

## Medical Overview by Prior Authorization Approval or Denial 2nd Quarter 2024

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	Rheumatology	J0129	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
HA	Internal Medicine	J0897	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	Denied	CMD
HA	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Approved	
HA	Hematology/Oncology	J2350	MULTIPLE SCLEROSIS	Approved	
HA	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
HA	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
HA	Rheumatology	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
HA	Certified Nurse Practitioner	J0897	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Approved	
HA	Rheumatology	J1745	SARCOIDOSIS OF LUNG	Approved	
HA	Certified Nurse Practitioner	J0775	INDURATION PENIS PLASTICA	Denied	CMD
HA	Obstetrics/Gynecology	J0585	PELVIC AND PERINEAL PAIN	Denied	CMD
HA	Hematology/Oncology	Q5115	COLD AUTOIMMUNE HEMOLYTIC ANEMIA	Approved	
HA	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HA	Pediatric Medicine	J0585	CONSTIPATION, UNSPECIFIED	Denied	CMD
HA	Pediatric Neurology	J9312	MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY DISEASE	Denied	CMD
HA	Gastroenterology	J1745	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Approved	
HA	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
HA	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
HA	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
HA	Certified Nurse Practitioner	J0775	INDURATION PENIS PLASTICA	Approved	
HAX	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
HAX	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HAX	Rheumatology	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
HAX	Neurology	J0585	CRAMP AND SPASM	Approved	
HAX	Physician Assistant	J0775	INDURATION PENIS PLASTICA	Approved	
HAX	Clinic/Other Group Practice	J0775	INDURATION PENIS PLASTICA	Approved	
HAX	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
HAX	Durable Medical Equipment	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HAX	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Denied	CMD
HAX	Neurology	J0585	CHRONIC MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STAT MIGR	Approved	
HAX	Internal Medicine	J3380	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Approved	
HAX	Neurology	J1745	SARCOIDOSIS, UNSPECIFIED	Approved	
HAX	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
HAX	Hematology/Oncology	J0897	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Approved	
HAX	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
HAX	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
HAX	Ophthalmology	J0585	BLEPHAROSPASM	Approved	
HAX	Certified Nurse Practitioner	J0897	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Approved	
HAX	Orthopedic Surgery	J7330	CHONDROMALACIA, LEFT KNEE	Approved	
HAX	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
HAX	Durable Medical Equipment	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
HA	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	MASTODYNIA	Approved	

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HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Denied	CMD
HA	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
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	Denied	CMD
HA	Plastic & Reconstructive Surg	19318	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Denied	CMD
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
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HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	
HA	Oncology Surgical	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Denied	CMD
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Plastic & Reconstructive Surg	19318	HYPERTROPHY OF BREAST	Approved	
HA	Physician Assistant	43647	GASTROPARESIS	Approved	
HA	Acute Care Hospital	43774	OTHER DYSPHAGIA	Denied	CMD
HA	Obstetrics/Gynecology	74740	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON PROCREATION	Approved	
HA	General Surgery	B4034	UNSPECIFIED SEVERE PROTEIN CALORIE MALNUTRITION	Approved	
HA	Internal Medicine	B4035	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Approved	
HA	Pediatric Medicine	B4035	DYSPHAGIA, OROPHARYNGEAL PHASE	Approved	
HA	Internal Medicine	B4150	UNSPECIFIED SEVERE PROTEIN CALORIE MALNUTRITION	Approved	
HA	Neurology	B4150	DYSPHAGIA, OROPHARYNGEAL PHASE	Approved	
HA	Pediatric Medicine	B4150	CONGENITAL MALFORMATIONS OF CORPUS CALLOSUM	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	Home Infusion Therapy	B4152	DYSPHAGIA, UNSPECIFIED	Approved	
HA	Hematology/Oncology	B4153	UNSPECIFIED SEVERE PROTEIN CALORIE MALNUTRITION	Approved	
HA	Otolaryngology	B4155	MALIGNANT NEOPLASM OF BASE OF TONGUE	Denied	CMD
HA	Pediatric Medicine	B4160	FAILURE TO THRIVE (CHILD)	Approved	
HA	Pediatric Medicine	B4161	TRISOMY 18, UNSPECIFIED	Approved	
HA	Pediatric Medicine	B4161	DYSPHAGIA, UNSPECIFIED	Approved	
HA	Pediatric Medicine	B4161	ALLERGY TO MILK PRODUCTS	Denied	CMD
HA	Pediatric Medicine	B4161	METACHROMATIC LEUKODYSTROPHY	Approved	
HA	Pediatric Medicine	B9002	TRISOMY 18, UNSPECIFIED	Approved	
HA	Internal Medicine	B9002	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Approved	
HA	Pediatric Medicine	B9002	FAILURE TO THRIVE (CHILD)	Approved	
HA	Pediatric Medicine	B9998	METHYLMALONIC ACIDEMIA	Approved	
HA	Pediatric Medicine	B9998	DYSPHAGIA, ORAL PHASE	Approved	
HA	Pediatric Medicine	B9998	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Denied	CMD
HA	Durable Medical Equipment	B9998	DYSPHAGIA, UNSPECIFIED	Approved	
HA	Pediatric Medicine	B9998	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Approved	
HA	Pediatric Medicine	B9998	DYSPHAGIA, OROPHARYNGEAL PHASE	Approved	
HA	Pediatric Medicine	B9998	CHRONIC KIDNEY DISEASE, STAGE 5	Approved	
HA	Pediatric Medicine	B9998	SLOW FEEDING OF NEWBORN	Approved	
HA	Neurosurgery	E0748	ARTHRODESIS STATUS	Approved	
HA	Neurosurgery	E0748	ARTHRODESIS STATUS	Denied	Benefit Certificate
HA	Durable Medical Equipment	E1399	SPASTIC QUADRIPLÉGIC CEREBRAL PALSY	Approved	
HA	Durable Medical Equipment	E1399	PLAGIOCEPHALY	Approved	
HA	Pediatric Medicine	E1399	SACRAL SPINA BIFIDA WITHOUT HYDROCEPHALUS	Denied	CMD
HA	General Surgery	19318	HYPERTROPHY OF BREAST	Approved	