

Medical Overview by Prior Authorization Approval or Denial 1st Quarter 2024

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	Certified Nurse Practitioner	J1306	MIXED HYPERLIPIDEMIA	Denied	CMD
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Oncology Surgical	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Certified Nurse Practitioner	J1306	MIXED HYPERLIPIDEMIA	Denied	CMD
HA	Pediatric Medicine	B4155	FAILURE TO THRIVE (CHILD)	Approved	
HA	DME Provider	B4035, B4152	SHORT STATURE (CHILD)	Approved	
HA	General Surgery	E0483	BRONCHIECTASIS, UNCOMPLICATED	Denied	CMD
HA	General Surgery	J0585	ACUTE ANAL FISSURE	Approved	
HA	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
HA	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
HA	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
HA	Gastroenterology	J1745	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
HA	Cardiac Care	J2327	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HA	Gastroenterology	Q5103	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Denied	CMD
HA	Internal Medicine	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
HA	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
HA	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
HA	Internal Medicine	J0129	RHEU ARTHRIT WITH RHEU FACTOR OF OTH SITE W/O ORG/SYS INVL	Approved	
HA	Transplant	J9312	OTHER IRREGULAR EYE MOVEMENTS	Denied	CMD
HA	Gastroenterology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Approved	
HA	Neurology	J3032	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	Otolaryngology	J0585	GENERALIZED ABDOMINAL PAIN	Approved	
HA	Physical Medicine & Rehab	J0585	QUADRIPLEGIA, UNSPECIFIED	Approved	
HA	Internal Medicine	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
HA	Pediatric Medicine	Q5123	OTHER IRREGULAR EYE MOVEMENTS	Approved	
HA	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
HA	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
HA	Physician Assistant	J3245	PSORIASIS VULGARIS	Approved	
HA	Internal Medicine	J2327	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
HA	Rheumatology	J3241	THYROTOXICOSIS W DIFFUSE GOITER W/O THYRO-TOXIC CRISIS	Denied	CMD
HA	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
HA	Rheumatology	J3241	THYROTOXICOSIS W DIFFUSE GOITER W/O THYRO-TOXIC CRISIS	Denied	CMD
HA	Gastroenterology	J0585	GASTROPARESIS	Approved	
HA	Transplant	J1745	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	Approved	
HA	Neurology	J3032	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Denied	CMD
HA	Hematology/Oncology	J1303	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA MICHELI]	Approved	
HA	Internal Medicine	J9312	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Approved	
HA	Clinic/Other Group Practice	J0597	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	
HA	Allergy/Immunology	J0598	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	
HA	Gastroenterology	J2327	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HA	Allergy/Immunology	J0598	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	
HA	Ophthalmology	J0588	BELL'S PALSY	Approved	
HA	Rheumatology	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
HA	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HA	Obstetrics/Gynecology	J2506	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	
HAX	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
HAX	Urology	55180	TRANSSEXUALISM	Denied	CMD
HAX	Neurology	J0586	SPASMODIC TORTICOLLIS	Approved	
HAX	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
HAX	Gastroenterology	J0585	GASTROPARESIS	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HAX	Neurology	J0585	CRAMP AND SPASM	Approved	
HAX	Clinic/Other Group Practice	J2507	IDIOPATHIC GOUT, MULTIPLE SITES	Denied	CMD
HAX	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
HAX	Internal Medicine	J2507	IDIOPATHIC GOUT, MULTIPLE SITES	Denied	CMD
HAX	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
HAX	Gastroenterology	Q5121	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HAX	Internal Medicine	J2507	IDIOPATHIC GOUT, MULTIPLE SITES	Approved	
HAX	Gastroenterology	J1745	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Approved	
HAX	Gastroenterology	J3380	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Approved	
HAX	Gastroenterology	J1745	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HAX	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
HAX	Certified Nurse Practitioner	J3111	OTH OSTEOPOR W CURRENT PATH FRACTURE, UNSP SITE, INIT	Denied	CMD
HAX	Durable Medical Equipment	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HAX	Certified Nurse Practitioner	S0189	TESTICULAR HYPOFUNCTION	Denied	CMD
HAX	Internal Medicine	Q5115	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	
HAX	Internal Medicine	J2796	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	
HAX	Urology	J0775	INDURATION PENIS PLASTICA	Denied	CMD
HAX	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
HAX	Durable Medical Equipment	J2350	MULTIPLE SCLEROSIS	Approved	
HAX	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
HAX	Acute Care Hospital	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSP COMPLICATIONS	Approved	
HAX	Neurology	J1745	SARCOIDOSIS, UNSPECIFIED	Approved	
HAX	Internal Medicine	J2507	IDIOPATHIC GOUT, MULTIPLE SITES	Approved	
HAX	Neurology	Q5115	MULTIPLE SCLEROSIS	Approved	
HAX	Urology	J0585	NOCTURIA	Approved	
HAX	Internal Medicine	Q5104	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
HAX	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
PSE PREMI- UM	General Surgery	19318	DORSALGIA, UNSPECIFIED	Approved	
PSE PREMI- UM	General Surgery	19318	DORSALGIA, UNSPECIFIED	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
PSE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Denied	CMD
ASE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
PSE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
PSE PREMI-UM	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
PSE PREMI-UM	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
PSE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
PSE PREMI-UM	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
PSE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
ASE/ PREMI-UM	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
PSE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
ASE/ PREMI-UM	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
PSE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
ASE/ PREMI-UM	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
PSE CLAS-SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
PSE PREMI-UM	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
ASE/ PREMI-UM	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
ASE/ PREMI-UM	Plastic & Reconstructive Surg	19318	DORSALGIA, UNSPECIFIED	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ASE/ PREMI- UM	Transplant	19318	DORSALGIA, UNSPECIFIED	Approved	
ASE/ PREMI- UM	General Surgery	19318	HYPERTROPHY OF BREAST	Denied	CMD
PSE CLAS- SIC	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
ASE/ PREMI- UM	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
ASE/ PREMI- UM	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Partially Denied	CMD
PSE PREMI- UM	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
PSE CLAS- SIC ACTIVE	General Surgery	43845	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Approved	
ASE PRE- MIUM ACTIVE	General Surgery	43644	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Denied	Benefit Certificate
PSE CLAS- SIC	Family Medicine	B9998	GASTROSTOMY STATUS	Approved	
ASE/ PREMI- UM	Durable Medical Equipment	B4035, B4158, B9002, B4100	DYSPHAGIA, UNSPECIFIED	Partial denial	Benefit Certificate
PSE CLAS- SIC	Durable Medical Equipment	B4155, B4153, B4157	LOCAL REL IDIO EPI W SEIZ OF LOC ONST, NOT NTRCT, W STAT EPI	Approved	CMD
PSE BASIC	Internal Medicine	B4035, B4160	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Denied	CMD
ASE/ PREMI- UM	Home Infusion Therapy	B4088	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Approved	
PSE CLAS- SIC	Durable Medical Equipment	B4149	METACHROMATIC LEUKODYSTROPHY	Approved	
PSE CLAS- SIC		B4035	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Partial denial	Benefit Certificate
ASE/ PREMI- UM	Durable Medical Equipment	B4088	MOYAMOYA DISEASE	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
PSE PREMI- UM		B4087	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH	Approved	
PSE PREMI- UM	General Surgery	B4034	DYSPHAGIA, UNSPECIFIED	Approved	
ASE/ PREMI- UM	Durable Medical Equipment	B4150, B4035, B4152	MOYAMOYA DISEASE	Approved	CMD
ASE/ PREMI- UM	Certified Nurse Practitioner	B4035	DYSPHAGIA, OROPHARYNGEAL PHASE	Approved	Benefit Certificate
ASE/ PREMI- UM	Certified Nurse Practitioner	B4035	DYSPHAGIA, OROPHARYNGEAL PHASE	Approved	Benefit Certificate
ASE/ PREMI- UM		B9998	DYSPHAGIA, UNSPECIFIED	Approved	
ASE/ PREMI- UM	Infusion Suite	B4035	DYSPHAGIA, UNSPECIFIED	Approved	
ASE/ PREMI- UM	Pediatric Medicine	B9998	ABNORMAL WEIGHT LOSS	Denied	
PSE PREMI- UM		B9002	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	CMD
PSE BASIC	Home Infusion Therapy	B4161	VOMITING, UNSPECIFIED	Approved	
ASE/ PREMI- UM	Durable Medical Equipment	B9998	DYSPHAGIA, UNSPECIFIED	Approved	
ASE/ PREMI- UM	Infusion Suite	B4155	DYSPHAGIA, UNSPECIFIED	Approved	
PSE CLAS- SIC	Pediatric Medicine	B4161	METHYLMALONIC ACIDEMIA	Approved	
PSE CLAS- SIC	Pediatric Medicine	B4035, B4088, B4160, B9002, B9998, E0776	FEEDING DIFFICULTIES, UNSPECIFIED	Approved	CMD
PSE PREMI- UM	Pediatric Medicine	B4088	PEDIATRIC FEEDING DISORDER, CHRONIC	Denied	
PSE CLAS- SIC	Internal Medicine	B9998	DYSPHAGIA, UNSPECIFIED	Approved	
PSE PREMI- UM	Dentistry	00170	IMPACTED TEETH	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
PSE CLAS-SIC	Dentistry	00170	DENTAL CARIES, UNSPECIFIED	Approved	
PSE CLAS-SIC	Dentistry	00170	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	Approved	
PSE CLAS-SIC	Neurosurgery	E0748	FUSION OF SPINE, LUMBAR REGION	Approved	
PSE PREMI-UM	Neurosurgery	E0748	ARTHRODESIS STATUS	Approved	
PSE PREMI-UM	Otolaryngology	L8690, 69714	MIX CNDCT/SNRL HEAR LOSS,UNI,L EAR W RSTRCD HEAR CNTRA SIDE	Approved	
PSE PREMI-UM	General Surgery	64590	GASTROPARESIS	Approved	
PSE CLAS-SIC	Physician Assistant	64590	GASTROPARESIS	Approved	
PSE CLAS-SIC	General Surgery	64590	GASTROPARESIS	Approved	
PSE CLAS-SIC	Neurology	L8614	SNSRNRL HEAR LOSS, UNI, RIGHT EAR, W UNRE-STR HEAR CNTRA SIDE	Denied	CMD
PSE PREMI-UM	Otolaryngology	L8614	SNSRNRL HEAR LOSS, UNI, L EAR, WITH RSTRCD HEAR CNTRA SIDE	Approved	
PSE PREMI-UM	Certified Nurse Practitioner	E0483	CYSTIC FIBROSIS, UNSPECIFIED	Approved	
PSE PREMI-UM	Durable Medical Equipment	E0483	BRONCHOPULMONARY DYSPLASIA ORIGIN IN THE PERINATAL PERIOD	Denied	Benefit Certificate
ASE/ PREMI-UM	Pediatric Medicine	E0483	OTHER ABNORMALITIES OF BREATHING	Approved	
ARKAN-SAS STATE POLICE	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	