fx	72148	Denied	Medical Director Review
	Radiculopathy lumbar region	72148	Denied	Medical Director Review
	Oth spondylosis w/radiculopathy lumbar region	72148	Denied	Medical Director Review
	Radiculopathy lumbar region	72148	Denied	Medical Director Review
	Lumbago with sciatica right side	72148	Denied	Medical Director Review
	Spondylosis w/o myelopath/radiculopathy lumb rgn	72148	Denied	Medical Director Review
	Radiculopathy lumbar region	72148	Denied	Medical Director Review
	Radiculopathy lumbar region	72148	Denied	Medical Director Review
	Radiculopathy lumbar region	72148	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Low back pain	72148	Denied	Medical Director Review
	Cervicalgia	72148	Denied	Medical Director Review
	Cervicalgia	72148	Denied	Medical Director Review
	Radiculopathy cervical region	72156	Approved	
	Syringomyelia and syringobulbia	72156	Approved	
	Oth intervertebral disc degen lumbar region	72158	Approved	
	Oth intervertebral disc degen lumbar region	72158	Approved	
	Lumbago with sciatica left side	72158	Approved	
	Spondylosis w/o myelopath/radiculopathy ls rgn	72158	Approved	
	Other chronic pancreatitis	72193	Approved	
	Low back pain	72195	Denied	Medical Director Review
	Right lower quadrant pain	72195	Denied	Medical Director Review
	Cervicalgia	72195	Denied	Medical Director Review
	Elevated prostate specific antigen [PSA]	72197	Approved	
	Malignant neoplasm of prostate	72197	Approved	
	Malignant neoplasm of prostate	72197	Approved	
	Elevated prostate specific antigen [PSA]	72197	Denied	Medical Director Review
	Malignant neoplasm of rectum	72197	Denied	Medical Director Review
	Pain in right shoulder	73221	Approved	
	Complete rot cuff tear/rupt rt shldr not traumat	73221	Approved	
	Ganglion; left wrist	73221	Approved	
	Ganglion left wrist	73221	Approved	
	Uns rot cuff tear/rupt rt shldr not spec traumat	73221	Approved	
	Pain in left shoulder	73221	Approved	
	Pain in left shoulder	73221	Approved	
	Pain in right shoulder	73221	Approved	
	Lesion of ulnar nerve right upper limb	73221	Approved	
	Pain in left shoulder	73221	Denied	Medical Director Review
	Unspecified osteoarthritis unspecified site	73221	Denied	Medical Director Review
	Pain in left wrist	73221	Denied	Medical Director Review
	Pain in right shoulder	73221	Denied	Medical Director Review
	Pain in left shoulder	73221	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Cutaneous abscess; unspecified	73701	Denied	Medical Director Review
	Cutaneous abscess unspecified	73701	Denied	Medical Director Review
	Uns fracture lt foot initial enc clos fracture	73718	Approved	
	Unspecified fracture of left foot; initial encounter for closed fracture	73718	Approved	
	Erythromelalgia	73718	Denied	Medical Director Review
	Erythromelalgia	73718	Approved	
	Pain in right foot	73721	Approved	
	Pain in right knee	73721	Approved	
	Pain in right hip	73721	Approved	
	Pain in left hip	73721	Approved	
	Sprain ant cruciate ligament lt knee initial enc	73721	Approved	
	Pain in left knee	73721	Approved	
	Pain in left knee	73721	Approved	
	Pain in left knee	73721	Approved	
	Oth tear med meniscus curr inj lt knee init enc	73721	Approved	
	Pain in right knee	73721	Approved	
	Loose body in knee left knee	73721	Approved	
	Oth tear med meniscus curr inj lt knee init enc	73721	Approved	
	Chondromalacia right knee	73721	Approved	
	Pain in left knee	73721	Approved	
	Unspecified mononeuropathy right lower limb	73721	Approved	
	Pain in right foot	73721	Denied	Medical Director Review
	Pain in left knee	73721	Denied	Medical Director Review
	Pain in right knee	73721	Denied	Medical Director Review
	Pain in left knee	73721	Denied	Medical Director Review
	Other specified disorders of bone lower leg	73721	Approved	
	Other specified joint disorders left hip	73722	Approved	
	Localized swelling mass & lump right lower limb	73723	Approved	
	Other specified disorders of bone lower leg	73723	Approved	
	Malignant neoplasm lt kidney except renal pelvis	74150	Denied	Medical Director Review
	Abnormal findings on diagnostic imaging of liver and biliary tract	74170	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Other chronic pancreatitis	74170	Approved	
	Abnormal find on dx imaging liver & bili tract	74170	Approved	
	Malignant neoplasm upper lobe lt bronchus/lung	74170	Approved	
	Malignant neoplasm upper lobe lt bronchus/lung	74170	Denied	Medical Director Review
	Malignant neoplasm lt kidney except renal pelvis	74170	Denied	Medical Director Review
	Essential primary hypertension	74175	Approved	
	Other hydronephrosis	74176	Approved	
	Malignant neoplasm of prostate	74176	Approved	
	Calculus of kidney	74176	Approved	
	Calculus of kidney	74176	Approved	
	Calculus of kidney	74176	Approved	
	Unspecified abdominal pain	74176	Approved	
	Left upper quadrant pain	74176	Approved	
	Hematuria unspecified	74176	Approved	
	Malignant neoplasm lt kidney except renal pelvis	74176	Approved	
	Malignant neoplasm lt kidney except renal pelvis	74176	Approved	
	Malig neoplasm upper-inner quad lt female breast	74177	Denied	Medical Director Review
	Malignant neoplasm of upper-inner quadrant of left female breast	74177	Denied	Medical Director Review
	Unsp intestnl obst; unsp as to partial versus complete obst	74177	Approved	
	Unsp intestnl obst; unsp as to partial versus complete obst	74177	Approved	
	Malignant neoplasm lower lobe lt bronchus/lung	74177	Approved	
	Left upper quadrant pain	74177	Approved	
	Diverticulitis of intestine; part unspecified; without perforation or abscess without bleeding	74177	Approved	
	Diverticulitis part uns w/o perf/absc w/o bleed	74177	Approved	
	Abn find dx imag oth abd regions retroperitoneum	74177	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Malignant neoplasm of rectum	74177	Approved	
	Epigastric pain	74177	Approved	
	Abnormal findings on diagnostic imaging of other abdominal regions; including retroperitoneum	74177	Approved	
	Gastro-esoph reflux disease without esophagitis	74177	Approved	
	Right upper quadrant pain	74177	Approved	
	Unspecified abdominal pain	74177	Approved	
	Malignant neoplasm uns undescended testis	74177	Approved	
	Abdominal distension gaseous	74177	Approved	
	Malignant neoplasm of unspecified undescended testis	74177	Approved	
	Malignant neoplasm of cervix uteri unspecified	74177	Approved	
	Malig neoplasm upper-inner quad lt female breast	74177	Approved	
	Malignant neoplasm of upper-inner quadrant of left female breast	74177	Approved	
	Malignant neoplasm of cervix uteri; unspecified	74177	Approved	
	Malig neoplasm upper-outer quad lt female breast	74177	Approved	
	Personal history malignant neoplasm of pancreas	74177	Approved	
	Personal history of malignant neoplasm of pancreas	74177	Approved	
	Malignant neoplasm lt kidney except renal pelvis	74177	Approved	
	Malignant neoplasm of overlapping sites of left bronchus and lung	74177	Approved	
	Malignant neoplasm lower lobe lt bronchus/lung	74177	Approved	
	Malignant neoplasm overlap site lt bronch & lung	74177	Approved	
	Mesothelioma of pleura	74177	Approved	
	Diffuse large B-cell lymphoma; extranodal and solid organ sites	74177	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Diffuse large b-cell lymphoma extranod solid org	74177	Approved	
	Malignant neoplasm of central portion of left female breast	74177	Approved	
	Malig neoplasm central portion lt female breast	74177	Approved	
	Malignant neoplasm uns site right female breast	74177	Denied	Medical Director Review
	Unspecified abdominal pain	74177	Approved	
	Generalized enlarged lymph nodes	74177	Denied	Medical Director Review
	Other malignant neuroendocrine tumors	74177	Approved	
	Secondary malignant neoplasm of brain	74177	Denied	Medical Director Review
	Nausea with vomiting unspecified	74177	Denied	Medical Director Review
	Nausea with vomiting unspecified	74177	Denied	Medical Director Review
	Malig neoplasm lower-outer quad lt female breast	74177	Denied	Medical Director Review
	Malignant neoplasm lower lobe lt bronchus/lung	74177	Denied	Medical Director Review
	Oth classical hodgkin lymphoma node head fce nck	74177	Denied	Medical Director Review
	Other classical Hodgkin lymphoma; lymph nodes of head; face; and neck	74177	Denied	Medical Director Review
	Other specified disorders of bladder	74178	Approved	
	Asymptomatic microscopic hematuria	74178	Approved	
	Asymptomatic microscopic hematuria	74178	Approved	
	Hematuria unspecified	74178	Approved	
	Malignant neoplasm upper lobe lt bronchus/lung	74178	Denied	Medical Director Review
	Unspecified abdominal pain	74178	Approved	
	Personal history of malignant melanoma of skin	74178	Denied	Medical Director Review
	Epigastric pain	74178	Denied	Medical Director Review
	Malignant neoplasm lt kidney except renal pelvis	74178	Denied	Medical Director Review
	Other chronic pancreatitis	74178	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Biliary acute pancreatitis without necrosis or infection	74181	Approved	
	Cyst of pancreas	74181	Approved	
	Other specified diseases of liver	74183	Approved	
	Other cirrhosis of liver	74183	Approved	
	Neoplasm of uncertain behavior of connective and other soft tissue	74183	Approved	
	Hepatomegaly; not elsewhere classified	74183	Approved	
	Neoplasm uncertain bhv connective & oth soft tiss	74183	Approved	
	Cyst of pancreas	74183	Approved	
	Hepatomegaly not elsewhere classified	74183	Approved	
	Oth intra-abd & pelvic swelling mass & lump	74183	Denied	Medical Director Review
	Procedure and treatment not carried out for other reasons	74262	Approved	
	Proc & treatment not carried out for oth reasons	74262	Approved	
	Peripheral vascular disease unspecified	75635	Denied	Medical Director Review
	Pain in left leg	75635	Denied	Medical Director Review
	Pain in unspecified limb	75635	Denied	Medical Director Review
	Other hypertrophic cardiomyopathy	76377	Approved	
	Cyst of pancreas	76377	Approved	
	Malignant neoplasm of prostate	76377	Approved	
	Malignant neoplasm of prostate	76377	Approved	
	Chronic sinusitis unspecified	76377	Approved	
	Chronic sinusitis; unspecified	76377	Approved	
	Elevated prostate specific antigen [PSA]	76377	Denied	Medical Director Review
	Chronic pansinusitis	76377	Denied	Medical Director Review
	Secondary malignant neoplasm of brain	76498	Approved	
	Secondary malignant neoplasm of brain	76498	Approved	
	Intraductal carcinoma in situ of right breast	77049	Approved	
	Heart failure unspecified	78452	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Essential primary hypertension	78452	Approved	
	Old myocardial infarction	78452	Approved	
	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	78452	Approved	
	Chest pain unspecified	78452	Approved	
	Ashd native cor artrey w/uns angina pectoris	78452	Approved	
	Acute ischemic heart disease unspecified	78452	Approved	
	Acute ischemic heart disease; unspecified	78452	Approved	
	Other forms of dyspnea	78452	Approved	
	Encounter for therapeutic drug level monitoring	78472	Denied	Medical Director Review
	Malignant neoplasm of rectum	78815	Approved	
	Malignant neoplasm uns site left female breast	78815	Approved	
	Oth classical hodgkin lymphoma intrathor nodes	78815	Approved	
	Other classical Hodgkin lymphoma; intrathoracic lymph nodes	78815	Approved	
	Malignant neoplasm of central portion of left female breast	78815	Approved	
	Malig neoplasm central portion lt female breast	78815	Approved	
	Malignant neoplasm of left choroid	78815	Denied	Medical Director Review
	Malignant neoplasm of cervix uteri; unspecified	78815	Denied	Medical Director Review
	Malignant neoplasm of cervix uteri unspecified	78815	Denied	Medical Director Review
	Personal history of malignant melanoma of skin	78816	Denied	Medical Director Review
	Other forms of angina pectoris	93351	Approved	
	Chest pain unspecified	93351	Approved	
	Syncope and collapse	93458	Approved	
	Dyspnea unspecified	93458	Approved	
	Abnormal result oth cardiovasculr function study	93458	Approved	
	Angina pectoris unspecified	93458	Approved	
	Angina pectoris; unspecified	93458	Approved	



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Abnormal findings on dx imaging heart & cor circ	93458	Approved	
	Abnormal findings on diagnostic imaging of heart and coronary circulation	93458	Approved	
	R06.81	Apnea, not elsewhere classified	Approved	
Facility	F84.0	Applied behavioral analysis	Approved	
	J96.10	B4187	Approved	
	E11.319	C9399	Approved	
	E11.42	C9399	Approved	
	R68.89	C9399	Approved	
	R68.89	C9399	Approved	
	E11.00	C9399	Approved	
	G43.109	C9399	Approved	
	D89.811	C9399	Approved	
	E11.9	C9399	Approved	
	L40.0	C9399	Approved	
	E11.9	C9399	Approved	
	L20.89	C9399	Approved	
	M45.9	C9399	Approved	
	L40.50	C9399	Approved	
	E29.1	C9399	Approved	
	L40.0	C9399	Approved	
	L20.89	C9399	Approved	
	G43.119	C9399	Approved	
	C90.01	C9399	Approved	
	E11.9	C9399	Approved	
	E10.65	C9399	Approved	
	L40.0	C9399	Approved	
	G43.709	C9399	Approved	
	L40.0	C9399	Approved	
	J45.50	C9399	Approved	
	E11.65	C9399	Approved	
	E11.65	C9399	Approved	
	E11.65	C9399	Approved	
	E11.69	C9399	Approved	
	E11.9	C9399	Approved	
	E78.4	C9399	Approved	
	E29.1	C9399	Denied	Medical Director Review
	E11.9	C9399	Denied	Medical Director Review
	E11.65	C9399	Denied	Medical Director Review
	L20.89	C9399	Denied	Medical Director Review
	L20.9	C9399	Denied	Medical Director Review
	L20.9	C9399	Denied	Medical Director Review
	L20.9	C9399	Denied	Medical Director Review
	E29.1	C9399	Denied	Medical Director Review
	L20.89	C9399	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G43.919	C9399	Denied	Medical Director Review
	E29.1	C9399	Denied	Medical Director Review
	G43.009	C9399	Denied	Medical Director Review
	G43.911	C9399	Denied	Medical Director Review
	L40.0	C9399	Denied	Medical Director Review
	M05.79	C9399	Denied	Medical Director Review
	S82.122a	Disp fx of lateral condyle of left tibia, init for clos fx	Denied	Medical Director Review
	I10	Essential (primary) hypertension	Approved	
	Cough	G0297	Approved	
	Personal history of nicotine dependence	G0297	Approved	
	Nicotine dependence cigarettes uncomplicated	G0297	Approved	
	Nicotine dependence cigarettes uncomplicated	G0297	Approved	
	Nicotine dependence cigarettes uncomplicated	G0297	Approved	
	E78.5	Hyperlipidemia, unspecified	Denied	Medical Director Review
	E03.9	Hypothyroidism, unspecified	Denied	Medical Director Review
	M06.9	J0129	Approved	
	L40.0	J0135	Approved	
	L73.2	J0135	Approved	
	M05.731	J0135	Approved	
	M05.741	J0135	Approved	
	K50.90	J0135	Approved	
	L40.50	J0135	Approved	
	R68.89	J0135	Approved	
	M05.9	J0135	Approved	
	M05.89	J0135	Approved	
	K50.00	J0135	Approved	
	M81.0	J0135	Approved	
	L44.0	J0135	Denied	Medical Director Review
	E11.329	J0178	Approved	
	C53.0	J0185	Approved	
	F11.20	J0574	Approved	
	K11.7	J0585	Approved	
	G43.709	J0585	Approved	
	M62.838	J0585	Approved	
	G51.3	J0585	Approved	
	G81.14	J0585	Approved	
	G43.709	J0585	Approved	
	G43.719	J0585	Approved	
	G43.119	J0585	Approved	
	G24.4	J0585	Approved	
	G43.709	J0585	Approved	
	G43.701	J0585	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G81.12	J0585	Approved	
	L74.510	J0585	Approved	
	G43.719	J0585	Approved	
	R51	J0585	Approved	
	G43.909	J0585	Denied	Medical Director Review
	G43.119	J0585	Denied	Medical Director Review
	G43.701	J0585	Denied	Medical Director Review
	G43.019	J0585	Denied	Medical Director Review
	G43.701	J0585	Denied	Medical Director Review
	G43.719	J0585	Denied	Medical Director Review
	G43.909	J0585	Denied	Medical Director Review
	G43.701	J0585	Denied	Medical Director Review
	M06.9	J0717	Approved	
	M05.79	J0717	Approved	
	M05.79	J0717	Approved	
	L40.51	J0717	Approved	
	N97.9	J0725	Approved	
	D63.1	J0885	Approved	
	D64.81	J0885	Approved	
	D63.1	J0885	Denied	Medical Director Review
	D63.1	J0885	Denied	Medical Director Review
	C50.411	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	M81.0	J0897	Approved	
	C50.912	J0897	Approved	
	C61	J0897	Approved	
	M85.9	J0897	Denied	Medical Director Review
	M81.0	J0897	Denied	Medical Director Review
	M81.0	J0897	Denied	Medical Director Review
	M05.79	J1438	Approved	
	L40.9	J1438	Approved	
	M06.9	J1438	Approved	
	C85.10	J1453	Approved	
	C25.9	J1453	Denied	Medical Director Review
	C34.11	J1453	Denied	Medical Director Review
	D80.1	J1459	Approved	
	G70.01	J1561	Approved	
	G35	J1595	Approved	
	G35	J1595	Approved	
	L40.50	J1602	Denied	Medical Director Review
	L40.0	J1628	Approved	
	K50.013	J1745	Approved	
	D86.9	J1745	Approved	
	M05.89	J1745	Approved	
	K51.9	J1745	Approved	
	M06.09	J1745	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	K50.919	J1745	Approved	
	M06.09	J1745	Approved	
	M06.09	J1745	Approved	
	K50.90	J1745	Approved	
	M05.79	J1745	Approved	
	M05.79	J1745	Approved	
	M05.79	J1745	Approved	
	K50.80	J1745	Approved	
	E11.65	J1815	Approved	
	E11.65	J1815	Approved	
	E10.65	J1815	Approved	
	R68.89	J1815	Approved	
	G35	J2323	Approved	
	G35	J2350	Approved	
	G35	J2350	Approved	
	G35	J2350	Approved	
	G35	J2350	Approved	
	G35	J2350	Approved	
	G35	J2350	Denied	Medical Director Review
	L50.1	J2357	Approved	
	L50.1	J2357	Approved	
	J45.40	J2357	Approved	
	C34.11	J2469	Approved	
	C34.11	J2469	Approved	
	C85.10	J2469	Approved	
	C85.10	J2505	Approved	
	M10.9	J2507	Approved	
	O09.00	J2675	Approved	
	R62.52	J2941	Approved	
	M06.9	J3262	Approved	
	I27.0	J3285	Approved	
	L40.0	J3357	Approved	
	K50.90	J3357	Approved	
	K50.9	J3357	Approved	
	K50.812	J3357	Approved	
	K50.90	J3357	Approved	
	K50.00	J3358	Approved	
	K50.90	J3358	Approved	
	K50.00	J3358	Approved	
	K50.10	J3380	Approved	
	K51.00	J3380	Approved	
	K50.10	J3380	Approved	
	K51.011	J3380	Approved	
	K51.90	J3380	Approved	
	K51.00	J3380	Denied	Medical Director Review
	E11.65	J3490	Approved	
	E11.9	J3490	Approved	
	L70.0	J3490	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	N97.9	J3490	Approved	
	E29.1	J3490	Approved	
	R68.89	J3490	Approved	
	E11.65	J3490	Approved	
	E29.1	J3490	Approved	
	E29.1	J3490	Approved	
	N97.9	J3490	Approved	
	E29.1	J3490	Approved	
	Z68.22	J3490	Denied	Medical Director Review
	E66.9	J3490	Denied	Medical Director Review
	E66.01	J3490	Denied	Medical Director Review
	J30.0	J3490	Denied	Medical Director Review
	J01.90	J3490	Denied	Medical Director Review
	E66.9	J3490	Denied	Medical Director Review
	K21.9	J3490	Denied	Medical Director Review
	R73.01	J3490	Denied	Medical Director Review
	G89.4	J3490	Denied	Medical Director Review
	E29.1	J3490	Denied	Medical Director Review
	J44.9	J3535	Approved	
	J45.40	J3535	Approved	
	J44.9	J3535	Denied	Medical Director Review
	J44.9	J3535	Denied	Medical Director Review
	J44.9	J3535	Denied	Medical Director Review
	J44.9	J3535	Denied	Medical Director Review
	J45.40	J3535	Denied	Medical Director Review
	L20.89	J3590	Approved	
	G43.009	J3590	Denied	Medical Director Review
	Z30.430	J7298	Denied	Medical Director Review
	M25.569	J7321	Denied	Medical Director Review
	M17.11	J7324	Approved	
	M17.11	J7324	Approved	
	M17.12	J7324	Approved	
	M17.12	J7325	Approved	
	M17.12	J7325	Approved	
	M17.0	J7325	Approved	
	M17.0	J7325	Approved	
	M17.12	J7325	Approved	
	M17.11	J7325	Approved	
	M17.11	J7325	Approved	
	M17.0	J7325	Approved	
	M17.11	J7325	Approved	
	M17.12	J7325	Approved	
	M17.0	J7326	Denied	Medical Director Review
	M17.11	J7327	Approved	
	M17.11	J7327	Approved	
	M17.11	J7328	Denied	Medical Director Review
	Z94.1	J7507	Approved	
	R68.89	J7507	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	Z94.1	J7517	Approved	
	E84.9	J7682	Approved	
	E84.9	J7682	Approved	
	E84.9	J7682	Denied	Medical Director Review
	E11.65	J8499	Approved	
	R05	J8499	Approved	
	E11.9	J8499	Approved	
	K72.90	J8499	Approved	
	G35	J8499	Approved	
	I27.0	J8499	Approved	
	K21.0	J8499	Approved	
	G35	J8499	Approved	
	K21.9	J8499	Approved	
	E70.0	J8499	Approved	
	G40.209	J8499	Approved	
	K21.0	J8499	Approved	
	E84.9	J8499	Approved	
	G47.411	J8499	Approved	
	F90.9	J8499	Approved	
	K91.2	J8499	Approved	
	K91.2	J8499	Approved	
	K21.9	J8499	Approved	
	N80.9	J8499	Approved	
	F52.21	J8499	Approved	
	R68.89	J8499	Approved	
	M05.79	J8499	Approved	
	B20	J8499	Approved	
	G47.26	J8499	Approved	
	G40.001	J8499	Approved	
	G47.411	J8499	Approved	
	K21.0	J8499	Approved	
	N80.9	J8499	Approved	
	M06.09	J8499	Approved	
	K73.9	J8499	Approved	
	E11.65	J8499	Approved	
	E84.9	J8499	Approved	
	J43.2	J8499	Approved	
	K21.9	J8499	Approved	
	E11.9	J8499	Approved	
	E11.9	J8499	Approved	
	E11.9	J8499	Approved	
	E11.9	J8499	Approved	
	G35	J8499	Approved	
	K72.90	J8499	Approved	
	K74.60	J8499	Denied	Medical Director Review
	R69	J8499	Denied	Medical Director Review
	K28.3	J8499	Denied	Medical Director Review
	G35	J8499	Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	K28.3	J8499	Denied	Medical Director Review
	K21.9	J8499	Denied	Medical Director Review
	K21.9	J8499	Denied	Medical Director Review
	K21.9	J8499	Denied	Medical Director Review
	K21.9	J8499	Denied	Medical Director Review
	K21.0	J8499	Denied	Medical Director Review
	C92.00	J8499	Denied	Medical Director Review
	M51.36	J8499	Denied	Medical Director Review
	G47.411	J8499	Denied	Medical Director Review
	L43.0	J8499	Denied	Medical Director Review
	N52.9	J8499	Denied	Medical Director Review
	N32.81	J8499	Denied	Medical Director Review
	J84.112	J8499	Denied	Medical Director Review
	F90.2	J8499	Denied	Medical Director Review
	F90.2	J8499	Denied	Medical Director Review
	N52.9	J8499	Denied	Medical Director Review
	R68.89	J8499	Denied	Medical Director Review
	Z72.0	J8499	Denied	Medical Director Review
	Z72.0	J8499	Denied	Medical Director Review
	K92.2	J8499	Denied	Medical Director Review
	G89.4	J8499	Denied	Medical Director Review
	N52.2	J8499	Denied	Medical Director Review
	N52.9	J8499	Denied	Medical Director Review
	E66.09	J8499	Denied	Medical Director Review
	R68.89	J8499	Denied	Medical Director Review
	E74.9	J8499	Denied	Medical Director Review
	N32.81	J8499	Denied	Medical Director Review
	I10	J8499	Denied	Medical Director Review
	N39.490	J8499	Denied	Medical Director Review
	K22.8	J8499	Denied	Medical Director Review
	R12	J8499	Denied	Medical Director Review
	M54.16	J8499	Denied	Medical Director Review
	C20	J8521	Approved	
	C18.9	J8999	Denied	Medical Director Review
	C18.9	J8999	Denied	Medical Director Review
	C85.10	J9000	Approved	
	C34.11	J9045	Approved	
	C34.11	J9045	Approved	
	C61	J9045	Approved	
	C53.0	J9060	Approved	
	C61	J9171	Approved	
	C67.4	J9280	Approved	
	C61	J9293	Approved	
	M60.9	J9312	Approved	
	G36.0	J9312	Approved	
	M06.9	J9312	Approved	
	C85.10	J9312	Approved	
	M05.79	J9312	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	C34.32	Malignant neoplasm of lower lobe, left bronchus or	Approved	
	C20	Malignant neoplasm of rectum	Approved	
	C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved	
	C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved	
	C50.412	Malignant neoplasm of upper-outer quadrant of left	Approved	
Facility	F32.2	Mental health intensive outpatient program	Approved	
	S62.647d	Nondisp fx of prox phalanx of I lit fnger, 7thd	Denied	Medical Director Review
	S62.647d	Nondisp fx of prox phalanx of I lit fnger, 7thd	Denied	Medical Director Review
	S62.647d	Nondisp fx of prox phalanx of I lit fnger, 7thd	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.33	Obstructive sleep apnea (adult) (pediatric)	Denied	Medical Director Review
	G47.19	Other hypersomnia	Approved	
	G47.19	Other hypersomnia	Denied	Medical Director Review
	M25.561	Pain in right knee	Denied	Medical Director Review
	C34.11	Q4081	Denied	Medical Director Review
	M05.9	Q5104	Denied	Medical Director Review
	L40.50	Q5104	Denied	Medical Director Review
	M05.79	Q5104	Denied	Medical Director Review
	D64.81	Q5105	Denied	Medical Director Review
	D63.1	Q5106	Approved	
	M54.17	Radiculopathy, lumbosacral region	Denied	Medical Director Review
	L70.0	S0117	Approved	
	N97.9	S0126	Approved	
	N97.9	S0126	Approved	
	N97.9	S0126	Approved	
	E29.1	S0189	Approved	
	M99.01	Segmental and somatic dysfunction of cervical region	Denied	Medical Director Review
	M99.01	Segmental and somatic dysfunction of cervical region	Denied	Medical Director Review
	G47.30	Sleep apnea, unspecified	Approved	
	G47.30	Sleep apnea, unspecified	Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G47.30	Sleep apnea, unspecified	Approved	
	G47.30	Sleep apnea, unspecified	Denied	Medical Director Review
	G47.30	Sleep apnea, unspecified	Denied	Medical Director Review
	G47.30	Sleep apnea, unspecified	Denied	Medical Director Review
	G47.30	Sleep apnea, unspecified	Denied	Medical Director Review
	R06.83	Snoring	Approved	
	R06.83	Snoring	Approved	
Facility	F10.20	Substance abuse partial hospitalization program	Approved	
	E10.65	Type 1 diabetes mellitus with hyperglycemia	Approved	
	E10.9	Type 1 diabetes mellitus without complications	Approved	
	E10.9	Type 1 diabetes mellitus without complications	Approved	
	E11.9	Type 2 diabetes mellitus without complications	Denied	Medical Director Review
	F90.0		Approved	
	K50.80		Approved	
	G47.419		Approved	
	I25.10		Approved	
	F90.2		Approved	
	F90.0		Approved	
	F90.0		Approved	
	F90.0		Approved	
	F90.2		Approved	
	R41.840		Approved	
	F90.0		Approved	
	I50.20		Approved	
	E29.1		Approved	
	F90.0		Approved	
	F90.9		Approved	
	E10.65		Approved	
	F90.2		Approved	
	F90.0		Approved	
	B44.0		Approved	
	F90.0		Approved	
	F90.9		Approved	
	F90.0		Approved	
	E66.8		Approved	
	F90.9		Approved	
	F90.0		Approved	
	F90.0		Approved	
	F90.0		Approved	
	F90.0		Approved	
	N52.9		Approved	
	F90.9		Approved	
	F90.0		Approved	
	L40.0		Approved	
	F90.0		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	F90.0		Approved	
	G35		Approved	
	F90.2		Approved	
	F90.2		Approved	
	F90.0		Approved	
	F90.0		Approved	
	F90.0		Approved	
	F98.8		Approved	
	B00.2		Approved	
	F90.9		Approved	
	F98.8		Approved	
	C18.8		Approved	
	E10.9		Approved	
	G47.419		Approved	
	G35		Approved	
	E78.2		Approved	
	F90.0		Approved	
	F90.9		Approved	
	G35		Approved	
	F90.9		Approved	
	F90.9		Approved	
	F90.0		Approved	
	F90.9		Approved	
	B44.0		Approved	
	G43.009		Approved	
	E23.0		Approved	
	F98.8		Approved	
	F90.0		Approved	
	K21.9		Approved	
	F90.0		Approved	
	F90.1		Approved	
	N39.0		Approved	
	F90.9		Approved	
	G89.4		Approved	
	G89.4		Approved	
	K22.70		Approved	
	F90.0		Approved	
	C18.9		Approved	
	G47.33		Approved	
	F90.9		Approved	
	F90.9		Approved	
	G43.009		Approved	
	F33.2		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G43.819		Approved	
	F90.0		Approved	
	M54.2		Approved	
	F90.2		Approved	
	J44.9		Approved	
	M06.9		Approved	
	L40.50		Approved	
	G47.30		Approved	
	G43.019		Approved	
	G43.901		Approved	
	E78.5		Approved	
	C18.9		Approved	
	M06.9		Approved	
	G89.4		Approved	
	G89.4		Approved	
	F90.2		Approved	
	F90.2		Approved	
	G89.4		Approved	
	E78.5		Approved	
	F98.1		Approved	
	I10		Approved	
	G89.29		Approved	
	G47.33		Approved	
	G43.719		Approved	
	F98.8		Approved	
	F32.4		Approved	
	G47.26		Approved	
	E66.01		Approved	
	F90.9		Approved	
	F90.0		Approved	
	G43.009		Approved	
	F90.0		Approved	
	J43.9		Approved	
	F90.2		Approved	
	F90.2		Approved	
	G89.4		Approved	
	F90.2		Approved	
	E23.0		Approved	
	G43.501		Approved	
	G89.4		Approved	
	K21.9		Approved	
	F90.0		Approved	
	F98.8		Approved	
	Z12.11		Approved	
	E11.65		Approved	
	L40.0		Approved	
	G40.89		Approved	
	F90.2		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	F33.1		Approved	
	F90.2		Approved	
	G89.4		Approved	
	F98.8		Approved	
	F90.0		Approved	
	F98.8		Approved	
	F90.9		Approved	
	F90.9		Approved	
	C53.9		Approved	
	F90.0		Approved	
	F90.2		Approved	
	Z20.6		Approved	
	E84.9		Approved	
	F90.0		Approved	
	F90.2		Approved	
	F90.0		Approved	
	G43.109		Approved	
	F90.1		Approved	
	G89.4		Approved	
	F90.2		Approved	
	F90.1		Approved	
	G43.109		Approved	
	F90.0		Approved	
	F33.1		Approved	
	G43.719		Approved	
	F17.210		Approved	
	G47.411		Approved	
	L40.8		Approved	
	F90.0		Approved	
	J95.830		Approved	
	Z72.0		Approved	
	E78.2		Approved	
	F90.0		Approved	
	F90.0		Approved	
	M54.2		Approved	
	G47.411		Approved	
	F90.0		Approved	
	B18.2		Approved	
	L73.2		Approved	
	L40.0		Approved	
	G47.33		Approved	
	M5136		Approved	
	G47.10		Approved	
	K21.0		Approved	
	E78.1		Approved	
	G47.10		Approved	
	F90.2		Approved	
	E11.9		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	F64.9		Approved	
	M51.36		Approved	
	F33.1		Approved	
	F33.2		Approved	
	G89.4		Approved	
	K51.90		Approved	
	G47.33		Approved	
	G89.4		Approved	
	Z87.820		Approved	
	F98.8		Approved	
	E78.2		Approved	
	F06.4		Approved	
	G89.4		Approved	
	F90.0		Approved	
	F33.9		Approved	
	M06.00		Approved	
	F32.9		Approved	
	M06.00		Approved	
	E78.5		Approved	
	L40.50		Approved	
	E10.9		Approved	
	F90.0		Approved	
	F90.0		Approved	
	E78.5		Approved	
	Z12.11		Approved	
	Z12.11		Approved	
	E10.65		Approved	
	I10		Approved	
	O09.00		Approved	
	F41.9		Approved	
	J43.2		Approved	
	E78.1		Approved	
	F34.1		Approved	
	G35		Approved	
	E78.5		Approved	
	E11.9		Approved	
	E11.9		Approved	
	G43.711		Approved	
	E11.65		Approved	
	E11.9		Approved	
	E11.8		Approved	
	F41.9		Approved	
	C34.11		Approved	
	R73.9		Approved	
	N32.81		Approved	
	R68.89		Approved	
	I10		Approved	
	E11.9		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	I25.83		Approved	
	E10.9		Approved	
	E11.9		Approved	
	C64.9		Approved	
	R68.89		Approved	
	G43.719		Approved	
	E78.2		Approved	
	F33.2		Approved	
	G43.909		Approved	
	K21.0		Approved	
	F90.9		Approved	
	E11.8		Denied	Medical Director Review
	K21.9		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	J45.40		Denied	Medical Director Review
	Z68.41		Denied	Medical Director Review
	L20.9		Denied	Medical Director Review
	F90.9		Denied	Medical Director Review
	L90.5		Denied	Medical Director Review
	R00.2		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	E66.01		Denied	Medical Director Review
	F90.9		Denied	Medical Director Review
	F90.9		Denied	Medical Director Review
	F90.2		Denied	Medical Director Review
	J43.9		Denied	Medical Director Review
	F90.9		Denied	Medical Director Review
	J44.9		Denied	Medical Director Review
	L70.0		Denied	Medical Director Review
	F90.9		Denied	Medical Director Review
	F90.9		Denied	Medical Director Review
	F43.12		Denied	Medical Director Review
	E78.2		Denied	Medical Director Review
	R05		Denied	Medical Director Review
	E11.65		Denied	Medical Director Review
	M54.5		Denied	Medical Director Review
	E11.9		Denied	Medical Director Review
	M51.36		Denied	Medical Director Review
	R00.0		Denied	Medical Director Review
	J45.31		Denied	Medical Director Review
	J45.909		Denied	Medical Director Review
	N39.41		Denied	Medical Director Review
	C18.6		Denied	Medical Director Review
	E11.9		Denied	Medical Director Review
	I10		Denied	Medical Director Review
	F90.1		Denied	Medical Director Review
	L70.0		Denied	Medical Director Review
	F90.2		Denied	Medical Director Review

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	E78.1		Denied	Medical Director Review
	L70.0		Denied	Medical Director Review
	L20.9		Denied	Medical Director Review
	L70.0		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	F41.1		Denied	Medical Director Review
	F90.9		Denied	Medical Director Review
	J84.112		Denied	Medical Director Review
	L70.0		Denied	Medical Director Review
	G43.901		Denied	Medical Director Review
	F41.8		Denied	Medical Director Review
	G43.009		Denied	Medical Director Review
	E66.9		Denied	Medical Director Review
	E66.01		Denied	Medical Director Review
	L20.89		Denied	Medical Director Review
	F41.8		Denied	Medical Director Review
	G43.919		Denied	Medical Director Review
	F33.1		Denied	Medical Director Review
	G43.719		Denied	Medical Director Review
	E66.3		Denied	Medical Director Review
	G44.009		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	L40.9		Denied	Medical Director Review
	L70.0		Denied	Medical Director Review
	F90.2		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	G43.501		Denied	Medical Director Review
	G43.709		Denied	Medical Director Review
	E11.9		Denied	Medical Director Review
	F33.1		Denied	Medical Director Review
	Z72.52		Denied	Medical Director Review
	E10.65		Denied	Medical Director Review
	G47.11		Denied	Medical Director Review
	G89.4		Denied	Medical Director Review
	N95.9		Denied	Medical Director Review
	N52		Denied	Medical Director Review
	B00.9		Denied	Medical Director Review
	K51.30		Denied	Medical Director Review
	E72.12		Denied	Medical Director Review
	F33.1		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	B00.9		Denied	Medical Director Review
	N39.41		Denied	Medical Director Review
	J01.90		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	E72.12		Denied	Medical Director Review
	M79.7		Denied	Medical Director Review



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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
	G43.709		Denied	Medical Director Review
	F17.210		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	F98.8		Denied	Medical Director Review
	E78.5		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	G43.001		Denied	Medical Director Review
	G47.00		Denied	Medical Director Review
	R03.0		Denied	Medical Director Review
	R41.840		Denied	Medical Director Review
	Z87.820		Denied	Medical Director Review
	N39.3		Denied	Medical Director Review
	F90.2		Denied	Medical Director Review
	L57.0		Denied	Medical Director Review
	F98.8		Denied	Medical Director Review
	I10		Denied	Medical Director Review
	I10		Denied	Medical Director Review
	G43.009		Denied	Medical Director Review
	G43.009		Denied	Medical Director Review
	I10		Denied	Medical Director Review
	G43.009		Denied	Medical Director Review
	L40.8		Denied	Medical Director Review
	F51.01		Denied	Medical Director Review
	F90.0		Denied	Medical Director Review
	D84.1		Denied	Medical Director Review
	E10.9		Denied	Medical Director Review
	I10		Denied	Medical Director Review
	G43.009		Denied	Medical Director Review
	G43.009		Denied	Medical Director Review
	L71.9		Denied	Medical Director Review
	E78.5		Denied	Medical Director Review
	E10.9		Denied	Medical Director Review
	F31.32		Denied	Medical Director Review
	E78.2		Denied	Medical Director Review
	J44.9		Denied	Medical Director Review
	G43.109		Denied	Medical Director Review
	G43.719		Denied	Medical Director Review
	R68.89		Denied	Medical Director Review
	E10.65		Denied	Medical Director Review
Facility	Spondylosis without myelopathy or radiculopathy		Approved	
Facility	Spondylosis without myelopathy or radiculopathy		Approved	
Facility	Spondylosis without myelopathy or radiculopathy		Approved	

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Ordering Provider Type/Specialty	Diagnosis	Service	Status	Reason for Denial
Facility	Spondylosis without myelopathy or radiculopathy		Approved	