Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
	2-PART NONDISP FX OF SURGICAL NECK OF LEFT HUMERUS, INIT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	Other	Approved	1		0		0
	ACUTE KIDNEY FAILURE, UNSPECIFIED	Other	Approved	2		0		0
	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Other	Denied	1	Services are not medically necessary	1		0
	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Other	Approved	1		0		0
	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Other	Approved	1		0		0
	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Chiropractor	Approved	1		0		0
	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	ADHESIVE CAPSULITIS OF LEFT SHOULDER	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Adjustment disorder with mixed anxiety and depressed mood	Behavioral Health Facility	Approved	1		0		0
	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Alcohol dependence with intoxication, unspecified	Behavioral Health Facility	Approved	1		0		0
	Alcohol dependence with withdrawal, uncomplicated	Behavioral Health Facility	Approved	2		0		0
	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED	Other	Approved	1		0		0
	Alcohol dependence with withdrawal, unspecified	Behavioral Health Facility	Approved	2		0		0
	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	27		0		0
	ALCOHOL DEPENDENCE, UNCOMPLICATED	Other	Approved	18		0		0
	ANKYLOSIS, RIGHT KNEE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	Anorexia nervosa, binge eating/purging type	Behavioral Health Facility	Approved	3		0		0
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Other	Approved	2		0		0
	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, LUMBAR REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ANTERIOR TIBIAL SYNDROME, RIGHT LEG	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ARTHRODESIS STATUS	Rehab Provider	Approved	1		0		0
	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Approved	1		0		0
	Attention-deficit hyperactivity disorder, combined type	Behavioral Health Facility	Approved	1		0		0
	Autistic disorder	Behavioral Health Facility	Approved	1		0		0
	Autistic disorder	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
	AUTISTIC DISORDER	Rehab Provider	Approved	1		0		0
	BENIGN NEOPLASM OF SPINAL CORD	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Bipolar disord, crnt episode manic severe w psych features	Behavioral Health Facility	Approved	2		0		0
	Bipolar disorder, unspecified	Behavioral Health Facility	Approved	3		0		0
	BIPOLAR DISORDER, UNSPECIFIED	Other	Approved	1		0		0
	Bipolar II disorder	Behavioral Health Facility	Approved	1		0		0
	BURSITIS OF LEFT SHOULDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Cannabis dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
	Cannabis dependence, uncomplicated	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
	CANNABIS DEPENDENCE, UNCOMPLICATED	Other	Denied	1	Services are not medically necessary	1		0
	CARDIAC ARREST, CAUSE UNSPECIFIED	Other	Approved	2		0		0
	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF LEFT CEREBLR ART	Other	Approved	1		0		0
	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF RIGHT CAROTID ART	Other	Approved	1		0		0
	CEREBRAL INFARCTION, UNSPECIFIED	Other	Approved	1		0		0

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	CERVICALGIA	Chiropractor	Approved	1		0		0
	CERVICALGIA	Chiropractor	Denied	7	Services are not medically necessary	7		0
	CERVICALGIA	Rehab Provider	Approved	2		0		0
	CERVICALGIA	Rehab Provider	Denied	22	Services are not medically necessary	22		0
	CHONDROMALACIA, RIGHT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Other	Approved	1		0		0
	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	Rehab Provider	Approved	2		0		0
	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	COMPLETE LESION AT C4 LEVEL OF CERVICAL SPINAL CORD, INIT	Other	Approved	1		0		0
	COMPLETE ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	COMPLEX TEAR OF LAT MENSC, CURRENT INJURY, RIGHT KNEE, SUBS	Rehab Provider	Approved	1		0		0
	COMPLEX TEAR OF MEDIAL MENSC, CURRENT INJURY, R KNEE, INIT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SUBS ENCNTR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Conduct disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
	CONDUCT DISORDER, UNSPECIFIED	Other	Approved	1		0		0
	CONTRACTURE OF MUSCLE, RIGHT LOWER LEG	Rehab Provider	Approved	1		0		0
	CRITICAL ILLNESS MYOPATHY	Other	Approved	1		0		0
	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Other	Approved	1		0		0
	DISLOCATION OF JAW, BILATERAL, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	DISP FX OF ANTERIOR COLUMN OF RIGHT ACETABULUM, INIT	Other	Approved	1		0		0
	DISP FX OF OLECRAN PRO W/O INTARTIC EXTN RIGHT ULNA, INIT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	DISPL BICONDYLAR FX L TIBIA, SUBS FOR CLOS FX W ROUTN HEAL	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	Disruptive mood dysregulation disorder	Behavioral Health Facility	Approved	1		0		0
	DISSECTION OF THORACIC AORTA	Other	Approved	1		0		0
	DOWN SYNDROME, UNSPECIFIED	Rehab Provider	Approved	1		0		0
	DOWN SYNDROME, UNSPECIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	EFFUSION, RIGHT SHOULDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	ENCEPHALOPATHY, UNSPECIFIED	Other	Approved	1		0		0
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	Approved	1		0		0
	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Rehab Provider	Denied	6	Services are not medically necessary	6		0
	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	FECAL IMPACTION	Other	Approved	1		0		0
	FEEDING DIFFICULTIES	Rehab Provider	Approved	2		0		0
	FRACTURE OF UNSP PART OF NECK OF RIGHT FEMUR, INIT	Other	Approved	1		0		0
	FRACTURE OF UNSP PART OF NECK OF UNSP FEMUR, INIT	Other	Approved	1		0		0
	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Other	Approved	2		0		0
	Generalized anxiety disorder	Behavioral Health Facility	Approved	3		0		0
	HEADACHE	Chiropractor	Denied	2	Services are not medically necessary	2		0
	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Rehab Provider	Approved	1		0		0
	IMPINGEMENT SYNDROME OF LEFT SHOULDER	Rehab Provider	Denied	2	Services are not medically necessary	2		0

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	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	1		0		0
	INCMPL ROTATR-CUFF TEAR/RUPTR OF UNSP SHOULDER, NOT TRAUMA	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF L SHOULDER, NOT TRAUMA	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	INJURY OF AXILLARY NERVE, LEFT ARM, SUBSEQUENT ENCOUNTER	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Chiropractor	Approved	1		0		0
	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	INTRACRANIAL ABSCESS AND GRANULOMA	Other	Approved	1		0		0
	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LATERAL EPICONDYLITIS, LEFT ELBOW	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LATERAL EPICONDYLITIS, RIGHT ELBOW	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	LESION OF FEMORAL NERVE, RIGHT LOWER LIMB	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Other	Approved	1		0		0
	LOW BACK PAIN	Chiropractor	Denied	1	Services are not medically necessary	1		0
	LOW BACK PAIN	Rehab Provider	Approved	4		0		0
	LOW BACK PAIN	Rehab Provider	Denied	32	Services are not medically necessary	32		0
	LUMBAGO WITH SCIATICA, LEFT SIDE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LUMBAGO WITH SCIATICA, RIGHT SIDE	Chiropractor	Approved	1		0		0
	LUMBAGO WITH SCIATICA, RIGHT SIDE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	LUMBAGO WITH SCIATICA, RIGHT SIDE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	Chiropractor	Approved	1		0		0
	LUMBOSACRAL PLEXUS DISORDERS	Chiropractor	Denied	1	Services are not medically necessary	1		0
	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	1		0		0
	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Major depressive disorder, recurrent, moderate	Behavioral Health Facility	Approved	1		0		0
	Major depressive disorder, recurrent, unspecified	Behavioral Health Facility	Approved	3		0		0
	Major depressive disorder, recurrent, unspecified	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
	Major depressive disorder, single episode, moderate	Behavioral Health Facility	Approved	1		0		0
	Major depressive disorder, single episode, unspecified	Behavioral Health Facility	Approved	6		0		0
	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Other	Approved	2		0		0
	Major depressv disord, single epsd, sev w/o psych features	Behavioral Health Facility	Approved	3		0		0
	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Other	Approved	1		0		0
	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Approved	16		0		0
	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Other	Approved	3		0		0
	Major depressv disorder, recurrent, severe w psych symptoms	Behavioral Health Facility	Approved	1		0		0
	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSP	Other	Approved	1		0		0
	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Other	Approved	1		0		0
	MALIGNANT NEOPLASM OF CEREBELLUM	Other	Approved	1		0		0
	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	1		0		0

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	MALIGNANT NEOPLASM OF PROSTATE	Other	Approved	1		0		0
	METABOLIC ENCEPHALOPATHY	Other	Approved	1		0		0
	MIXED INCONTINENCE	Rehab Provider	Approved	2		0		0
	MIXED INCONTINENCE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Other	Approved	2		0		0
	MULTIPLE SCLEROSIS	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	MUSCLE SPASM OF BACK	Chiropractor	Approved	1		0		0
	MUSCLE SPASM OF BACK	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	Approved	1		0		0
	MUSCLE WEAKNESS (GENERALIZED)	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	NEOPLASM OF UNCRT BEHAV OF AORTIC BODY AND OTH PARAGANGLIA	Other	Approved	1		0		0
	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Other	Approved	1		0		0
	Opioid dependence w intoxication with perceptual disturbance	Behavioral Health Facility	Approved	1		0		0
	OPIOID DEPENDENCE W INTOXICATION WITH PERCEPTUAL DISTURBANCE	Other	Approved	1		0		0
	Opioid dependence, uncomplicated	Behavioral Health Facility	Approved	7		0		0
	Opioid dependence, uncomplicated	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
	OPIOID DEPENDENCE, UNCOMPLICATED	Other	Approved	5		0		0
	Oppositional defiant disorder	Behavioral Health Facility	Approved	1		0		0
	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Rehab Provider	Approved	3		0		0
	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTH SPON DISRUPT OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE	Rehab Provider	Approved	1		0		0
	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, INIT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Other	Approved	1		0		0
	OTHER ABNORMALITIES OF GAIT AND MOBILITY	Other	Denied	1	Services are not medically necessary	1		0
	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	Chiropractor	Approved	1		0		0
	OTHER CHRONIC PANCREATITIS	Other	Approved	1		0		0
	OTHER INSTABILITY, UNSPECIFIED ANKLE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Chiropractor	Approved	3		0		0
	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Chiropractor	Denied	2	Services are not medically necessary	2		0
	OTHER LACK OF COORDINATION	Rehab Provider	Approved	4		0		0
	OTHER MALAISE	Other	Approved	1		0		0
	OTHER MUSCLE SPASM	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED INJURY OF LEFT ACHILLES TENDON, SUBS ENCNTR	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider	Approved	1		0		0
	OTHER SPECIFIED POSTPROCEDURAL STATES	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	Other stimulant dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Other	Denied	1	Services are not medically necessary	1		0

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	PAIN IN JOINT-LOWER LEG	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider	Approved	1		0		0
	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PAIN IN LEFT ELBOW	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN LEFT HIP	Rehab Provider	Approved	1		0		0
	PAIN IN LEFT HIP	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PAIN IN LEFT KNEE	Rehab Provider	Approved	1		0		0
	PAIN IN LEFT KNEE	Rehab Provider	Denied	17	Services are not medically necessary	17		0
	PAIN IN LEFT LEG	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN LEFT SHOULDER	Rehab Provider	Approved	3		0		0
	PAIN IN LEFT SHOULDER	Rehab Provider	Denied	15	Services are not medically necessary	15		0
	PAIN IN LEFT THIGH	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Acupuncturist	Denied	1	Services are not medically necessary	1		0
	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	Rehab Provider	Denied	9	Services are not medically necessary	9		0
	PAIN IN RIGHT ELBOW	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PAIN IN RIGHT ELBOW	Rehab Provider	Approved	1		0		0
	PAIN IN RIGHT ELBOW	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	PAIN IN RIGHT FOREARM	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	PAIN IN RIGHT HIP	Rehab Provider	Approved	2		0		0
	PAIN IN RIGHT HIP	Rehab Provider	Denied	7	Services are not medically necessary	7		0
	PAIN IN RIGHT KNEE	Rehab Provider	Approved	1		0		0
	PAIN IN RIGHT KNEE	Rehab Provider	Denied	24	Services are not medically necessary	24		0
	PAIN IN RIGHT SHOULDER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PAIN IN RIGHT SHOULDER	Rehab Provider	Approved	5		0		0
	PAIN IN RIGHT SHOULDER	Rehab Provider	Denied	14	Services are not medically necessary	14		0
	PAIN IN RIGHT THIGH	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAIN IN RIGHT WRIST	Rehab Provider	Approved	2		0		0
	PAIN IN RIGHT WRIST	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PAIN IN THORACIC SPINE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	PAIN IN THORACIC SPINE	Rehab Provider	Denied	9	Services are not medically necessary	9		0
	PAIN IN UNSPECIFIED HAND	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PASNGR IN PK-UP/VAN INJURED IN CLSN W STATNRY OBJECT NONTRAF	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PERONEAL TENDINITIS, LEFT LEG	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PLANTAR FASCIAL FIBROMATOSIS	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	POSTCONCUSSIONAL SYNDROME	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	POSTERIOR DISLOCATION OF RIGHT RADIAL HEAD, INIT ENCNTR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Post-traumatic stress disorder, unspecified	Behavioral Health Facility	Approved	2		0		0
	Post-traumatic stress disorder, unspecified	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
	POSTURAL LORDOSIS, LUMBOSACRAL REGION	Chiropractor	Denied	3	Services are not medically necessary	3		0
	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Rehab Provider	Approved	1		0		0
	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider	Approved	1		0		0
	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	QUADRIPLEGIA, UNSPECIFIED	Other	Approved	1		0		0
	RADICULOPATHY, CERVICAL REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	RADICULOPATHY, CERVICOTHORACIC REGION	Rehab Provider	Approved	1		0		0
	RADICULOPATHY, LUMBAR REGION	Chiropractor	Approved	1		0		0
	RADICULOPATHY, LUMBAR REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	RADICULOPATHY, LUMBAR REGION	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	RADICULOPATHY, LUMBOSACRAL REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	RECURRENT DISLOCATION, UNSPECIFIED SHOULDER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	RECURRENT SUBLUXATION OF PATELLA, LEFT KNEE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	1		0		0
	Schizoaffective disorder, bipolar type	Behavioral Health Facility	Approved	1		0		0
	Schizoaffective disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
	SCIATICA, LEFT SIDE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SCIATICA, RIGHT SIDE	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SCIATICA, RIGHT SIDE	Rehab Provider	Denied	4	Services are not medically necessary	4		0
	Sedative, hypnotic or anxiolytic dependence, uncomplicated	Behavioral Health Facility	Approved	3		0		0
	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Other	Approved	1		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractor	Approved	3		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Chiropractor	Approved	3		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	Chiropractor	Denied	4	Services are not medically necessary	4		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	Chiropractor	Approved	1		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	Chiropractor	Approved	1		0		0
	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SEPSIS, UNSPECIFIED ORGANISM	Other	Approved	2		0		0
	SPONDYLOLISTHESIS, CERVICAL REGION	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPONDYLOLISTHESIS, LUMBAR REGION	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPONDYLOLYSIS, LUMBAR REGION	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider	Approved	1		0		0
	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPRAIN OF LATERAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF LEFT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF OTH PARTS OF LEFT SHOULDER GIRDLE, INIT ENCNTR	Rehab Provider	Denied	3	Services are not medically necessary	3		0
	SPRAIN OF OTH PARTS OF LUMBAR SPINE AND PELVIS, INIT ENCNTR	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBS ENCNTR	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SEQUELA	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER	Chiropractor	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER	Rehab Provider	Approved	1		0		0
	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STEM CELLS TRANSPLANT STATUS	Other	Approved	1		0		0
	STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	1		0		0
	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Approved	1		0		0
	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN MSL/FASC/TND POST GRP AT THI LEV, RIGHT THIGH, INIT	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRAIN OF MSL/FASC/TND POST GRP AT THI LEV, LEFT THIGH, INIT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	STRAIN OF MUSC/TEND AT LOWER LEG LEVEL, RIGHT LEG, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRESS FRACTURE, LEFT ANKLE, INITIAL ENCOUNTER FOR FRACTURE	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	STRESS FRACTURE, LEFT ANKLE, SEQUELA	Other	Approved	1		0		0
	SUBLUXATION COMPLEX (VERTEBRAL) OF LUMBAR REGION	Chiropractor	Approved	1		0		0
	SUBLUXATION COMPLEX (VERTEBRAL) OF THORACIC REGION	Chiropractor	Approved	1		0		0
	SUBLUXATION OF C7/T1 CERVICAL VERTEBRAE, SUBS ENCNTR	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SUBLUXATION OF L3/L4 LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER	Chiropractor	Denied	1	Services are not medically necessary	1		0
	SUBLUXATION OF UNSPECIFIED CERVICAL VERTEBRAE, INIT ENCNTR	Chiropractor	Approved	4		0		0
	SUBLUXATION OF UNSPECIFIED LUMBAR VERTEBRA, INIT ENCNTR	Chiropractor	Approved	5		0		0
	SUBLUXATION OF UNSPECIFIED THORACIC VERTEBRA, INIT ENCNTR	Chiropractor	Approved	1		0		0
	SUBLUXATION OF UNSPECIFIED THORACIC VERTEBRA, INIT ENCNTR	Chiropractor	Denied	2	Services are not medically necessary	2		0
	Suicidal ideations	Behavioral Health Facility	Approved	1		0		0
	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	Chiropractor	Denied	2	Services are not medically necessary	2		0
	TRAUM SUBDR HEM W/O LOSS OF CONSCIOUSNESS, SUBS	Other	Approved	1		0		0
	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Rehab Provider	Denied	5	Services are not medically necessary	5		0
	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FRACTURE OF LEFT FEMUR, INIT ENCNTR FOR CLOSED FRACTURE	Other	Approved	1		0		0
	UNSP FRACTURE OF LEFT LOWER LEG, INIT FOR CLOS FX	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP FRACTURE OF RIGHT FOOT, SUBS FOR FX W ROUTN HEAL	Rehab Provider	Denied	2	Services are not medically necessary	2		0
	UNSP FRACTURE OF T11-T12 VERTEBRA, INIT FOR CLOS FX	Other	Approved	1		0		0
	UNSP INJ MUSC/TEND THE ROTATOR CUFF OF L SHOULDER, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0

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	UNSP INJURY OF MUSC/FASC/TEND PRT BICEPS, LEFT ARM, SUBS	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Other	Approved	1		0		0
	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, SUBS	Other	Approved	2		0		0
	Unsp psychosis not due to a substance or known physiol cond	Behavioral Health Facility	Approved	2		0		0
	UNSP SPRAIN OF UNSPECIFIED SHOULDER JOINT, INIT ENCNTR	Chiropractor	Approved	1		0		0
	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Rehab Provider	Denied	1	Services are not medically necessary	1		0
	Unspecified mood [affective] disorder	Behavioral Health Facility	Approved	4		0		0
	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
	WEAKNESS	Other	Approved	1		0		0
	IDIOPATHIC ASEPTIC NECROSIS OF LEFT ANKLE	Emergency Medicine		0		0	Denied	1
AJOVY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management		0		0	Denied	1
MYRBETRIQ ER	OVERACTIVE BLADDER	Obstetrics/Gynecology		0		0	Denied	1
ORENCIA CLICKJECT	Rheumatoid arthritis, unspecified	Rheumatology		0		0	Denied	1
PULMICORT	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine		0		0	Approved	1
3D RENDER W/INTRP POSTPROCES	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Urology	Approved	1		0		0
3D RENDER W/INTRP POSTPROCES	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, SUPRATENTORIAL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	INTERNAL MEDICINE	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	CONGENITAL FACIAL ASYMMETRY	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	LONG QT SYNDROME	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0

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3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	2	Services are not medically necessary	2		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	NONRHEUMATIC PULMONARY VALVE STENOSIS	PEDIATRIC CARDIOLOGY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	NONRHEUMATIC PULMONARY VALVE STENOSIS	PEDIATRIC CARDIOLOGY	Denied	2	Services are not medically necessary	2		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	OTHER SPECIFIED DISEASES IINNER EAR BILATERAL	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Pulmonary hypertension, unspecified	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	TETRALOGY OF FALLOT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Unknown	HOSPITAL	Approved	1		0		0
3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	Unknown	UROLOGY	Denied	2	Services are not medically necessary	2		0
445	Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic	Emergency Medicine		0		0	Approved	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
70450 (CT HEAD or Brain; without contrast material), 70450 (CT HEAD or Brain; without contrast material),	Unknown(70450),TREMOR UNSPECIFIED(70450),	Imaging		0		0	Approved	1
70498 (CTA NECK, without contrast, followed by contrast and further sections, including image post-processing), 70498 (CTA NECK, without contrast, followed by contrast and further sections, including image post-processing),	Hyperglycemia, unspecified(70498),HYPERGLYCEMIA UNSPECIFIED(70498),	Imaging		0		0	Denied	1
70498 (CTA NECK, without contrast, followed by contrast and further sections, including image post-processing), 70498 (CTA NECK, without contrast, followed by contrast and further sections, including image post-processing),	Hyperparathyroidism, unspecified(70498),HYPERPARATHYROIDISM UNSPECIFIED(70498),	Imaging		0		0	Approved	1
71250 (CT CHEST (thorax); without contrast material), 71250 (CT CHEST (thorax); without contrast material),	Unknown(71250),MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST(71250),	Imaging		0		0	Approved	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),CERVICALGIA(72141),	Imaging		0		0	Approved	1
72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72141 (MRI Cervical Spine, (spinal canal and contents); without contrast material), 72146 (MRI Thoracic Spine, (spinal canal and contents); without contrast material), 721	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY(72141),Unknown(72141),Unknown(72146),UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY(72146),	Imaging		0		0	Approved	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)	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION(72156),Unknown(72156),	Imaging		0		0	Denied	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),	Elevated prostate specific antigen [PSA](72197),Unknown(72197),	Imaging		0		0	Denied	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),	Unknown(72197),Elevated prostate specific antigen [PSA](72197),	Imaging		0		0	Denied	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM(73221),Unknown(73221),	Imaging		0		0	Approved	1
73221 (MRI Upper Extremity, any joint; without contrast material(s)), 73221 (MRI Upper Extremity, any joint; without contrast material(s)),	Unknown(73221),PAIN IN LEFT WRIST(73221),	Imaging		0		0	Approved	1
73222 (MRI Upper Extremity, any joint; with contrast material(s)), 73222 (MRI Upper Extremity, any joint; with contrast material(s)),	Unknown(73222),OTHER SHOULDER LESIONS RIGHT SHOULDER(73222),	Imaging		0		0	Denied	1
73718 (MRI Lower Extremity, other than joint; without contrast material(s)), 73718 (MRI Lower Extremity, other than joint; without contrast material(s)),	PAIN IN RIGHT FOOT(73718),Unknown(73718),	Imaging		0		0	Denied	1
74150 (CT ABDOMEN; without contrast material), 74150 (CT ABDOMEN; without contrast material),	Unknown(74150),UNSPECIFIED ABDOMINAL PAIN(74150),	Imaging		0		0	Denied	1
93351 (STRESS TTE COMPLETE), 93351 (STRESS TTE COMPLETE),	DYSPNEA UNSPECIFIED(93351),Unknown(93351),	Imaging		0		0	Approved	1
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	4		0		0
ABATACEPT INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	3		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
ABATACEPT INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	4		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
ABD PARACENTESIS	OTHER ASCITES	Facility	Approved	1		0		0
ABDOMEN SURGERY PROCEDURE	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INIT ENCNTR	Facility	Denied	1	Services are not medically necessary	1		0
ABILIFY 5 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
ABLATE ARRHYTHMIA ADD ON	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	4		0		0
ABLATE ARRHYTHMIA ADD ON	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ABLATE ARRHYTHMIA ADD ON	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	1		0		0
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FLUTTER	Cardiac Electrophysiology	Approved	1		0		0
ABLATE ARRHYTHMIA ADD ON	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
ABLATE ARRHYTHMIA ADD ON	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	1		0		0
ABRASION LESION SINGLE	SCAR CONDITIONS AND FIBROSIS OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
ABSORICA	Acne vulgaris	Dermatology		0		0	Approved	1
ABSORICA	ACNE VULGARIS	Dermatology		0		0	Denied	1
ABSORICA 30 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	3	Services are not medically necessary	3		0
ABSORICA 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ACCU-CHEK GUIDE TEST STRIP	ABNORMAL GLUCOSE COMPLICATING PREGNANCY	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACCU-CHEK GUIDE TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACCU-CHEK GUIDE TEST STRIP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ACELLULAR DERM MATRIX IMPLT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	3		0		0
ACELLULAR DERM MATRIX IMPLT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Facility	Approved	4		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Surgery, Plastic	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	3		0		0
ACELLULAR DERM MATRIX IMPLT	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	4		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	3		0		0
ACELLULAR DERM MATRIX IMPLT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
ACELLULAR DERM MATRIX IMPLT	OTHER BENIGN MAMMARY DYSPLASIAS OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
ACELLULAR DERM MATRIX IMPLT	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	Surgery, Plastic	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	ALLERGIC RHINITIS DUE TO POLLEN	Physician	Approved	1		0		0
ACETAMINOPHEN-COD #3 TABLET	PAIN IN RIGHT SHOULDER	Family Medicine	Approved	1		0		0
ACETAMINOPHEN-COD #4 TABLET	CHRONIC PAIN SYNDROME	Family Nurse Practitioner Primary Care	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	AORTIC ARCH SYNDROME [TAKAYASU]	Physician	Denied	1	Services are not medically necessary	1		0
ACTEMRA 162 MG/0.9 ML SYRINGE	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	2		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
ACTEMRA 162 MG/0.9 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ACTEMRA ACTPEN 162 MG/0.9 ML	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
ACTHAR GEL	Multiple sclerosis	Emergency Medicine		0		0	Denied	1
ACTHAR GEL	Multiple sclerosis	Physician Assistant		0		0	Denied	1
ACTHAR GEL 400 UNIT/5 ML VIAL	MULTIPLE SCLEROSIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
Acute Inpatient Mental Health Treatment	BIPOLAR DISORDER, UNSPECIFIED	Behavioral Health Facility		0		0	Denied	1
Acute Inpatient Mental Health Treatment	BRIEF PSYCHOTIC DISORDER	Behavioral Health Facility		0		0	Denied	1
Acute Inpatient Mental Health Treatment	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Health Facility		0		0	Approved	1
Acute Inpatient Mental Health Treatment	UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND	Behavioral Health Facility		0		0	Denied	1
ACYCLOVIR 5% CREAM	HERPESVIRAL INFECTION, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% CREAM	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPES SIMPLEX MYELITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL VESICULAR DERMATITIS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL VESICULAR DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	HERPESVIRAL VESICULAR DERMATITIS	Family Medicine	Denied	4	Services are not medically necessary	4		0
ACYCLOVIR 5% OINTMENT	OTHER HERPESVIRAL INFECTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	POLYCYSTIC OVARIAN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACYCLOVIR 5% OINTMENT	POSTHERPETIC TRIGEMINAL NEURALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACZONE	ACNE VULGARIS	Dermatology		0		0	Denied	1
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Dermatology	Denied	11	Services are not medically necessary	11		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Physician	Denied	2	Services are not medically necessary	2		0
ACZONE 7.5% GEL PUMP	ACNE VULGARIS	Physician Assistant	Denied	4	Services are not medically necessary	4		0
ACZONE 7.5% GEL PUMP	CELLULITIS OF RIGHT UPPER LIMB	Family Medicine	Denied	1	Services are not medically necessary	1		0
ACZONE 7.5% GEL PUMP	OTHER ACNE	Dermatology	Denied	1	Services are not medically necessary	1		0

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ADAPALENE 0.1% GEL	ACNE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADAPALENE 0.1% GEL	ACNE, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADAPALENE 0.1% GEL	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
ADAPALENE 0.3% GEL	ACNE VULGARIS	Dermatology	Approved	1		0		0
ADAPALENE 0.3% GEL PUMP	ACNE VULGARIS	Family Medicine	Approved	1		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Ancillary	Approved	17		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Counseling	Approved	23		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Counseling	Denied	2	Services are not medically necessary	2		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Family Medicine	Approved	2		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Multi-Specialty Group	Approved	7		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Occupational Therapy	Approved	3		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Psychology	Approved	1		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Social Work	Approved	7		0		0
ADAPT BEHAVIOR TX PHYS/QHP	AUTISTIC DISORDER	Speech Therapy	Approved	2		0		0
ADAPT BEHAVIOR TX PHYS/QHP	DOWN SYNDROME, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
ADAPT/EXT, PACING/NEURO LEAD	PARKINSON'S DISEASE	Facility	Approved	1		0		0
ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Autistic disorder	Behavioral Health Facility	Approved	21		0		0
ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Autistic disorder	Behavioral Health Provider	Approved	5		0		0
ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Down syndrome, unspecified	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
ADCIRCA 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ADD UE PROST B/E ACRYLIC	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
ADD UE PROST BE/WD, ULTLITE	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
ADDERALL	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse		0		0	Denied	1
ADDERALL	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine		0		0	Approved	1
ADDERALL 10 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Approved	1		0		0
ADDERALL 30 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ADDERALL XR 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 10 MG CAPSULE	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 10 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 15 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 15 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0

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ADDERALL XR 15 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
ADDERALL XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
ADDERALL XR 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Physician Assistant	Approved	1		0		0
ADDERALL XR 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry, Child & Adolescent	Denied	2	Services are not medically necessary	2		0
ADDERALL XR 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDERALL XR 5 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
ADDITIONAL SPINAL FUSION	LUMBAGO WITH SCIATICA, LEFT SIDE	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
ADDITIONAL SPINAL FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
ADDITIONAL SPINAL FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	2		0		0
ADDL NECK SPINE FUSION	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	4		0		0
ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0

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ADDL NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
ADDL NECK SPINE FUSION	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Approved	1		0		0
ADDL NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	3		0		0
ADDL NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Physician Assistant	Approved	1		0		0
ADDL NECK SPINE FUSION	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
ADDL NECK SPINE FUSION	WEAKNESS	Facility	Approved	1		0		0
ADDYI 100 MG TABLET	DECREASED LIBIDO	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADDYI 100 MG TABLET	HYPOACTIVE SEXUAL DESIRE DISORDER	Anesthesiology	Approved	1		0		0
ADDYI 100 MG TABLET	HYPOACTIVE SEXUAL DESIRE DISORDER	Obstetrics/Gynecology	Approved	1		0		0
ADEMPAS 2 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ADEMPAS 2.5 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
ADVAIR	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine		0		0	Denied	1
ADVAIR	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine		0		0	Denied	1
ADVAIR 100-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Nurse Practitioner Primary Care	Approved	1		0		0
ADVAIR 250-50 DISKUS	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine	Approved	1		0		0
ADVAIR 250-50 DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ADVAIR 250-50 DISKUS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Physician	Denied	1	Services are not medically necessary	1		0
ADVAIR 500-50 DISKUS	MODERATE PERSISTENT ASTHMA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ADVAIR 500-50 DISKUS	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ADVAIR 500-50 DISKUS	UNSPECIFIED ASTHMA	Other	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 12.5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
ADZENYS XR-ODT 18.8 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Denied	2	Services are not medically necessary	2		0
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	Ancillary	Approved	4		0		0
AED GARMENT W ELEC ANALYSIS	DILATED CARDIOMYOPATHY	Ancillary	Denied	1	Services are not medically necessary	1		0
AED GARMENT W ELEC ANALYSIS	LONG QT SYNDROME	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	LONG QT SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
AED GARMENT W ELEC ANALYSIS	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
AED GARMENT W ELEC ANALYSIS	OLD MYOCARDIAL INFARCTION	Ancillary	Approved	1		0		0
AED GARMENT W ELEC ANALYSIS	OLD MYOCARDIAL INFARCTION	Ancillary	Denied	1	Services are not medically necessary	1		0
AED GARMENT W ELEC ANALYSIS	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE	Ancillary	Approved	2		0		0
AED GARMENT W ELEC ANALYSIS	UNSP COMP OF CARDIAC AND VASCULAR PROSTH DEV/GRFT, INIT	Ancillary	Approved	1		0		0
AFINITOR 10 MG TABLET	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
AFINITOR 5 MG TABLET	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	Oncology	Approved	1		0		0
AFLIBERCEPT INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	2		0		0

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AFLIBERCEPT INJECTION	DEGENERATIVE MYOPIA, BILATERAL	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Ancillary	Approved	1		0		0
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Ancillary	Approved	1		0		0
AFLIBERCEPT INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	4		0		0
AFLIBERCEPT INJECTION	EXUDATIVE AGE-REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	OTHER GENERAL SYMPTOMS AND SIGNS	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	3		0		0
AFLIBERCEPT INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	TYPE 1 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	4		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ancillary	Approved	1		0		0
AFLIBERCEPT INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	2		0		0
AFREZZA 90-4 UNIT / 90-8 UNIT	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
AIMOVIG	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine		0		0	Denied	1
AIMOVIG	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology		0		0	Approved	2
AIMOVIG	Headache	Neurology		0		0	Approved	1
AIMOVIG	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology		0		0	Approved	1
AIMOVIG	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology		0		0	Approved	1
AIMOVIG	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology		0		0	Approved	1
AIMOVIG	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
AIMOVIG 140 MG DOSE-2 AUTOINJ		Neurology	Approved	1		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	2		0		0

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AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	2		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	DRUG-INDUCED HEADACHE, NEC, NOT INTRACTABLE	Physician Assistant	Approved	1		0		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 140 MG DOSE-2 AUTOINJ	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR		Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	11		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician Assistant	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Pain Management	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	3		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Anesthesiology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
AIMOVIG 140 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR		Family Medicine	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pain Management	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Anesthesiology	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	7		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Surgery, Neurological	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	3		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	3	Services are not medically necessary	3		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Anesthesia, Certified RN	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner Primary Care	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITHOUT AURA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	2		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
AIMOVIG 70 MG/ML AUTOINJECTOR	MIGRAINE, UNSPECIFIED, INTRACTABLE	Family Nurse Practitioner	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
AIMOVIG 70 MG/ML AUTOINJECTOR	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
AIMOVIG 70 MG/ML AUTOINJECTOR	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
AIMOVIG 70 MG/ML AUTOINJECTOR	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
AIRDUO RESPICLICK 113-14 MCG	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatric Pulmonology	Approved	1		0		0
AJOVY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry		0		0	Denied	1
AJOVY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology		0		0	Approved	1
AJOVY	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology		0		0	Approved	1
AJOVY 225 MG/1.5 ML SYRINGE	CEREBRAL INFARCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	3		0		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	10	Services are not medically necessary	10		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Pediatric Neurology	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Sleep Medicine	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Psychiatry	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE WITHOUT AURA	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0

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AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Nurse Practitioner	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
AJOVY 225 MG/1.5 ML SYRINGE	PAIN DISORDER EXCLUSIVELY RELATED TO PSYCHOLOGICAL FACTORS	Family Medicine	Approved	1		0		0
ALANINE AMINO (ALT) (SGPT)	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ALBENDAZOLE 200 MG TABLET	TRICHINELLOSIS	Pediatrics	Approved	1		0		0
ALBUTEROL HFA 90 MCG INHALER	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ALBUTEROL HFA 90 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALBUTEROL HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALBUTEROL HFA 90 MCG INHALER	UNSPECIFIED ASTHMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALBUTEROL HFA 90 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALBUTEROL HFA 90 MCG INHALER	WHEEZING	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALBUTEROL SUL HFA 90 MCG INH	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL ABUSE, UNCOMPLICATED	Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	42		0		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE, UNCOMPLICATED	Facility	Approved	86		0		0
ALCOHOL AND/OR DRUG SERVICES	ALCOHOL DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	6		0		0
ALCOHOL AND/OR DRUG SERVICES	CANNABIS DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	CANNABIS DEPENDENCE, UNCOMPLICATED	Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	CANNABIS DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	4		0		0
ALCOHOL AND/OR DRUG SERVICES	COCAINE DEPENDENCE WITH WITHDRAWAL	Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	COCAINE DEPENDENCE, UNCOMPLICATED	Facility	Approved	6		0		0
ALCOHOL AND/OR DRUG SERVICES	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED	Facility	Approved	4		0		0
ALCOHOL AND/OR DRUG SERVICES	OPIOID DEPENDENCE, IN REMISSION	Ancillary	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	OPIOID DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	8		0		0
ALCOHOL AND/OR DRUG SERVICES	OPIOID DEPENDENCE, UNCOMPLICATED	Facility	Approved	19		0		0
ALCOHOL AND/OR DRUG SERVICES	OPIOID DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Facility	Approved	10		0		0
ALCOHOL AND/OR DRUG SERVICES	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	5		0		0
ALCOHOL AND/OR DRUG SERVICES	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAP	Alcohol dependence with withdrawal, unspecified	Behavioral Health Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAP	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	42		0		0
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAP	Cannabis dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0

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ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAP	Cocaine dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAP	Opioid dependence, uncomplicated	Behavioral Health Facility	Approved	11		0		0
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAP	Other stimulant dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAP	Sedative, hypnotic or anxiolytic dependence, uncomplicated	Behavioral Health Facility	Approved	2		0		0
ALINIA 500 MG TABLET	CANDIDIASIS, UNSPECIFIED	Physician	Approved	1		0		0
ALLOWRAP DS OR DRY 1 SQ CM	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
ALLOWRAP DS OR DRY 1 SQ CM	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0
ALPHA 1 PROTEINASE INHIBITOR	ALPHA-1-ANTITRYPSIN DEFICIENCY	Oncology	Approved	1		0		0
ALPHA 1 PROTEINASE INHIBITOR	FALL ON SIDEWALK CURB	Oncology	Approved	1		0		0
ALPRAZOLAM 0.5 MG TABLET		Physician	Denied	1	Services are not medically necessary	1		0
ALTOPREV 40 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Nurse Practitioner Primary Care	Approved	1		0		0
ALTRENO 0.05% LOTION	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ALTRENO 0.05% LOTION	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	PARTIAL LOSS OF TEETH DUE TO TRAUMA, UNSPECIFIED CLASS	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
ALVESCO 160 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	1		0		0
ALVESCO 80 MCG INHALER	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Family Medicine	Denied	1	Services are not medically necessary	1		0
ALYS CPLX SP/PN NPGT W/PRGRM	CHRONIC PAIN SYNDROME	Facility	Approved	1		0		0
AMNIOBAND, GUARDIAN 1 SQ CM	INFCT FOL A PROCEDURE, DEEP INCISIONAL SURGICAL SITE, INIT	Surgery, Orthopedic	Approved	1		0		0
AMPUTATION OF LOWER LEG	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
AMPUTATION OF LOWER LEG	ATHSCL NATIVE ARTERIES OF EXTREMITIES W GANGRENE, LEFT LEG	Other	Approved	1		0		0
AMPUTATION OF LOWER LEG	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	Other	Approved	1		0		0
AMPUTATION OF LOWER LEG	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES	Facility	Approved	1		0		0
AMPUTATION THRU METATARSAL	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	Facility	Approved	1		0		0
AMPUTATION THRU METATARSAL	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
AMPUTATION TOE & METATARSAL	CELLULITIS, UNSPECIFIED	Facility	Approved	1		0		0
AMPUTATION TOE & METATARSAL	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	Facility	Approved	1		0		0
AMPYRA ER 10 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
ANAL/URINARY MUSCLE STUDY	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
ANAL/URINARY MUSCLE STUDY	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
ANAL/URINARY MUSCLE STUDY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0

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ANAL/URINARY MUSCLE STUDY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ANAL/URINARY MUSCLE STUDY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	1	Services are not medically necessary	1		0
ANAL/URINARY MUSCLE STUDY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
ANDRODERM	TESTICULAR HYPOFUNCTION	Internal Medicine		0		0	Approved	1
ANDRODERM 4 MG/24HR PATCH		Family Medicine	Denied	1	Services are not medically necessary	1		0
ANDRODERM 4 MG/24HR PATCH	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Approved	1		0		0
ANDRODERM 4 MG/24HR PATCH	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Denied	1	Services are not medically necessary	1		0
ANDRODERM 4 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
ANDRODERM 4 MG/24HR PATCH	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	ENDOCRINE DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
ANDROGEL 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ANDROGEL 1.62%(1.25G) GEL PCKT	HYPOPITUITARISM	Physician Assistant	Approved	1		0		0
ANDROGEL 1.62%(1.25G) GEL PCKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Approved	1		0		0
ANDROGEL 1.62%(1.25G) GEL PCKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Denied	1	Services are not medically necessary	1		0
ANDROGEL 1.62%(2.5G) GEL PCKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ANESTH PACEMAKER INSERTION	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	1		0		0
ANL SP INF PMP W/MDREPRG&FIL	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER DISORDERS OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER INSTABILITY LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Anterior tibial tubercleplasty (eg, Maquet type procedure)	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
AORTIC DYSFUNCTION/DILATION	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	Facility	Denied	2	Services are not medically necessary	2		0
APAP WITH COMPLIANCE MONITORING	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	5	Services are not medically necessary	5		0
APC GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
APC GENE FULL SEQUENCE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
APHERESIS ADSORP/REINFUSE	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Oncology	Approved	1		0		0
APHERESIS PLASMA	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
APIDRA 100 UNITS/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
APLENZIN ER 174 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
APLENZIN ER 522 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Approved	1		0		0
Applied Behavior Analysis (ABA)	AUTISTIC DISORDER	Counseling		0		0	Approved	1
APREPITANT 40 MG CAPSULE	UNSPECIFIED ABDOMINAL PAIN	Anesthesiology	Denied	1	Services are not medically necessary	1		0
APTENSIO XR 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician	Denied	1	Services are not medically necessary	1		0
APTIOM 400 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Nurse Practitioner	Approved	1		0		0

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AQUATIC THERAPY/EXERCISES	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
ARIKAYCE	PULMONARY MYCOBACTERIAL INFECTION	Pulmonary Disease		0		0	Approved	1
ARIKAYCE 590 MG/8.4 ML VIAL	PULMONARY MYCOBACTERIAL INFECTION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET		Family Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET		Neurology	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Behavioral Nurse	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Family Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Psychology	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	OTHER FATIGUE	Family Medicine	Approved	1		0		0
ARMODAFINIL 150 MG TABLET	SLEEP APNEA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 150 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
ARMODAFINIL 200 MG TABLET		Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	INSOMNIA, UNSPECIFIED	Psychiatry	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE W/O CATAPLEXY	Psychiatry	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITH CATAPLEXY	Psychiatry	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 200 MG TABLET	OTHER FATIGUE	Neurology	Approved	1		0		0
ARMODAFINIL 250 MG TABLET		Internal Medicine	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Pain Management	Approved	2		0		0
ARMODAFINIL 250 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	1		0		0
ARMODAFINIL 250 MG TABLET	PRIMARY INSOMNIA	Internal Medicine	Approved	1		0		0
ARMODAFINIL 50 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Approved	1		0		0
ARMODAFINIL 50 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Psychology	Denied	1	Services are not medically necessary	1		0
ARMODAFINIL 50 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Psychiatry	Approved	1		0		0
ARMODAFINIL 50 MG TABLET	OTHER FATIGUE	Internal Medicine	Approved	1		0		0
ARNUITY ELLIPTA 100 MCG INH	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
ARNUITY ELLIPTA 100 MCG INH	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ARNUITY ELLIPTA 100 MCG INH	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ARNUITY ELLIPTA 200 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
ARNUITY ELLIPTA 200 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ARNUITY ELLIPTA 200 MCG INH	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0

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ART BYP AORTOBIFEMORAL	OTHER ARTERIAL EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA	Other	Approved	1		0		0
ART BYP AXILL-FEM-FEMORAL	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	Other	Approved	1		0		0
ART BYP FEMORAL-FEMORAL	ATHSCL UNSP TYPE BYPASS OF THE EXTRM W REST PAIN, RIGHT LEG	Facility	Approved	1		0		0
ART BYP GRFT AORTBIFEMORAL	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	Other	Approved	1		0		0
ART BYP GRFT AXILL/FEM/FEM	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT	Facility	Approved	1		0		0
ART BYP GRFT FEM-FEMORAL	ATHSCL UNSP TYPE BYPASS OF THE EXTRM W REST PAIN, RIGHT LEG	Other	Approved	1		0		0
ART BYP GRFT FEM-POPLITEAL	ACUTE EMBOLISM AND THROMBOSIS OF LEFT POPLITEAL VEIN	Other	Approved	1		0		0
ART BYP GRFT FEM-POPLITEAL	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	Facility	Approved	1		0		0
ART BYP GRFT SUBCLAV-AXILARY	STRICTURE OF ARTERY	Facility	Approved	1		0		0
ART BYP SUBCLAV-AXILLARY	STRICTURE OF ARTERY	Other	Approved	1		0		0
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Facility	Denied	2	Services are not medically necessary	2		0
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Family Medicine		0		0	Denied	1
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Hospital		0		0	Denied	3
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Other	Denied	1	Services are not medically necessary	1		0
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Surgery, Orthopedic		0		0	Approved	1
ARTHRODESIS SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Surgery, Orthopedic		0		0	Denied	1
Arthrodesis, glenohumeral joint;	DSPLCD FX GLND CAV SCAP RT SHOULDER INIT CLO FX	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	BILATERAL OSTEOARTHRITIS RSLT FROM HIP DYSPLASIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	FX UNS PART NECK LT FEMUR INITIAL ENC CLOS FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED FEMUR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	OSTEOARTHRITIS OF HIP UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	OSTEOARTHRITIS OF HIP UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	Approved	5		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	47		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	8	Services are not medically necessary	8		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	PREVENTIVE MEDICINE	Approved	4		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-HAND	Approved	1		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	57		0		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	30	Services are not medically necessary	30		0
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, femoral condyles or tibial plateau(s), knee	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroplasty, femoral condyles or tibial plateau(s), knee	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroplasty, glenohumeral joint; hemiarthroplasty	UNS FX UPPER END RT HUMERUS INIT CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	4-PART FX SURG NCK LT HUM INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0

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Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	SECONDARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	14		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	OSTEOARTHRITIS OF KNEE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	8		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PREVENTIVE MEDICINE	Approved	6		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	64		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	13	Services are not medically necessary	13		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	4		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Approved	3		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	75		0		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	23	Services are not medically necessary	23		0
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroplasty, patella; with prosthesis	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroplasty, patella; with prosthesis	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroplasty, patella; with prosthesis	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, patella; with prosthesis	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroplasty, patella; with prosthesis	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroplasty, patella; with prosthesis	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOP ROTATOR CUFF REPR	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Ancillary	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	HEMARTHROSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH COMP INTRL ORTH PROS DEVC IMPL GFT SBSQT ENC	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	PEDIATRICS	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER FRACTURE UPPER END OF LEFT TIBIA SEQUELA	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER INSTABILITY UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0

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Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	20		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	2		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SEQUELA	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN LAT COLLATERAL LIGAMENT UNS KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN UNS CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SPRAIN UNS CRUCIATE LIGAMENT UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	UNSPECIFIED SUBLUXATION RT PATELLA SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
ARTHROSCOPY OF JOINT	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
ARTHROSCOPY OF JOINT	OSTEOCHONDRITIS DISSECANS, L ANKLE AND JOINTS OF LEFT FOOT	Facility	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	OSTEOCHONDRITIS DISSECANS, L ANKLE AND JOINTS OF LEFT FOOT	Podiatry		0		0	Denied	1
ARTHROSCOPY OF JOINT	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
ARTHROSCOPY OF JOINT	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
ARTHROSCOPY OF JOINT	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
ARTHROSCOPY OF JOINT	PAIN IN LEFT HIP	Facility	Denied	1	Services are not medically necessary	1		0
ARTHROSCOPY OF JOINT	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
ARTHROSCOPY OF JOINT	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
ARTHROSCOPY OF JOINT	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY OF JOINT	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
ARTHROSCOPY OF JOINT	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY OF JOINT	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
ARTHROSCOPY OF JOINT	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	PEDIATRICS	Approved	1		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	PEDIATRICS	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SPORTS MEDICINE	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	OTHER SPRAIN OF RIGHT HIP SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	TRAUMATIC ARTHROPATHY UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with labral repair	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with labral repair	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SPORTS MEDICINE	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	OTHER SPRAIN OF RIGHT HIP SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with labral repair	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, hip, surgical; with labral repair	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with labral repair	TRAUMATIC ARTHROPATHY UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	OTHER SPRAIN OF RIGHT HIP SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with removal of loose body or foreign body	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	PEDIATRICS	Approved	1		0		0
Arthroscopy, hip, surgical; with synovectomy	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, hip, surgical; with synovectomy	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	DISORDER OF CARTILAGE UNSPECIFIED	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	OTHER INSTABILITY UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	PAIN IN RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	RECURRENT SUBLUXATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	ANKYLOSIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE SBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	DERANGEMNT UNS MED MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	DISORDER OF CARTILAGE UNSPECIFIED	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN KNEE RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	LOOSE BODY IN UNSPECIFIED JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS LT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER INTERNAL DERANGEMENTS OF UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	RECURRENT SUBLUXATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SPRAIN UNS CRUCIATE LIGAMENT UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	PAIN IN RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	PAIN IN RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for infection, lavage and drainage	DIR INF UNS JOINT INF & PARASITIC DZ CLASS ELSW	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for infection, lavage and drainage	PLICA SYNDROME RIGHT KNEE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
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	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	LOOSE BODY IN UNSPECIFIED JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OSTEOCHONDRITIS DISSECANS OF UNSPECIFIED SITE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
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	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	PAIN IN RIGHT KNEE	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	ANKYLOSIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	CONTRACTURE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PATHOLOGICAL FX UNS FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PLICA SYNDROME RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	RECURRENT SUBLUXATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER INFECTIVE TENOSYNOVITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	OTHER SYNOVITIS & TENOSYNOVITIS RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	ANKYLOSIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;osteochondral allograft (eg, mosaicplasty)	OSTEOCHONDRITIS DISSECANS OF UNSPECIFIED SITE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	RECURRENT SUBLUXATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with lateral release	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	LOOSE BODY IN UNSPECIFIED JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	OTHER OSTEONECROSIS LEFT FEMUR	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	SPRAIN UNS CRUCIATE LIGAMENT UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	ANKYLOSIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR LAT MENSCUS CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE SBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA PATELLAE UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SPORTS MEDICINE	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANG POST HORN MED MENISC OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANGEMNT UNS LAT MENISCUS OLD TEAR/INJ RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	DERANGEMNT UNS MED MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	EFFUSION RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN KNEE RIGHT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	LOOSE BODY IN UNSPECIFIED JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH COMP INTRL ORTH PROS DEVC IMPL GFT SBSQT ENC	ORTHOPEDIC - NON SURGICAL	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMENTS OTH MED MENISC LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS LT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	PEDIATRICS	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	15		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	10	Services are not medically necessary	10		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	5		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	12		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	11	Services are not medically necessary	11		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER FRACTURE UPPER END OF LEFT TIBIA SEQUELA	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PATHOLOGICAL FX UNS FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PERIPHERAL TEAR MED MENISC CURR LT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	PLICA SYNDROME RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	RECURRENT SUBLUXATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SPRAIN UNS CRUCIATE LIGAMENT UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	BUCKET-HANDLE TEAR LAT MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS RT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR LAT MENSCUS CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	BUCKET-HANDLE TEAR MED MENISC CURR LT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ LT KNEE INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR LAT MENISC CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	DERANG POST HORN MED MENISC OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	DERANG POST HORN MED MENISC OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	DERANGEMNT UNS MED MENISCUS OLD TEAR/INJ RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH COMP INTRL ORTH PROS DEVC IMPL GFT SBSQT ENC	ORTHOPEDIC - NON SURGICAL	Denied	3	Services are not medically necessary	3		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	PEDIATRICS	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	PATHOLOGICAL FX UNS FEMUR INITIAL ENC FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	RECURRENT SUBLUXATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SPRAIN LAT COLLATERAL LIGAMENT UNS KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	OTH INJ MUSC TEND ROTAT CUFF UNS SHLDR SUB ENC	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	OTHER INSTABILITY LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	OTHER SPECIFIED ARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	UNS FX UPPER END RT HUMERUS INIT CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	UNSPECIFIED DISLOC UNS SHOULDER JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	UNSPECIFIED DISLOCATION LT AC JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ANTERIOR SUBLUXATION LT HUMERUS INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	ANTERIOR SUBLUXATION OF LEFT HUMERUS SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BICIPITAL TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	DSPLCD FX SHAFT RT CLAV INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; biceps tenodesis	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; biceps tenodesis	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	INCMPL ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	LOOSE BODY IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	OTHER CHRONIC POSTPROCEDURAL PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SPRAIN OTH SPEC PARTS UNS SHOULDER GIRDLE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SPRAIN RT CORACOHUMERAL LIGAMENT INITIAL ENCNTR	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS FX UPPER END RT HUMERUS INIT CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; biceps tenodesis	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR DISLOCATION RT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR SUBLUXATION LT HUMERUS INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR SUBLUXATION OF LEFT HUMERUS SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	ANTERIOR SUBLUXATION RT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	DISORDER OF LIGAMENT RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	EFFUSION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; capsulorrhaphy	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-PEDIATRIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	RECURRENT DISLOCATION LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	RECURRENT DISLOCATION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION LT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	UNS FX UPPER END UNS HUMERUS INIT CLOS FRACTURE	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; capsulorrhaphy	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	ANTERIOR SUBLUXATION OF LEFT HUMERUS SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0

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Arthroscopy, shoulder, surgical; debridement, extensive	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	FRACTURE UNS PART RT CLAV INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	INCMPL ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER CHRONIC POSTPROCEDURAL PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER SPECIFIED ARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	OTHER SPRAIN LT SHOULDER JOINT SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SPORTS MEDICINE	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPRAIN OTH SPEC PARTS LT SHLOUDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	STRN MUSC FASC TEND LNG HD BICPS RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS DISORDER SYNOVIUM & TENDON RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, shoulder, surgical; debridement, extensive	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNSPECIFIED DISLOCATION LT AC JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, extensive	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, limited	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, limited	BICIPITAL TENDINITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; debridement, limited	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	OTHER ARTICULAR CARTILAGE DISORDERS UNS SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; debridement, limited	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; debridement, limited	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTR	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; debridement, limited	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BICIPITAL TENDINITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	BURSITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	COMPLETE ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	INCMPL ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	LOOSE BODY IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER CHRONIC POSTPROCEDURAL PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SPECIFIED ARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	OTHER SPRAIN LT SHOULDER JOINT SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	10		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	RECURRENT DISLOCATION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPONTANEOUS RUPTURE FLEXOR TENDONS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN OTH SPEC PARTS LT SHLOUDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN OTH SPEC PARTS UNS SHOULDER GIRDLE INIT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SPRAIN RT CORACOHUMERAL LIGAMENT INITIAL ENCNTR	ORTHOPEDIC SURGERY	Approved	1		0		0

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Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRAIN OTH M&T SHLDR UP ARM LEVL LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS DISORDER SYNOVIUM & TENDON RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS INJURY MUSC TEND ROTAT CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNSPECIFIED DISLOCATION LT AC JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	INCMPL ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	OTHER CHRONIC POSTPROCEDURAL PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	OTHER SPECIFIED ARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	OTHER SPRAIN LT SHOULDER JOINT SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	SPONTANEOUS RUPTURE FLEXOR TENDONS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	SPRAIN OTH SPEC PARTS UNS SHOULDER GIRDLE INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	UNSPECIFIED DISLOCATION LT AC JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	ANTERIOR SUBLUXATION LT HUMERUS INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	ANTERIOR SUBLUXATION OF LEFT HUMERUS SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	FRACTURE UNS PART RT CLAV INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	OTHER ARTICULAR CARTILAGE DISORDERS UNS SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	RECURRENT DISLOCATION LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION LT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Arthroscopy, shoulder, surgical; repair of SLAP lesion	SUPERIOR GLENOID LABRUM LESION UNS SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; repair of SLAP lesion	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SPORTS MEDICINE	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	ANTERIOR DISLOCATION LT HUMERUS SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Denied	4	Services are not medically necessary	4		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	CALCIFIC TENDINITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	9		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	11		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	COMPLETE ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	DSPLCD FX SHAFT RT CLAV INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	5		0		0

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Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	INCMPL ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	NULL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTH DSPLCD FX UPPER END LT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER CHRONIC POSTPROCEDURAL PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER SPECIFIED ARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	OTHER SPRAIN LT SHOULDER JOINT SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	7		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	RECURRENT DISLOCATION UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPONTANEOUS RUPTURE FLEXOR TENDONS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN OTH SPEC PARTS LT SHLOUDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN OTH SPEC PARTS RT SHOULDER GIRDLE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN OTH SPEC PARTS UNS SHOULDER GIRDLE INIT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SPRAIN RT CORACOHUMERAL LIGAMENT INITIAL ENCNTR	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC & TEND ROTATOR CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRAIN OTH M&T SHLDR UP ARM LEVL LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	PREVENTIVE MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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Arthroscopy, shoulder, surgical; with rotator cuff repair	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS DISORDER SYNOVIUM & TENDON RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS INJURY MUSC TEND ROTAT CUFF RT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	6		0		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthroscopy, shoulder, surgical; with rotator cuff repair	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	8		0		0
Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	INF & INFLAM REACT UNS INTRL JNT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	CHRONIC GOUT UNSPECIFIED WITH TOPHUS	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	OTHER INSTABILITY UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Arthrotomy, with synovectomy, knee; anterior OR posterior	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Arthrotomy, with synovectomy, knee; anterior OR posterior	PYOGENIC ARTHRITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
ASCENDING AORTIC GRAFT	DISSECTION OF THORACOABDOMINAL AORTA	Facility	Approved	1		0		0
ASCENDING AORTIC GRAFT	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Facility	Approved	1		0		0
ASCENDING AORTIC GRAFT	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES	Other	Approved	1		0		0
ASCENDING AORTIC GRAFT	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	Other	Approved	1		0		0
ASCOMP WITH CODEINE CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Approved	1		0		0
ASMANEX HFA 100 MCG INHALER	COUGH	Pediatric Pulmonology	Approved	1		0		0
ASMANEX HFA 100 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ASMANEX HFA 100 MCG INHALER	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
ASMANEX HFA 100 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH STATUS ASTHMATICUS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ASMANEX HFA 100 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ASMANEX HFA 200 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ASMANEX HFA 200 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ASMANEX TWISTHALER 110 MCG #30	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ASMANEX TWISTHALER 110 MCG #30	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ASMANEX TWISTHALER 220 MCG #14	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ASMANEX TWISTHALER 220 MCG #30	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
ASMANEX TWISTHALER 220 MCG #60	COUGH	Family Medicine	Denied	1	Services are not medically necessary	1		0
ASMANEX TWISTHALER 220 MCG #60	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Physician	Denied	1	Services are not medically necessary	1		0

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ASMANEX TWISTHALER 220 MCG #60	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
ASMANEX TWISTHALR 220 MCG #120	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
ASMANEX TWISTHALR 220 MCG #120	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Approved	1		0		0
ASPIRATE PLEURA W/ IMAGING	HYPERCALCEMIA	Facility	Approved	1		0		0
ASPIRATE PLEURA W/ IMAGING	WTRCRAFT FALL NOS-CREW	Facility	Approved	1		0		0
ASSAY OF CREATININE	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ASSAY OF ESTRADIOL	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ASSAY OF GONADOTROPIN (FSH)	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ASSAY OF GONADOTROPIN (LH)	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ASSAY OF PREALBUMIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	2		0		0
ASSAY OF SERUM POTASSIUM	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ASSAY OF SERUM SODIUM	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ASSAY OF UREA NITROGEN	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ASSISTIVE TECHNOLOGY ASSESS	FUNCTIONAL QUADRIPLEGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
ASSISTIVE TECHNOLOGY ASSESS	MULTIPLE SCLEROSIS	Occupational Therapy	Approved	1		0		0
ATOMOXETINE HCL 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100		Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	CNTCT W & EXPSR TO PEDICULOSIS, ACARIASIS & OTH INFESTATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	CONTACT W AND EXPOSURE TO OTH COMMUNICABLE DISEASES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	CONTACT W AND EXPOSURE TO UNSP COMMUNICABLE DISEASE	Physician Assistant	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	CONTACT WITH AND (SUSPECTED) EXPOSURE TO RABIES	Infectious Disease	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCNTR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATE	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	Infectious Disease	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR IMMUNIZATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR IMMUNIZATION	Physician	Approved	1		0		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Occupational Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Pediatrics	Denied	3	Services are not medically necessary	3		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Physician	Denied	2	Services are not medically necessary	2		0
ATOVAQUONE-PROGUANIL 250-100	ENCOUNTER FOR SCREENING FOR OTHER DISORDER	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER MALARIA, NOT ELSEWHERE CLASSIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Family Medicine	Denied	4	Services are not medically necessary	4		0

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ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Infectious Disease	Denied	3	Services are not medically necessary	3		0
ATOVAQUONE-PROGUANIL 250-100	OTHER SPECIFIED COUNSELING	Physician	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	PLASMODIUM FALCIPARUM MALARIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	PLASMODIUM FALCIPARUM MALARIA, UNSPECIFIED	Infectious Disease	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	PLASMODIUM FALCIPARUM MALARIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	UNSPECIFIED MALARIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ATOVAQUONE-PROGUANIL 250-100	UNSPECIFIED MALARIA	Occupational Medicine	Approved	4		0		0
ATRALIN 0.05% GEL		Dermatology	Denied	1	Services are not medically necessary	1		0
AUBAGIO 14 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	3		0		0
AUBAGIO 7 MG TABLET		Neurology	Approved	1		0		0
AURYXIA 210 MG TABLET	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Nephrology	Denied	1	Services are not medically necessary	1		0
AURYXIA 210 MG TABLET	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Nephrology	Denied	1	Services are not medically necessary	1		0
AUTOTRANSPLANT PARATHYROID	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	1		0		0
AUTOTRANSPLANT PARATHYROID	NONTOXIC MULTINODULAR GOITER	Facility	Approved	1		0		0
AUTOTRANSPLANT PARATHYROID	NONTOXIC SINGLE THYROID NODULE	Facility	Approved	1		0		0
AUTOTRANSPLANT PARATHYROID	PRIMARY HYPERPARATHYROIDISM	Facility	Approved	2		0		0
AUTOTRANSPLANT PARATHYROID	THYROTXCOSIS W TOXIC MULTINOD GOITER W/O THYROTOXIC CRISIS	Facility	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ALLERGY TO PEANUTS	Pediatrics	Approved	2		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO EGGS, SUBSEQUENT ENCOUNTER	Physician	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO OTHER FOOD PRODUCTS	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO PEANUTS, INITIAL ENCOUNTER	Pediatrics	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD, INIT ENCNTR	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD, INIT ENCNTR	Pediatric Allergy & Immunology	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD, INIT ENCNTR	Pediatrics	Approved	1		0		0
AUVI-Q 0.1 MG AUTO-INJECTOR	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Allergy/Immunology	Approved	1		0		0
AUVI-Q 0.15 MG AUTO-INJECTOR	ALLERGY TO OTHER FOODS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.15 MG AUTO-INJECTOR	ALLERGY TO OTHER FOODS	Physician	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.15 MG AUTO-INJECTOR	ALLERGY TO PEANUTS	Pediatric Allergy & Immunology	Approved	1		0		0
AUVI-Q 0.15 MG AUTO-INJECTOR	ALLERGY TO PEANUTS	Pediatrics	Approved	1		0		0
AUVI-Q 0.3 MG AUTO-INJECTOR	ALLERGY TO PEANUTS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AUVI-Q 0.3 MG AUTO-INJECTOR	ALLERGY TO PEANUTS	Pediatrics	Approved	1		0		0
AUVI-Q 0.3 MG AUTO-INJECTOR	PERSONAL HISTORY OF ANAPHYLAXIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
AVONEX PEN 30 MCG/0.5 ML KIT	MULTIPLE SCLEROSIS	Neurology	Approved	3		0		0
AVONEX PREFILLED SYR 30 MCG KT	MULTIPLE SCLEROSIS	Neurology	Approved	6		0		0
AXIRON 30 MG/ACTUATION SOLN	HYPOPITUITARISM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
AZELEX 20% CREAM	ACNE VULGARIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
BASAGLAR 100 UNIT/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
BAXDELA 450 MG TABLET	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSP	Podiatry	Approved	1		0		0

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BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIAN'S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL'S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) AD	Autistic disorder	Behavioral Health Facility	Approved	16		0		0
BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIAN'S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL'S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) AD	Autistic disorder	Behavioral Health Provider	Approved	4		0		0
BEHAVIOR TREATMENT MODIFIED	AUTISTIC DISORDER	Counseling	Approved	1		0		0
BELIMUMAB INJECTION	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Rheumatology	Approved	3		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Rheumatology	Approved	4		0		0
BELIMUMAB INJECTION	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	5		0		0
BELOW KNEE ACRYLIC SOCKET	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
BELOW KNEE TOTAL CONTACT	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
BELOW/ABOVE ELBOW LOCK MECH	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
BELSOMRA 10 MG TABLET	INSOMNIA, UNSPECIFIED	Psychiatry	Approved	2		0		0
BELSOMRA 10 MG TABLET	OTH INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 10 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Physician Assistant	Approved	1		0		0
BELSOMRA 15 MG TABLET	ADJUSTMENT INSOMNIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 15 MG TABLET	SLEEP DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET		Psychiatry	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Approved	3		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
BELSOMRA 20 MG TABLET	INSOMNIA, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
BELSOMRA 20 MG TABLET	PRIMARY INSOMNIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BELSOMRA 20 MG TABLET	PSYCHOPHYSIOLOGIC INSOMNIA	Internal Medicine	Approved	1		0		0
BELSOMRA 20 MG TABLET	PSYCHOPHYSIOLOGIC INSOMNIA	Physician Assistant	Approved	1		0		0
BELVIQ 10 MG TABLET	ABNORMAL WEIGHT GAIN	Psychiatry	Denied	1	Services are not medically necessary	1		0
BELVIQ 10 MG TABLET	OBESITY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
BELVIQ XR 20 MG TABLET	OBESITY, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
BENLYSTA 200 MG/ML AUTOINJECT	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	1		0		0
BENLYSTA 200 MG/ML SYRINGE	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Rheumatology	Approved	1		0		0
BENZONATATE 150 MG CAPSULE	COUGH	Family Medicine	Denied	1	Services are not medically necessary	1		0
BEPREVE 1.5% EYE DROPS	CONJUNCTIVAL CYSTS, LEFT EYE	Optometry	Denied	1	Services are not medically necessary	1		0
BETAMETHASONE DP 0.05% CRM	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
BETASERON 0.3 MG KIT	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
BEVACIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	CYSTOID MACULAR DEGENERATION, LEFT EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
BEVACIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	4		0		0
BEVACIZUMAB INJECTION	MALIGNANT NEOPLASM OF CHOROID	Facility	Approved	1		0		0
BEVACIZUMAB INJECTION	RETINAL HEMORRHAGE, LEFT EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	3		0		0
BEVACIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 1 DIABETES W UNSP DIABETIC RETINOPATHY W MACULAR EDEMA	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB W PROLIF DIAB RTNOP WITH TRCTN DTCH MACULA, BI	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	3		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	2		0		0
BEVACIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
BEVACIZUMAB INJECTION	VITREOUS HEMORRHAGE, RIGHT EYE	Ophthalmology	Approved	1		0		0
BEVESPI AEROSPHERE INHALER	OTHER ALLERGIC RHINITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Ancillary	Approved	6		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Counseling	Approved	7		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Multi-Specialty Group	Approved	6		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Occupational Therapy	Approved	2		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Psychology	Approved	1		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Social Work	Approved	2		0		0
BHV ID ASSMT BY PHYS/QHP	AUTISTIC DISORDER	Speech Therapy	Approved	1		0		0
BIA WHOLE BODY	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
BIKTARVY 50-200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Infectious Disease	Approved	1		0		0
BIKTARVY 50-200-25 MG TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
BILEVEL INTERMITTENT ASSIST DEVICE,(BIPAP)	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Respiratory	Denied	1	Services are not medically necessary	1		0
BIMATOPROST 0.03% EYELASH SOLN	ALOPECIA UNIVERSALIS	Dermatology	Denied	1	Services are not medically necessary	1		0
BIOPSY OF HEART LINING	HEART TRANSPLANT STATUS	Facility	Approved	2		0		0

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Biopsy, soft tissue of pelvis and hip area;deep, subfascial or intramuscular	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	FAMILY PRACTICE	Approved	1		0		0
Biopsy, soft tissue of pelvis and hip area;deep, subfascial or intramuscular	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BIOPSY/REMOVAL LYMPH NODES	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
BK MOLD SOCKET SACH FT ENDO	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
BLEOMYCIN SULFATE INJECTION	OTHER VIRAL WARTS	Dermatology	Approved	1		0		0
BONE MARROW ASPIR BONE GRFG	LOW BACK PAIN	Ancillary	Approved	1		0		0
BONE MARROW ASPIR BONE GRFG	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
BONE MARROW ASPIR BONE GRFG	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
Bone Metastases	Malignant neoplasm of left kidney, except renal pelvis	RADIATION ONCOLOGY	Approved	1		0		0
Bone Metastases	Malignant neoplasm of thyroid gland	HEMATOLOGY	Approved	1		0		0
Bone Metastases	Secondary malignant neoplasm of bone	HOSPITALIST - INTERNAL MEDICIN	Approved	1		0		0
Bone Metastases	Secondary malignant neoplasm of bone	Other	Approved	1		0		0
Bone Metastases	Secondary malignant neoplasm of bone	Other	Denied	1	Services are not medically necessary	1		0
Bone Metastases	Secondary malignant neoplasm of bone	RADIATION ONCOLOGY	Approved	2		0		0
Bone Metastases	Secondary malignant neoplasm of bone	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Bone Metastases	Secondary malignant neoplasm of other specified sites	RADIATION ONCOLOGY	Approved	1		0		0
BONE/SKIN GRAFT MICROVASC	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	Facility	Approved	1		0		0
BOTOX	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Multi-Specialty Group		0		0	Approved	1
BOTOX	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physical Medicine		0		0	Approved	1
BOTOX	Chronic migraine without aura, intractable, without status migrainosus	Psychiatry		0		0	Approved	1
BOTOX	MIGRAINE, UNSPECIFIED	Neurology		0		0	Denied	1
BOTOX	OTHER DYSTONIA	Physical Medicine		0		0	Approved	1
BOTOX	SPASMODIC TORTICOLLIS	Neurology		0		0	Approved	1
BOTOX	Spasmodic torticollis	Pain Management		0		0	Approved	1
BOTOX 100 UNIT VIAL	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	Pediatric Rehabilitation Medicine	Approved	1		0		0
BOTOX 100 UNIT VIAL	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
BOTOX 100 UNIT VIAL	OTHER CEREBRAL PALSY	Pediatric Rehabilitation Medicine	Approved	1		0		0
BOTOX 100 UNIT VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
BOTOX 100 UNIT VIAL	PRIMARY FOCAL HYPERHIDROSIS	Physician	Approved	1		0		0
BOTOX 100 UNIT VIAL	SPASMODIC TORTICOLLIS	Neurology	Denied	1	Services are not medically necessary	1		0
BOTOX 100 UNIT VIAL	SPASTIC DIPLEGIC CEREBRAL PALSY	Neurology	Approved	1		0		0
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
BOTOX 200 UNIT VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	1		0		0
BOTOX 200 UNIT VIAL	CRAMP AND SPASM	Neurology	Approved	2		0		0

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BOTOX 200 UNIT VIAL	DYSTONIA, UNSPECIFIED	Pediatric Rehabilitation Medicine	Approved	1		0		0
BOTOX 200 UNIT VIAL	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	Pediatric Rehabilitation Medicine	Approved	1		0		0
BOTOX 200 UNIT VIAL	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
BOTOX 200 UNIT VIAL	OTHER CEREBRAL PALSY	Pediatric Rehabilitation Medicine	Approved	1		0		0
BOTOX 200 UNIT VIAL	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Pediatric Rehabilitation Medicine	Approved	1		0		0
BOTOX 200 UNITS VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	3		0		0
BOTOX 200 UNITS VIAL	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
BRAF GENE	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	2		0		0
BRAF GENE	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
BRAF GENE	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
BRAF GENE	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
BRAIN BIOPSY W/CT/MR GUIDE	APHASIA	Facility	Approved	1		0		0
Brain Metastases	Secondary malignant neoplasm of brain	RADIATION ONCOLOGY	Approved	3		0		0
Brain Metastases	Secondary malignant neoplasm of brain	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Brain Metastases	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Radiation Therapy		0		0	Approved	1
BRCA1 GENE KNOWN FAMIL VRNT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	11		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	2	Services are not medically necessary	2		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	3		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF PROSTATE	Facility	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF RIGHT OVARY	Ancillary	Approved	1		0		0

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BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Family Medicine	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	4		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Ancillary	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BRCA1&2 GEN FULL SEQ DUP/DEL	Malignant neoplasm of unspecified site of right female breast	Family Medicine		0		0	Denied	1
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GEN FULL SEQ DUP/DEL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
BRCA1&2 GENE FULL SEQ ALYS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
BRCA1&2 GENE FULL SEQ ALYS	MALIGNANT NEOPLASM OF RIGHT OVARY	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
Breast Cancer	Malignant neoplasm of upper-outer quadrant of left female breast	Other	Denied	1	Services are not medically necessary	1		0
Breast Cancer	Malignant neoplasm of upper-outer quadrant of right female breast	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Breast Cancer	Other specified postprocedural states	RADIATION ONCOLOGY	Approved	1		0		0
Breast Cancer	OTHER SPECIFIED POSTPROCEDURAL STATES	Radiation Therapy		0		0	Approved	1
BREAST DIEP OR SIEA FLAP	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Other	Approved	1		0		0
BREAST RECONSTR W/LAT FLAP	DEFORMITY OF RECONSTRUCTED BREAST	Other	Approved	1		0		0
BREAST RECONSTR W/LAT FLAP	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Other	Approved	1		0		0
BREAST RECONSTR W/LAT FLAP	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	4		0		0
BREAST RECONSTRUCTION	BENIGN NEOPLASM OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	DEFORMITY OF RECONSTRUCTED BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Facility	Approved	4		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Surgery, Plastic	Approved	1		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	3		0		0
BREAST RECONSTRUCTION	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Other	Approved	1		0		0
BREAST RECONSTRUCTION	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	6		0		0

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BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	3		0		0
BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	MASTODYNIA	Facility	Denied	1	Services are not medically necessary	1		0
BREAST RECONSTRUCTION	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	OTHER BENIGN MAMMARY DYSPLASIAS OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Family Medicine	Approved	1		0		0
BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Approved	1		0		0
BREAST RECONSTRUCTION	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	Surgery, Plastic	Approved	1		0		0
BREAST SURGERY PROCEDURE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
BREAST SURGERY PROCEDURE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
BREAST SURGERY PROCEDURE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
BRIVIACT 10 MG/ML ORAL SOLN	EPILEPSY, UNSP, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	Neurology	Approved	1		0		0
BRIVIACT 10 MG/ML ORAL SOLN	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Physician	Approved	2		0		0
BRIVIACT 100 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
BRIVIACT 25 MG TABLET	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES	Internal Medicine	Approved	1		0		0
BRIVIACT 50 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST, NOT NTRCT, W STAT EPI	Neurology	Approved	1		0		0
BUDESONIDE 32 MCG NASAL SPRAY	COUGH	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER	DRUG-INDUCED INTERSTITIAL LUNG DISORDERS, UNSPECIFIED	Oncology		0		0	Approved	1
BUDESONIDE ER 9 MG TABLET	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
BUDESONIDE ER 9 MG TABLET	DIARRHEA, UNSPECIFIED	Oncology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	DRUG-INDUCED INTERSTITIAL LUNG DISORDERS, UNSPECIFIED	Oncology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	LYMPHOCYTIC COLITIS	Gastroenterology	Approved	1		0		0
BUDESONIDE ER 9 MG TABLET	LYMPHOCYTIC COLITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
BUDESONIDE ER 9 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
BUPRENORP-NALOX 8-2 MG SL FILM	OPIOID DEPENDENCE, UNCOMPLICATED	Family Medicine	Approved	1		0		0
BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0

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BUPROPION HCL SR 150 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
BUPROPION HCL XL 150 MG TABLET	DYSTHYMIC DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
BUPROPION HCL XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
BUSPIRONE HCL 5 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
BUTALB-CAFF-ACETAMINOPH-CODEIN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
BUTALBITAL COMP-CODEINE #3 CAP		Family Medicine	Approved	1		0		0
BUTRANS 20 MCG/HR PATCH	LOW BACK PAIN	Neurology	Approved	1		0		0
BX/EXC IDRL SPINE LESN LMBR	NEOPLM OF UNSP BEHAV OF ENDO GLANDS AND OTH PRT NERVOUS SYS	Other	Approved	1		0		0
BYSTOLIC	Essential (primary) hypertension	Cardiology, Interventional		0		0	Approved	1
BYSTOLIC	Essential (primary) hypertension	Cardiology, Interventional		0		0	Denied	1
BYSTOLIC	Essential (primary) hypertension	Cardiovascular Disease		0		0	Approved	1
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	3		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	3	Services are not medically necessary	3		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician Assistant	Approved	1		0		0
BYSTOLIC 10 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 10 MG TABLET	PAROXYSMAL ATRIAL FIBRILLATION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 2.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Approved	1		0		0
BYSTOLIC 2.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Approved	1		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiology, Interventional	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	2		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Nurse Practitioner Primary Care	Approved	1		0		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	2	Services are not medically necessary	2		0
BYSTOLIC 5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
BYSTOLIC 5 MG TABLET	OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYSTEMS	Internal Medicine	Approved	1		0		0
C MOTOR EVOKED UPR&LWR LIMBS	CERVICALGIA	Ancillary	Denied	2	Services are not medically necessary	2		0
C MOTOR EVOKED UPR&LWR LIMBS	CERVICALGIA	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
C MOTOR EVOKED UPR&LWR LIMBS	CHRONIC PAIN SYNDROME	Ancillary	Approved	1		0		0
C MOTOR EVOKED UPR&LWR LIMBS	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Approved	1		0		0
C MOTOR EVOKED UPR&LWR LIMBS	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Ancillary	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Family Medicine	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
C MOTOR EVOKED UPR&LWR LIMBS	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
C MOTOR EVOKED UPR&LWR LIMBS	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	SPINAL STENOSIS, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	3	Services are not medically necessary	3		0
C MOTOR EVOKED UPR&LWR LIMBS	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
C MOTOR EVOKED UPR&LWR LIMBS	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Denied	1	Services are not medically necessary	1		0
CABG ARTERIAL SINGLE	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	Other	Approved	1		0		0
CABG ARTERY-VEIN SINGLE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Approved	1		0		0
CABG ARTERY-VEIN THREE	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Approved	1		0		0
CABG ARTERY-VEIN THREE	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Facility	Approved	1		0		0
CABG ARTERY-VEIN TWO	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Other	Approved	1		0		0
CABG VEIN FIVE	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	1		0		0
CABG VEIN THREE	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	2		0		0
CABOMETYX 40 MG TABLET	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	Oncology	Approved	1		0		0
CALR GENE COM VARIANTS	ABNORMAL FINDING OF BLOOD CHEMISTRY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	EOSINOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	Ancillary	Denied	2	Services are not medically necessary	2		0
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	Facility	Approved	1		0		0
CALR GENE COM VARIANTS	SECONDARY POLYCYTHEMIA	Oncology	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	1		0		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	2	Services are not medically necessary	2		0
CAMBIA 50 MG POWDER PACKET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0

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CANAKINUMAB INJECTION	ACCIDENTAL POISONING BY ANALGESICS, ANTIPYRETICS, AND ANTIRHEUMATICS	Pharmacology, Clinical	Approved	1		0		0
CANAKINUMAB INJECTION	NON-NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	Pharmacology, Clinical	Approved	1		0		0
Cancer Type Other	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Radiation Therapy		0		0	Approved	1
CAPECITABINE 150 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF OVRLP SITES OF RECTUM, ANUS AND ANAL CANAL	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF DESCENDING COLON	Hematology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Oncology	Approved	1		0		0
CAPECITABINE 500 MG TABLET	MALIGNANT NEOPLASM OF SIGMOID COLON	Oncology	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsular contracture release (eg, Sever type procedure)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior, any type; with coracoid process transfer	ANTERIOR SUBLUXATION LT HUMERUS INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior, any type; with coracoid process transfer	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	DSPLCD FX GLND CAV SCAP RT SHOULDER INIT CLO FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	EFFUSION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	RECURRENT DISLOCATION LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	RECURRENT DISLOCATION RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	UNSPECIFIED DISLOC UNS SHOULDER JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CARBIDOPA-LEVODOPA 25-100 TAB	PARKINSON'S DISEASE	Neurology	Approved	1		0		0
CARBOPLATIN INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	4		0		0
CARCINOEMBRYONIC ANTIGEN	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or w/o quantitat processing	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	HEART FAILURE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection	OTHER CARDIOMYOPATHIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
CARDIAC DRUG STRESS TEST	CALCULUS OF GALLBLADDER W ACUTE CHOLECYSTITIS W OBSTRUCTION	Facility	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	CHRONIC ATRIAL FIBRILLATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	COARCTATION OF AORTA	PEDIATRIC CARDIOLOGY	Denied	3	Services are not medically necessary	3		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRICS	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	THORACIC AORTIC ECTASIA	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Unknown	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGIST	Approved	1		0		0
Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR	Approved	1		0		0
CARDIAC MRI FOR MORPH W/DYE	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
Cardiac MRI for morphology and function without contrast material;	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ABNORMAL ELECTROCARDIOGRAM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ACUTE PERICARDITIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ATRIAL SEPTAL DEFECT	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMEGALY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMYOPATHY DUE TO DRUG AND EXTERNAL AGENT	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMYOPATHY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CHRONIC ATRIAL FIBRILLATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	2		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	COARCTATION OF AORTA	PEDIATRIC CARDIOLOGY	Denied	3	Services are not medically necessary	3		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CONDUCTION DISORDER UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CONGENITAL MALFORMATION OF HEART UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	CONGENITAL STENOSIS OF AORTIC VALVE	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	DILATED CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	DISEASE OF PERICARDIUM UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	HEART TRANSPLANT REJECTION	HOSPITAL	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	INTRACARDIAC THROMBOSIS NOT ELSEWHERE CLASSIFIED	NUCLEAR MEDICINE	Denied	2	Services are not medically necessary	2		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	FAMILY PRACTICE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	OTHER HYPERTROPHIC CARDIOMYOPATHY	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	PERSISTENT ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	RHEUMATIC TRICUSPID INSUFFICIENCY	PEDIATRICS	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	SARCOID MYOCARDITIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	THORACIC AORTIC ECTASIA	PEDIATRIC CARDIOLOGY	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	Unknown	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	UNSPECIFIED ATRIOVENTRICULAR BLOCK	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	VENTRICULAR TACHYCARDIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
CARDIOLOGY HRT TRNSPL MRNA	HEART TRANSPLANT STATUS	Ancillary		0		0	Approved	1
CARDIOLOGY HRT TRNSPL MRNA	HEART TRANSPLANT STATUS	Ancillary	Approved	1		0		0
CARDIOVASCULAR STRESS TEST	CHRONIC FATIGUE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CARDIOVASCULAR STRESS TEST	END STAGE RENAL DISEASE	Facility	Approved	3		0		0
CARDIOVERSION ELECTRIC EXT	PAROXYSMAL ATRIAL FIBRILLATION	Other	Approved	1		0		0
CATHETER FOR HYSTEROGRAPHY	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
CAYSTON 75 MG INHAL SOLUTION	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	1		0		0
CELEBREX 200 MG CAPSULE	CONGENITAL HYPOTONIA	Family Medicine	Approved	1		0		0
CELEBREX 200 MG CAPSULE	CONGENITAL HYPOTONIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
CELECOXIB 100 MG CAPSULE	POLYOSTEOARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
CELECOXIB 100 MG CAPSULE	RADICULOPATHY, LUMBAR REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
CERV ARTIFIC DISKECTOMY	CERVICALGIA	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER ACUTE POSTPROCEDURAL PAIN	Facility	Denied	1	Services are not medically necessary	1		0

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CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	Facility	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Ancillary	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	2		0		0
CERV ARTIFIC DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
CERV ARTIFIC DISKECTOMY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
CERV ARTIFIC DISKECTOMY	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Surgery, Orthopedic		0		0	Approved	1
CERV ARTIFIC DISKECTOMY	RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	2		0		0
CERV ARTIFIC DISKECTOMY	RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
CERV ARTIFIC DISKECTOMY	RADICULOPATHY, CERVICAL REGION	Other	Approved	1		0		0
CERV ARTIFIC DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	2		0		0
CESAREAN DELIVERY	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, SECOND TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
CETIRIZINE HCL 10 MG TABLET	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, BILATERAL	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX	TOBACCO ABUSE COUNSELING	Ancillary		0		0	Approved	1
CHANTIX 1 MG CONT MONTH BOX	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
CHANTIX 1 MG CONT MONTH BOX	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Sleep Medicine	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX	NICOTINE DEPENDENCE, OTH TOBACCO PRODUCT, W OTH DISORDERS	Family Nurse Practitioner	Approved	1		0		0
CHANTIX 1 MG CONT MONTH BOX	TOBACCO USE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX 1 MG TABLET	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Family Medicine	Approved	1		0		0
CHANTIX 1 MG TABLET	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Family Medicine	Denied	2	Services are not medically necessary	2		0
CHANTIX 1 MG TABLET	TOBACCO USE	Physician	Approved	1		0		0
CHANTIX STARTING MONTH BOX	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	Physician	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, OTH TOBACCO PRODUCT, W OTH DISORDERS	Family Nurse Practitioner	Approved	1		0		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, OTHER TOBACCO PRODUCT, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Family Medicine	Denied	2	Services are not medically necessary	2		0
CHANTIX STARTING MONTH BOX	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	Physician	Approved	1		0		0
CHANTIX STARTING MONTH BOX	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Family Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	TOBACCO ABUSE COUNSELING	Physician	Denied	1	Services are not medically necessary	1		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Internal Medicine	Approved	1		0		0
CHANTIX STARTING MONTH BOX	TOBACCO USE	Physician	Approved	1		0		0

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CHEMO IV INFUSION 1 HR	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Other	Approved	1		0		0
CHEMO IV INFUSION 1 HR	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Other	Approved	1		0		0
CHEMO IV INFUSION 1 HR	MALIGNANT NEOPLASM OF CEREBELLUM	Other	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	BLEPHAROSPASM	Ancillary	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	BLEPHAROSPASM	Physical Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	6		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	44		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	3		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	6		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	3		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Facility	Approved	6		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	5		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	22		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neuromusculoskeletal Medicine	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physical Medicine	Approved	2		0		0
CHEMODENERV MUSC MIGRAINE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	4		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Approved	1		0		0

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CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Oncology	Denied	1	Services are not medically necessary	1		0
CHEMODENERV MUSC MIGRAINE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
CHEMODENERV MUSC MIGRAINE	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
CHEMODENERV MUSC NECK DYSTON	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
CHEMODENERV MUSC NECK DYSTON	SPASMODIC TORTICOLLIS	Pain Management	Denied	1	Services are not medically necessary	1		0
CHEMODENERV SALIV GLANDS	DISTURBANCES OF SALIVARY SECRETION	Facility	Approved	1		0		0
CHEMODENERV SALIV GLANDS	SIALOADENITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Hairy cell leukemia not having achieved remission	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of cortex of left adrenal gland	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of frontal lobe	PED HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of left ovary	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of left female breast	ONCOLOGY	Approved	1		0		0
CHEMOTHERAPY	Malignant neoplasm of overlapping sites of stomach	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of prostate	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of submandibular gland	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY	Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CHEMOTHERAPY INFUSION METHOD	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Other	Approved	1		0		0
CHEMOTHERAPY INJECTION	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Other	Approved	2		0		0
CHEMOTHERAPY INJECTION	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Oncology	Approved	1		0		0
CHIROPRACT MANJ 1-2 REGIONS	CERVICALGIA	Chiropractic	Approved	2		0		0
CHIROPRACT MANJ 1-2 REGIONS	CERVICALGIA	Family Medicine	Approved	3		0		0
CHIROPRACT MANJ 1-2 REGIONS	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Chiropractic	Denied	1	Services are not medically necessary	1		0
CHIROPRACT MANJ 3-4 REGIONS	CERVICALGIA	Chiropractic	Approved	2		0		0
CHIROPRACT MANJ 3-4 REGIONS	CERVICALGIA	Family Medicine	Approved	3		0		0
CHIROPRACT MANJ 3-4 REGIONS	LOW BACK PAIN	Emergency Medicine		0		0	Denied	1
CHIROPRACT MANJ 3-4 REGIONS	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHIROPRACT MANJ 3-4 REGIONS	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractic	Approved	2		0		0
CHIROPRACT MANJ 3-4 REGIONS	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Family Medicine	Approved	1		0		0
CHIROPRACT MANJ XTRSPINL 1/>	CERVICALGIA	Chiropractic	Approved	2		0		0
CHIROPRACT MANJ XTRSPINL 1/>	CERVICALGIA	Family Medicine	Approved	3		0		0
CHIROPRACT MANJ XTRSPINL 1/>	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractic	Approved	1		0		0
CHIROPRACT MANJ XTRSPINL 1/>	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Family Medicine	Approved	1		0		0
CHLOROQUINE PH 500 MG TABLET	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	Family Medicine	Denied	1	Services are not medically necessary	1		0
CHLORZOXAZONE 250 MG TABLET	MUSCLE SPASM OF BACK	Anesthesiology	Denied	1	Services are not medically necessary	1		0

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CHLORZOXAZONE 375 MG TABLET	OTHER CHRONIC PAIN	Physical Medicine	Denied	1	Services are not medically necessary	1		0
CHLORZOXAZONE 750 MG TABLET	LOW BACK PAIN	General Practice	Denied	1	Services are not medically necessary	1		0
CHLORZOXAZONE 750 MG TABLET	OTHER MUSCLE SPASM	Neurology	Denied	1	Services are not medically necessary	1		0
CHORIONIC GONAD 10,000 UNIT VL	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
CHORIONIC GONADOTROPIN TEST	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
CHORIONIC GONADOTROPIN/1000U	FEMALE INFERTILITY OF OTHER ORIGIN	Ancillary	Approved	1		0		0
CHORIONIC GONADOTROPIN/1000U	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	2		0		0
CHORIONIC GONADOTROPIN/1000U	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
CIALIS 20 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	BENIGN NEOPLASM OF PROSTATE	Family Medicine	Approved	1		0		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Physician Assistant	Denied	1	Services are not medically necessary	1		0
CIALIS 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Family Medicine	Approved	1		0		0
CIMZIA	OTHER PSORIASIS	Dermatology		0		0	Denied	2
CIMZIA 200 MG VIAL KIT	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML STARTER KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
CIMZIA 200 MG/ML SYRINGE KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Physician Assistant	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	OTHER PSORIASIS	Dermatology	Denied	2	Services are not medically necessary	2		0
CIMZIA 200 MG/ML SYRINGE KIT	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
CIMZIA 200 MG/ML SYRINGE KIT	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
CIMZIA 2X200 MG/ML SYRINGE KIT	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
CIMZIA 2X200 MG/ML(X3)START KT		Rheumatology	Approved	1		0		0
CINQAIR 100 MG/10 ML VIAL	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	ADHESIONS OF PREPUCE AND GLANS PENIS	Anesthesiology	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	ADHESIONS OF PREPUCE AND GLANS PENIS	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	BALANITIS	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	CONGENITAL CHORDEE	Facility	Approved	2		0		0
CIRCUM 28 DAYS OR OLDER	CONGENITAL TORSION OF PENIS	Facility	Approved	2		0		0
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	Ancillary	Denied	1	Services are not medically necessary	1		0
CIRCUM 28 DAYS OR OLDER	OTHER DISORDERS OF PREPUCE	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED DISORDERS OF PENIS	Ancillary	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	OTHER SPECIFIED DISORDERS OF PENIS	Facility	Approved	1		0		0
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	Ancillary	Approved	2		0		0
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
CIRCUM 28 DAYS OR OLDER	PHIMOSIS	Facility	Approved	2		0		0
CIRCUM 28 DAYS OR OLDER	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Facility	Approved	2		0		0
CISPLATIN 10 MG INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CISPLATIN 10 MG INJECTION	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Facility	Approved	1		0		0
CITALOPRAM HBR 40 MG TABLET	GENERALIZED ANXIETY DISORDER	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CLARAVIS 30 MG CAPSULE	ATHEROSCLEROSIS OF AORTA	Dermatology	Approved	1		0		0
CLARAVIS 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Approved	1		0		0
CLARAVIS 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
Claviculectomy; partial	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Claviculectomy; partial	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Claviculectomy; partial	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Claviculectomy; partial	OTHER SPECIFIED ARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Claviculectomy; partial	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Claviculectomy; partial	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Claviculectomy; partial	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Claviculectomy; partial	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Claviculectomy; partial	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Claviculectomy; partial	UNSPECIFIED SUBLUXATION LT SHOULDER JOINT SUB	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CLIMARA 0.1 MG/DAY PATCH	TRANSSEXUALISM	Endocrinology And Metabolism	Approved	1		0		0
CLINDAGEL 1% GEL	ACNE VULGARIS	Family Medicine	Approved	1		0		0
CLINICAL CHEMISTRY TEST	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
CLINICAL CHEMISTRY TEST	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	1	Services are not medically necessary	1		0
CLOMIPHENE CITRATE 50 MG TAB	FEMALE INFERTILITY OF OTHER ORIGIN	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
CLOMIPHENE CITRATE 50 MG TAB	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
CLOTRIMAZOLE 1% CREAM	OTHER URETHRITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
CLOTRIMAZOLE 1% CREAM	SUPERFICIAL MYCOSIS, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
CLOTRIMAZOLE 1% CREAM	TINEA CORPORIS	Pediatrics	Denied	1	Services are not medically necessary	1		0
CLOTRIMAZOLE 1% SOLUTION	OTORRHEA, UNSPECIFIED EAR	Pediatric Otolaryngology	Denied	1	Services are not medically necessary	1		0
CMPLX RPR F/C/C/M/N/AX/G/H/F	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Facility	Denied	2	Services are not medically necessary	2		0
COCH IMPLANT MICROPHONE REPL	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	2		0		0
COGNITIVE SKILLS DEVELOPMENT	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Family Medicine	Approved	1		0		0
COGNITIVE TEST BY HC PRO	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Family Medicine	Approved	1		0		0
COLECTOMY W/ILEOANAL ANAST	VOLVULUS	Facility	Approved	1		0		0
COLGN CROSS-LINK CRN MED SEP	CORNEAL ECTASIA, LEFT EYE	Ophthalmology	Approved	2		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, STABLE, LEFT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSPECIFIED, BILATERAL	Ophthalmology	Approved	1		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, BILATERAL	Ophthalmology	Approved	5		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, BILATERAL	Ophthalmology	Denied	2	Services are not medically necessary	2		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, LEFT EYE	Ophthalmology	Approved	2		0		0
COLGN CROSS-LINK CRN MED SEP	KERATOCONUS, UNSTABLE, RIGHT EYE	Ophthalmology	Approved	1		0		0
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	Urology	Approved	3		0		0
COLLAGENASE, CLOST HIST INJ	INDURATION PENIS PLASTICA	Urology	Denied	1	Services are not medically necessary	1		0
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Ancillary	Approved	3		0		0
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Hand	Approved	1		0		0
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Orthopedic	Approved	1		0		0
COLLAGENASE, CLOST HIST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
COMPLETE CBC AUTOMATED	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
COMPLETE CBC W/AUTO DIFF WBC	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
COMPLEX DRAINAGE WOUND	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Facility	Approved	1		0		0
COMPREHEN METABOLIC PANEL	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	UNSPECIFIED ANOMALY OF JAW-CRANIAL BASE RELATIONSHIP	Family Medicine	Denied	1	Services are not medically necessary	1		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PERSONAL HISTORY OF COLONIC POLYPS	Imaging Center	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomographic (CT) colonography, screening, including image postprocessing	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	Approved	2		0		0
Computed tomographic (CT) colonography, screening, including image postprocessing	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Acute (reversible) ischemia of small intestine, extent unspecified	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE ABDOMEN	RADIOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE EMBO THROMB OTH SPEC DEEP VEIN LT LOW EXT	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE EMBO THROMB UNS DEEP VEINS LOW EXTREM BIL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	ANEMIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ATHETOID CEREBRAL PALSY	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	NEUROSURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF PITUITARY GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BENIGN NEOPLASM OF THYMUS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BILIOUS VOMITING	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	BODY MASS INDEX BMI 23.0-23.9 ADULT	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CALCULUS OF KIDNEY	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CELIAC DISEASE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHEST PAIN UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC EMBO THROMB UNS DEEP VEINS LT LOW EXTREM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Denied	1	Services are experimental/investigational	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CHRONIC LYMPHOCYTIC LEUKEMIA B-CELL TYPE RELAPSE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CONSTIPATION UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE LARGE INTESTINE W/O COMP	OTHER	Approved	1		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE OF LARGE INTESTINE WITH FISTULA	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE OF SMALL INTESTINE WITH FISTULA	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/INTEST OBST	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS W/OTHER COMPLICATION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CUTANEOUS ABSCESS OF ABDOMINAL WALL	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Cutaneous mastocytosis	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF PANCREAS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	CYST OF SPLEEN	SURGERY-ABDOMINAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIAPHRAGMATIC HERNIA W/OBSTRUCTION W/O GANGRENE	PREVENTIVE MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIARRHEA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF APPENDIX UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF ESOPHAGUS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DISORDERS OF DIAPHRAGM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULIT SM & LG INT W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULIT SM & LG INT W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS LG INTEST W/PERF & ABSC W/O BLEED	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS PART UNS W/PERF & ABSC W/O BLEED	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM & LG INT W/O PERF/ABSC W/BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM & LG INT W/O PERF/ABSC W/BLEED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOS SM & LG INT W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOS SM & LG INT W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF OR ABSC W/BLEED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	DIVERTICULOSIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DRUG-INDUCED POLYNEUROPATHY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER NONPROCREATIVE SCR GENETIC DZ CARR STS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER NONPROCREATIVE SCR GENETIC DZ CARR STS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIDIDYMITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIDIDYMITIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EPIGASTRIC PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ERUCTATION	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FEEDING DIFFICULTIES	PEDIATRIC GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FEMALE PELVIC INFLAMMATORY DISEASE UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FEVER UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FISTULA OF INTESTINE	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I INTRA-ABDOM NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIA NODE HEAD FCE NCK	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIB NODES MX SITES	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNS LYM NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC LYMPH NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC UNSPEC SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GASTROPARESIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	17		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	Imaging Center	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ANCILLARY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMATURIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HEMORRHAGE OF ANUS AND RECTUM	OTHER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HICCOUGH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNS INTRATHORACIC NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IMMUNE THROMBOCYTOPENIC PURPURA	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-GENERAL	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	INCOMPLETE DEFECATION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTRAHEPATIC BILE DUCT CARCINOMA	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	INTUSSUSCEPTION	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	IRON DEFICIENCY ANEMIA UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	26		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	9		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT LOWER QUADRANT REBOUND ABDOMINAL TENDERNESS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	4		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LEFT UPPER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LIVER DISEASE UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED EDEMA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	Physician	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LOWER ABDOMINAL PAIN UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT CARCINOID TUMORS OF OTHER SITES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT MELANOMA RIGHT UP LIMB INCL SHOULDER	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM MEDULLA UNS ADRENAL GLAND	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF AMPULLA OF VATER	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF AMPULLA OF VATER	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	HEMATOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCERVIX	GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT CHOROID	OPHTHALMOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	HOSPITAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT URETER	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	16		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	4	Services are not medically necessary	4		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT CHOROID	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0

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Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED URETER	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF STOMACH	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM SCAP & LONG BONES UNS UP LIMB	Other	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	RADIATION ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MODERATE LACERATION SPLEEN SUBSEQUENT ENCOUNTER	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MONOCLONAL GAMMOPATHY	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES AXILLA UP LIMB	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	ONCOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULR LYMPHCYT PREDOM HL LYMPH NODES MX SITES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONSPECIFIC ELEVATION LEVELS TRANSAMINASE & LDH	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	NONSPECIFIC MESENTERIC LYMPHADENITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ORTHOSTATIC HYPOTENSION	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODE HEAD FCE NCK	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODE HEAD FCE NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH SPEC NONINFECTIVE D/O LYMPH VESSELS & NODES	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH TYPES FOLLICULAR LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH UNS VENTRAL HERNIA W/OBSTRUCTION W/O GANGREN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTH UNS VENTRAL HERNIA W/OBSTRUCTION W/O GANGREN	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ABNORMAL TUMOR MARKERS	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	GENERAL SURGERY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER APPENDICITIS	Imaging Center	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ASCITES	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER CHRONIC POSTPROCEDURAL PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER DERMATOPOLYMYOSITIS WITH MYOPATHY	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER ELEVATED WHITE BLOOD CELL COUNT	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER FORMS OF STOMATITIS	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER HEADACHE SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Other intestnl obst unsp as to partial versus complete obst	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER NONSPECIFIC LYMPHADENITIS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER PRIMARY HYPERALDOSTERONISM	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF GALLBLADDER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF INTESTINE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Partial intestinal obstruction, unspecified as to cause	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Approved	5		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	GENERAL SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PELVIC AND PERINEAL PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERFORATION OF INTESTINE NONTRAUMATIC	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERITONEAL ABSCESS	INFECTIOUS DISEASES	Approved	7		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERITONEAL ABSCESS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EYE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HISTORY OF NON-HODGKIN LYMPHOMAS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	PERSONAL HX OTH MALIG NEOPLASM SMALL INTESTINE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	POSTPROCEDURAL RETROPERITONEAL ABSCESS	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	REBOUND ABDOMINAL TENDERNESS UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	COLON AND RECTAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	33		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	6		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	HOSPITAL	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	10		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Approved	4		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	8		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GYNECOLOGY ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RT LOWER QUADRANT REBOUND ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	RT LOWER QUADRANT REBOUND ABDOMINAL TENDERNESS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIG NEOPLASM LT KIDNEY & RENAL PELV	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SECONDARY POLYCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SEPARATION OF MUSCLE NONTRAUMATIC OTHER SITE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SHORTNESS OF BREATH	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SLEEP APNEA UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	TACHYCARDIA UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCER OF INTESTINE	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	GASTROENTEROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unknown	SURGERY-GENERAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	Unsp intestnl obst, unsp as to partial versus complete obst	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	34		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	15		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	HOSPITAL	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	17		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-COLON/RECTAL	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-GENERAL	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED ACUTE APPENDICITIS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED RENAL COLIC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UNSPECIFIED URINARY INCONTINENCE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	GENERAL SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; with contrast material(s)	VITAMIN B12 DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABDOMINAL DISTENSION GASEOUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ABNORMAL WEIGHT LOSS	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE CYSTITIS WITH HEMATURIA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ACUTE KIDNEY FAILURE UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	ANEMIA UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS IN URETHRA	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	16		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	Imaging Center	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	INTERNAL MEDICINE	Approved	7		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	NEPHROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	PEDIATRICS	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	UROLOGY	Approved	43		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	GYNECOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF URETER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CALCULUS OF URETER	UROLOGY	Approved	14		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CHRONIC MYELOMONOCYTIC LEUKEMIA NO REMISSION	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	DORSALGIA UNSPECIFIED	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	END STAGE RENAL DISEASE	NEPHROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	EPIGASTRIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	FOLLICULAR LYMPHOMA GRADE I INTRA-ABDOM NODES	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	FREQUENCY OF MICTURITION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	GENERALIZED ABDOMINAL PAIN	PODIATRY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	GROSS HEMATURIA	UROLOGY	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Approved	7		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	HEMATURIA UNSPECIFIED	NURSE PRACTITIONER	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	INCISIONAL HERNIA WITHOUT OBSTRUCTION/GANGRENE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	IRON DEFICIENCY ANEMIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT LOWER QUADRANT PAIN	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LEFT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOCALIZED ADIPOSITY	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	Imaging Center	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	UROLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT CARCINOID TUMOR OF THE APPENDIX	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	RADIATION ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NAUSEA	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NAUSEA	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	OTH UNS VENTRAL HERNIA W/OBSTRUCTION W/O GANGREN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER ABNORMAL TUMOR MARKERS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER DORSALGIA	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER HYDRONEPHROSIS	UROLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; without contrast material	OTHER LOWER URINARY TRACT CALCULUS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISEASES OF GALLBLADDER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF BLADDER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PAIN IN LEFT HIP	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PELVIC AND PERINEAL PAIN	ONCOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERIUMBILICAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERIUMBILICAL PAIN	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HISTORY OF URINARY CALCULI	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	PERSONAL HX OTH MALIG NEOPLASM SMALL INTESTINE	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	PLEURODYNIA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	RECUR & PERSIST HEMATURIA UNS MORPHOLOG CHANGES	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	3		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT LOWER QUADRANT PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RIGHT UPPER QUADRANT PAIN	SURGERY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	RT LOWER QUADRANT ABDOMINAL SWELLING MASS & LUMP	Imaging Center	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Computed tomography; abdomen and pelvis; without contrast material	SCROTAL VARICES	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UMBILICAL HERNIA W/OBSTRUCTION WITHOUT GANGRENE	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNI FEMORAL HERNIA W/O OBST OR GANGREN NOT RECUR	ALLERGY & IMMUNOLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	FAMILY PRACTICE	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	SURGERY-GENERAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	Unknown	UROLOGY	Approved	5		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNS SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	EMERGENCY MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	26		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	GENERAL PRACTICE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	HOSPITAL	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	15		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED ABDOMINAL PAIN	UROLOGY	Approved	10		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	FAMILY PRACTICE	Approved	4		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED RENAL COLIC	Imaging Center	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	UNSPECIFIED RENAL COLIC	UROLOGY	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	URGENCY OF URINATION	INTERNAL MEDICINE	Approved	1		0		0
Computed tomography; abdomen and pelvis; without contrast material	URINARY CALCULUS UNSPECIFIED	UROLOGY	Approved	1		0		0

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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	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Approved	1		0		0
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	ABDOMINAL DISTENSION GASEOUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
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	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	Imaging Center	Approved	1		0		0
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	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	SURGERY	Approved	1		0		0
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	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	UROLOGY	Approved	1		0		0
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	ACUTE ABDOMEN	INTERNAL MEDICINE	Approved	1		0		0
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	ACUTE ABDOMEN	UROLOGY	Approved	1		0		0
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	ANOREXIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	BENIGN NEOPLASM OF RIGHT KIDNEY	UROLOGY	Approved	1		0		0
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	BLADDER DISORDER UNSPECIFIED	UROLOGY	Approved	1		0		0
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	CALCULUS OF KIDNEY	FAMILY PRACTICE	Approved	2		0		0
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	CALCULUS OF KIDNEY	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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	CALCULUS OF KIDNEY	UROLOGY	Approved	7		0		0
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	CALCULUS OF KIDNEY	UROLOGY	Denied	2	Services are not medically necessary	2		0
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	CALCULUS OF URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	CALCULUS OF URETER	UROLOGY	Approved	1		0		0
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	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	UROLOGY	Approved	1		0		0

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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	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS IN REMISS	FAMILY PRACTICE	Approved	1		0		0
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	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
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	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	1		0		0
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	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	CYSTITIS UNSPECIFIED WITHOUT HEMATURIA	UROLOGY	Approved	1		0		0
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	DISORDER OF ADRENAL GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
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	DISORDER OF ADRENAL GLAND UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
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	INTERNAL MEDICINE	Approved	1		0		0
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 SM INTEST W/PERF & ABSC W/O BLEED	FAMILY PRACTICE	Approved	1		0		0
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	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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 OTHER SPECIFIED SPECIAL EXAMINATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
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	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	UROLOGY	Approved	2		0		0
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	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	1		0		0
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	EPIGASTRIC PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
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	EPIGASTRIC PAIN	SURGERY-COLON/RECTAL	Approved	1		0		0
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	EPIGASTRIC PAIN	UROLOGY	Approved	1		0		0
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	FREQUENCY OF MICTURITION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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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	FAMILY PRACTICE	Approved	2		0		0
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	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	Imaging Center	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
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	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
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	OTHER	Approved	1		0		0
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	PHYSICIAN ASSISTANT	Approved	1		0		0
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	SURGERY-GENERAL	Approved	1		0		0
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	Approved	1		0		0
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	Approved	6		0		0
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	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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	Imaging Center	Approved	1		0		0
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	Approved	5		0		0
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	NEPHROLOGY	Approved	1		0		0
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	SURGERY- UROLOGICAL	Approved	1		0		0
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	Approved	36		0		0
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	Denied	3	Services are not medically necessary	3		0

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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	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	Approved	13		0		0
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	GASTROENTEROLOGY	Approved	1		0		0
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	Approved	6		0		0
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	Approved	7		0		0
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	HEMORRHAGE OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
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	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	CARDIOLOGIST	Approved	1		0		0
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	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	INTRAHEPATIC BILE DUCT CARCINOMA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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	IRRADIATION CYSTITIS WITHOUT HEMATURIA	FAMILY PRACTICE	Approved	1		0		0
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 ABDOMINAL TENDERNESS	FAMILY PRACTICE	Approved	1		0		0
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	FAMILY PRACTICE	Approved	2		0		0
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	GASTROENTEROLOGY	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	2		0		0
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	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
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 UPPER QUADRANT PAIN	EMERGENCY MEDICINE	Approved	1		0		0
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 UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
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 UNSPECIFIED	UROLOGY	Approved	1		0		0

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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	LOW BACK PAIN	FAMILY PRACTICE	Approved	1		0		0
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	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
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	LOWER ABDOMINAL PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
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	LOWER ABDOMINAL PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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	MALFORMATION OF URACHUS	UROLOGY	Approved	1		0		0
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	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
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	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Denied	2	Services are not medically necessary	2		0
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	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
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	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
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	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
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	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0

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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	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
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	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	3		0		0
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	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
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	MALIGNANT NEOPLASM OF URINARY ORGAN UNSPECIFIED	UROLOGY	Approved	1		0		0
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	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Approved	1		0		0
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	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
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	MELENA	GASTROENTEROLOGY	Approved	1		0		0
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	MINOR CONTUSION UNS KIDNEY INITIAL ENCOUNTER	UROLOGY	Denied	1	Services are not medically necessary	1		0
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	NAUSEA WITH VOMITING UNSPECIFIED	UROLOGY	Approved	1		0		0
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	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Approved	1		0		0
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	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	FAMILY PRACTICE	Approved	1		0		0
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	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	NURSE PRACTITIONER	Approved	1		0		0
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	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
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	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	NONOBSTRUCTIVE REFLUX-ASSOC CHRON PYELONEPHRITIS	UROLOGY	Approved	1		0		0
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	ORTHOSTATIC HYPOTENSION	PHYSICIAN ASSISTANT	Approved	1		0		0
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	OTH E COLI E. COLI AS CAUSE DZ CLASS ELSW	UROLOGY	Approved	1		0		0

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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	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	GASTROENTEROLOGY	Approved	1		0		0
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 CHRONIC CYSTITIS WITH HEMATURIA	NURSE PRACTITIONER	Approved	1		0		0
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 CHRONIC PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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 CONSTIPATION	GASTROENTEROLOGY	Approved	1		0		0
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 DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
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 DISEASES OF LIVER	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
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	FAMILY PRACTICE	Approved	1		0		0
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	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
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	Denied	1	Services are not medically necessary	1		0
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	UROLOGY	Denied	2	Services are not medically necessary	2		0
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 METABOLIC DISORDERS	GASTROENTEROLOGY	Approved	1		0		0
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	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
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	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
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	PERIUMBILICAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
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 MALIGNANT NEOPLASM OF BLADDER	UROLOGY	Approved	1		0		0
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 PRIMARY MALIG NEOPLASM BREAST	UROLOGY	Denied	1	Services are not medically necessary	1		0
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	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0

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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	RECUR & PERSIST HEMATURIA UNS MORPHOLOG CHANGES	INTERNAL MEDICINE	Approved	1		0		0
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	RECUR & PERSIST HEMATURIA W/MINOR GLOMERULAR ABN	GENERAL SURGERY	Approved	1		0		0
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	EMERGENCY MEDICINE	Approved	1		0		0
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	FAMILY PRACTICE	Approved	6		0		0
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	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
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	GASTROENTEROLOGY	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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 UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	2		0		0
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 UPPER QUADRANT PAIN	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	INTERNAL MEDICINE	Approved	1		0		0
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	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
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	TUBERCULOSIS OF ADRENAL GLANDS	INTERNAL MEDICINE	Approved	1		0		0
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	TUBULO-INTERST NEPHRITIS NOT SPEC AS ACUTE/CHRON	UROLOGY	Approved	1		0		0
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	ULCER OF INTESTINE	GASTROENTEROLOGY	Approved	1		0		0
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	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
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	Approved	4		0		0

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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	HOSPITAL	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	6		0		0
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	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
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	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
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	Approved	25		0		0
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	CARDIOLOGIST	Approved	1		0		0
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	Approved	4		0		0
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	Denied	4	Services are not medically necessary	4		0
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	Denied	2	Services are not medically necessary	2		0
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	Approved	2		0		0
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	Denied	7	Services are not medically necessary	7		0
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	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
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	SURGERY-GENERAL	Approved	1		0		0
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	Approved	2		0		0
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 CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
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 HYDRONEPHROSIS	FAMILY PRACTICE	Approved	1		0		0
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 HYDRONEPHROSIS	NEPHROLOGY	Approved	1		0		0
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 HYDRONEPHROSIS	UROLOGY	Approved	3		0		0

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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- UROLOGICAL	Approved	1		0		0
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	Approved	5		0		0
CONCERTA	NARCOLEPSY WITH CATAPLEXY	Internal Medicine		0		0	Denied	1
CONCERTA ER 18 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 18 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 18 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Sleep Medicine	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Physician	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
CONCERTA ER 36 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 36 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
CONCERTA ER 36 MG TABLET	UNSP BEHAV/EMOTN DISORD W ONST USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
CONCERTA ER 54 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	3	Services are not medically necessary	3		0
CONN TISS, HUMAN(INC FASCIA)	DISLOCATION OF L ACROMIOCLAV JT, 100%-200% DISPLACMNT, SUBS	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	LATERAL EPICONDYLITIS, LEFT ELBOW	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	Ancillary	Approved	2		0		0
CONN TISS, HUMAN(INC FASCIA)	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
CONN TISS, HUMAN(INC FASCIA)	PAIN IN LEFT HIP	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	SPINAL STENOSIS, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	3		0		0
CONN TISS, HUMAN(INC FASCIA)	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBS	Ancillary	Approved	1		0		0
CONN TISS, HUMAN(INC FASCIA)	UNSPECIFIED SUBLUXATION OF LEFT SHOULDER JOINT, SUBS ENCNTR	Ancillary	Approved	1		0		0
CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (CPAP)	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	2	Services are not medically necessary	2		0
CONTOUR NEXT TEST STRIP		Endocrinology And Metabolism	Approved	1		0		0
CONTOUR NEXT TEST STRIP		Family Medicine	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	4		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	2		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatrics	Approved	2		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITH PERIODONTAL DISEASE	Endocrinology And Metabolism	Approved	1		0		0

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CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	3		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
CONTOUR NEXT TEST STRIP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
CONTOUR TEST STRIP	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	ABNORMAL WEIGHT GAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	BODY MASS INDEX (BMI) 32.0-32.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
CONTRAVE ER 8-90 MG TABLET	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	3	Services are not medically necessary	3		0
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA LT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
COPAXONE	Multiple sclerosis	Emergency Medicine		0		0	Denied	1
COPAXONE	Multiple sclerosis	Neurology		0		0	Approved	2
COPAXONE	Multiple sclerosis	Neurology		0		0	Denied	3
COPAXONE 20 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Denied	2	Services are not medically necessary	2		0
COPAXONE 40 MG/ML SYRINGE		Neurology	Approved	1		0		0
COPAXONE 40 MG/ML SYRINGE	Multiple sclerosis	Neurology		0		0	Approved	1
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	4		0		0
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Denied	4	Services are not medically necessary	4		0
COPAXONE 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Physician Assistant	Approved	1		0		0
CORLANOR 5 MG TABLET	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Cardiovascular Disease	Approved	1		0		0
CORLANOR 5 MG TABLET	PALPITATIONS	Pediatric Cardiology	Approved	1		0		0
CORLANOR 7.5 MG TABLET	DIZZINESS AND GIDDINESS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CORLANOR 7.5 MG TABLET	ORTHOSTATIC HYPOTENSION	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CORLANOR 7.5 MG TABLET	TACHYCARDIA, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
CORNEAL TRANSPLANT	OTHER SPECIFIED DISORDERS OF CORNEA, RIGHT EYE	Ancillary	Denied	1	Services are not medically necessary	1		0
CORNEAL TRNSPL ENDOTHELIAL	BULLOUS KERATOPATHY, RIGHT EYE	Ancillary	Denied	1	Services are not medically necessary	1		0
CORONARY ARTERY ANGIO S&I	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Multi-Specialty Group	Approved	1		0		0
CORONARY ARTERY BYPASS/REOP	CHEST PAIN, UNSPECIFIED	Facility	Approved	1		0		0
CORRECT RECTAL PROLAPSE	OTHER HEMORRHOIDS	Ancillary	Approved	1		0		0
CORRJ HALUX RIGDUS W/IMPLT	HALLUX RIGIDUS, RIGHT FOOT	Ancillary	Denied	1	Services are not medically necessary	1		0
CORTICOTROPIN INJECTION	MULTIPLE SCLEROSIS	Neurology	Denied	1	Services are not medically necessary	1		0
CORTIFOAM 10% AEROSOL	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Gastroenterology	Denied	1	Services are not medically necessary	1		0
CORTIFOAM 10% AEROSOL	UNSPECIFIED HEMORRHOIDS	Family Medicine	Denied	1	Services are not medically necessary	1		0
COSENTYX	PSORIASIS VULGARIS	Dermatology		0		0	Denied	1
COSENTYX	Psoriasis vulgaris	Multi-Specialty Group		0		0	Denied	1
Cosentyx	PSORIASIS VULGARIS	Physician Assistant		0		0	Approved	1
COSENTYX	Psoriasis, unspecified	Physician Assistant		0		0	Approved	1
COSENTYX 150 MG/ML PEN INJECT		Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML PEN INJECT	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 150 MG/ML PEN INJECT	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
COSENTYX 150 MG/ML PEN INJECT	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML PEN INJECT	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
COSENTYX 150 MG/ML PEN INJECT	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML PEN INJECT	PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0

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COSENTYX 150 MG/ML PEN INJECT	PSORIATIC ARTHRITIS MUTILANS	Rheumatology	Approved	1		0		0
COSENTYX 150 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
COSENTYX 300 MG DOSE-2 PENS		Dermatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	2		0		0
COSENTYX 300 MG DOSE-2 PENS	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Denied	3	Services are not medically necessary	3		0
COSENTYX 300 MG DOSE-2 PENS	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	OTHER PSORIASIS	Dermatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
COSENTYX 300 MG DOSE-2 PENS	OTHER SPONDYLOSIS, SITE UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Dermatology	Approved	12		0		0
COSENTYX 300 MG DOSE-2 PENS	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 PENS	SPONDYLOPATHY, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
COSENTYX 300 MG DOSE-2 SYRINGE	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Family Medicine	Approved	1		0		0
COSENTYX 300 MG DOSE-2 SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
COSENTYX 300 MG DOSE-2 SYRINGE	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
COTEMPLA XR-ODT 8.6 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
COTEMPLA XR-ODT 8.6 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
CPTR OPHTH DX IMG POST SEGMT	MALIGNANT NEOPLASM OF CHOROID	Facility	Approved	1		0		0
CPTR-ASST DIR MS PX	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
CPTR-ASST DIR MS PX	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
CRANIAL REMOLDING ORTHOSIS	PLAGIOCEPHALY	Ancillary	Denied	1	Services are not medically necessary	1		0
CRANIO/MAXILLOFACIAL SURGERY	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	Dentistry	Denied	1	Services are not medically necessary	1		0
C-REACTIVE PROTEIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
CREATE TEAR DUCT DRAIN	BASAL CELL CARCINOMA SKIN/ UNSP EYELID, INCLUDING CANTHUS	Ancillary	Approved	1		0		0
CREATE TEAR DUCT DRAIN	BASAL CELL CARCINOMA SKIN/ UNSP EYELID, INCLUDING CANTHUS	Ancillary	Denied	1	Services are not medically necessary	1		0
CREATE TEAR SAC DRAIN	EPIPHORA DUE TO INSUFFICIENT DRAINAGE, RIGHT SIDE	Ancillary	Denied	1	Services are not medically necessary	1		0
CREON DR 12,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Physician Assistant	Approved	1		0		0
CREON DR 24,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Pulmonary Disease	Approved	1		0		0
CREON DR 36,000 UNITS CAPSULE	EXOCRINE PANCREATIC INSUFFICIENCY	Pulmonary Disease	Approved	1		0		0
CRESEMBA 186 MG CAPSULE		Internal Medicine	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Physician	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Physician Assistant	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	BONE MARROW TRANSPLANT STATUS	Internal Medicine	Approved	2		0		0
CRESEMBA 186 MG CAPSULE	MUCORMYCOSIS, UNSPECIFIED	Hematology	Approved	1		0		0
CRESEMBA 186 MG CAPSULE	STEM CELLS TRANSPLANT STATUS	Hematology	Approved	2		0		0
CRESTOR	HYPERLIPIDEMIA, UNSPECIFIED	Cardiac Electrophysiology		0		0	Approved	1
CRESTOR 20 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
CRYSVITA	Familial hypophosphatemia	Emergency Medicine		0		0	Approved	1
CRYSVITA	FAMILIAL HYPOPHOSPHATEMIA	Pediatric Endocrinology		0		0	Denied	1
CT ABD & PELV W/CONTRAST	LOWER ABDOMINAL PAIN, UNSPECIFIED	Facility	Approved	1		0		0
CT ABD & PELV W/CONTRAST	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
CT ABD & PELVIS W/O CONTRAST	END STAGE RENAL DISEASE	Facility	Approved	2		0		0
CT ABD & PELVIS W/O CONTRAST	INFECT/INFLM REACTION DUE TO PERITON DIALYSIS CATHETER, INIT	Facility	Approved	1		0		0
CT ABDOMEN W/O & W/DYE	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Facility	Approved	1		0		0

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CT ABDOMEN; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ALCOHOL ABUSE UNCOMPLICATED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ANEMIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	ANEURYSM OF OTHER SPECIFIED ARTERIES	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ANOREXIA	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	CYST OF KIDNEY ACQUIRED	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	CYST OF PANCREAS	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DISEASE OF BILIARY TRACT UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	DISEASE OF ESOPHAGUS UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	DIVERTICULITIS LG INTEST W/O PERF/ABSC W/O BLEED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	3		0		0
CT ABDOMEN; with contrast material(s)	EPIGASTRIC PAIN	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY-ABDOMINAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	GENERALIZED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	Imaging Center	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	LEFT UPPER QUADRANT PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LIVER DISEASE UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF LEFT URETER	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HOSPITAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD	GENERAL SURGERY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTHER ADRENOCORTICAL OVERACTIVITY	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER HYPERALDOSTERONISM	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	Other injury of unspecified body region, initial encounter	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISORDERS OF PERITONEUM	NEUROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERITONEAL ABSCESS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	PERIUMBILICAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; with contrast material(s)	PORTAL VEIN THROMBOSIS	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; with contrast material(s)	PSEUDOCYST OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	RUQ ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	SPLENOMEGALY NOT ELSEWHERE CLASSIFIED	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	Unknown	EMERGENCY MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	Unknown	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	4		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	HOSPITAL	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-THORACIC	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; with contrast material(s)	UNSPECIFIED RENAL COLIC	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	CONSTIPATION UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	FRACTURE ONE RIB RIGHT INITIAL ENCNTR CLOSED FX	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	HEMATURIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	NURSE PRACTITIONER	Approved	1		0		0
CT ABDOMEN; without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	NAUSEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT ABDOMEN; without contrast material	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	OTHER HYPERALDOSTERONISM	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	PERIUMBILICAL PAIN	SURGERY-GENERAL	Approved	1		0		0
CT ABDOMEN; without contrast material	PRIMARY HYPERPARATHYROIDISM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	PSEUDOCYST OF PANCREAS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	RIGHT LOWER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material	RUQ ABDOMINAL SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material	Unknown	INFECTIOUS DISEASES	Approved	1		0		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	4		0		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material	UNSPECIFIED ABDOMINAL PAIN	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; without contrast material	UNSPECIFIED URINARY INCONTINENCE	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMAL WEIGHT LOSS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ABNORMALITY OF ALPHAFETOPROTEIN	GASTROENTEROLOGY	Denied	4	Services are not medically necessary	4		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ALCOHOL ABUSE UNCOMPLICATED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF LEFT KIDNEY	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC HEPATIC FAILURE WITHOUT COMA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Cutaneous mastocytosis	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	NEPHROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF KIDNEY ACQUIRED	UROLOGY	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	CYST OF PANCREAS	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISEASE OF BILIARY TRACT UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISEASE OF PANCREAS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	Imaging Center	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	DISORDER OF KIDNEY AND URETER UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ENLARGED LYMPH NODES UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	EPIGASTRIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY-ABDOMINAL	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	GROSS HEMATURIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	LIVER DISEASE UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	UROLOGY	Approved	2		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NAUSEA WITH VOMITING UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Approved	3		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER ADRENOCORTICAL OVERACTIVITY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER CHRONIC PANCREATITIS	SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER CIRRHOSIS OF LIVER	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	GENERAL SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	PHYSICIAN ASSISTANT	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF LIVER	SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	4		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED METABOLIC DISORDERS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PERSISTENT ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0

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CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	PSEUDOCYST OF PANCREAS	SURGERY	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	SLEEP APNEA UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNS ABDOMINAL HERNIA W/O OBSTRUCTION OR GANGRENE	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED HYDRONEPHROSIS	UROLOGY	Approved	1		0		0
CT ANGIO HRT W/3D IMAGE	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
CT ANGIOGRAPHY CHEST	PRESENCE OF HEART ASSIST DEVICE	Facility	Approved	1		0		0
CT ANGIOGRAPHY NECK	Hyperglycemia, unspecified	Neurology		0		0	Approved	1
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	ASYMPTOMATIC MENOPAUSAL STATE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Bone Mineral Density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Sarcopenia	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; with contrast material	CEREBROSPINAL FLUID LEAK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Cervical Spine; with contrast material	CEREBROSPINAL FLUID LEAK	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; with contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; with contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	Imaging Center	Approved	1		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	NEUROSURGERY	Approved	2		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	2		0		0

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CT Cervical Spine; without contrast material	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Cervical Spine; without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	CMPL LESION AT C5 LEVL CERV SPINAL CORD INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	NURSE PRACTITIONER	Approved	1		0		0
CT Cervical Spine; without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT Cervical Spine; without contrast material	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	OSTEOPHYTE VERTEBRAE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Cervical Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTHER SPECIFIED SPONDYLOPATHIES CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Cervical Spine; without contrast material	PARKINSONS DISEASE	NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	POSTURAL KYPHOSIS CERVICOTHORACIC REGION	Imaging Center	Approved	1		0		0
CT Cervical Spine; without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	HOSPITAL	Approved	1		0		0
CT Cervical Spine; without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	4		0		0
CT Cervical Spine; without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Cervical Spine; without contrast material	SPINAL INSTABILITIES CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
CT Cervical Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
CT Cervical Spine; without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Cervical Spine; without contrast material	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
CT Cervical Spine; without contrast material	SPRAIN JOINT & LIGAMENTS UNS PARTS NECK INIT ENC	FAMILY PRACTICE	Approved	1		0		0
CT Cervical Spine; without contrast material	TORTICOLLIS	INTERNAL MEDICINE	Approved	1		0		0
CT Cervical Spine; without contrast material	Unknown	NEUROSURGERY	Approved	1		0		0
CT Cervical Spine; without contrast material	Unknown	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections	TORTICOLLIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ABNORMAL WEIGHT LOSS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); with contrast material(s)	ABNORMAL WEIGHT LOSS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	ABSCESS OF LUNG WITHOUT PNEUMONIA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ACUTE BRONCHOSPASM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ANTERIOR SUBLUXATION RT SC JOINT INITIAL ENC	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	AORTIC ECTASIA UNSPECIFIED SITE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF LOWER JAW BONE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	NEUROSURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF THYMUS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BENIGN NEOPLASM OF THYMUS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	BODY MASS INDEX BMI 23.0-23.9 ADULT	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	CALCULUS OF KIDNEY	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Denied	1	Services are experimental/investigational	1		0
CT CHEST (thorax); with contrast material(s)	CHRONIC LYMPHOCYTIC LEUKEMIA B-CELL TYPE RELAPSE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	CONGENITAL MALFORMATIONS OTHER ENDOCRINE GLANDS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	COUGH	FAMILY PRACTICE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	COUGH	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	COUGH	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	Cutaneous mastocytosis	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DISEASE OF ESOPHAGUS UNSPECIFIED	GASTROENTEROLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DISORDERS OF DIAPHRAGM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	DRUG-INDUCED POLYNEUROPATHY	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	ENCOUNTER NONPROCREATIVE SCR GENETIC DZ CARR STS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	EPIGASTRIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I INTRA-ABDOM NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIA NODE HEAD FCE NCK	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA GRADE IIIB NODES MX SITES	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNS LYM NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	FOLLICULAR LYMPHOMA UNSPEC LYMPH NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY-ABDOMINAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ANCILLARY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HEMOPTYSIS	FAMILY PRACTICE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	HEMOPTYSIS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HICCOUGH	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNS INTRATHORACIC NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HORNERS SYNDROME	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	HYPO-OSMOLALITY AND HYPONATREMIA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	HYPO-OSMOLALITY AND HYPONATREMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LIVER CELL CARCINOMA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	CARDIOVASCULAR SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM OF SMALL INTESTINE UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	4		0		0

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CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA RIGHT UP LIMB INCL SHOULDER	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT MELANOMA RT EAR & EXT AURICULAR CANAL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM AORTIC BODY & OTH PARAGANGLIA	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM MEDULLA UNS ADRENAL GLAND	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF AMPULLA OF VATER	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF APPENDIX	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BODY OF STOMACH	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	HEMATOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CECUM	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCERVIX	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ENDOMETRIUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT CHOROID	OPHTHALMOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LEFT URETER	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Denied	7	Services are not medically necessary	7		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	INTERNAL MEDICINE	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	17		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT CHOROID	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	GYNECOLOGY ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF RIGHT OVARY	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SIGMOID COLON	SURGERY-COLON/RECTAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SPHENOID SINUS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYMUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYMUS	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HOSPITAL	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF TRANSVERSE COLON	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UNSPECIFIED URETER	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OF VULVA UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	6		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVERLAPPING SITES OF STOMACH	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM SCAP & LONG BONES UNS UP LIMB	Other	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	RADIATION ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	MASTODYNIA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MONOCLONAL GAMMOPATHY	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MULTIPLE MYELOMA IN RELAPSE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	NEUROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES AXILLA UP LIMB	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL LYMPH NODES MX SITES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODE HEAD FCE NCK	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODE HEAD FCE NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	OTH TYPES FOLLICULAR LYMPHOMA INTRA-ABD NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER ABNORMAL TUMOR MARKERS	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER CHEST PAIN	SURGERY-GENERAL	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	OTHER DERMATOPOLYMYOSITIS WITH MYOPATHY	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISEASES OF LARYNX	PLASTIC SURGERY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER DISORDERS OF LUNG	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	8		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	NEPHROLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER NONSPECIFIC LYMPHADENITIS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	OTHER SPECIFIED DISEASES OF PERICARDIUM	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PARANEOPLASTIC NEUROMYOPATHY AND NEUROPATHY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	Partial intestinal obstruction, unspecified as to cause	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PECTUS EXCAVATUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PERSISTENT HYPERPLASIA OF THYMUS	SURGERY-THORACIC	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF EYE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PLEURAL PLAQUE WITHOUT ASBESTOS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	PLEURODYNIA	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	PULMONARY FIBROSIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SARCOIDOSIS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIG NEOPLASM LT KIDNEY & RENAL PELV	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF SKIN	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	ONCOLOGY	Approved	1		0		0

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CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); with contrast material(s)	SECONDARY POLYCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SHORTNESS OF BREATH	OPHTHALMOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SLEEP REL HYPOVENTILATION CONDITIONS CLASS ELSW	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	CARDIOLOGIST	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	4		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	Imaging Center	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	SOLITARY PULMONARY NODULE	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	TACHYCARDIA UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	TACHYCARDIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	FAMILY PRACTICE	Approved	5		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); with contrast material(s)	Unknown	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); with contrast material(s)	Unknown	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	Unknown	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); with contrast material(s)	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	SURGERY-THORACIC	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); with contrast material(s)	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); with contrast material(s)	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ABSCESS OF LUNG WITH PNEUMONIA	SURGERY-THORACIC	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHIOLITIS UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHOSPASM	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ACUTE BRONCHOSPASM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	ACUTE RESPIRATORY DISTRESS SYNDROME	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ANEMIA UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	BENIGN NEOPLASM OF HEART	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS UNCOMPLICATED	PULMONARY DISEASES	Approved	3		0		0
CT CHEST (thorax); without contrast material	BRONCHIECTASIS WITH ACUTE EXACERBATION	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CENTRILOBULAR EMPHYSEMA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CENTRILOBULAR EMPHYSEMA	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHEST PAIN ON BREATHING	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	CHEST PAIN UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Approved	4		0		0
CT CHEST (thorax); without contrast material	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	CHRONIC PNEUMOTHORAX	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	ANCILLARY	Approved	1		0		0
CT CHEST (thorax); without contrast material	COUGH	ANCILLARY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	FAMILY PRACTICE	Approved	4		0		0
CT CHEST (thorax); without contrast material	COUGH	FAMILY PRACTICE	Denied	8	Services are not medically necessary	8		0
CT CHEST (thorax); without contrast material	COUGH	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); without contrast material	COUGH	INTERNAL MEDICINE	Denied	7	Services are not medically necessary	7		0
CT CHEST (thorax); without contrast material	COUGH	NURSE PRACTITIONER	Approved	2		0		0
CT CHEST (thorax); without contrast material	COUGH	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	COUGH	PULMONARY DISEASES	Approved	6		0		0
CT CHEST (thorax); without contrast material	COUGH	PULMONARY DISEASES	Denied	11	Services are not medically necessary	11		0
CT CHEST (thorax); without contrast material	CREST SYNDROME	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	CYSTIC FIBROSIS UNSPECIFIED	PEDIATRIC PULMONOLOGIST	Approved	1		0		0
CT CHEST (thorax); without contrast material	CYSTIC FIBROSIS UNSPECIFIED	PEDIATRIC PULMONOLOGIST	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	CYSTIC FIBROSIS UNSPECIFIED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	CYSTIC FIBROSIS UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	DIAPHRAGMATIC HERNIA W/O OBSTRUCTION OR GANGRENE	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	DISORDER INVOLVING IMMUNE MECHANISM UNSPECIFIED	RADIOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	DISORDER OF BONE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	DISORDERS OF DIAPHRAGM	SURGERY-THORACIC	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	DYSPHAGIA UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	FALL FROM OUT OF/THROUGH WINDOW INITIAL ENCNTR	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	FAMILY HISTORY OTHER DISEASES RESPIRATORY SYSTEM	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	FEVER UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	FOLLICULAR LYMPHOMA GRADE I INTRA-ABDOM NODES	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	GROSS HEMATURIA	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	HEMOPTYSIS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	HYPERSENSITIVITY PNEUMONIT D/T UNS ORGANIC DUST	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	HYPERSENSITIVITY PNEUMONIT D/T UNS ORGANIC DUST	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	HYPERSENSITIVITY PNEUMONIT D/T UNS ORGANIC DUST	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	HYPERSENSITIVITY PNEUMONIT D/T UNS ORGANIC DUST	OCCUPATIONAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	HYPOTHYROIDISM UNSPECIFIED	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	HYPOXEMIA	PULMONARY DISEASES	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	HYPOXEMIA	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	IDIOPATHIC PULMONARY FIBROSIS	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	PULMONARY DISEASES	Approved	6		0		0
CT CHEST (thorax); without contrast material	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	PULMONARY DISEASES	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); without contrast material	LEFT UPPER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED ENLARGED LYMPH NODES	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	ENDOCRINOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOW BACK PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	LOWER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	LYMPHOID INTERSTITIAL PNEUMONIA	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM OF SMALL INTESTINE UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT CARCINOID TUMOR OF THE APPENDIX	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF LEFT CHOROID	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICIAN AND GYNECOLOGIST	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	PULMONARY DISEASES	Approved	3		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	THORACIC SURGERY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MALIGNANT NEOPLASM UPPER LOBE UNS BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	MILD PERSISTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	MULTIPLE FX RIBS LT SIDE INIT ENC CLOS FRACTURE	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	MULTIPLE MYELOMA IN REMISSION	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	MX FX RIBS LT SIDE SUBSEQUENT ENC FX W/RTN HLNG	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	NAUSEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NEURALGIA AND NEURITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES W/OTH INDUCED D/O	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE CIGARETTES W/UNS INDUCED D/O	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED IN REMISSION	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED IN REMISSION	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); without contrast material	NONTOXIC GOITER UNSPECIFIED	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OBESITY UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER ABNORMAL TUMOR MARKERS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER ALVEOLAR AND PARIETO-ALVEOLAR CONDITIONS	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	OTHER CHEST PAIN	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER COMPLICATIONS OF LUNG TRANSPLANT	ANCILLARY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER CONGENITAL MALFORMATIONS OF RIBS	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER DISORDERS OF LUNG	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	ALLERGY & ASTHMA	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	CRITICAL CARE MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	17		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	9		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Physician	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	14		0		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	RHEUMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	CARDIOVASCULAR	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER SPEC MALIGNANT NEOPLASM SKIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PECTUS EXCAVATUM	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PECTUS EXCAVATUM	SURGERY-PEDIATRIC	Approved	2		0		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY MALIGNANT NEOPLASM OF BLADDER	UROLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	PLEURODYNIA	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PLEURODYNIA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PNEUMONIA DUE TO OTHER STREPTOCOCCI	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	CRITICAL CARE MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	NEPHROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PRIMARY OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PULMONARY COCCIDIOIDOMYCOSIS UNSPECIFIED	INFECTIOUS DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	PULMONARY FIBROSIS UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	PULMONARY FIBROSIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	PULMONARY FIBROSIS UNSPECIFIED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	Pulmonary hypertension, unspecified	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	Pulmonary hypertension, unspecified	INTERNAL MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	Pulmonary hypertension, unspecified	PULMONARY DISEASES	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	PULMONARY MYCOBACTERIAL INFECTION	INFECTIOUS DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	PULMONARY MYCOBACTERIAL INFECTION	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	RAISED ANTIBODY TITER	Imaging Center	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	RESP FAIL UNS UNS WHETHER W/HYPOXIA/HYPERCAPNIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	RESPIRATORY BRONCHIOLITIS INTERST LUNG DISEASE	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	RIGHT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SADDLE EMBOLUS PULM ART W/O ACUTE COR PULMONALE	ANCILLARY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS OF SKIN	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	Approved	4		0		0
CT CHEST (thorax); without contrast material	SARCOIDOSIS UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	OCCUPATIONAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	PULMONARY DISEASES	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT CHEST (thorax); without contrast material	SHORTNESS OF BREATH	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SICCA SYNDROME UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SIMPLE CHRONIC BRONCHITIS	NEONATALOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	ANESTHESIOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	CRITICAL CARE MEDICINE	Approved	2		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	CRITICAL CARE MEDICINE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	48		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	GENERAL PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	Imaging Center	Approved	5		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	27		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	NURSE PRACTITIONER	Approved	1		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	24		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	RHEUMATOLOGY	Approved	2		0		0
CT CHEST (thorax); without contrast material	SOLITARY PULMONARY NODULE	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	SYSTEMIC SCLEROSIS UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-THORACIC	Approved	2		0		0
CT CHEST (thorax); without contrast material	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	THROMBOCYTOPENIA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material	TOBACCO USE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	CRITICAL CARE MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	FAMILY PRACTICE	Approved	8		0		0
CT CHEST (thorax); without contrast material	Unknown	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT CHEST (thorax); without contrast material	Unknown	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	Imaging Center	Approved	1		0		0
CT CHEST (thorax); without contrast material	Unknown	INTERNAL MEDICINE	Approved	4		0		0
CT CHEST (thorax); without contrast material	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	Unknown	PULMONARY DISEASES	Approved	2		0		0
CT CHEST (thorax); without contrast material	Unknown	PULMONARY DISEASES	Denied	4	Services are not medically necessary	4		0
CT CHEST (thorax); without contrast material	Unknown	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA UNCOMPLICATED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA UNCOMPLICATED	PEDIATRICS	Approved	1		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	4		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	PULMONARY DISEASES	Approved	1		0		0

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CT CHEST (thorax); without contrast material	UNSPECIFIED BACTERIAL PNEUMONIA	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	UNSPECIFIED BACTERIAL PNEUMONIA	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED CHRONIC BRONCHITIS	HOSPITAL	Approved	1		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED COMPLICATION OF LUNG TRANSPLANT	PULMONARY DISEASES	Approved	1		0		0
CT CHEST (thorax); without contrast material	UNSPECIFIED IRIDOCYCLITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material	WHOOPING COUGH UNSPECIFIED SPECIES W/PNEUMONIA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	AORTIC ECTASIA UNSPECIFIED SITE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	CHEST PAIN UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	COUGH	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	ENLARGED LYMPH NODES UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	SURGERY-ABDOMINAL	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MASTODYNIA	INTERNAL MEDICINE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	MULTIPLE MYELOMA IN RELAPSE	ONCOLOGY	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER DISORDERS OF LUNG	SURGERY-GENERAL	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER FORMS OF DYSPNEA	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES OF PERICARDIUM	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PARALYSIS OF VOCAL CORDS AND LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PAROXYSMAL ATRIAL FIBRILLATION	CRITICAL CARE MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	PSORIASIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	SARCOIDOSIS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Approved	1		0		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	CEREBROSPINAL FLUID LEAK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; with contrast material(s)	HEADACHE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; with contrast material(s)	MALIGNANT NEOPLASM OF RETROPERITONEUM	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	OTHER HEADACHE SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; with contrast material(s)	OTHER SPECIFIED DISEASES INNER EAR UNS EAR	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; with contrast material(s)	REPEATED FALLS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ACUTE SINUSITIS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ANESTHESIA OF SKIN	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	BELLS PALSY	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM AORTIC BODY & OTHER PARAGANGLIA	CRANIOMAXILLOFACIAL SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	Imaging Center	Approved	1		0		0
CT HEAD or Brain; without contrast material	CEREBRAL CYSTS	NEUROSURGERY	Approved	4		0		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCT D/T THROMB RT MID CEREBRAL ART	CRITICAL CARE MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC MAXILLARY SINUSITIS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC POST-TRAUMATIC HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CONCUSSION W/LOC 30 MINUTES/LESS SUBSEQUENT ENC	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONCUSSION WITHOUT LOC SUBSEQUENT ENCOUNTER	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	CONGENITAL CEREBRAL CYSTS	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	CRANIOSYNOSTOSIS	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	DISORDER OF BRAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	5		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	DIZZINESS AND GIDDINESS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	DYSARTHRIA AND ANARTHRIA	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	EARLY-ONSET CEREBELLAR ATAXIA	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCNTR	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	EPISODIC CLUSTER HEADACHE INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	EPISODIC CLUSTER HEADACHE INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT HEAD or Brain; without contrast material	FACIAL WEAKNESS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	FALL SAME LEVL SLIP TRIP W/O SUB STRIK OBJ INIT	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	FOOT DROP RIGHT FOOT	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	FOOT DROP RIGHT FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	HEADACHE	FAMILY PRACTICE	Approved	17		0		0
CT HEAD or Brain; without contrast material	HEADACHE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	HEADACHE	GENERAL PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	HEADACHE	INTERNAL MEDICINE	Approved	4		0		0
CT HEAD or Brain; without contrast material	HEADACHE	INTERNAL MEDICINE	Denied	9	Services are not medically necessary	9		0
CT HEAD or Brain; without contrast material	HEADACHE	NEUROLOGY	Approved	5		0		0
CT HEAD or Brain; without contrast material	HEADACHE	NURSE PRACTITIONER	Approved	3		0		0
CT HEAD or Brain; without contrast material	HEADACHE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material	HEADACHE	ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEADACHE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HEREDITARY ATAXIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	HYDROCEPHALUS IN DISEASES CLASSIFIED ELSEWHERE	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	HYDROCEPHALUS UNSPECIFIED	NEUROSURGERY	Approved	3		0		0
CT HEAD or Brain; without contrast material	JAW PAIN	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MACROCEPHALY	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	MONOPLEGIA UPPER LIMB LEFT DOMINANT SIDE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	NAUSEA	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	NAUSEA	GASTROENTEROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	NAUSEA	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	NEW DAILY PERSISTENT HEADACHE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	NONTRAUMATIC SUBDURAL HEMORRHAGE UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	OBSTRUCTIVE HYDROCEPHALUS	NEUROSURGERY	Approved	3		0		0
CT HEAD or Brain; without contrast material	OBSTRUCTIVE HYDROCEPHALUS	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OCCIPITAL NEURALGIA	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OCCIPITAL NEURALGIA	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTALGIA LEFT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER ACQUIRED DEFORMITY OF HEAD	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER ACQUIRED DEFORMITY OF HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER COMPLICATED HEADACHE SYNDROME	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER DISORDERS OF TRIGEMINAL NERVE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material	OTHER DISTURBANCES OF SMELL AND TASTE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER HEADACHE SYNDROME	EMERGENCY MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER HEADACHE SYNDROME	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER MUSCLE SPASM	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	OTHER SEIZURES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	OTHER SPECIFIED DISORDERS OF BONE OTHER SITE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	PARESTHESIA OF SKIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PARKINSONS DISEASE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Physician	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	HOSPITAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	PERSONAL HX OTH DZ MUSCULOSKEL SYS&CONNECTV TISS	SURGERY-MAXILLOFACIAL	Approved	1		0		0
CT HEAD or Brain; without contrast material	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	POSTCONCUSSIONAL SYNDROME	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	PRIMARY THUNDERCLAP HEADACHE	EMERGENCY MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	PRIMARY THUNDERCLAP HEADACHE	FAMILY PRACTICE	Approved	3		0		0
CT HEAD or Brain; without contrast material	PRIMARY THUNDERCLAP HEADACHE	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	REPEATED FALLS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
CT HEAD or Brain; without contrast material	SENSORINEURAL HEARING LOSS BILATERAL	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	SLURRED SPEECH	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TORTICOLLIS	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBARACHNOID HEMORRHAGE W/O LOC INIT	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC INITIAL	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC INITIAL	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC SUBSEQUENT	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/O LOC SUBSEQUENT	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TREMOR UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	TREMOR UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	Unknown	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	Unknown	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNQUALIFIED VISUAL LOSS LT EYE NORM VIS RT EYE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNS FRACTURE SKULL INITIAL ENC FOR CLOS FRACTURE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNS FRACTURE SKULL INITIAL ENC FOR OPEN FRACTURE	PEDIATRICS	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED INJURY OF HEAD SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material	VOMITING UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT HEAD or Brain; without contrast material	WALDENSTROM MACROGLOBULINEMIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS IN REMISS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	CONCUSSION W/LOC 30 MINUTES OR LESS SEQUELA	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	EARLY-ONSET CEREBELLAR ATAXIA	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	FALL SAME LEVL SLIP TRIP W/O SUB STRIK OBJ INIT	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	FEVER UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	FAMILY PRACTICE	Approved	2		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HEADACHE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	INFECTIOUS DISEASES	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	HYPERPROLACTINEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	SURGERY-NEUROLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES INNER EAR UNS EAR	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	OTHER SPEECH DISTURBANCES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PARALYSIS OF VOCAL CORDS AND LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	PERSON INJURED UNS MOTOR-VEH ACC TRAF INIT ENC	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SECONDARY MALIGNANT NEOPLASM OF BRAIN	INTERNAL MEDICINE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	SIALOLITHIASIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TINNITUS LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEURO & OPTHALMOLOGY	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNS FRACTURE SKULL INITIAL ENC FOR OPEN FRACTURE	PEDIATRICS	Approved	1		0		0
CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	1		0		0
CT Limited or Localized Follow-up study	ACUTE SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Llower Extremity; without contrast material, followed by contrast material(s) and further sections	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
CT Llower Extremity; without contrast material, followed by contrast material(s) and further sections	OSTEOCHONDRITIS DISSECANS RT ANKLE JNTS RT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Llower Extremity; without contrast material, followed by contrast material(s) and further sections	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	OSTEOCHONDRITIS DISSECANS RT ANKLE JNTS RT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
CT Lower Extremity; with contrast material(s)	PAIN IN UNSPECIFIED HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; with contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	ANESTHESIA OF SKIN	SURGERY-GENERAL	Approved	1		0		0
CT Lower Extremity; without contrast material	ARTHRODESIS STATUS	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT Lower Extremity; without contrast material	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	CHARCOTS JOINT LEFT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	CONTUSION OF LEFT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	DISLOC TARSOMETATARSAL JOINT RT FOOT INITIAL ENC	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	DISORDER OF BONE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	DISORDER OF BONE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL BICONDYLAR FX RT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL FX LT TIBIAL TUBEROSITY INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPL TRANS FX SHAFT LT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX 2ND METATARSAL RT FT INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX BODY RT CALCANEUS INITIAL CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED FX NAVICULAR LT FOOT SBSQT ENC FX RTN	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	DISPLACED PILON FX RT TIBIA INIT ENC CLOSED FX	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT Lower Extremity; without contrast material	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	HALLUX RIGIDUS RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	IDIOPATHIC ASEPTIC NECROSIS OF LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	INF & INFLAM REACT UNS INTRL JNT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT Lower Extremity; without contrast material	NDSPL FX MED MALLEOLUS RT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	NONDISPLACED AVUL FX RT TALUS INIT ENC CLOS FX	PAIN MANAGEMENT	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDISPLACED FX BODY RT TALUS SUBSQT FX RTN HEAL	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX 2ND METATARSAL RT FT SUBSQT FX RTN	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX POST PROCESS RT TALUS SUBSQT FX DELAY	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	NONDSPL FX POST PROCESS RT TALUS SUBSQT FX DELAY	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	OTH FX LOWER RT TIBIA SUBSQT CLOS FX DLAY HEAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH FX LOWER RT TIBIA SUBSQT CLOS FX RTN HEAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH FX UPPER & LOWER RT FIB SUBSQT CLOS FX DLAY	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH MECH COMP INTRL RT HIP PROSTHESIS SUBSQT ENC	Imaging Center	Approved	1		0		0
CT Lower Extremity; without contrast material	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	PODIATRY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER CHRONIC PAIN	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SPECIFIED MONONEUROPATHIES LT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	PODIATRY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
CT Lower Extremity; without contrast material	PAIN IN LEFT LEG	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT FOOT	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT FOOT	PODIATRY	Approved	3		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	4		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT Lower Extremity; without contrast material	PAIN IN RIGHT KNEE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	PAIN IN UNSPECIFIED KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PAIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	POST-TRAUMATIC OSTEOARTHRITIS LEFT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	POST-TRAUMATIC OSTEOARTHRITIS RIGHT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lower Extremity; without contrast material	PRESENCE OF OTHER BONE AND TENDON IMPLANTS	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	3		0		0
CT Lower Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
CT Lower Extremity; without contrast material	SALTER-HARRIS TYP I PHYS FX UP LT TIB INIT CLOS	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lower Extremity; without contrast material	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	TRAUMATIC ARTHROPATHY LEFT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	PREVENTIVE MEDICINE	Approved	2		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	5		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	PREVENTIVE MEDICINE	Approved	7		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	7		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	PREVENTIVE MEDICINE	Approved	1		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	5		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	PREVENTIVE MEDICINE	Approved	4		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	10		0		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
CT Lower Extremity; without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lower Extremity; without contrast material	Unknown	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE LT TALUS INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE RIGHT CALCANEUS INITIAL CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE SHAFT LT FIBULA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE UNS CALCANEUS INITIAL CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FRACTURE UPPER LT TIBIA INIT ENC CLOSED FX	FAMILY PRACTICE	Approved	1		0		0
CT Lower Extremity; without contrast material	UNS FX SHAFT RT FEMUR INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lower Extremity; without contrast material	UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; with contrast material	CEREBROSPINAL FLUID LEAK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Lumbar Spine; with contrast material	CEREBROSPINAL FLUID LEAK	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; with contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; with contrast material	PAIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	PREVENTIVE MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT Lumbar Spine; with contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
CT Lumbar Spine; without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	ARTHRODESIS STATUS	ORTHOPEDIC SURGERY	Approved	2		0		0
CT Lumbar Spine; without contrast material	ARTHRODESIS STATUS	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	ARTHRODESIS STATUS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Lumbar Spine; without contrast material	BACTERIAL INFECTION UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; without contrast material	CHRONIC INSTABILITY OF KNEE UNSPECIFIED KNEE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	COLLAPSED VERT NEC LUMB RGN INIT ENC FX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	COMPRESSION OF BRAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Denied	4	Services are not medically necessary	4		0
CT Lumbar Spine; without contrast material	FALL FROM OUT OF/THROUGH WINDOW INITIAL ENCNTR	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	FUSION OF SPINE LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	FUSION OF SPINE SACRAL AND SACROCOCCYGEAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	FUSION OF SPINE THORACOLUMBAR REGION	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	NEUROSURGERY	Denied	6	Services are not medically necessary	6		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	SPINAL SURGEON	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	PARAPLEGIA COMPLETE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	POSTLAMINECTOMY SYNDROME NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	PRESENCE OF INTRAOCULAR LENS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	4	Services are not medically necessary	4		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Lumbar Spine; without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; without contrast material	SACROCOCCYGEAL DISORDERS NEC	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
CT Lumbar Spine; without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-NEUROLOGY	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Lumbar Spine; without contrast material	SPONDYLOLYSIS LUMBAR REGION	GENERAL PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	1		0		0
CT Lumbar Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material	WEDGE COMPRS FX 4TH LUMBAR VERT INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	FUSION OF SPINE LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
CT MAXILLOFACIAL W/O DYE	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	Dentistry	Denied	1	Services are not medically necessary	1		0
CT MAXILLOFACIAL W/O DYE	FX UNSPECIFIED PART OF BODY OF RIGHT MANDIBLE, SEQUELA	Surgery, Oral And Maxillofacial	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE PHARYNGITIS DUE TO OTHER SPEC ORGANISMS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	ACUTE PHARYNGITIS UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	BENIGN NEOPLASM OF PAROTID GLAND	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	CONGENITAL MALFORMATIONS OTHER ENDOCRINE GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DISEASE OF SALIVARY GLAND UNSPECIFIED	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	DIVERTICULUM OF ESOPHAGUS ACQUIRED	SURGERY-GENERAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE I UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA GRADE II NODES HEAD FACE NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	FOLLICULAR LYMPHOMA UNS LYM NODES HEAD FCE & NCK	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	ANCILLARY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	GENERALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNS INTRATHORACIC NODES	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	DIABETES & METABOLISM	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	HYPERPARATHYROIDISM UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	HYPOTHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED ENLARGED LYMPH NODES	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	EMERGENCY MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	HEMATOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	Imaging Center	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Approved	16		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Denied	4	Services are not medically necessary	4		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	PLASTIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-GENERAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	HEMATOLOGY	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT MELANOMA RT EAR & EXT AURICULAR CANAL	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM AORTIC BODY & OTH PARAGANGLIA	SURGERY-GENERAL	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF BASE OF TONGUE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF GLOTTIS	RADIATION ONCOLOGY	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	SURGERY-HEAD AND NECK	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	NURSE PRACTITIONER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PAROTID GLAND	PHYSICIAN ASSISTANT	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF SPHENOID SINUS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	DIABETES & METABOLISM	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	DIABETES & METABOLISM	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	HOSPITAL	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Approved	3		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF THYROID GLAND	SURGERY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	SURGERY-GENERAL	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	MASTODYNIA	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MIX CELLULAR CLASSICAL HL NODES HEAD FACE & NECK	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	MONOCLONAL GAMMOPATHY	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0

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CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF LARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM UNCERTAIN BEHAVIOR SUBMAND SALIV GLANDS	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	NEOPLASM UNCERTAIN BHV PAROTID SALIVARY GLANDS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	NURSE PRACTITIONER	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC GOITER UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC MULTINODULAR GOITER	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	GASTROENTEROLOGY	Approved	2		0		0
CT NECK Soft Tissue; with contrast material(s)	NONTOXIC SINGLE THYROID NODULE	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTALGIA BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTALGIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
CT NECK Soft Tissue; with contrast material(s)	OTH CLASSICAL HODGKIN LYMPHOMA NODE HEAD FCE NCK	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER ABSCESS OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF LARYNX	PLASTIC SURGERY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF PHARYNX	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISEASES OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER DISORDERS OF TRIGEMINAL NERVE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	OTHER NONSPECIFIC LYMPHADENITIS	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SOMATOFORM DISORDERS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PAIN IN THROAT	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT NECK Soft Tissue; with contrast material(s)	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	PARALYSIS OF VOCAL CORDS AND LARYNX UNILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SHORTNESS OF BREATH	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; with contrast material(s)	SIALOADENITIS UNSPECIFIED	Imaging Center	Approved	1		0		0
CT NECK Soft Tissue; with contrast material(s)	SIALOADENITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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CT NECK Soft Tissue; with contrast material(s)	UNSPECIFIED HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	ACUTE PHARYNGITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CEREBRAL INFARCTION UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CHRONIC PHARYNGITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CHRONIC SIALOADENITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CHRONIC TONSILLITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	CHRONIC TONSILLITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	DISEASE OF SALIVARY GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	GLOSSODYNIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPARATHYROIDISM UNSPECIFIED	SURGERY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	HYPERPROLACTINEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MALIGNANT NEOPLASM OF EXTERNAL LOWER LIP	SURGERY-MAXILLOFACIAL	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	MASTODYNIA	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NEOPLASM OF UNCERTAIN BEHAVIOR OF LARYNX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NONTOXIC SINGLE THYROID NODULE	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	NONTOXIC SINGLE THYROID NODULE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PARALYSIS OF VOCAL CORDS AND LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PERSON INJURED UNS MOTOR-VEH ACC TRAF INIT ENC	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	PRIMARY HYPERPARATHYROIDISM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	SIALOLITHIASIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections	UNSPECIFIED LESIONS OF ORAL MUCOSA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	ABNORMAL RESULTS OF PULMONARY FUNCTION STUDIES	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	ACUTE PHARYNGITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	CHRONIC LARYNGITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	CHRONIC TONSILLITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	DYSPHAGIA UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast material	FEVER UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	GENERALIZED ENLARGED LYMPH NODES	ANCILLARY	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast material	GENERALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT NECK Soft Tissue; without contrast material	NONTOXIC MULTINODULAR GOITER	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	NONTOXIC SINGLE THYROID NODULE	INTERNAL MEDICINE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	NONTOXIC SINGLE THYROID NODULE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	PAIN IN THROAT	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CT NECK Soft Tissue; without contrast material	SIALOADENITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT NECK Soft Tissue; without contrast material	TORTICOLLIS	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	OTALGIA BILATERAL	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	OTALGIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	AC SUPPURATIVE OM W/O RUPT EAR DRUM RECUR LT EAR	GENERAL PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	ACUTE MASTOIDITIS W/O COMPLICATIONS UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHOLESTEATOMA OF MASTOID RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC MASTOIDITIS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CHRONIC SEROUS OTITIS MEDIA LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCT HL UNI LT EAR UNRESTIRCT CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	CONDUCT HL UNI RT EAR UNRESTRICT CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DIZZINESS AND GIDDINESS	NURSE PRACTITIONER	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	FRACTURE NASAL BONES INITIAL ENCOUNTER CLOSED FX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	LABYRINTHINE DYSFUNCTION BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	LABYRINTHINE DYSFUNCTION LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	MIX CONDUCT SENSORINEURAL HEAR LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OCULAR PAIN UNSPECIFIED EYE	OPHTHALMOLOGY	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER ABNORMAL AUDITORY PERCEPTIONS BILATERAL	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISEASES IINNER EAR BILATERAL	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISEASES INNER EAR UNS EAR	INTERNAL MEDICINE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISEASES INNER EAR UNS EAR	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTHER SPECIFIED DISORDERS OF EAR BILATERAL	NURSE PRACTITIONER	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTITIS MEDIA UNSPECIFIED RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTITIS MEDIA UNSPECIFIED UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	OTORRHEA RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	SUBPERIOSTEAL ABSCESS OF MASTOID RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED EUSTACHIAN SALPINGITIS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

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CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	OTALGIA BILATERAL	FAMILY PRACTICE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	OTALGIA BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISEASES INNER EAR UNS EAR	INTERNAL MEDICINE	Approved	1		0		0
CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT PELVIS; with contrast material(s)	ACUTE PROSTATITIS	NURSE PRACTITIONER	Approved	1		0		0
CT PELVIS; with contrast material(s)	CONTUSION LOWER BACK & PELVIS INITIAL ENCOUNTER	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	CONTUSION LOWER BACK & PELVIS SUBSEQUENT ENCNTR	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
CT PELVIS; with contrast material(s)	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	LOCALIZED EDEMA	CARDIOVASCULAR	Approved	1		0		0
CT PELVIS; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	2		0		0
CT PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	NONINFLAMMATORY DISORDER VULVA & PERINEUM UNS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	OTH SPEC NONINFECTIVE D/O LYMPH VESSELS & NODES	UROLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	OTHER INJURY OF BLADDER SUBSEQUENT ENCOUNTER	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	PAIN IN RIGHT HIP	HOSPITAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	PAIN IN RIGHT HIP	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
CT PELVIS; with contrast material(s)	PELVIC AND PERINEAL PAIN	UROLOGY	Approved	1		0		0
CT PELVIS; with contrast material(s)	PERITONEAL ABSCESS	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	RECTAL ABSCESS	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY-GENERAL	Approved	1		0		0
CT PELVIS; with contrast material(s)	Unknown	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	Unknown	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	FUSION OF SPINE SACRAL AND SACROCOCCYGEAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material	OTHER ANTERIOR DISLOCATION RT HIP INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	OTHER CHRONIC PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
CT PELVIS; without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	PAIN IN RIGHT HIP	HOSPITAL	Approved	1		0		0
CT PELVIS; without contrast material	PAIN IN UNSPECIFIED HIP	FAMILY PRACTICE	Approved	1		0		0
CT PELVIS; without contrast material	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	Imaging Center	Denied	1	Services are not medically necessary	1		0

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CT PELVIS; without contrast material	Unknown	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material	Unknown	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT PELVIS; without contrast material	UNS FRACTURE SACRUM INITIAL ENC CLOS FRACTURE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	COMPRESSION OF VEIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	DISORDER OF MALE GENITAL ORGANS UNSPECIFIED	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	ENLARGED LYMPH NODES UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	GROSS HEMATURIA	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PAIN IN UNSPECIFIED HIP	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	UROLOGY	Approved	1		0		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	PELVIC AND PERINEAL PAIN	UROLOGY	Denied	1	Services are not medically necessary	1		0
CT PELVIS; without contrast material, followed by contrast material(s) and further sections	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT SCAN FOR LOCALIZATION	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
CT SCAN FOR THERAPY GUIDE	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	BENIGN NEOPLASM OF LOWER JAW BONE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	BENIGN NEOPLASM OF NASOPHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CELLULITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SIALOADENITIS	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	CYSTIC FIBROSIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; with contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	MALIGNANT NEOPLASM OF MANDIBLE	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; with contrast material(s)	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ABSCESS FURUNCLE AND CARBUNCLE OF NOSE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACQUIRED DEFORMITY OF NOSE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT MAXILLARY SINUSITIS	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT MAXILLARY SINUSITIS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE RECURRENT SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ACUTE SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	9		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	ALLERGY & ASTHMA	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ALLERGIC RHINITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	ANOSMIA	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	ANOSMIA	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	ATYPICAL FACIAL PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM MID EAR NASAL CAV ACCESS SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM OF LOWER JAW BONE	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	BENIGN NEOPLASM UNSPECIFIED SITE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC ETHMOIDAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	9		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC FRONTAL SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	ALLERGY & IMMUNOLOGY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	NURSE PRACTITIONER	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	36		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC MAXILLARY SINUSITIS	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	ALLERGY & IMMUNOLOGY	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	38		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC PANSINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC RHINITIS	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ADOLESCENT MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Approved	7		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ALLERGY & IMMUNOLOGY	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ANCILLARY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Approved	12		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	Imaging Center	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Approved	4		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OCCUPATIONAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	83		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	4	Services are not medically necessary	4		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PLASTIC SURGERY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC SINUSITIS UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CHRONIC TONSILLITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CLEFT HARD & SOFT PALATE W/BILATERAL CLEFT LIP	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CONGENITAL FACIAL ASYMMETRY	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	CONGENITAL MALFORMATION SKULL & FACE BONES UNS	NEUROSURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	COUGH	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	DENTOFACIAL FUNCTIONAL ABNORMALITIES UNSPECIFIED	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	DEVIATED NASAL SEPTUM	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT SINUS, Maxillofacial Area; without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	EPIPHORA DUE TO INSUFF DRAINAGE BIL LACR GLANDS	OPHTHALMOLOGY	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	FRACTURE NASAL BONES INITIAL ENCOUNTER CLOSED FX	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HEADACHE	UROLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGIST (ENT)	Approved	5		0		0
CT SINUS, Maxillofacial Area; without contrast material	IMPACTED TEETH	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	JAW PAIN	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	JAW PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	MALIGNANT NEOPLASM OF FRONTAL LOBE	ONCOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	ALLERGY & IMMUNOLOGY	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL CONGESTION	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	NASAL POLYP UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
CT SINUS, Maxillofacial Area; without contrast material	NEW DAILY PERSISTENT HEADACHE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	OTHER	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
CT SINUS, Maxillofacial Area; without contrast material	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OCULAR PAIN UNSPECIFIED EYE	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OSSEOINTEGRATION FAILURE OF DENTAL IMPLANT	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTALGIA BILATERAL	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	OTALGIA BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	HOSPITAL	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTH SPEC CONGENITAL MALFORMATIONS RESP SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ACUTE RECURRENT SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ALLERGIC RHINITIS	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER ALLERGIC RHINITIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	ALLERGY & IMMUNOLOGY	Approved	2		0		0

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CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	21		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTORHINOLARYNGOLOGIST (EENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER CHRONIC SINUSITIS	OTORHINOLARYNGOLOGIST (EENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER COMPLICATED HEADACHE SYNDROME	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER COMPLICATED HEADACHE SYNDROME	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER DISORDERS OF TRIGEMINAL NERVE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER HEADACHE SYNDROME	Imaging Center	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SEASONAL ALLERGIC RHINITIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	FAMILY PRACTICE	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	GENERAL PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	NURSE PRACTITIONER	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	PAROSMIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	PERIAPICAL ABSCESS WITHOUT SINUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	POLYP OF NASAL CAVITY	ALLERGY & IMMUNOLOGY	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	POLYP OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
CT SINUS, Maxillofacial Area; without contrast material	POSTNASAL DRIP	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	SINUS BAROTRAUMA INITIAL ENCOUNTER	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	SLEEP APNEA UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	SUBAC COMBINED DEGEN SPINAL CORD DZ CLASS ELSW	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	PHYSICIAN ASSISTANT	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	TORTICOLLIS	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	Unknown	DENTISTRY	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED ASTHMA UNCOMPLICATED	INTERNAL MEDICINE	Approved	1		0		0

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CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	NURSE PRACTITIONER	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	UNSPECIFIED VOICE RESONANCE DISORDER	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	VASOMOTOR RHINITIS	Imaging Center	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material	VASOMOTOR RHINITIS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material	VERTIGO OF CENTRAL ORIGIN UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	ACUTE SINUSITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	HEADACHE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections	POLYNEUROPATHY UNSPECIFIED	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; with contrast material	CEREBROSPINAL FLUID LEAK	NEUROSURGERY	Approved	1		0		0
CT Thoracic Spine; with contrast material	CEREBROSPINAL FLUID LEAK	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Thoracic Spine; with contrast material	CEREBROSPINAL FLUID LEAK	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
CT Thoracic Spine; without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	COLLAPSED VERT NEC THOR RGN INIT ENC FX	SURGERY-NEUROLOGY	Approved	1		0		0
CT Thoracic Spine; without contrast material	COMPRESSION OF BRAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	COUGH	INTERNAL MEDICINE	Approved	1		0		0
CT Thoracic Spine; without contrast material	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Denied	4	Services are not medically necessary	4		0
CT Thoracic Spine; without contrast material	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Thoracic Spine; without contrast material	FALL FROM OUT OF/THROUGH WINDOW INITIAL ENCNTR	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Thoracic Spine; without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CT Thoracic Spine; without contrast material	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	PANNICULITIS AFFECT REGIONS NCK BACK THOR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	PARAPLEGIA COMPLETE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
CT Thoracic Spine; without contrast material	PYOTHORAX WITHOUT FISTULA	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Thoracic Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	1		0		0
CT Thoracic Spine; without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
CT Thoracic Spine; without contrast material	WEDGE COMPRS FX T9-T10 VERT INIT ENC CLOS FX	INTERNAL MEDICINE	Approved	1		0		0
CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections	PAIN IN THORACIC SPINE	ORTHOPEDIC SURGERY	Approved	1		0		0
CT THORAX W/DYE	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
CT THORAX W/O DYE	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
CT THORAX W/O DYE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Hospital		0		0	Approved	1
CT Upper Extremity; with contrast material(s)	FISTULA LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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CT Upper Extremity; with contrast material(s)	OTH FX LOWER UNS RADIUS SUBSQT ENC CLOS FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	PAIN IN LEFT WRIST	NURSE PRACTITIONER	Approved	1		0		0
CT Upper Extremity; with contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; with contrast material(s)	UNSPECIFIED INJURY LT WRIST HAND FINGERS INITIAL	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
CT Upper Extremity; without contrast material	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	DSPL FX BASE 5TH MC BN RT HND INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX BDY HAMATE BN LT WRST SUB ENC FX ROUTINE	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPL FX DIST POLE NVICLR BN RT WRIST INIT CLO FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	DSPLCD FX SHAFT LT CLAV INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	EFFUSION LEFT ELBOW	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	ENCOUNTER GEN ADULT MEDICAL EXAM W/ABNORMAL FIND	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	FX UNS PART RT CLAV SUBSEQUENT ENC FX W/NONUNION	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	HYPERTROPHY OF BONE UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	INF INFLM RXN OTH INT ORTH PROS DEV GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	MEDIAL EPICONDYLITIS RIGHT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	MEDIAL EPICONDYLITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NDSPLC FX MID 3RD NVICLR RT WRST SUB ENC FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	NONDISPLACED FX CORONOID RT ULNA INIT CLOS FX	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Upper Extremity; without contrast material	NONDSPLCD FX GT TUBEROS RT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	OTH DSPLCD FX UPPER END LT HUM INIT ENC CLOS FX	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Upper Extremity; without contrast material	OTHER FX LOWER RT RADIUS SUBSQT CLOS FX RTN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER SHOULDER LESIONS LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	OTHER SPECIFIC JOINT DERANGEMENTS UNS WRIST NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Approved	2		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT ELBOW	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT HAND	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	RADIATION ONCOLOGY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	4		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	PLASTIC SURGERY	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	SURGERY- PLASTIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	SURGERY-HAND	Approved	1		0		0
CT Upper Extremity; without contrast material	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PAIN IN UNSPECIFIED SHOULDER	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0

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CT Upper Extremity; without contrast material	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	SECONDARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	SPRAIN UNS PART LT WRIST & HAND SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	TRAUMATIC ARTHROPATHY RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	TRAUMATIC ARTHROPATHY RIGHT ELBOW	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	UNS FX 1ST MC BONE RT HAND INITIAL ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX 2ND MC BONE LT HAND INITIAL ENC CLOS FX	NURSE PRACTITIONER	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX 3RD MC BONE LT HAND INITIAL ENC CLOS FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
CT Upper Extremity; without contrast material	UNS FX LOWER END RT RADIUS INITIAL ENC CLOSED FX	PHYSICIAN ASSISTANT	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX LOWER LT RADIUS INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	2		0		0
CT Upper Extremity; without contrast material	UNS FX NAVICULAR BONE LT WRIST INIT CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
CT Upper Extremity; without contrast material	UNSPECIFIED INJURY RIGHT ELBOW INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
CT Upper Extremity; without contrast material	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	SURGERY- PLASTIC	Approved	1		0		0
CT Upper Extremity; without contrast material	UNSPECIFIED INJURY RT WRIST HAND FINGERS INITIAL	SURGERY-HAND	Approved	1		0		0
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)	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	1		0		0
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)	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	1		0		0
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)	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	3		0		0
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)	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	INTERNAL MEDICINE	Approved	1		0		0
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)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
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)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
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)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
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)	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	NUCLEAR MEDICINE	Approved	1		0		0
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)	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0

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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	CARDIOLOGIST	Approved	2		0		0
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	CARDIOVASCULAR DISEASE	Approved	2		0		0
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	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
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)	CONGENITAL MALFORMATION OF HEART UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
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)	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
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)	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOLOGIST	Approved	1		0		0
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)	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
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)	OTH SPECIFIED CONGENITAL MALFORMATIONS OF HEART	INTERNAL MEDICINE	Approved	1		0		0
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	CARDIOVASCULAR DISEASE	Approved	2		0		0
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 SPECIFIED DISORDERS ARTERIES & ARTERIOLES	CARDIOVASCULAR DISEASE	Approved	1		0		0
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)	PRECORDIAL PAIN	CARDIOLOGIST	Approved	1		0		0
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)	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
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)	RHEUMATIC TRICUSPID INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0

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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)	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	1		0		0
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)	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
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)	SYNCOPE AND COLLAPSE	CARDIOVASCULAR	Approved	1		0		0
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)	SYNCOPE AND COLLAPSE	CARDIOVASCULAR DISEASE	Approved	1		0		0
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)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
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)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	2		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	2		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	2		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PAROXYSMAL ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	PERSISTENT ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	2		0		0

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CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	2		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED ATRIAL FIBRILLATION	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	UNSPECIFIED ATRIAL FLUTTER	INTERNAL MEDICINE	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	ATRIAL SEPTAL DEFECT	CARDIOLOGIST	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOVASCULAR	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	TETRALOGY OF FALLOT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CARCINOMA IN SITU ORAL CAVITY UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER FOR SCREENING UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OBESITY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	OVERWEIGHT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
CT, HEART, without contrast with quantitative evaluation of coronary calcium	Unknown	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM RUPTURED	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	RADIOLOGY	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	RADIOLOGY	Denied	2	Services are not medically necessary	2		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	AORTIC ECTASIA UNSPECIFIED SITE	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ASYMPTOMATIC VARICOSE VEINS UNS LOWER EXTREMITY	SURGERY-GENERAL	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	CELIAC ARTERY COMPRESSION SYNDROME	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF THORACIC AORTA	SURGERY-THORACIC	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	DISSECTION OF THORACOABDOMINAL AORTA	SURGERY-THORACIC	Approved	1		0		0

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CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	EDEMA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY	GENERAL SURGERY	Approved	4		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	HOSPITAL	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	LOC SWELLING MASS & LUMP LOWER LIMB BILATERAL	NURSE PRACTITIONER	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	LOCALIZED EDEMA	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	2		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	THORACOABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	UNSPECIFIED HYDRONEPHROSIS	NEPHROLOGY	Approved	1		0		0
CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ANEURYSM OF OTHER SPECIFIED ARTERIES	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLEROSIS OF RENAL ARTERY	INTERNAL MEDICINE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONNS SYNDROME	UROLOGY	Denied	1	Services are not medically necessary	1		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACIC AORTA	SURGERY-THORACIC	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONTRAUMAT INTRACEREB HEMORR HEMISPHERE CORTICAL	FAMILY PRACTICE	Approved	1		0		0
CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNSPECIFIED INJURY SPLEEN SUBSEQUENT ENCOUNTER	SURGERY-GENERAL	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	Approved	1		0		0

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CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCL NATV ART RT LEG W/ULCER OTH PART FT	SURGERY-THORACIC	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	VASCULAR SURGERY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATIVE ART EXTREM REST PAIN BIL LEGS	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	CARDIOLOGIST	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	INF & INFLAM REACT OTH CARD VASC DEV GFT SUBSQT	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTH ATHEROSCLER NATIVE ART EXTREM BILATERAL LEGS	SURGERY-VASCULAR	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	VASCULAR SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	RADIOLOGY	Denied	3	Services are not medically necessary	3		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL COAGULATION PROFILE	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ABNORMAL WEIGHT LOSS	NEUROLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ACUTE EMBOLISM & THROMBOSIS DEEP VEINS LT UP EXT	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ANEURYSM UNSPECIFIED SITE WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ECTASIA UNSPECIFIED SITE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ECTASIA UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	AORTIC ECTASIA UNSPECIFIED SITE	SURGERY-CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CARDIOMEGALY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CEREBRAL INFARCT D/T UNS OCCL/STEN BASILAR ART	ANCILLARY	Approved	1		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN ON BREATHING	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	4		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHEST PAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS IN REMISS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	CONGENITAL PULMONARY ARTERIOVENOUS MALFORMATION	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COUGH	FAMILY PRACTICE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COUGH	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	COUGH	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACIC AORTA	SURGERY-THORACIC	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DISSECTION OF THORACOABDOMINAL AORTA	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	DYSPNEA UNSPECIFIED	PULMONARY DISEASES	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ENCOUNTER SCREENING MALIGNANT NEOPLASM SITE UNS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0

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CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HEMOPTYSIS	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HEREDITARY HEMORRHAGIC TELANGIECTASIA	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERSENSITIVITY PNEUMONIT D/T UNS ORGANIC DUST	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPERVENTILATION	EMERGENCY MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPOXEMIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPOXEMIA	GENERAL PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPOXEMIA	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	HYPOXEMIA	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	IDIOPATH SLEEP REL NONOBST ALVEOL HYPOVENTILATN	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	INTRACRANL & INTRASPINL PHLEBIT & THROMBOPHLEBIT	NEUROLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	LEFT ANTERIOR FASCICULAR BLOCK	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF RIGHT OVARY	HOSPITAL	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MILD INTERMITTENT ASTHMA UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
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	Approved	2		0		0
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	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	Approved	2		0		0
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	Imaging Center	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	ONCOLOGY	Approved	3		0		0
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	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
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	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER DELETIONS FROM THE AUTOSOMES	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER FORMS OF DYSPNEA	ALLERGY & IMMUNOLOGY	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER HYPERSOMNIA	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER PRIMARY THROMBOPHILIA	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER PULMONARY EMBOLISM W/ACUTE COR PULMONALE	SURGERY- PLASTIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	INTERNAL MEDICINE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PALPITATIONS	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PALPITATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERSISTENT ATRIAL FIBRILLATION	CARDIOLOGIST	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERSONAL HISTORY OF PULMONARY EMBOLISM	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURAL EFFUSION NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PLEURODYNIA	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PNEUMONIA UNSPECIFIED ORGANISM	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PRECORDIAL PAIN	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	PRESENCE OF OTHER HEART-VALVE REPLACEMENT	CARDIOVASCULAR DISEASE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Pulmonary hypertension, unspecified	ANCILLARY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Pulmonary hypertension, unspecified	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Pulmonary hypertension, unspecified	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	RHEUMATIC TRICUSPID INSUFFICIENCY	CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SADDLE EMBOLUS PULM ART W/ACUTE COR PULMONALE	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SECONDARY POLYCYTHEMIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SECONDARY POLYCYTHEMIA	PULMONARY DISEASES	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	3		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	GYNECOLOGY ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	Imaging Center	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	INTERNAL MEDICINE	Approved	6		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	PHYSICIAN ASSISTANT	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	PULMONARY DISEASES	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SHORTNESS OF BREATH	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	SOLITARY PULMONARY NODULE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	TACHYCARDIA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Approved	7		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	FAMILY PRACTICE	Approved	2		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	SURGERY-THORACIC	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	CARDIOVASCULAR	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	CARDIOVASCULAR DISEASE	Approved	4		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACIC AORTIC ECTASIA	SURGERY-CARDIOVASCULAR	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	THORACOABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	VASCULAR SURGERY	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	CARDIOVASCULAR DISEASE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	INTERNAL MEDICINE	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	Unknown	NURSE PRACTITIONER	Approved	1		0		0
CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	RADIOLOGY	Denied	3	Services are not medically necessary	3		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREB INFARCT D/T UNS OCCL/STEN OTH PRECEREB ART	RADIOLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	ANCILLARY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	3		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	RADIOLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT D/T UNS OCCL/STEN BASILAR ART	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT D/T UNS OCCL/STEN UNS CEREB ART	NURSE PRACTITIONER	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT UNS OCCL/STEN RT CEREBELLAR ART	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CAROTID ARTERY	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	Imaging Center	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	HOSPITAL	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	EPISODIC CLUSTER HEADACHE INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	LOCALIZED SWELLING MASS AND LUMP NECK	SURGERY-VASCULAR	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NASAL POLYP UNSPECIFIED	HOSPITAL	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROSURGERY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONPYOGENIC THROMBOSIS INTRACRAN VENOUS SYSTEM	HOSPITAL	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	NONTRAUMAT INTRACEREB HEMORR HEMISPHERE CORTICAL	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT VERTEBRAL ARTERY	Imaging Center	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OPHTHALMOPLEGIC MIGRAINE NOT INTRACTABLE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	OTHER SLEEP DISORDERS	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PARAPLEGIA UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY EXERTIONAL HEADACHE	NEUROLOGY	Approved	1		0		0

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CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	REVERSIBLE CEREBRVASC VASOCONSTRICTION SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	REVERSIBLE CEREBRVASC VASOCONSTRICTION SYNDROME	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNS SEQUELAE NONTRAUMATIC SUBARACHNOID HEMORR	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED CONVULSIONS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED DISORDER OF EYE AND ADNEXA	NEUROLOGY	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED INJURY OF HEAD SEQUELA	INTERNAL MEDICINE	Approved	1		0		0
CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED VISUAL LOSS	INTERNAL MEDICINE	Approved	1		0		0
CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	LOC SWELLING MASS & LUMP LOWER LIMB BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	RADIOLOGY	Denied	3	Services are not medically necessary	3		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ANEURYSM OF CAROTID ARTERY	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ARTERIAL FIBROMUSCULAR DYSPLASIA	CARDIOVASCULAR	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	ATAXIC GAIT	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	ANCILLARY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCT UNS OCCL/STEN RT CEREBELLAR ART	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CEREBROSPINAL FLUID LEAK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	CERVICALGIA	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CAROTID ARTERY	FAMILY PRACTICE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF CAROTID ARTERY	RADIOLOGY - DIAGNOSTIC	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	Imaging Center	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	NEUROLOGY	Approved	2		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	NEUROSURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DISSECTION OF VERTEBRAL ARTERY	RADIOLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	HOSPITAL	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	GRANULOMA OF LEFT ORBIT	PLASTIC SURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HEADACHE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HYPERGLYCEMIA UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HYPERPARATHYROIDISM UNSPECIFIED	ENDOCRINOLOGY	Denied	5	Services are not medically necessary	5		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	HYPERPARATHYROIDISM UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	NEUROSURGERY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	RADIOLOGY	Denied	2	Services are not medically necessary	2		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OCCLUSION AND STENOSIS OF RIGHT VERTEBRAL ARTERY	Imaging Center	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OPHTHALMOPLEGIC MIGRAINE NOT INTRACTABLE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTH DSPL FX 5TH CERV VERTEBRA SUBSQT ENC FX RTN	NEUROSURGERY	Approved	1		0		0

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CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PARAPLEGIA UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HISTORY OTH DISEASES CIRCULATORY SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY HYPERPARATHYROIDISM	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	REVERSIBLE CEREBRVASC VASOCONSTRICTION SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	UNS SEQUELAE UNSPECIFIED CEREBROVASCULAR DISEASE	NEUROLOGY	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED CONVULSIONS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED INJURY OF HEAD SEQUELA	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	UNSPECIFIED VISUAL LOSS	INTERNAL MEDICINE	Approved	1		0		0
CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	VERTIGO OF CENTRAL ORIGIN BILATERAL	NEUROLOGY	Approved	1		0		0
CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	LOCALIZED EDEMA	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
CULT SKIN GRFT T/ARM/LEG	UNSPECIFIED OPEN WOUND, UNSPECIFIED LOWER LEG, SUBS ENCNTR	Facility	Denied	1	Services are not medically necessary	1		0
CVS ESOMEPRAZOLE MAG 20 MG CAP	HEARTBURN	Gastroenterology	Denied	1	Services are not medically necessary	1		0
CYMBALTA 60 MG CAPSULE	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
CYP2D6 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	Ancillary	Denied	1	Services are not medically necessary	1		0
CYSTO IMPL 4 OR MORE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	1		0		0
CYSTOSCOPY & URETER CATHETER	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	1		0		0
CYSTOSCOPY PROSTATIC IMP 1-3	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	2		0		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	4		0		0
CYSTOURETHRO W/ADDL IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	8		0		0
CYSTOURETHRO W/ADDL IMPLANT	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	Urology	Denied	1	Services are not medically necessary	1		0

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CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Approved	3		0		0
CYSTOURETHRO W/IMPLANT	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	8		0		0
CYSTOURETHRO W/IMPLANT	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	Urology	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	AUTISTIC DISORDER	Family Medicine	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	BENIGN NEOPLASM OF LEFT CHOROID	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	BLINDNESS R EYE CATEGORY 4, BLINDNESS LEFT EYE CATEGORY 4	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	CONGENITAL HYPOTONIA	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	FAILURE TO THRIVE (CHILD)	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR HEREDITARY DISEASE IN FETUS, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Approved	2		0		0
CYTOGEN M ARRAY COPY NO&SNP	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Obstetrics/Gynecology	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Facility	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Family Medicine	Denied	1	Services are not medically necessary	1		0
CYTOGEN M ARRAY COPY NO&SNP	SUPERVISION OF ELDERLY PRIMIGRAVIDA, SECOND TRIMESTER	Ancillary	Approved	1		0		0
CYTOGEN M ARRAY COPY NO&SNP	UNSPECIFIED INTELLECTUAL DISABILITIES	Ancillary	Denied	1	Services are not medically necessary	1		0
CYTOMEGALOVIRUS IMM IV /VIAL	RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE	Ancillary	Approved	2		0		0
D3-50 50,000 UNIT CAPSULE	VITAMIN D DEFICIENCY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DALFAMPRIDINE ER 10 MG TABLET	MULTIPLE SCLEROSIS	Family Medicine	Approved	1		0		0
DARBEPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Oncology	Approved	1		0		0
DAYTRANA 20 MG/9 HOUR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
DAYTRANA 20 MG/9 HOUR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
DAYTRANA 30 MG/9 HOUR PATCH	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
DEB SUBQ TISSUE 20 SQ CM/<	ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS	Facility	Approved	2		0		0
DECOMPRESS SPINAL CORD LMBR	LOW BACK PAIN	Ancillary	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
DECOMPRESS SPINAL CORD LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	1		0		0
DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	DENTAL CARIES, UNSPECIFIED	Dentistry	Approved	1		0		0
DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	DENTAL CARIES, UNSPECIFIED	Dentistry	Approved	1		0		0
DELAY FLAP EYE/NOS/EAR/LIP	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	5		0		0
DELAYED BREAST PROSTHESIS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
DELAYED BREAST PROSTHESIS	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
DELAYED BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	7		0		0
DELAYED BREAST PROSTHESIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Denied	1	Services are not medically necessary	1		0
DENAVIR 1% CREAM	HERPESVIRAL VESICULAR DERMATITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-REL OSTEOPOR W CURRENT PATH FRACTURE, UNSP SITE, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	19		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Ancillary	Denied	2	Services are not medically necessary	2		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Approved	1		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Facility	Approved	4		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Facility	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Approved	6		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	General Practice	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Infectious Disease	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Internal Medicine	Approved	10		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Oncology	Approved	1		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Radiology	Approved	1		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Approved	25		0		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Denied	3	Services are not medically necessary	3		0
DENOSUMAB INJECTION	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Surgery, Orthopedic	Approved	1		0		0
DENOSUMAB INJECTION	MALIG NEOPLM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
DENOSUMAB INJECTION	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	1		0		0
DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Ancillary	Approved	1		0		0

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DENOSUMAB INJECTION	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Ancillary	Denied	1	Services are not medically necessary	1		0
DENOSUMAB INJECTION	SECONDARY MALIGNANT NEOPLASM OF BONE	Oncology	Approved	1		0		0
DENTAL SURGERY PROCEDURE	ACUTE STRESS REACTION	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	CLEFT HARD AND SOFT PALATE WITH BILATERAL CLEFT LIP	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON PIT AND FISSURE SURFACE LIMITED TO ENAMEL	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON PIT AND FISSURE SURFC PENETRAT INTO DENTIN	Ancillary	Approved	1		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES ON SMOOTH SURFACE PENETRATING INTO PULP	Facility	Approved	2		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	Ancillary	Approved	11		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	Facility	Approved	11		0		0
DENTAL SURGERY PROCEDURE	DENTAL CARIES, UNSPECIFIED	Family Medicine	Approved	1		0		0
DENTAL SURGERY PROCEDURE	FX UNSPECIFIED PART OF BODY OF RIGHT MANDIBLE, SEQUELA	Surgery, Oral And Maxillofacial	Approved	1		0		0
DENTAL SURGERY PROCEDURE	IMPACTED TEETH	Ancillary	Approved	1		0		0
DENTAL SURGERY PROCEDURE	IMPACTED TEETH	Facility	Approved	1		0		0
DENTAL SURGERY PROCEDURE	IRREVERSIBLE PULPITIS	Ancillary	Approved	1		0		0
DENTAL SURGERY PROCEDURE	SUPERNUMERARY TEETH	Physician Assistant	Approved	1		0		0
DEPLIN-ALGAL OIL 15 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Denied	1	Services are not medically necessary	1		0
DERMACELL, AWM, POROUS SQ CM	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
DERMAGRAFT	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Podiatry	Denied	1	Services are not medically necessary	1		0
DERMATOLOGICAL PROCEDURE	VITILIGO	Dermatology	Denied	1	Services are not medically necessary	1		0
DESIGN MLC DEVICE FOR IMRT	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
DESIGN MLC DEVICE FOR IMRT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
DESIGN MLC DEVICE FOR IMRT	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
DESTROY C/TH FACET JNT ADDL	OTHER SPONDYLOSIS WITH MYELOPATHY, SITE UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DESTROY CERV/THOR FACET JNT	OTHER SPONDYLOSIS WITH MYELOPATHY, SITE UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DESTROY L/S FACET JNT ADDL	OTHER SPONDYLOSIS WITH MYELOPATHY, SITE UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DESTROY LUMB/SAC FACET JNT	OTHER SPONDYLOSIS WITH MYELOPATHY, SITE UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DESTROY LUMB/SAC FACET JNT	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine		0		0	Approved	1
DESTROY NERVE FACE MUSCLE	BLEPHAROSPASM	Ophthalmology	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM	Family Medicine	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Neurology	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Ancillary	Approved	1		0		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	General Practice	Approved	2		0		0
DESTROY NERVE FACE MUSCLE	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CERVICALGIA	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	HYPERMOBILITY SYNDROME	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	ANESTHESIOLOGY	Approved	1		0		0
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	Approved	1		0		0
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	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	PAIN IN UNSPECIFIED JOINT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	RADICULOPATHY THORACIC REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	SPONDYLOLYSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
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	Approved	21		0		0
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	Denied	8	Services are not medically necessary	8		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	NEUROLOGY	Approved	3		0		0
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	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
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	Approved	35		0		0
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 & REHABILITATION	Approved	12		0		0
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 & REHABILITATION	Denied	2	Services are not medically necessary	2		0
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	SPORTS MEDICINE	Approved	1		0		0
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 LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
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 THOR RGN	ANESTHESIOLOGY	Approved	7		0		0
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 THOR RGN	PAIN MANAGEMENT	Approved	3		0		0
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 THOR RGN	Physician	Approved	1		0		0
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 MYELOPATHY/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CERVICALGIA	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	HYPERMOBILITY SYNDROME	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTH SPEC INFLAM SPONDYLOPATHIES THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	ANESTHESIOLOGY	Approved	1		0		0
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	Approved	1		0		0
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	Denied	2	Services are not medically necessary	2		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	PAIN IN UNSPECIFIED JOINT	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	RADICULOPATHY THORACIC REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOLYSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
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	Approved	23		0		0
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	Denied	9	Services are not medically necessary	9		0
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	NEUROLOGY	Approved	3		0		0
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	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
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	Approved	36		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	Denied	2	Services are not medically necessary	2		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	15		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
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	SPORTS MEDICINE	Approved	1		0		0
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 LUMB RGN	PAIN MANAGEMENT	Approved	1		0		0
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 THOR RGN	ANESTHESIOLOGY	Approved	7		0		0
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 THOR RGN	PAIN MANAGEMENT	Approved	3		0		0
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 THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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 THOR RGN	Physician	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	8	Services are not medically necessary	8		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER CHRONIC POSTPROCEDURAL PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY LUMBOSACRAL REGION	SPORTS MEDICINE	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	RADICULOPATHY THORACOLUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	Approved	12		0		0
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	Denied	4	Services are not medically necessary	4		0
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	Approved	29		0		0
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	Denied	9	Services are not medically necessary	9		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
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 SITE UNS	PAIN MANAGEMENT	Approved	1		0		0
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/RADICULPATHY LS RGN	ANESTHESIOLOGY	Approved	2		0		0
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/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	8		0		0
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/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
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/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	ARTHROPATHY UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	8	Services are not medically necessary	8		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTH SPEC INFLAM SPONDYLOPATHIES THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER CHRONIC POSTPROCEDURAL PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY LUMBOSACRAL REGION	SPORTS MEDICINE	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	RADICULOPATHY THORACOLUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	1		0		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	12		0		0
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/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
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/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	29		0		0
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/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	8	Services are not medically necessary	8		0
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/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	13		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
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/RADICULOPATHY SITE UNS	PAIN MANAGEMENT	Approved	1		0		0
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	Approved	2		0		0
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	PAIN MANAGEMENT	Approved	8		0		0
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	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
DESTRUCTION OF SKIN LESIONS	NEVUS, NON-NEOPLASTIC	Dermatology	Approved	3		0		0
DESVENLAFAXINE ER 50 MG TAB	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Approved	1		0		0
DESVENLAFAXINE ER 50 MG TAB	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
DEVEL TST PHYS/QHP 1ST HR	ILLNESS, UNSPECIFIED	Family Medicine	Approved	1		0		0
DEXCOM G6 RECEIVER	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR		Family Nurse Practitioner	Approved	1		0		0
DEXCOM G6 SENSOR	ENCOUNTER FOR SCREENING FOR DIABETES MELLITUS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Diabetic Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 SENSOR	OTHER GENERAL SYMPTOMS AND SIGNS	Pediatric Endocrinology	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS	Internal Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Diabetic Medicine	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	5		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	3		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatrics	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Endocrinology And Metabolism	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	4		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	2		0		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
DEXCOM G6 SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS	Pediatric Endocrinology	Approved	1		0		0
DEXCOM G6 SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Approved	1		0		0
DEXCOM G6 TRANSMITTER	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
DEXEDRINE SPANSULE 10 MG	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE		Family Medicine	Approved	1		0		0
DEXILANT DR 60 MG CAPSULE	BARRETT'S ESOPHAGUS WITH LOW GRADE DYSPLASIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DEXILANT DR 60 MG CAPSULE	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Gastroenterology	Denied	1	Services are not medically necessary	1		0
DEXMETHYLPHENIDATE ER 10 MG CP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Behavioral Nurse	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
DEXTROAMP-AMPHET ER 10 MG CAP	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Approved	1		0		0
DEXTROAMP-AMPHET ER 25 MG CAP		Pediatrics	Approved	1		0		0
DEXTROAMP-AMPHET ER 30 MG CAP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician Assistant	Approved	1		0		0
DEXTROAMPHETAMINE ER 10 MG CAP	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Psychiatry	Approved	1		0		0
DIAGNOSTIC ANOSCOPY	DYSPLASIA OF ANUS	Ancillary	Approved	1		0		0
DIAGNOSTIC ANOSCOPY	DYSPLASIA OF ANUS	Facility	Approved	3		0		0
DIAGNOSTIC ANOSCOPY	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Facility	Approved	1		0		0
DIAGNOSTIC ANOSCOPY	LOW GRADE INTREPITH LESION CYTO SMR ANUS (LGSIL)	Facility	Approved	1		0		0
DIAGNOSTIC ANOSCOPY & BIOPSY	ANOGENITAL (VENEREAL) WARTS	Preventive Medicine/Public Health	Approved	1		0		0
DIAGNOSTIC ANOSCOPY & BIOPSY	DYSPLASIA OF ANUS	Ancillary	Approved	1		0		0
DIAGNOSTIC ANOSCOPY & BIOPSY	DYSPLASIA OF ANUS	Facility	Approved	3		0		0
DIAGNOSTIC ANOSCOPY & BIOPSY	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Facility	Approved	1		0		0
DIAGNOSTIC ANOSCOPY & BIOPSY	LOW GRADE INTREPITH LESION CYTO SMR ANUS (LGSIL)	Facility	Approved	1		0		0
DIAGNOSTIC CASTS	FX UNSPECIFIED PART OF BODY OF RIGHT MANDIBLE, SEQUELA	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
DIAGNOSTIC COLONOSCOPY	MALIGNANT NEOPLASM OF COLON	Multi-Specialty Group	Approved	1		0		0
DIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Ancillary	Approved	12		0		0
DIALYSIS PROCEDURE	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	2		0		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Ancillary	Approved	32		0		0
DIALYSIS PROCEDURE	END STAGE RENAL DISEASE	Facility	Approved	1		0		0
DIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
DIALYSIS TRAINING COMPLETE	END STAGE RENAL DISEASE	Ancillary	Approved	2		0		0
DICLOFENAC EPOLAMINE 1.3% PTCH	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Pain Management	Approved	1		0		0
DICLOFENAC EPOLAMINE 1.3% PTCH	LOW BACK PAIN	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	LOW BACK PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0

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DICLOFENAC EPOLAMINE 1.3% PTCH	RADICULOPATHY, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC EPOLAMINE 1.3% PTCH	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
DICLOFENAC EPOLAMINE 1.3% PTCH	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT	Anesthesiology	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	PAIN IN JOINTS OF RIGHT HAND	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	PAIN IN JOINTS OF RIGHT HAND	Family Nurse Practitioner Primary Care	Denied	2	Services are not medically necessary	2		0
DICLOFENAC SODIUM 3% GEL	PAIN IN RIGHT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	POLYOSTEOARTHRITIS, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
DICLOFENAC SODIUM 3% GEL	SPONDYLS W/O MYELPATH OR RADICULOPATHY, SACR/SACROCYGL RGN	Family Medicine	Denied	2	Services are not medically necessary	2		0
DICLOFENAC SODIUM 3% GEL	TROCHANTERIC BURSITIS, RIGHT HIP	Physical Medicine	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
DICLOFENAC SODIUM 3% GEL	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
DIFICID 200 MG TABLET	ENTEROCOLITIS D/T CLOSTRIDIUM DIFFICILE, NOT SPCF AS RECUR	Physician Assistant	Approved	1		0		0
DIFICID 200 MG TABLET	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES	Gastroenterology	Approved	1		0		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
DIHYDROERGOTAMINE 4 MG/ML SPRY	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
DILAUDID 8 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
DIOVAN	Essential (primary) hypertension	Nephrology		0		0	Approved	1
DIOVAN 160 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	1		0		0
DIOVAN 320 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Denied	1	Services are not medically necessary	1		0
DIPROLENE 0.05% OINTMENT	ALLERGIC CONTACT DERMATITIS, UNSPECIFIED CAUSE	Family Medicine	Denied	1	Services are not medically necessary	1		0
DISCONNECT INSERT LOCKING WR	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
DISCONNECT LOCKING WRIST UNI	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
DIVIGEL	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Obstetrics/Gynecology		0		0	Denied	1
DIVIGEL 0.75 MG GEL PACKET	HORMONE REPLACEMENT THERAPY	Obstetrics/Gynecology	Approved	1		0		0
DMD DUP/DELET ANALYSIS	ENCOUNTER FOR SCREENING FOR OTHER METABOLIC DISORDERS	Ancillary	Denied	1	Services are not medically necessary	1		0
DOPPLER COLOR FLOW ADD-ON	COARCTATION OF AORTA	Facility	Denied	1	Services are not medically necessary	1		0
DOPPLER COLOR FLOW ADD-ON	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Facility	Approved	1		0		0
DOPPLER COLOR FLOW ADD-ON	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
DOPPLER ECHO EXAM HEART	COARCTATION OF AORTA	Facility	Denied	1	Services are not medically necessary	1		0
DOPPLER ECHO EXAM HEART	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Facility	Approved	1		0		0
DOXEPIN 5% CREAM	OTHER PRURIGO	Family Medicine	Denied	1	Services are not medically necessary	1		0
DOXEPIN 5% CREAM	SCROTAL PAIN	Urology	Approved	1		0		0
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	2		0		0
DOXORUBICIN HCL INJECTION	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	Other	Approved	1		0		0
DRAINAGE OF SKIN ABSCESS	CELLULITIS OF LEFT LOWER LIMB	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	ACC POISON-BARBITURATES	Facility	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	3		0		0
DRUGS UNCLASSIFIED INJECTION	HYPOACTIVE SEXUAL DESIRE DISORDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0

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DRUGS UNCLASSIFIED INJECTION	KERATOCONUS, STABLE, LEFT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	Facility	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	OTHER POLYP OF SINUS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
DRUGS UNCLASSIFIED INJECTION	PARANOID SCHIZOPHRENIA	Ancillary	Approved	2		0		0
DRUGS UNCLASSIFIED INJECTION	PARANOID SCHIZOPHRENIA	Behavioral Nurse	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
DRUGS UNCLASSIFIED INJECTION	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	1		0		0
DUEXIS 800-26.6 MG TABLET	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	Pediatrics	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Pain Management	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
DUEXIS 800-26.6 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
DULERA 100 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
DULERA 100 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	4	Services are not medically necessary	4		0
DULERA 100 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
DULERA 100 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 100 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Critical Care Medicine	Denied	2	Services are not medically necessary	2		0
DULERA 100 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER		Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Physician	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
DULERA 200 MCG/5 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	2	Services are not medically necessary	2		0
DULERA 200 MCG/5 MCG INHALER	PNEUMONIA, UNSPECIFIED ORGANISM	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatrics	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
DULERA 200 MCG/5 MCG INHALER	WHEEZING	Physician	Denied	1	Services are not medically necessary	1		0
DULOXETINE HCL DR 60 MG CAP	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology		0		0	Approved	1
DUPIXENT	ATOPIC DERMATITIS, UNSPECIFIED	Emergency Medicine		0		0	Denied	1
DUPIXENT	INTRINSIC (ALLERGIC) ECZEMA	Allergy/Immunology		0		0	Approved	1
DUPIXENT	INTRINSIC (ALLERGIC) ECZEMA	Allergy/Immunology		0		0	Denied	1

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DUPIXENT	Other atopic dermatitis	Dermatology		0		0	Approved	1
DUPIXENT	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Emergency Medicine		0		0	Approved	1
DUPIXENT	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology		0		0	Denied	1
DUPIXENT	Severe persistent asthma, uncomplicated	Dermatology		0		0	Denied	1
DUPIXENT	UNSPECIFIED ASTHMA, UNCOMPLICATED	Emergency Medicine		0		0	Approved	1
DUPIXENT	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease		0		0	Approved	1
DUPIXENT 200 MG/1.14 ML SYRING	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	3		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Dermatopathology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Dermatopathology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SAFE SYRG	ATOPIC DERMATITIS, UNSPECIFIED	Physician	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	INTRINSIC (ALLERGIC) ECZEMA	Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SAFE SYRG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS	Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Approved	4		0		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Approved	4		0		0
DUPIXENT 300 MG/2 ML SYRINGE	DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	INTRINSIC (ALLERGIC) ECZEMA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	MODERATE PERSISTENT ASTHMA	Pulmonary Disease	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Dermatology	Approved	4		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER ATOPIC DERMATITIS	Physician	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	RESPIRATORY CONDITIONS DUE TO OTH EXTERNAL AGENTS	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
DUPIXENT 300 MG/2 ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	4	Services are not medically necessary	4		0
DURABLE MEDICAL EQUIPMENT MI	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	DOWN SYNDROME, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	5	Services are not medically necessary	5		0
DURABLE MEDICAL EQUIPMENT MI	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	HYPOXEMIA	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Ancillary	Approved	1		0		0
DURABLE MEDICAL EQUIPMENT MI	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	PARAPLEGIA, INCOMPLETE	Ancillary	Denied	1	Services are not medically necessary	1		0
DURABLE MEDICAL EQUIPMENT MI	QUADRIPLEGIA, C5-C7 INCOMPLETE	Ancillary	Approved	3		0		0
DURABLE MEDICAL EQUIPMENT MI	SCOLIOSIS, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
DURABLE MEDICAL EQUIPMENT MI	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
DURAGESIC 12 MCG/HR PATCH	PAIN IN THORACIC SPINE	Oncology	Approved	1		0		0

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DURAGESIC 25 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
DURAGESIC 50 MCG/HR PATCH	CERVICALGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
DUROLANE 60 MG/3 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Allergy/Immunology	Denied	3	Services are not medically necessary	3		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS DUE TO POLLEN	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Family Medicine	Approved	2		0		0
DYMISTA NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	HYPERTROPHY OF NASAL TURBINATES	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
DYMISTA NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
DYMISTA NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
EAR CARTILAGE GRAFT	ACQUIRED DEFORMITY OF NOSE	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	ACQUIRED DEFORMITY OF NOSE	Ancillary	Denied	1	Services are not medically necessary	1		0
EAR CARTILAGE GRAFT	ACQUIRED DEFORMITY OF NOSE	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	ACQUIRED DEFORMITY OF NOSE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
EAR CARTILAGE GRAFT	CONDCTV HEAR LOSS, UNI, LEFT EAR, W UNRESTR HEAR CNTRA SIDE	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	FRACTURE OF NASAL BONES, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	MALIGNANT MELANOMA OF UNSP EAR AND EXTERNAL AURICULAR CANAL	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	MELANOMA IN SITU OF OTHER PARTS OF FACE	Dermatology	Approved	1		0		0
EAR CARTILAGE GRAFT	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNSPECIFIED	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	NEOPLASM OF UNCRT BEHAV OF AORTIC BODY AND OTH PARAGANGLIA	Facility	Approved	1		0		0
EAR CARTILAGE GRAFT	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
EAR CARTILAGE GRAFT	UNSPECIFIED OPEN WOUND OF NOSE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
ECHO EXAM OF FETAL HEART	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	4	Services are not medically necessary	4		0
ECHO TRANSTHORACIC	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC	FAMILY PRACTICE	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	Acute myocardial infarction, unspecified	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
ECHO TRANSTHORACIC	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	CARDIAC MURMUR UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CARDIAC MURMUR UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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ECHO TRANSTHORACIC	CEREBRAL INFARCTION UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	5		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHEST PAIN UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	COARCTATION OF AORTA	Facility	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Facility	Approved	1		0		0
ECHO TRANSTHORACIC	DIZZINESS AND GIDDINESS	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	ENCOUNTER SCREENING FOR CARDIOVASCULAR DISORDERS	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	LEFT BUNDLE-BRANCH BLOCK UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
ECHO TRANSTHORACIC	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	NONRHEUMATIC AORTIC VALVE INSUFFICIENCY	CARDIOVASCULAR	Approved	1		0		0
ECHO TRANSTHORACIC	NONRHEUMATIC MITRAL VALVE STENOSIS	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	FAMILY PRACTICE	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER ABNORMALITIES OF HEART BEAT	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	2		0		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	OTHER CHEST PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	OTHER FORMS OF ANGINA PECTORIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	OTHER PRIMARY THROMBOPHILIA	INTERNAL MEDICINE	Approved	1		0		0
ECHO TRANSTHORACIC	PERSONAL HX CONGEN MALFORM HEART & CIRC SYSTEM	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	PRESENCE AUTO IMPLANTABLE CARDIAC DEFIBRILLATOR	CARDIOVASCULAR DISEASE	Approved	1		0		0

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ECHO TRANSTHORACIC	PRESENCE OF PROSTHETIC HEART VALVE	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	1		0		0
ECHO TRANSTHORACIC	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	3		0		0
ECHO TRANSTHORACIC	SUPRAVENTRICULAR TACHYCARDIA	CARDIOVASCULAR	Approved	1		0		0
ECHO TRANSTHORACIC	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
ECHO TRANSTHORACIC	Unknown	CARDIOVASCULAR DISEASE	Approved	1		0		0
ECHO TRANSTHORACIC	UPPER ABDOMINAL PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
ECHO TRANSTHORACIC	VENTRICULAR PREMATURE DEPOLARIZATION	INTERNAL MEDICINE	Approved	1		0		0
ECULIZUMAB INJECTION	OTHER SPECIFIED HEREDITARY HEMOLYTIC ANEMIAS	Ancillary	Denied	1	Services are not medically necessary	1		0
ECULIZUMAB INJECTION	OTHER SPECIFIED HEREDITARY HEMOLYTIC ANEMIAS	Facility	Approved	2		0		0
ECULIZUMAB INJECTION	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	Oncology	Approved	1		0		0
EDARBI 80 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Approved	1		0		0
EDARBYCLOR 40-12.5 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Family Medicine	Approved	2		0		0
EEG COMA OR SLEEP ONLY	CERVICALGIA	Ancillary	Denied	2	Services are not medically necessary	2		0
EEG COMA OR SLEEP ONLY	CERVICALGIA	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
EEG COMA OR SLEEP ONLY	CHRONIC PAIN SYNDROME	Ancillary	Approved	1		0		0
EEG COMA OR SLEEP ONLY	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Approved	1		0		0
EEG COMA OR SLEEP ONLY	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Ancillary	Approved	1		0		0
EEG COMA OR SLEEP ONLY	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Multi-Specialty Group	Approved	1		0		0
EEG COMA OR SLEEP ONLY	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Family Medicine	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
EEG COMA OR SLEEP ONLY	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
EEG COMA OR SLEEP ONLY	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	SPINAL STENOSIS, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	2	Services are not medically necessary	2		0
EEG COMA OR SLEEP ONLY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
EEG COMA OR SLEEP ONLY	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Denied	1	Services are not medically necessary	1		0
EEG DIGITAL ANALYSIS	UNSPECIFIED CONVULSIONS	Neurology	Denied	1	Services are not medically necessary	1		0
EEG MONITORING/VIDEORECORD	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W/O STAT EPI	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	OTH GENERALIZED EPILEPSY, INTRACTABLE, W STATUS EPILEPTICUS	Other	Denied	1	Services are not medically necessary	1		0
EEG MONITORING/VIDEORECORD	OTHER SEIZURES	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	SEVERE HYPOXIC ISCHEMIC ENCEPHALOPATHY [HIE]	Other	Approved	1		0		0
EEG MONITORING/VIDEORECORD	UNSPECIFIED CONVULSIONS	Neurology	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
EEG MONITORING/VIDEORECORD	UNSPECIFIED CONVULSIONS	Other	Approved	2		0		0
EFFEXOR XR 37.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Internal Medicine	Approved	1		0		0
EFFEXOR XR 75 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Approved	1		0		0
EGD CONTROL BLEEDING ANY	HEMATEMESIS	Facility	Denied	1	Services are not medically necessary	1		0
EGD DIAGNOSTIC BRUSH WASH	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
EGD ESOPHAGOGASTRC FNDOPLSTY	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Denied	1	Services are not medically necessary	1		0
EGD TUBE/CATH INSERTION	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
EGD TUBE/CATH INSERTION	EPIGASTRIC PAIN	Ancillary	Approved	1		0		0
EGFR GENE COM VARIANTS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
ELB MOLD SOCK FLEX HINGE PAD	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
ELBOW SOCKET INS USE W/LOCK	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
ELEC KNEE-SHIN SWING/STANCE	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF 5TH METATARSAL BONE, L FT, SUBS FOR FX W NONUNION	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THK	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM NOT SPINE	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM NOT SPINE	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	NONDISP FX OF POST PRO OF R TALUS, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE, RIGHT HAND	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM NOT SPINE	OTH FX LOWER END OF RIGHT TIBIA, SUBS FOR CLOS FX W NONUNION	Ancillary	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Ancillary	Approved	9		0		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Ancillary	Denied	12	Services are not medically necessary	12		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Facility	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	ARTHRODESIS STATUS	Surgery, Neurological	Denied	2	Services are not medically necessary	2		0
ELEC OSTEOGEN STIM SPINAL	FUSION OF SPINE, CERVICAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	RADICULOPATHY, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, CERVICAL REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ELEC OSTEOGEN STIM SPINAL	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Surgery, Orthopedic	Approved	1		0		0
ELEC OSTEOGEN STIM SPINAL	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
ELEC STIM CANCER TREATMENT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	4		0		0
ELEC STIM OTHER THAN WOUND	PAIN IN LEFT FOOT	Physical Therapy	Denied	2	Services are not medically necessary	2		0
ELECTRIC CURRENT THERAPY	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
ELECTRICAL STIMULATION	CERVICALGIA	Chiropractic	Approved	2		0		0
ELECTRICAL STIMULATION	CERVICALGIA	Family Medicine	Approved	3		0		0
ELECTRICAL STIMULATION	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
ELECTRICAL STIMULATION	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Chiropractic	Denied	1	Services are not medically necessary	1		0
ELECTROCARDIOGRAM COMPLETE	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Facility	Approved	1		0		0
ELECTROCARDIOGRAM REPORT	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Facility	Approved	1		0		0
ELECTROCARDIOGRAM REPORT	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	COARCTATION OF AORTA	Facility	Denied	1	Services are not medically necessary	1		0

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ELECTROCARDIOGRAM TRACING	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Facility	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
ELECTROCARDIOGRAM TRACING	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ELECTROCONVULSIVE THERAPY	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Dentistry	Approved	1		0		0
ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Provider	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
ELECTROPHYSIOLOGY EVALUATION	OTHER HYPERTROPHIC CARDIOMYOPATHY	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	6		0		0
ELECTROPHYSIOLOGY EVALUATION	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
ELECTROPHYSIOLOGY EVALUATION	TACHYCARDIA, UNSPECIFIED	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	1		0		0
ELECTROPHYSIOLOGY EVALUATION	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Denied	1	Services are not medically necessary	1		0
ELETRIPTAN HBR 20 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
ELIQUIS	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Family Medicine		0		0	Approved	1
ELIQUIS	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Pulmonary Disease		0		0	Approved	1
Eliquis	PAROXYSMAL ATRIAL FIBRILLATION	Cardiovascular Disease		0		0	Denied	1
EMBEDA ER 30-1.2 MG CAPSULE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physical Medicine	Approved	1		0		0
EMBEDA ER 60-2.4 MG CAPSULE	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
EMFLAZA 18 MG TABLET		Pediatric Rehabilitation Medicine	Approved	1		0		0
EMFLAZA 18 MG TABLET	MUSCULAR DYSTROPHY	Nurse Practitioner	Approved	1		0		0
EMFLAZA 18 MG TABLET	MUSCULAR DYSTROPHY	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
EMFLAZA 18 MG TABLET	MUSCULAR DYSTROPHY, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
EMFLAZA 6 MG TABLET	MUSCULAR DYSTROPHY	Nurse Practitioner	Approved	1		0		0
EMGALITY	CHRONIC CLUSTER HEADACHE, INTRACTABLE	Neurology		0		0	Approved	1
EMGALITY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Emergency Medicine		0		0	Denied	1
EMGALITY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Pulmonary Disease		0		0	Approved	1
EMGALITY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology		0		0	Denied	1
EMGALITY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Counseling		0		0	Denied	1
EMGALITY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology		0		0	Approved	1
EMGALITY	Chronic migraine without aura, intractable, without status migrainosus	Emergency Medicine		0		0	Denied	1
EMGALITY	Chronic migraine without aura, not intractable, without status migrainosus	Emergency Medicine		0		0	Approved	1
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0

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EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	2		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	8	Services are not medically necessary	8		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician Assistant	Approved	2		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Physician Assistant	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Approved	1		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	5		0		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	5	Services are not medically necessary	5		0
EMGALITY 120 MG/ML PEN	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CLUSTER HEADACHE SYNDROME, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	Neurology	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE WITHOUT AURA	Nurse Practitioner	Approved	1		0		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML PEN	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
EMGALITY 120 MG/ML PEN	OTHER GENERAL SYMPTOMS AND SIGNS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 120 MG/ML SYRINGE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
EMGALITY 120 MG/ML SYRINGE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EMGALITY 300 MG (100 MG X3SYR)	CHRONIC CLUSTER HEADACHE, INTRACTABLE	Neurology	Denied	1	Services are not medically necessary	1		0
EMGALITY 300 MG (100 MG X3SYR)	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	Neurology	Approved	1		0		0
ENBREL 25 MG KIT	UNSPECIFIED IRIDOCYCLITIS	Pediatric Rheumatology	Approved	1		0		0
ENBREL 25 MG/0.5 ML SYRINGE	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE	Pediatric Rheumatology	Approved	1		0		0
ENBREL 25 MG/0.5 ML SYRINGE	OTHER PSORIATIC ARTHROPATHY	Internal Medicine	Approved	1		0		0
ENBREL 25 MG/0.5 ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0

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ENBREL 25 MG/0.5 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	3		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML MINI CARTRIDGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK		Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	ESSENTIAL (PRIMARY) HYPERTENSION	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
ENBREL 50 MG/ML SURECLICK SYR	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
ENBREL 50 MG/ML SURECLICK SYR	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SITE	Physician	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS VULGARIS	Nurse Practitioner	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
ENBREL 50 MG/ML SURECLICK SYR	PSORIATIC SPONDYLITIS	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEU ARTHRITIS MULT SITE W INVOLV OF ORGANS AND SYSTEMS	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	5		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Physician	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SURECLICK SYR	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
ENBREL 50 MG/ML SYRINGE	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	PSORIATIC ARTHRITIS MUTILANS	Dermatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ENBREL 50 MG/ML SYRINGE	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED	Rheumatology	Approved	2		0		0
ENDARI 5 GRAM POWDER PACKET	HB-SS DISEASE WITH CRISIS	Hematology	Denied	1	Services are not medically necessary	1		0

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ENDO BELOW KNEE ALIGNABLE SY	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
ENDO BK ULTRA-LIGHT MATERIAL	COMPLETE TRAUM AMP AT LEV BETW KN AND ANKL, R LOW LEG, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
ENDO KNEE-SHIN FLUID SWG/STA	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
ENDOMETRIN 100 MG SUPPOSITORY	PREGNANT STATE, INCIDENTAL	Obstetrics/Gynecology	Approved	1		0		0
ENDOSCOPIC VEIN HARVEST	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	Facility	Approved	1		0		0
ENDOVASC VISC AORTA 1 GRAFT	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Other	Approved	1		0		0
ENDOVEN THER CHEM ADHES 1ST	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
ENDOVEN THER CHEM ADHES SBSQ	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	CHRONIC VENOUS HYPERTENSION W ULCER OF L LOW EXTREM	Vascular & Interventional Radiology	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOS VN UNSP LOW EXTRM W ULC OF UNSP SITE AND INFLAM	Facility	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	5		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Thoracic	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, General	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Radiology	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	2		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	4		0		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	1		0		0

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ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology		0		0	Approved	1
ENDOVENOUS LASER 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Thoracic	Approved	2		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VARICOSE VEINS OF UNSP LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS LASER VEIN ADDON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Approved	2		0		0
ENDOVENOUS MCHNCHEM 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS MCHNCHEM ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Cardiovascular Disease	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Thoracic	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Internal Medicine	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Vascular & Interventional Radiology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Radiology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, General	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	5		0		0

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ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	3		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology	Approved	1		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	2		0		0
ENDOVENOUS RF 1ST VEIN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	5		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiovascular Disease	Approved	2		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	3		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	1		0		0
ENDOVENOUS RF VEIN ADD-ON	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	3		0		0
ENSTILAR 0.005%-0.064% FOAM	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
ENSTILAR 0.005%-0.064% FOAM	PSORIASIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
ENT PROCEDURE/SERVICE	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	Ancillary	Approved	1		0		0
ENT PROCEDURE/SERVICE	DIZZINESS AND GIDDINESS	Otolaryngology (Ear, Nose, And Throat)	Approved	3		0		0
ENT PROCEDURE/SERVICE	OTALGIA, LEFT EAR	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
ENT PROCEDURE/SERVICE	OTALGIA, LEFT EAR	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
ENT PROCEDURE/SERVICE	SNSRNRL HEAR LOSS, UNI, RIGHT EAR, W UNRESTR HEAR CNTRA SIDE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
ENT PROCEDURE/SERVICE	TINNITUS, BILATERAL	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
ENTYVIO	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology		0		0	Approved	1
EP & ABLATE SUPRAVENT ARRHYT	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	Ancillary	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	14		0		0
EP & ABLATE SUPRAVENT ARRHYT	TYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
EP & ABLATE SUPRAVENT ARRHYT	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	1		0		0
EP & ABLATE SUPRAVENT ARRHYT	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Denied	1	Services are not medically necessary	1		0
EP & ABLATE VENTRIC TACHY	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	2		0		0
EP & ABLATE VENTRIC TACHY	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
EP & ABLATE VENTRIC TACHY	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
EP & ABLATE VENTRIC TACHY	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
EP & ABLATE VENTRIC TACHY	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	5		0		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	2	Services are not medically necessary	2		0
EPCLUSA 400 MG-100 MG TABLET	CHRONIC VIRAL HEPATITIS C	Infectious Disease	Denied	2	Services are not medically necessary	2		0
EPCLUSA 400 MG-100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Pediatric Neurology		0		0	Approved	1
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
EPIDIOLEX 100 MG/ML SOLUTION	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, W/O STAT EPI	Clinical Neurophysiology	Approved	2		0		0
EPIDIOLEX 100 MG/ML SOLUTION	OTHER EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS	Clinical Neurophysiology	Denied	1	Services are not medically necessary	1		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Dermatology	Approved	2		0		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Dermatology	Denied	13	Services are not medically necessary	13		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Pediatrics	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Physician	Denied	2	Services are not medically necessary	2		0
EPIDUO FORTE 0.3-2.5% GEL PUMP	ACNE VULGARIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
EPINEPHRINE 0.3 MG AUTO-INJECT	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGIC RHINITIS DUE TO FOOD	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ALLERGY TO PEANUTS	Family Medicine	Approved	1		0		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Family Medicine	Approved	1		0		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	BEE ALLERGY STATUS	Pediatrics	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	LATEX ALLERGY STATUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	TOXIC EFFECT OF VENOM OF BEES, ACCIDENTAL, INIT	Family Medicine	Approved	1		0		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ALLERGY TO PEANUTS	Pediatrics	Approved	1		0		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ALLERGY, UNSPECIFIED, SEQUELA	Pediatrics	Approved	1		0		0
EPIPEN JR 2-PAK 0.15 MG INJCTR	ANAPHYLACTIC REACTION DUE TO PEANUTS, INITIAL ENCOUNTER	Allergy/Immunology	Approved	1		0		0
EPISIOTOMY OR VAGINAL REPAIR	DYSMENORRHEA, UNSPECIFIED	Facility	Approved	1		0		0
EPISIOTOMY OR VAGINAL REPAIR	OTHER SPECIFIED DYSPAREUNIA	Facility	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Hematology	Denied	1	Services are not medically necessary	1		0
EPOETIN ALFA, NON-ESRD	ANEMIA IN CHRONIC KIDNEY DISEASE	Nephrology	Approved	1		0		0
EPOETIN ALFA, NON-ESRD	CHRONIC KIDNEY DISEASE, STAGE 5	Internal Medicine	Approved	1		0		0
EPOETIN BETA ESRD USE	ANEMIA IN CHRONIC KIDNEY DISEASE	Ancillary	Approved	1		0		0
EPOETIN BETA ESRD USE	END STAGE RENAL DISEASE	Ancillary	Approved	1		0		0
EPOPROSTENOL INJECTION	PRIMARY PULMONARY HYPERTENSION	Ancillary	Approved	2		0		0
ERCP REMOVE DUCT CALCULI	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	1		0		0
ERCP REMOVE DUCT CALCULI	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
ESCITALOPRAM 10 MG TABLET		Physician	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 10 MG TABLET	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET		Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Oncology	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Physician	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Family Medicine	Approved	2		0		0
ESCITALOPRAM 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	2		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry, Child & Adolescent	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	MAJOR DEPRESSV DISORDER, SINGLE EPISODE, IN PARTIAL REMIS	Family Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Internal Medicine	Approved	1		0		0
ESCITALOPRAM 20 MG TABLET	POST-TRAUMATIC STRESS DISORDER, CHRONIC	Psychiatry	Approved	1		0		0
ESOMEPRAZOLE MAG DR	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant		0		0	Approved	1
ESOMEPRAZOLE MAG DR 20 MG CAP	EPIGASTRIC PAIN	Family Medicine	Denied	2	Services are not medically necessary	2		0
ESOMEPRAZOLE MAG DR 20 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0

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ESOMEPRAZOLE MAG DR 20 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	BARRETT'S ESOPHAGUS WITH DYSPLASIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	Gastroenterology	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	3		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	4	Services are not medically necessary	4		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
ESOMEPRAZOLE MAG DR 40 MG CAP	OTHER ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
Esophageal Cancer	Malignant neoplasm of lower third of esophagus	RADIATION ONCOLOGY	Approved	2		0		0
Esophageal Cancer	Malignant neoplasm of lower third of esophagus	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Esophanageal Cancer	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Radiation Therapy		0		0	Approved	1
ESPHG TOT W/THRCM	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	Other	Approved	1		0		0
ESTABLISH BRAIN CAVITY SHUNT	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	Facility	Approved	1		0		0
ESTABLISH BRAIN CAVITY SHUNT	NONTRAUMATIC INTCRBL HEMORRHAGE IN HEMISPHERE, SUBCORTICAL	Facility	Approved	1		0		0
ESTRADIOL 0.1 MG PATCH	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	2		0		0
ESTRADIOL 0.1 MG PATCH	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ESTRADIOL 0.1 MG PATCH	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
ETHACRYNIC ACID 25 MG TABLET		Physician Assistant	Approved	1		0		0
ETHACRYNIC ACID 25 MG TABLET		Physician Assistant	Denied	1	Services are not medically necessary	1		0
ETHACRYNIC ACID 25 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Approved	1		0		0
ETOPOSIDE INJECTION	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	3		0		0
EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	1		0		0
EUFLEXXA 20 MG/2 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EUFLEXXA 20 MG/2 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	2	Services are not medically necessary	2		0
EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Rheumatology	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
EVAC RPR A-BIILIAC NDGFT	ANEURYSM OF ILIAC ARTERY	Other	Approved	1		0		0
EVALUATE SPEECH PRODUCTION	PHONOLOGICAL DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
EVASC RPR ILIO-ILIAC NDGFT	ANEURYSM OF ILIAC ARTERY	Facility	Approved	1		0		0
EXC ABD TUM OVER 10 CM	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	Facility	Approved	1		0		0
EXC ARM/ELBOW LES SC 3 CM/>	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Surgery, Plastic		0		0	Denied	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
EXC F/E/E/N/L MAL+MRG 0.5CM<	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	Facility	Denied	1	Services are not medically necessary	1		0
EXC FOREARM LES SC 3 CM/>	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Emergency Medicine		0		0	Denied	1
EXC FOREARM LES SC 3 CM/>	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Other	Denied	1	Services are not medically necessary	1		0
EXC RECT TUM TRANSANAL FULL	ANAL POLYP	Facility	Approved	1		0		0
EXCISE INTRASPINL LESION CRV	INJURY OF BRACHIAL PLEXUS, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
EXCISE INTRSPINL LESION THRC	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
EXCISE PHARYNX LESION	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	1		0		0
EXCISION GRAFT ABDOMEN	ATHSCL NATIVE ARTERIES OF EXTRM W REST PAIN, UNSP EXTREMITY	Other	Approved	1		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
EXCISION OF LINGUAL TONSIL	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	1		0		0
EXCISION OF SKULL/SUTURES	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	Facility	Approved	1		0		0
EXCISION OF UMBILICUS	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGRENE	Facility	Approved	1		0		0
EXCISION OF UVULA	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
EXCISION OF UVULA	DEVIATED NASAL SEPTUM	Facility	Approved	1		0		0
EXCISION OF UVULA	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Facility	Approved	1		0		0
EXCISION OF UVULA	OTHER LESIONS OF ORAL MUCOSA	Ancillary	Approved	1		0		0
Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision or curettage of bone cyst or benign tumor of femur;	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
Excision or curettage of bone cyst or benign tumor of femur;with allograft	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Excision, prepatellar bursa	PREPATELLAR BURSITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision, tumor, pelvis and hip area; subcutaneous tissue	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, pelvis and hip area;deep, subfascial, intramuscular	CYST OF EPIDIDYMIS	UROLOGY	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	BENIGN LIPOMATOUS NEOPLASM UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES	SURGERY-GENERAL	Denied	3	Services are not medically necessary	3		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	SOFT TISSUE DISORDER UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ RIGHT LEG	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	CUTANEOUS ABSCESS UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY-GENERAL	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	GENERAL SURGERY	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	BENIGN LIPOMATOUS NEOPLASM UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0

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EXELDERM 1% SOLUTION	FOLLICULAR DISORDER, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	2		0		0
EXOME SEQUENCE ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	1	Services are not medically necessary	1		0
EXOME SEQUENCE ANALYSIS	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Ancillary		0		0	Denied	1
EXOME SEQUENCE ANALYSIS	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Hospital		0		0	Denied	1
EXOME SEQUENCE ANALYSIS	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Facility	Denied	2	Services are not medically necessary	2		0
EXOME SEQUENCE ANALYSIS	METABOLIC DISORDER, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
EXOME SEQUENCE ANALYSIS	OPTIC NERVE HYPOPLASIA, BILATERAL	Ancillary	Approved	1		0		0
EXOME SEQUENCE ANALYSIS	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Approved	2		0		0
EXPLORATION BEHIND ABDOMEN	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Surgery, General	Approved	1		0		0
EXPLORATION BEHIND ABDOMEN	LOCALIZED ENLARGED LYMPH NODES	Facility	Approved	1		0		0
EXPLORATION OF ABDOMEN	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Surgery, General	Approved	1		0		0
EXPLORATION OF ABDOMEN	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	Other	Approved	1		0		0
EXPLORATION OF ABDOMEN	INFECTION FOLLOWING A PROCEDURE, UNSPECIFIED, INIT	Facility	Approved	1		0		0
EXPLORATION OF ABDOMEN	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
EXPLORATION OF ABDOMEN	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	2		0		0
EXPLORATION OF SPINAL FUSION	FUSION OF SPINE, LUMBAR REGION	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Denied	1	Services are not medically necessary	1		0
EXPLORATION OF SPINAL FUSION	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
EXPLORATION OF SPINAL FUSION	SPINAL STENOSIS, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
EXPLORATION OF SPINAL FUSION	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Surgery, Orthopedic	Approved	1		0		0
EXPLORATION OF URETER	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
EXPLORE ADRENAL GLAND	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Other	Approved	1		0		0
EXPLORE PARATHYROID GLANDS	BENIGN NEOPLASM OF PARATHYROID GLAND	Other	Approved	1		0		0
EXTENSIVE HYSTERECTOMY	MALIGNANT NEOPLASM OF ENDOCERVIX	Other	Approved	1		0		0
EXTENSIVE JAW SURGERY	OTHER CHRONIC OSTEOMYELITIS, OTHER SITE	Facility	Approved	1		0		0
EXTENSIVE PROSTATE SURGERY	MALIGNANT NEOPLASM OF PROSTATE	Other	Approved	1		0		0
EXTENSIVE VULVA SURGERY	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	Facility	Approved	1		0		0
EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	PARTIAL LOSS OF TEETH DUE TO TRAUMA, UNSPECIFIED CLASS	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
EYE EXAM&TX ESTAB PT 1/>VST	MALIGNANT NEOPLASM OF CHOROID	Facility	Approved	1		0		0
EYE EXAM&TX ESTAB PT 1/>VST	RETINAL EDEMA	Ophthalmology	Denied	1	Services are not medically necessary	1		0
EYE SERVICE OR PROCEDURE	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Optometry	Approved	1		0		0
EYE SURGERY PROCEDURE	LATTICE CORNEAL DYSTROPHY	Ophthalmology	Approved	1		0		0

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EYLEA 2 MG/0.05 ML VIAL	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
EZH2 GENE FULL GENE SEQUENCE	EOSINOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
EZH2 GENE FULL GENE SEQUENCE	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	ENCOUNTER FOR FERTILITY TESTING	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	Facility	Approved	1		0		0
F2 GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
F2 GENE	OTHER LONG TERM (CURRENT) DRUG THERAPY	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	OTHER THROMBOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	OTHER THROMBOPHILIA	Emergency Medicine		0		0	Denied	1
F2 GENE	PERSONAL HISTORY OF COMP OF PREG, CHLDBRTH AND THE PUERP	Ancillary	Denied	1	Services are not medically necessary	1		0
F2 GENE	RECURRENT PREGNANCY LOSS	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	ENCOUNTER FOR FERTILITY TESTING	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
F5 GENE	OTHER LONG TERM (CURRENT) DRUG THERAPY	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	OTHER THROMBOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	PERSONAL HISTORY OF COMP OF PREG, CHLDBRTH AND THE PUERP	Ancillary	Denied	1	Services are not medically necessary	1		0
F5 GENE	RECURRENT PREGNANCY LOSS	Ancillary	Denied	1	Services are not medically necessary	1		0
FACE BONE GRAFT	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	Facility	Approved	1		0		0
FACE BONE GRAFT	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	Surgery, Oral And Maxillofacial		0		0	Approved	1
FACE BONE GRAFT	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, SUBS	Surgery, Oral And Maxillofacial	Approved	1		0		0
FACE BONE GRAFT	FRACTURE OF NASAL BONES, INITIAL ENCOUNTER FOR OPEN FRACTURE	Ancillary	Approved	1		0		0
FACE BONE GRAFT	SEVERE ATROPHY OF THE MAXILLA	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
FACILITY BASED POLYSOMNOGRAPHY (PSG), 1 - 3 PARAMS	OBESITY, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
FACTOR IX RECOMBINANT NOS	HEREDITARY FACTOR IX DEFICIENCY	Ancillary	Approved	1		0		0
FACTOR VIII	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	1		0		0
FACTOR VIII RECOMBINANT NOS	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	1		0		0
FAMILY PSYTX W/O PT 50 MIN	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Counseling	Approved	1		0		0
FAMILY PSYTX W/PT 50 MIN	ILLNESS, UNSPECIFIED	Counseling	Approved	1		0		0
FANCC GENE	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
FASENRA 30 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVAS W/TLA	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Facility	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVAS W/TLA	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
FEM/POPL REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	1		0		0
FEM/POPL REVASC W/STENT	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Facility	Denied	1	Services are not medically necessary	1		0
FEM/POPL REVASC W/STENT	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
FENTANYL	RADICULOPATHY, CERVICAL REGION	Pain Management		0		0	Approved	1
FENTANYL	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management		0		0	Approved	1
FENTANYL 100 MCG/HR PATCH	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
FENTANYL 100 MCG/HR PATCH	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0

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FENTANYL 100 MCG/HR PATCH	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	Oncology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH		Family Nurse Practitioner	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH		Oncology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	INTERVERTEBRAL DISC DISORDERS W MYELOPATHY, THORACIC REGION	Anesthesiology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	MULTIPLE MYELOMA	Hematology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	1		0		0
FENTANYL 12 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Physician	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	LOW BACK PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FENTANYL 25 MCG/HR PATCH	MALIG NEOPLM OF CONN AND SOFT TISS OF LEFT LOW LIMB, INC HIP	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSP KIDNEY, EXCEPT RENAL PELVIS	Physician	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Nurse Practitioner	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Physician Assistant	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	OTHER ACUTE POSTPROCEDURAL PAIN	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	PAIN IN THORACIC SPINE	Oncology	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
FENTANYL 25 MCG/HR PATCH	RADICULOPATHY, CERVICAL REGION	Physician Assistant	Approved	1		0		0
FENTANYL 25 MCG/HR PATCH	SPONDYLOLYSIS, LUMBAR REGION	General Practice	Approved	2		0		0
FENTANYL 37.5 MCG/HR PATCH	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Physical Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	MULTIPLE MYELOMA	Internal Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Nurse Practitioner	Approved	2		0		0
FENTANYL 50 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	2		0		0
FENTANYL 50 MCG/HR PATCH	PELVIC AND PERINEAL PAIN	Internal Medicine	Approved	1		0		0
FENTANYL 50 MCG/HR PATCH	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Physician	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Hematology	Approved	1		0		0
FENTANYL 75 MCG/HR PATCH	RADICULOPATHY, CERVICAL REGION	Pain Management		0		0	Denied	1
FENTANYL 75 MCG/HR PATCH	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	Gerontological Nurse Practitioner	Approved	1		0		0
FENTANYL CITRATE INJECTION	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
FETAL BIOPHYS PROFIL W/O NST	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
FETAL BIOPHYS PROFILE W/NST	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
FETAL CHRMOML MICRODELTJ	MATERNAL CARE FOR (SUSPECTED) CNSL MALFORM IN FETUS, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
FETAL CHRMOML MICRODELTJ	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
FETAL CHRMOML MICRODELTJ	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
FETZIMA ER 20 MG CAPSULE		Physician Assistant	Approved	1		0		0
FETZIMA ER 20 MG CAPSULE	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0

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FETZIMA ER 20 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION	Psychiatry	Approved	1		0		0
FETZIMA ER 20 MG CAPSULE	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Approved	1		0		0
FETZIMA ER 40 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Pediatrics	Approved	1		0		0
FETZIMA ER 80 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Family Medicine	Approved	1		0		0
FIASP	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Nurse Practitioner		0		0	Approved	1
FIASP	Type 2 diabetes mellitus with hyperglycemia	Endocrinology And Metabolism		0		0	Denied	1
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
FIASP 100 UNIT/ML FLEXTOUCH	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Approved	1		0		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
FIASP 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
FIBULA BONE GRAFT MICROVASC	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	Facility	Approved	1		0		0
FINASTERIDE 1 MG TABLET	ANDROGENIC ALOPECIA, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
FINASTERIDE 1 MG TABLET	NONSCARRING HAIR LOSS, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
FIRAZYR 30 MG/3 ML SYRINGE	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology	Approved	4		0		0
FIRDAPSE 10 MG TABLET	LAMBERT-EATON SYNDROME, UNSPECIFIED	Neurology	Approved	1		0		0
FIRST-OMEPRAZOLE 2 MG/ML SUSP	VOMITING, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0
FIXATION OF KNEE JOINT	ANKYLOSIS, LEFT KNEE	Ancillary	Approved	1		0		0
FIXATION OF KNEE JOINT	ANKYLOSIS, RIGHT KNEE	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	ANKYLOSIS, RIGHT KNEE	Optometry	Approved	1		0		0
FIXATION OF KNEE JOINT	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Ancillary	Approved	2		0		0
FIXATION OF KNEE JOINT	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Facility	Approved	2		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
FIXATION OF KNEE JOINT	STIFFNESS OF UNSPECIFIED KNEE, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
FIXATION OF SHOULDER	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Facility	Approved	1		0		0
FIXATION OF SHOULDER	OTHER INSTABILITY, UNSPECIFIED SHOULDER	Ancillary	Approved	1		0		0
FIXATION OF SHOULDER	PAIN IN RIGHT ARM	Ancillary	Approved	1		0		0
FLEBOGAMMA INJECTION	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	Oncology	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	BRACHIAL PLEXUS DISORDERS	Anesthesiology	Approved	1		0		0
FLECTOR 1.3% PATCH	MINOR CONTUSION OF LEFT KIDNEY, INITIAL ENCOUNTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Pain Management	Denied	1	Services are not medically necessary	1		0
FLECTOR 1.3% PATCH	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0

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FLEXHD/ALLOPATCHHD/MATRIXHD	INFCT FOL A PROCEDURE, DEEP INCISIONAL SURGICAL SITE, INIT	Surgery, Orthopedic	Approved	1		0		0
FLEX-WALK SYS LOW EXT PROSTH	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	3		0		0
FLOVENT HFA 110 MCG INHALER	COUGH	Family Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 110 MCG INHALER	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 110 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 110 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pediatric Pulmonology	Approved	1		0		0
FLOVENT HFA 110 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	General Practice	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 220 MCG INHALER	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Approved	1		0		0
FLOVENT HFA 220 MCG INHALER	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
FLOVENT HFA 220 MCG INHALER	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	ASTHMA	Pediatric Pulmonology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	COUGH	Pediatrics	Approved	2		0		0
FLOVENT HFA 44 MCG INHALER	LONG TERM (CURRENT) USE OF INHALED STEROIDS	Nurse Practitioner	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Pediatrics	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Physician Assistant	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pediatrics	Approved	1		0		0
FLOVENT HFA 44 MCG INHALER	WHEEZING	Pediatrics	Approved	1		0		0
FLT3 GENE ANALYSIS	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
FLUOROURACIL INJECTION	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	Oncology	Approved	2		0		0
FLUOXETINE HCL 20 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
FLUOXETINE HCL 40 MG CAPSULE	DYSTHYMIC DISORDER	Family Nurse Practitioner	Approved	1		0		0
FMR1 GENE CHARAC ALLELES	AUTISTIC DISORDER	Facility	Approved	1		0		0
FMR1 GENE DETECTION	AUTISTIC DISORDER	Facility	Approved	2		0		0
FMR1 GENE DETECTION	BENIGN NEOPLASM OF LEFT CHOROID	Facility	Approved	1		0		0
FMR1 GENE DETECTION	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Facility	Approved	1		0		0
FMR1 GENE DETECTION	THALASSEMIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
FMR1 GENE DETECTION	UNSPECIFIED INTELLECTUAL DISABILITIES	Ancillary	Approved	1		0		0
FMR1 GENE DETECTION	UNSPECIFIED INTELLECTUAL DISABILITIES	Facility	Approved	1		0		0
FMRI BRAIN BY TECH	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, SUPRATENTORIAL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
FOCALIN XR 35 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
FOCALIN XR 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
FOCALIN XR 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
FOOT/TOES SURGERY PROCEDURE	HALLUX RIGIDUS, RIGHT FOOT	Facility	Denied	1	Services are not medically necessary	1		0

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FOOT/TOES SURGERY PROCEDURE	IDIOPATHIC ASEPTIC NECROSIS OF LEFT ANKLE	Emergency Medicine		0		0	Approved	1
FOOT/TOES SURGERY PROCEDURE	IDIOPATHIC ASEPTIC NECROSIS OF LEFT ANKLE	Facility	Approved	1		0		0
FOOT/TOES SURGERY PROCEDURE	IDIOPATHIC ASEPTIC NECROSIS OF LEFT ANKLE	Other	Denied	1	Services are not medically necessary	1		0
FOREHEAD FLAP W/VASC PEDICLE	UNSPECIFIED OPEN WOUND OF NOSE, INITIAL ENCOUNTER	Ancillary	Approved	1		0		0
FORTESTA 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
FOSAPREPITANT INJECTION	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
FRAME TYP SOCKET BEL ELBOW/W	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
FREE MYO/SKIN FLAP MICROVASC	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	Other	Approved	1		0		0
FREE SKIN FLAP MICROVASC	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	Facility	Approved	1		0		0
FREE SKIN FLAP MICROVASC	UNSPECIFIED OPEN WOUND OF ORAL CAVITY, INITIAL ENCOUNTER	Other	Approved	1		0		0
FREE SKIN FLAP MICROVASC	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Other	Denied	1	Services are not medically necessary	1		0
FREEING OF BOWEL ADHESION	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Facility	Approved	1		0		0
FREEING OF BOWEL ADHESION	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	2		0		0
FREESTYLE LIBRE 14 DAY READER	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	General Practice	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR		Family Medicine	Denied	2	Services are not medically necessary	2		0
FREESTYLE LIBRE 14 DAY SENSOR	DIABETES DUE TO UNDERLYING CONDITION W UNSP COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	2		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Family Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner Primary Care	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH OTH CIRCULATORY COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Approved	1		0		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
FREESTYLE LIBRE 14 DAY SENSOR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
FREESTYLE PREC NEO TEST STRIPS	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatric Endocrinology	Approved	2		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatrics	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Approved	1		0		0

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FREESTYLE TEST STRIPS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
FREESTYLE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
FREESTYLE TEST STRIPS	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, < 6 YEARS OLD	SNORING	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	2		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPOXEMIA	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBESITY, UNSPECIFIED	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	76		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	36	Services are not medically necessary	36		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER FATIGUE	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER HYPERSOMNIA	Respiratory	Approved	1		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SLEEP APNEA	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Approved	11		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Denied	1	Services are not medically necessary	1		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	7		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Approved	4		0		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Denied	4	Services are not medically necessary	4		0
FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Respiratory	Denied	1	Services are not medically necessary	1		0
FUSION OF ANKLE JOINT OPEN	OTHER CONGENITAL VALGUS DEFORMITIES OF FEET	Facility	Approved	1		0		0
FUSION OF FOOT BONES	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	Other	Approved	1		0		0
FUSION OF FOOT BONES	DISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W NONUNION	Internal Medicine	Approved	1		0		0
FUSION OF FOOT BONES	FRACTURE OF UNSP TARSAL BONE(S) OF LEFT FOOT, INIT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Facility	Approved	1		0		0
FUSION OF FOOT BONES	SPRAIN OF TARSOMETATARSAL LIGAMENT OF LEFT FOOT, INIT ENCNTR	Facility	Approved	1		0		0
FUSION OF SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
FUSION OF SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
FUSION OF SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Other	Denied	1	Services are not medically necessary	1		0
FUSION OF SACROILIAC JOINT	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Surgery, Neurological		0		0	Denied	2
FUSION OF STOMACH AND BOWEL	HEARTBURN	Other	Approved	1		0		0
FXJL ABL LSR 1ST 100 SQ CM	SCAR CONDITIONS AND FIBROSIS OF SKIN	Facility	Approved	1		0		0
GAMMAGARD	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Psychiatry		0		0	Denied	1
GAMMAGARD LIQUID	Myasthenia gravis with (acute) exacerbation	Psychiatry		0		0	Denied	1
GAMMAGARD LIQUID 10% VIAL		Hematology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Psychiatry	Denied	1	Services are not medically necessary	1		0

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GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Facility	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	2		0		0
GAMMAGARD LIQUID INJECTION	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	2		0		0
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Hematology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Oncology	Approved	1		0		0
GAMMAGARD LIQUID INJECTION	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Pediatrics	Denied	1	Services are not medically necessary	1		0
GAMMAPLEX INJECTION	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	3		0		0
GAMMAPLEX INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	3		0		0
GAMUNEX		Emergency Medicine		0		0	Denied	1
GAMUNEX-C	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Pediatrics		0		0	Denied	1
GAMUNEX-C 20 GRAM/200 ML VIAL	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Allergy/Immunology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	ANXIETY DISORDER, UNSPECIFIED	Pediatrics		0		0	Denied	1
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	2		0		0
GAMUNEX-C/GAMMAKED	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Neurology	Approved	1		0		0
GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Family Medicine	Approved	1		0		0
GAMUNEX-C/GAMMAKED	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	FAMILIAL DYSAUTONOMIA [RILEY-DAY]	Facility	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	FAMILIAL DYSAUTONOMIA [RILEY-DAY]	Rheumatology		0		0	Denied	1
GAMUNEX-C/GAMMAKED	HEREDITARY HYPOGAMMAGLOBULINEMIA	Pulmonary Disease	Approved	2		0		0
GAMUNEX-C/GAMMAKED	LUNG TRANSPLANT STATUS	Facility	Approved	1		0		0
GAMUNEX-C/GAMMAKED	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	2		0		0
GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Ancillary	Denied	1	Services are not medically necessary	1		0
GAMUNEX-C/GAMMAKED	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Ancillary	Denied	1	Services are not medically necessary	1		0
Gastric Cancer	Malignant neoplasm of cardia	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
GASTROENTEROLOGY PROCEDURE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
GASTROPLASTY DUODENAL SWITCH	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Approved	1		0		0
GEL-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	1		0		0
GEL-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	1		0		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
GEL-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	4	Services are not medically necessary	4		0
GEL-ONE 30 MG/3 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
GEL-ONE 30 MG/3 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
GEL-ONE 30 MG/3 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
GELSYN-3 INJECTION 0.1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
GENERATOR, NEURO NON-RECHARG	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
GENERATOR, NEURO NON-RECHARG	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0

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GENERATOR, NEURO NON-RECHARG	PARKINSON'S DISEASE	Facility	Approved	1		0		0
GENETIC TSTG SEVERE INH COND	CEREBELLAR ATAXIA WITH DEFECTIVE DNA REPAIR	Ancillary	Approved	1		0		0
GENETIC TSTG SEVERE INH COND	CONGENITAL HYPOTONIA	Facility	Denied	1	Services are not medically necessary	1		0
GENITAL SURGERY PROCEDURE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	1		0		0
GENITAL SURGERY PROCEDURE	RETRACTILE TESTIS	Ancillary	Approved	1		0		0
GENOTROPIN 12 MG CARTRIDGE		Pediatrics	Approved	1		0		0
GENVOYA TABLET	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Infectious Disease	Approved	1		0		0
GENVOYA TABLET	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Internal Medicine	Approved	1		0		0
GI WIRELESS CAPSULE MEASURE	FUNCTIONAL DYSPEPSIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
GI WIRELESS CAPSULE MEASURE	GASTROPARESIS	Anesthesiology	Denied	1	Services are not medically necessary	1		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Internal Medicine	Approved	1		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Neurology	Approved	10		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Physician Assistant	Approved	1		0		0
GILENYA 0.5 MG CAPSULE	MULTIPLE SCLEROSIS	Psychiatry	Approved	2		0		0
GILENYA 0.5 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
GLATIRAMER 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	6		0		0
GLATOPA 20 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	3		0		0
GLATOPA 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Internal Medicine	Approved	1		0		0
GLATOPA 40 MG/ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
GLEEVEC 400 MG TABLET	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Denied	1	Services are not medically necessary	1		0
GLUCAGON 1 MG EMERGENCY KIT	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Approved	1		0		0
GLUMETZA ER 1,000 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
GLYCOSYLATED HEMOGLOBIN TEST	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
GLYCOSYLATED HEMOGLOBIN TEST	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
GOCOVRI ER 137 MG CAPSULE	PARKINSON'S DISEASE	Neurology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Denied	1	Services are not medically necessary	1		0
GOLIMUMAB FOR IV USE 1MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT KNEE	Rheumatology	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Facility	Approved	1		0		0
GOLIMUMAB FOR IV USE 1MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
GRALISE	POSTHERPETIC TRIGEMINAL NEURALGIA	Physical Medicine		0		0	Approved	2
GRALISE ER 300 MG TABLET	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Physician	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	FASCICULATION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
GRALISE ER 600 MG TABLET	POSTHERPETIC TRIGEMINAL NEURALGIA	Physical Medicine	Denied	3	Services are not medically necessary	3		0
GRALISE ER 600 MG TABLET	RADICULOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
GRALISE ER 600 MG TABLET	RADICULOPATHY, LUMBOSACRAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0

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GRALISE ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
GROWTH STIMULATION GENE 2	VENTRICULAR TACHYCARDIA	Internal Medicine	Approved	1		0		0
GUIDANCE FOR RADJ TX DLVR	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
GUIDANCE FOR RADJ TX DLVR	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
GUIDE NERV DESTR NEEDLE EMG	SPASMODIC TORTICOLLIS	Neurology	Approved	1		0		0
HAEGARDA	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology		0		0	Approved	1
HAEGARDA	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology		0		0	Denied	1
HAEGARDA 2,000 UNIT VIAL	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology	Approved	1		0		0
HAEGARDA 2,000 UNIT VIAL	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
HAEGARDA 3,000 UNIT VIAL	DEFECTS IN THE COMPLEMENT SYSTEM	Allergy/Immunology	Approved	1		0		0
HARNESS FIGURE OF 8 SING CON	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
HARVEST AUTO STEM CELLS	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	IRRADIATION CYSTITIS WITHOUT HEMATURIA	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W NECROSIS OF BONE	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	OTH DISRD OF THE SKIN, SUBCU RELATED TO RADIATION	Facility	Approved	4		0		0
HBOT, FULL BODY CHAMBER, 30M	OTHER CHRONIC OSTEOMYELITIS, OTHER SITE	Physical Medicine	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	RADIATION SICKNESS, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	Facility	Approved	1		0		0
HBOT, FULL BODY CHAMBER, 30M	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
HEAD SURGERY PROCEDURE	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	Dentistry	Denied	1	Services are not medically necessary	1		0
Head/Neck Carcinoma	Malignant neoplasm of submandibular gland	Other	Denied	1	Services are not medically necessary	1		0
HEMLIBRA 105 MG/0.7 ML VIAL		Infectious Disease	Approved	1		0		0
HEMLIBRA 105 MG/0.7 ML VIAL	HEREDITARY FACTOR VIII DEFICIENCY	Infectious Disease	Denied	1	Services are not medically necessary	1		0
HEMLIBRA 30 MG/ML VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Infectious Disease	Denied	1	Services are not medically necessary	1		0
HEMLIBRA 60 MG/0.4 ML VIAL	HEREDITARY FACTOR VIII DEFICIENCY	Hematology	Approved	1		0		0
HEMOCYTE PLUS CAPSULE	NUTRITIONAL DEFICIENCY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
HEMODIALYSIS ONE EVALUATION	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	2		0		0
HEMODIALYSIS ONE EVALUATION	END STAGE RENAL DISEASE	Ancillary	Approved	19		0		0
HEMODIALYSIS REPEATED EVAL	ACUTE KIDNEY FAILURE, UNSPECIFIED	Ancillary	Approved	1		0		0
HEMODIALYSIS REPEATED EVAL	END STAGE RENAL DISEASE	Ancillary	Approved	4		0		0
HHC PT MAINT EA 15 MIN	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SERV OF OT,EA 15 MIN	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	ACQUIRED ABSENCE OF OTHER LEFT TOE(S)	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	3		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ATAXIA FOLLOWING CEREBRAL INFARCTION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CEREBELLAR STROKE SYNDROME	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	DISLOCATION OF OTH PRT LUMBAR SPINE AND PELVIS, INIT ENCNTR	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	HISTORY OF FALLING	Ancillary	Approved	1		0		0

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HHCP-SVS OF AIDE,EA 15 MIN	INTRAHEPATIC BILE DUCT CARCINOMA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	MULTIPLE SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	MUSCLE WEAKNESS (GENERALIZED)	Ancillary	Approved	2		0		0
HHCP-SVS OF AIDE,EA 15 MIN	OTHER INSTABILITY, LEFT ANKLE	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	OTHER MALAISE	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	PERSISTENT ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	POISN BY SELECTIVE SEROTONIN REUPTAKE INHIBTR, ACC, SUBS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF AIDE,EA 15 MIN	PRESSURE ULCER OF SACRAL REGION, STAGE 2	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF RIGHT SHOULDER, SUBS	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	THROMBOCYTOPENIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF RIGHT ACETABULUM, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP FRACTURE OF RIGHT TALUS, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP INJURY TO L4 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	Ancillary	Approved	1		0		0
HHCP-SVS OF AIDE,EA 15 MIN	UNSP STREPTOCOCCUS AS THE CAUSE OF DISEASES CLASSD ELSWHR	Ancillary	Approved	2		0		0
HHCP-SVS OF CSW,EA 15 MIN	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
HHCP-SVS OF CSW,EA 15 MIN	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	AUTISTIC DISORDER	Ancillary	Approved	8		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF LEFT CEREBLR ART	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	CEREBRAL INFARCTION, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	COGNITIVE SOCIAL OR EMO DEF FOLLOWING CEREBRAL INFARCTION	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRNOD AND SOLID ORGAN SITES	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DIZZINESS AND GIDDINESS	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	DYSPHAGIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	HEMIPLGA FOL NTRM SUBARACH HEMOR AFF LEFT DOMINANT SIDE	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	HEMIPLGA FOLLOWING CEREBRAL INFRC AFF RIGHT DOMINANT SIDE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	METABOLIC ENCEPHALOPATHY	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MILD HYPOXIC ISCHEMIC ENCEPHALOPATHY [HIE]	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MULTIPLE FX OF RIBS, LEFT SIDE, SUBS FOR FX W ROUTN HEAL	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	MUSCLE WEAKNESS (GENERALIZED)	Ancillary	Approved	2		0		0

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HHCP-SVS OF S/L PATH,EA 15MN	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Ancillary	Approved	3		0		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	OTHER MALAISE	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PERSISTENT ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, NONTRAF, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	POSTCONCUSSIONAL SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
HHCP-SVS OF S/L PATH,EA 15MN	RETENTION OF URINE, UNSPECIFIED	Ancillary	Approved	1		0		0
HHCP-SVS OF S/L PATH,EA 15MN	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	2		0		0
HHCP-SVS OF S/L PATH,EA 15MN	UNSPECIFIED INFECTIOUS DISEASE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	CEREBELLAR STROKE SYNDROME	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	ENCOUNTER FOR CHANGE OR REMOVAL OF SURGICAL WOUND DRESSING	Facility	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
HHS/HOSPICE OF LPN EA 15 MIN	UNSPECIFIED OPEN WOUND, RIGHT THIGH, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACCIDENTAL DISCHARGE FROM UNSP FIREARMS OR GUN, INIT ENCNTR	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Ancillary	Denied	1	Services are not medically necessary	1		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	Pediatrics	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ARTHRODESIS STATUS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	CEREBELLAR STROKE SYNDROME	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCNTR FOR SURGICAL AFTCR FOLLOWING SURGERY ON THE CIRC SYS	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCNTR FOR SURGICAL AFTCR FOLLOWING SURGERY ON THE DGSTV SYS	Ancillary	Approved	3		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR CHANGE OR REMOVAL OF SURGICAL WOUND DRESSING	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	ILLNESS, UNSPECIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	INTRASPINAL ABSCESS AND GRANULOMA	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Hematology	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PERSISTENT ATRIAL FIBRILLATION	Ancillary	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HHS/HOSPICE OF RN EA 15 MIN	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	PNEUMONIA, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	POSTPROC SEROMA OF SKIN, SUBCU FOLLOWING OTHER PROCEDURE	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
HHS/HOSPICE OF RN EA 15 MIN	UNSPECIFIED OPEN WOUND, RIGHT THIGH, SUBSEQUENT ENCOUNTER	Ancillary	Approved	1		0		0
HI FREQ CHEST WALL OSCIL SYS		Emergency Medicine		0		0	Denied	1
HI FREQ CHEST WALL OSCIL SYS	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Ancillary		0		0	Denied	1
HIGH FREQ,OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	BRONCHIECTASIS, UNCOMPLICATED	Respiratory	Approved	1		0		0
HIGH FREQ,OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	CONGENITAL BRONCHOMALACIA	Respiratory	Denied	1	Services are not medically necessary	1		0
HIGH FREQ,OSCILL AIR-PULSE GENERATOR,INCL HOSES & VEST	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
HIP ARTHRO ACETABULOPLASTY	PAIN IN LEFT HIP	Facility	Denied	1	Services are not medically necessary	1		0
HIP ARTHRO W/FEMOROPLASTY	PAIN IN LEFT HIP	Facility	Denied	1	Services are not medically necessary	1		0
HIT ANTI-TNF PER DIEM	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HIT ANTI-TNF PER DIEM	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT CHEMO PER DIEM	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	Ancillary	Approved	2		0		0
HIT CONT CHEM DIEM	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HIT CONT CHEM DIEM	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Ancillary	Approved	1		0		0
HIT CONT CHEM DIEM	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	1		0		0
HIT ENZYME REPLACE DIEM	GAUCHER DISEASE	Ancillary	Approved	2		0		0
HIT IMMUNOTHERAPY DIEM	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	4		0		0
HIT IMMUNOTHERAPY DIEM	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	DISORDER INVOLVING THE IMMUNE MECHANISM, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	DISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
HIT IMMUNOTHERAPY DIEM	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	2		0		0
HIT IMMUNOTHERAPY DIEM	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT IMMUNOTHERAPY DIEM	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	8		0		0
HIT IMMUNOTHERAPY DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT IMMUNOTHERAPY DIEM	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT IMMUNOTHERAPY DIEM	RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE	Ancillary	Approved	2		0		0
HIT IMMUNOTHERAPY DIEM	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HIT IMMUNOTHERAPY DIEM	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT INTERMIT CHEMO DIEM	BACTEREMIA	Ancillary	Approved	1		0		0
HIT INTERMIT CHEMO DIEM	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT INTERMIT CHEMO DIEM	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
HIT LONGTERM INFUSION DIEM	PRIMARY PULMONARY HYPERTENSION	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	11		0		0
HIT NOC PER DIEM	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	ANEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	4		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	DEHYDRATION	Ancillary	Approved	11		0		0
HIT NOC PER DIEM	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	Ancillary	Approved	3		0		0
HIT NOC PER DIEM	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	MAST CELL ACTIVATION, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	MULTIPLE SCLEROSIS	Ancillary	Approved	6		0		0
HIT NOC PER DIEM	MULTIPLE SCLEROSIS	Hematology	Approved	1		0		0
HIT NOC PER DIEM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	OTHER SPECIFIED HEREDITARY HEMOLYTIC ANEMIAS	Ancillary	Denied	1	Services are not medically necessary	1		0
HIT NOC PER DIEM	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HIT NOC PER DIEM	TACHYCARDIA, UNSPECIFIED	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
HIT NOC PER DIEM	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	5		0		0
HIT PAIN IMP PUMP DIEM	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
HIT PAIN IMP PUMP DIEM	OTHER CHRONIC PAIN	Ancillary	Approved	2		0		0
HIT PAIN IMP PUMP DIEM	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HIT PAIN MGMT PER DIEM	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Ancillary	Approved	4		0		0
HIT TPN 1 LITER DIEM	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Approved	1		0		0
HIT TPN 1 LITER DIEM	MONOCLONAL MAST CELL ACTIVATION SYNDROME	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	GENERALIZED (ACUTE) PERITONITIS	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	MONOCLONAL MAST CELL ACTIVATION SYNDROME	Ancillary	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HIT TPN 2 LITER DIEM	NAUSEA	Ancillary	Approved	1		0		0
HIT TPN 2 LITER DIEM	OTHER SPECIFIED FUNCTIONAL INTESTINAL DISORDERS	Ancillary	Approved	2		0		0
HIT TPN 3 LITER DIEM	FISTULA OF INTESTINE	Ancillary	Approved	1		0		0
HIT TPN 3 LITER DIEM	GASTROPARESIS	Ancillary	Approved	1		0		0
HIT TPN 3 LITER DIEM	MALIGNANT NEOPLASM OF CARDIA	Ancillary	Approved	2		0		0
HIT TPN 3 LITER DIEM	MODERATE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
HIT TPN 3 LITER DIEM	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	2		0		0
HIZENTRA INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Ancillary	Approved	2		0		0
HIZENTRA INJECTION	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Ancillary	Approved	1		0		0
HIZENTRA INJECTION	DISP FX OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INIT	Ancillary	Approved	1		0		0
HIZENTRA INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	2		0		0
HLA TYPING A B OR C	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Facility	Approved	1		0		0
HLA TYPING DR/DQ	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
Hodgkins Lymphoma	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES MULT SITE	Radiation Therapy		0		0	Denied	1
Hodgkins Lymphoma	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Other	Denied	1	Services are not medically necessary	1		0
HOME HEALTH AIDE OR CERTIFIE	AUTISTIC DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME HEALTH AIDE OR CERTIFIE	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME HEALTH AIDE OR CERTIFIE	CONGENITAL MALFORMATION OF NERVOUS SYSTEM, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	CONGENITAL MALFORMATION OF NERVOUS SYSTEM, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME HEALTH AIDE OR CERTIFIE	HYPOXEMIA	Ancillary	Approved	2		0		0
HOME HEALTH AIDE OR CERTIFIE	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	OTHER CEREBRAL PALSY	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME HEALTH AIDE OR CERTIFIE	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	SHORTNESS OF BREATH	Ancillary	Approved	1		0		0
HOME HEALTH AIDE OR CERTIFIE	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CELLULITIS OF UNSPECIFIED FINGER	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	DEHYDRATION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	DISORDER INVOLVING THE IMMUNE MECHANISM, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	GAUCHER DISEASE	Ancillary	Approved	1		0		0

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HOME INFUSION EACH ADDTL HR	MULTIPLE SCLEROSIS	Ancillary	Approved	5		0		0
HOME INFUSION EACH ADDTL HR	MULTIPLE SCLEROSIS	Hematology	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	7		0		0
HOME INFUSION EACH ADDTL HR	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Ancillary	Denied	1	Services are not medically necessary	1		0
HOME INFUSION EACH ADDTL HR	SEPSIS, UNSPECIFIED ORGANISM	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	TACHYCARDIA, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Ancillary	Approved	2		0		0
HOME INFUSION EACH ADDTL HR	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION EACH ADDTL HR	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	4		0		0
HOME INFUSION EACH ADDTL HR	UNSPECIFIED INFECTIOUS DISEASE	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	CELLULITIS, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	Allergy/Immunology	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	INTRASPINAL ABSCESS AND GRANULOMA	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MODERATE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	MULTIPLE SCLEROSIS	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
HOME INFUSION/VISIT 2 HRS	UNSPECIFIED INFECTIOUS DISEASE	Ancillary	Approved	2		0		0
HOME INFUSION/VISIT 2 HRS	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HOME SLEEP TEST (HST) WITH TYPE II PORTABLE MONITOR; MIN 7 CHAN	OTHER HYPERSOMNIA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	DYSPNEA, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	HYPERLIPIDEMIA, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	HYPOXEMIA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	INSOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	64		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	1	Services are not medically necessary	1		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER FATIGUE	Respiratory	Approved	3		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER HYPERSOMNIA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER INSOMNIA	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER SLEEP DISORDERS	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	2		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	OVERACTIVE BLADDER	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	13		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SLEEP DEPRIVATION	Respiratory	Approved	1		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SNORING	Respiratory	Approved	8		0		0
HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	SOMNOLENCE	Respiratory	Approved	1		0		0
HOME VISIT EST PATIENT	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Family Medicine	Approved	1		0		0
HOME VISIT EST PATIENT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	4	Services are not medically necessary	4		0
HOME VISIT NEW PATIENT	HYPOGALACTIA	Other	Approved	1		0		0
HOME VISIT NEW PATIENT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Family Medicine	Denied	1	Services are not medically necessary	1		0
HORIZANT	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Urology		0		0	Denied	1
HORIZANT ER 300 MG TABLET	RESTLESS LEGS SYNDROME	Neurology	Approved	1		0		0
HORIZANT ER 600 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Family Medicine	Denied	3	Services are not medically necessary	3		0
HORIZANT ER 600 MG TABLET	RESTLESS LEGS SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HORIZANT ER 600 MG TABLET	SPONDYLOLYSIS, CERVICAL REGION	Anesthesiology	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Gerontological Nurse Practitioner	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP PART OF LEFT BRONCHUS OR LUNG	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
HOSPICE CARE, IN THE HOME, P	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Facility	Approved	1		0		0
HOSPICE IN LT/NON-SKILLED NF	AMYOTROPHIC LATERAL SCLEROSIS	Internal Medicine	Approved	1		0		0
HOSPICE IN SNF	AMYOTROPHIC LATERAL SCLEROSIS	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	AMYOTROPHIC LATERAL SCLEROSIS	Internal Medicine	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	INTRAHEPATIC BILE DUCT CARCINOMA	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	2		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Gerontological Nurse Practitioner	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	Ancillary	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	2		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	2		0		0
HOSPICE OR HOME HLTH IN HOME	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	OTHER COMPLICATIONS OF UNSP TRANSPLANTED ORGAN AND TISSUE	Facility	Approved	1		0		0
HOSPICE OR HOME HLTH IN HOME	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Facility	Approved	3		0		0
HOSPICE ROUTINE HOME CARE	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Facility	Approved	1		0		0
HOT OR COLD PACKS THERAPY	CERVICALGIA	Chiropractic	Approved	2		0		0
HOT OR COLD PACKS THERAPY	CERVICALGIA	Family Medicine	Approved	3		0		0
HP ACTHAR	Multiple sclerosis	Psychiatry		0		0	Denied	1
HRDTRY BRST CA-RLATD DSORDRS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	2	Services are not medically necessary	2		0
HT INJ HORMONE DIEM	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Ancillary	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	CHEST PAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HT MUSCLE IMAGE SPECT MULT	END STAGE RENAL DISEASE	Facility	Approved	1		0		0

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HUMALOG 100 UNIT/ML VIAL		Endocrinology And Metabolism	Approved	1		0		0
HUMALOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0
HUMALOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
HUMALOG 200 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Physician Assistant	Approved	1		0		0
HUMATE-P 1,200 UNIT VWF:RCO	VON WILLEBRAND'S DISEASE	Pediatric Hematology/Oncology	Approved	1		0		0
HUMATE-P 2,400 UNIT VWF:RCO	VON WILLEBRAND'S DISEASE	Pediatric Hematology/Oncology	Denied	1	Services are not medically necessary	1		0
HUMATE-P, INJ	VON WILLEBRAND'S DISEASE	Ancillary	Approved	4		0		0
HUMATROPE	HYPOPITUITARISM	Emergency Medicine		0		0	Denied	1
HUMATROPE	HYPOPITUITARISM	Pediatric Endocrinology		0		0	Approved	1
HUMATROPE	HYPOPITUITARISM	Pediatric Endocrinology		0		0	Denied	1
HUMATROPE	HYPOPITUITARISM	Pediatrics		0		0	Approved	2
HUMATROPE	Hypopituitarism	Pediatrics		0		0	Denied	2
HUMATROPE	TURNER'S SYNDROME, UNSPECIFIED	Pediatric Endocrinology		0		0	Approved	1
HUMATROPE 12 MG CARTRIDGE	ESTROGEN EXCESS	Pediatrics	Approved	1		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Emergency Medicine	Approved	1		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Approved	4		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Pediatrics	Approved	5		0		0
HUMATROPE 12 MG CARTRIDGE	HYPOPITUITARISM	Pediatrics	Denied	2	Services are not medically necessary	2		0
HUMATROPE 12 MG CARTRIDGE	SHORT STATURE (CHILD)	Pediatric Endocrinology	Approved	1		0		0
HUMATROPE 24 MG CARTRIDGE		Pediatrics	Approved	1		0		0
HUMATROPE 24 MG CARTRIDGE		Pediatrics	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	HYPOPITUITARISM	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
HUMATROPE 24 MG CARTRIDGE	HYPOPITUITARISM	Pediatrics	Approved	5		0		0
HUMATROPE 6 MG CARTRIDGE	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	POSTPROCEDURAL HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
HUMATROPE 6 MG CARTRIDGE	TURNER'S SYNDROME, UNSPECIFIED	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
HUMIRA	SARCOIDOSIS, UNSPECIFIED	Pulmonary Disease		0		0	Approved	1
HUMIRA 40 MG/0.8 ML SYRINGE	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Internal Medicine	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	PSORIASIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
HUMIRA 40 MG/0.8 ML SYRINGE	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	Nurse Practitioner	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML		Dermatology	Approved	2		0		0
HUMIRA PEN 40 MG/0.8 ML		Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML		Physician	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML		Rheumatology	Approved	2		0		0

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HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Physician	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	Internal Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	2		0		0
HUMIRA PEN 40 MG/0.8 ML	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS VULGARIS	Family Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	PSORIATIC ARTHRITIS MUTILANS	Emergency Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Nurse Practitioner	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	4		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	RHEUMATOID MYOPATHY W RHEUMATOID ARTHRITIS OF MULTIPLE SITES	Rheumatology	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	SARCOIDOSIS, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Nurse Practitioner	Approved	1		0		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA PEN 40 MG/0.8 ML	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Gastroenterology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Gastroenterology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SITE	Pediatric Rheumatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Internal Medicine	Approved	2		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
HUMIRA(CF) 40 MG/0.4 ML SYRING	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEDI CROHN 80-40 MG	CROHN'S DISEASE, UNSPECIFIED	Pediatrics	Approved	1		0		0

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HUMIRA(CF) PEDI CROHN 80-40 MG	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML		Dermatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML		Rheumatology	Approved	3		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Pediatric Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)	Physician	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER PSORIASIS	Dermatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER PSORIATIC ARTHROPATHY	Dermatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIASIS VULGARIS	Dermatology	Approved	5		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	PSORIATIC ARTHRITIS MUTILANS	Pediatrics	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEU ARTHRIT W RHEU FACTOR OF UNSP ANK/FT W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Physician Assistant	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	4		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND	Internal Medicine	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	4		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
HUMIRA(CF) PEN 40 MG/0.4 ML	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	HIDRADENITIS SUPPURATIVA	Dermatology	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	HIDRADENITIS SUPPURATIVA	Family Nurse Practitioner Primary Care	Approved	1		0		0
HUMIRA(CF) PEN CRHN-UC-HS 80MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	OTHER PSORIASIS	Dermatology	Approved	2		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	OTHER PSORIASIS	Dermatopathology	Approved	1		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	OTHER PSORIASIS	Nurse Practitioner	Approved	1		0		0
HUMIRA(CF) PEN PS-UV-AHS 80-40	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
HUMULIN R 500 UNITS/ML KWIKPEN	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Endocrinology And Metabolism	Approved	1		0		0
HUMULIN R 500 UNITS/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
HYALGAN 20 MG/2 ML VIAL	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HYALGAN SUPARTZ VISCO-3 DOSE	PAIN IN RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	PAIN IN RIGHT KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
HYALGAN SUPARTZ VISCO-3 DOSE	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	CERVICAL DISC DISORDER W RADICULOPATHY, CERVICOTHOR REGION	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CERVICALGIA	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	CHRONIC PAIN SYNDROME	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	General Practice	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	LUMBAGO WITH SCIATICA, RIGHT SIDE	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER CHRONIC PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN LEFT HIP	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN RIGHT SHOULDER	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PAIN IN UNSPECIFIED FOOT	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT WRIST	Physician Assistant	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, CERVICAL REGION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	2		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 10-325 MG	RADICULOPATHY, SITE UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 10-325 MG	SPINAL ENTHESOPATHY, LUMBOSACRAL REGION	Family Medicine	Approved	1		0		0

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HYDROCODONE-ACETAMIN 10-325 MG	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-300 MG	OTHER CHRONIC PAIN	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
HYDROCODONE-ACETAMIN 5-325 MG	CERVICALGIA	Family Medicine	Approved	2		0		0
HYDROCODONE-ACETAMIN 5-325 MG	CHRONIC PAIN SYNDROME	Nurse Practitioner	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	DORSALGIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	HERPESVIRAL INFECTION, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	IDIOPATHIC GOUT, UNSPECIFIED SITE	Rheumatology	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LOW BACK PAIN	Family Medicine	Approved	3		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	LOW BACK PAIN	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER CHRONIC PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	OTHER CHRONIC PAIN	Physician	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	PAIN IN UNSPECIFIED FOOT	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	RADICULOPATHY, CERVICAL REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Physician	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 5-325 MG	TRIGGER FINGER, RIGHT MIDDLE FINGER	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-300	FIBROMYALGIA	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325		Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Family Nurse Practitioner Primary Care	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Neurology	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	CHRONIC PAIN SYNDROME	Psychiatry	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	INFLAMMATORY POLYARTHROPATHY	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LOW BACK PAIN	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	LOW BACK PAIN	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Pain Management	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Physical Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	PAIN IN LEFT SHOULDER	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	PAIN IN UNSPECIFIED HIP	Family Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	PAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Nurse Practitioner	Approved	1		0		0
HYDROCODONE-ACETAMIN 7.5-325	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
HYDROCODONE-ACETAMN 7.5-325/15	PERITONSILLAR ABSCESS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
HYDROCODONE-IBUPROFEN 7.5-200	LOW BACK PAIN	Family Medicine	Approved	1		0		0
HYDROMORPHONE 2 MG TABLET	ACUTE PAIN, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	CERVICALGIA	Pain Management	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
HYDROMORPHONE 4 MG TABLET	LOW BACK PAIN	Family Medicine	Approved	2		0		0
HYDROMORPHONE 4 MG TABLET	OTHER CHRONIC PANCREATITIS	Family Medicine	Approved	1		0		0
HYDROMORPHONE 8 MG TABLET	FIBROMYALGIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
HYDROXYZINE HCL 50 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
HYLATOPICPLUS CREAM	PRURITUS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0

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HYPERBARIC OXYGEN THERAPY	IRRADIATION CYSTITIS WITHOUT HEMATURIA	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT W NECROSIS OF BONE	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	OTH DISRD OF THE SKIN, SUBCU RELATED TO RADIATION	Facility	Approved	4		0		0
HYPERBARIC OXYGEN THERAPY	OTHER CHRONIC OSTEOMYELITIS, OTHER SITE	Physical Medicine	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	RADIATION SICKNESS, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	Facility	Approved	1		0		0
HYPERBARIC OXYGEN THERAPY	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
HYQVIA	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	Allergy/Immunology		0		0	Approved	1
HYQVIA 100MG IMMUNEGLOBULIN	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Pediatrics	Approved	2		0		0
HYSINGLA ER 20 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
HYSTEROSCOPY DX SEP PROC	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
HYSTEROSCOPY LYSIS	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Other	Approved	1		0		0
HYSTEROSCOPY REMOVE MYOMA	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Denied	1	Services are not medically necessary	1		0
IBRANCE 125 MG CAPSULE		Oncology	Approved	1		0		0
IBRANCE 125 MG CAPSULE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
ICM/ILR REMOTE TECH SERV	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
IFOSFAMIDE INJECTION	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
IFOSFAMIDE INJECTION	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	3		0		0
IIV4 VACC NO PRSV 0.5 ML IM	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
ILIAC REVASC	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Facility	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC ADD-ON	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Facility	Denied	1	Services are not medically necessary	1		0
ILIAC REVASC W/STENT	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	Facility	Denied	1	Services are not medically necessary	1		0
ILUMYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
IMATINIB MESYLATE 400 MG TAB	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Oncology	Approved	1		0		0
IMBRUVICA 140 MG CAPSULE		Hematology	Approved	1		0		0
IMBRUVICA 140 MG CAPSULE	WALDENSTROM MACROGLOBULINEMIA	Oncology	Approved	1		0		0
IMBRUVICA 140 MG TABLET	CHRONIC GRAFT-VERSUS-HOST DISEASE	Oncology	Approved	1		0		0
IMITREX 100 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
IMITREX 100 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
IMITREX 6 MG/0.5 ML PEN INJECT	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
IMMEDIATE BREAST PROSTHESIS	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	2		0		0
IMMEDIATE BREAST PROSTHESIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	1		0		0

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IMMEDIATE BREAST PROSTHESIS	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	3		0		0
IMMEDIATE BREAST PROSTHESIS	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
IMMEDIATE BREAST PROSTHESIS	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
IMMEDIATE BREAST PROSTHESIS	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
IMMEDIATE BREAST PROSTHESIS	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	Surgery, Plastic	Approved	1		0		0
IMMUNIZATION ADMIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
IMMUNOASSAY NONANTIBODY	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
IMP NEUROSTI PLS GN ANY TYPE	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
IMPLANT BRAIN ELECTRODES	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	Other	Approved	1		0		0
IMPLANT COCHLEAR DEVICE	SENSORINEURAL HEARING LOSS, BILATERAL	Facility	Approved	3		0		0
IMPLANT HORMONE PELLET(S)	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
IMPLANT HORMONE PELLET(S)	TESTICULAR HYPOFUNCTION	Urology	Approved	3		0		0
IMPLANT NEUROELECTRDE ADDL	PARKINSON'S DISEASE	Facility	Approved	1		0		0
IMPLANT NEUROELECTRODE	PARKINSON'S DISEASE	Other	Approved	1		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	2		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	2		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	SURGERY-NEUROLOGY	Approved	1		0		0
IMPLANT NEUROELECTRODES	CHRONIC PAIN SYNDROME	SURGERY-ORTHOPEDIC	Approved	1		0		0
IMPLANT NEUROELECTRODES	FREQUENCY OF MICTURITION	Ancillary	Approved	2		0		0
IMPLANT NEUROELECTRODES	FREQUENCY OF MICTURITION	Ancillary	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	FULL INCONTINENCE OF FECES	Ancillary	Approved	2		0		0
IMPLANT NEUROELECTRODES	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
IMPLANT NEUROELECTRODES	POSTLAMINECTOMY SYNDROME NEC	SPORTS MEDICINE	Approved	1		0		0
IMPLANT NEUROELECTRODES	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
IMPLANT NEUROELECTRODES	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
IMPLANT NEUROELECTRODES	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	2		0		0
IMPLANT NEUROELECTRODES	URGE INCONTINENCE	Facility	Approved	1		0		0
IMPLANT NEUROSTIM ARRAYS	PARKINSON'S DISEASE	Facility	Approved	1		0		0
IMPLANT SPINAL CANAL CATH	CRAMP AND SPASM	NEUROSURGERY	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
IMPLANT SPINE INFUSION PUMP	CRAMP AND SPASM	NEUROSURGERY	Approved	1		0		0
IMPLANT TCAT PULM VLV PERQ	CONGENITAL STENOSIS OF AORTIC VALVE	Facility	Approved	1		0		0
IMPLANT TCAT PULM VLV PERQ	VENTRICULAR SEPTAL DEFECT	Facility	Approved	1		0		0
IMPLANT/INSERT DEVICE, NOC	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	1		0		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	3		0		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
IMPLANTABLE TISSUE MARKER	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0

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IMPLANTABLE TISSUE MARKER	OTH ABN AND INCONCLUSIVE FINDINGS ON DX IMAGING OF BREAST	Facility	Approved	3		0		0
Implt neurostim elctr each	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	2		0		0
Implt neurostim elctr each	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
IMPLT NROSTM PLS GEN SNG NON	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
IMPLTJ NTRSTRML CRNL RNG SEG	KERATOCONUS, UNSTABLE, BILATERAL	Ophthalmology	Approved	1		0		0
IMPOYZ 0.025% CREAM	ATOPIC DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
IMPOYZ 0.025% CREAM	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
IMPOYZ 0.025% CREAM	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
IN GEMCITABINE HCL NOS 200MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
INC FOR VAGUS N ELECT IMPL	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
INC FOR VAGUS N ELECT IMPL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
INC FOR VAGUS N ELECT IMPL	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
INC FOR VAGUS N ELECT IMPL	VOMITING, UNSPECIFIED	Facility	Approved	2		0		0
INCIS 1 VERTEBRAL SEG LUMBAR	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
INCIS 1 VERTEBRAL SEG LUMBAR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INCIS ADDL SPINE SEGMENT	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED	Facility	Approved	1		0		0
INCISE SKULL (PRESS RELIEF)	COMPRESSION OF BRAIN	Other	Approved	1		0		0
INCISE SKULL FOR BRAIN WOUND	TRIGEMINAL NEURALGIA	Other	Approved	1		0		0
INCISE SKULL REPAIR	OTHER SPECIFIED DISEASES OF LEFT INNER EAR	Facility	Approved	1		0		0
INCISE SKULL/SUTURES	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	Facility	Approved	1		0		0
INCISE SKULL/SUTURES	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	Other	Approved	1		0		0
INCISE SPINAL CORD TRACT(S)	INJURY OF BRACHIAL PLEXUS, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	PAIN IN UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	Unknown	SURGERY-ORTHOPEDIC	Approved	1		0		0
Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	INF & INFLAM REACT UNS INTRL JNT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
INCISION OF ABSCESS	ABSCESS OF EPIDIDYMIS OR TESTIS	Facility	Approved	1		0		0
INCISION OF ACHILLES TENDON	ATHSCL NATIVE ARTERIES OF EXTRM W GANGRENE, UNSP EXTREMITY	Facility	Approved	1		0		0
INCISION OF HIP BONE	PAIN IN LEFT HIP	Facility	Approved	1		0		0
INCOBOTULINUMTOXIN A	BLEPHAROSPASM	Ancillary	Approved	1		0		0
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS	Ancillary	Approved	2		0		0
INCOBOTULINUMTOXIN A	SPASMODIC TORTICOLLIS	Neurology	Approved	5		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	11		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W UNSP COMP	Pediatric Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	2		0		0

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INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Internal Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Facility	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Facility	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	5		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	5		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Internal Medicine	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Rheumatology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	4		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Rheumatology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTH RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSP SITE	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER CHRONIC OSTEOMYELITIS, MULTIPLE SITES	Pediatric Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER SPECIFIED DERMATITIS	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	PANUVEITIS, LEFT EYE	Ophthalmology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	5		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Ancillary	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Internal Medicine	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	5		0		0

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INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	4		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Approved	4		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	10		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	SARCOIDOSIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Pediatrics	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	3		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	9		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Rheumatology	Denied	1	Services are not medically necessary	1		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Facility	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Oncology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Rheumatology	Approved	1		0		0
INFLIXIMAB NOT BIOSIMIL 10MG	UNSPECIFIED IRIDOCYCLITIS	Rheumatology	Approved	1		0		0
INFRATEMPORAL APPROACH/SKULL	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	Other	Approved	1		0		0
INFRATEMPORAL APPROACH/SKULL	OTHER SPECIFIED DISEASES OF LEFT INNER EAR	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Other	Approved	2		0		0
INITIAL HOSPITAL CARE	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Other	Approved	1		0		0
INITIAL HOSPITAL CARE	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Other	Denied	1	Services are not medically necessary	1		0
INITIAL OBSERVATION CARE	ABDOMINAL TENDERNESS, UNSPECIFIED SITE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	Cardiovascular Disease	Approved	1		0		0
INITIAL OBSERVATION CARE	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ABSCESS OF SALIVARY GLAND	Facility	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INITIAL OBSERVATION CARE	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	ACIDOSIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACQUIRED ABSENCE OF OTHER ORGANS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE ABDOMEN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH LOC PERITONITIS AND GANGR, W/O PERF	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE APPENDICITIS WITH LOC PERITONITIS, W/O PERF OR GANGR	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHIOLITIS DUE TO OTHER SPECIFIED ORGANISMS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHIOLITIS, UNSPECIFIED	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHITIS, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE BRONCHOSPASM	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE CHOLECYSTITIS	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	ACUTE CYSTITIS WITHOUT HEMATURIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE EMBOLISM AND THOMBOS UNSP DEEP VN UNSP LOWER EXTREMITY	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	ACUTE KIDNEY FAILURE, UNSPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	ACUTE OBSTRUCTIVE LARYNGITIS [CROUP]	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	ACUTE PANSINUSITIS, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ACUTE POSTPROCEDURAL RESPIRATORY FAILURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE PYELONEPHRITIS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	ACUTE RESPIRATORY DISTRESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE RESPIRATORY DISTRESS SYNDROME	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE VAGINITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ACUTE VAGINITIS	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	ADENOVIRAL ENTERITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ADULT FAILURE TO THRIVE	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ALCOHOL INDUCED ACUTE PANCREATITIS WITHOUT NECROSIS OR INFCT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ALTERED MENTAL STATUS, UNSPECIFIED	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	ANAPHYLACTIC SHOCK, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANESTHESIA OF SKIN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANGINA PECTORIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANOREXIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ANURIA AND OLIGURIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ANXIETY DISORDER, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	APHASIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	APNEA, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ATRIAL SEPTAL DEFECT	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BACTERIAL INTESTINAL INFECTION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSP	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	BETA THALASSEMIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BRADYCARDIA, UNSPECIFIED	Ancillary	Approved	2		0		0
INITIAL OBSERVATION CARE	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	BURN OF UNSPECIFIED BODY REGION, UNSPECIFIED DEGREE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W OBST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF BILE DUCT W/O CHOLANGITIS OR CHOLECYST W/O OBST	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W ACUTE CHOLECYST W/O OBSTRUCTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W OTH CHOLECYSTITIS WITH OBSTRUCTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	CALCULUS OF KIDNEY	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	CALCULUS OF KIDNEY	Internal Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	CALCULUS OF URETER	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CARDIAC ARRHYTHMIA, UNSPECIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF LEFT LOWER LIMB	Cardiovascular Disease	Approved	2		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF LEFT LOWER LIMB	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CELLULITIS OF RIGHT UPPER LIMB	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CELLULITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CEREBELLAR STROKE SYNDROME	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CEREBRAL PALSY, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CEREBROSPINAL FLUID LEAK	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CERVICAL DISC DISORDER, UNSP, UNSPECIFIED CERVICAL REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CHEST PAIN, UNSPECIFIED	Facility	Approved	89		0		0
INITIAL OBSERVATION CARE	CHEST PAIN, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INITIAL OBSERVATION CARE	CHEST PAIN, UNSPECIFIED	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	CHOLECYSTITIS, UNSPECIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	Neurology	Approved	1		0		0
INITIAL OBSERVATION CARE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CHRONIC TONSILLITIS	Surgery, General	Approved	1		0		0
INITIAL OBSERVATION CARE	CONCUSSION W LOC OF 30 MINUTES OR LESS, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONFLAGRATION IN PRIVATE DWELLING	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	CONGENITAL MALFORMATION OF INTESTINE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONSTIPATION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CONTAMINATED OR INFECTED BLOOD, OTHER FLUID, DRUG, OR BIOLOGICAL SUBSTANCE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CONTUSION OF ABDOMINAL WALL, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	COUGH	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	CRAMP AND SPASM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS OF FACE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS OF UNSPECIFIED HAND	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CUTANEOUS ABSCESS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	CYCLICAL VOMITING, IN MIGRAINE, INTRACTABLE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	CYCLICAL VOMITING, IN MIGRAINE, NOT INTRACTABLE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	CYSTOCELE, MIDLINE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	DEHYDRATION	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	DEHYDRATION OF NEWBORN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DIARRHEA, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DIPLOPIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISORIENTATION, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	DISP FX OF DISTAL PHALANX OF R IDX FNGR, INIT FOR OPN FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISPL SIMPLE SUPRCNDL FX W/O INTRCNDL FX R HUMERUS, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPL TRANSVERSE FX SHAFT OF HUMER, R ARM, 7THK	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISPLACED COMMNT FX UNSP PATELLA, INIT FOR OPN FX TYPE I/2	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DISSECTION OF VERTEBRAL ARTERY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	DISTURBANCE OF TEMPERATURE REGULATION OF NEWBORN, UNSP	Ancillary	Approved	1		0		0
INITIAL OBSERVATION CARE	DISTURBANCE OF TEMPERATURE REGULATION OF NEWBORN, UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DIZZINESS AND GIDDINESS	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	DORSALGIA, UNSPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Family Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	DYSMENORRHEA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DYSPLASIA OF CERVIX UTERI, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	DYSPNEA, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	EDEMA, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ELEVATED BLOOD-PRESSURE READING, W/O DIAGNOSIS OF HTN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCEPHALOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCNTR FOR OBS FOR SUSP TOXIC EFF FROM INGEST SUB RULED OUT	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	ENCNTR FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS	Pediatrics	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCNTR FOR SUSP PROB W AMNIO CAVITY AND MEMBRANE RULED OUT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR EXAMINATION AND OBSERVATION FOR UNSP REASON	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	ENLARGED LYMPH NODES, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	ENTEROVIRAL MENINGITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	ENTEROVIRAL VESICULAR PHARYNGITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	EPIGASTRIC PAIN	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	EPIGASTRIC PAIN	Multi-Specialty Group	Approved	2		0		0
INITIAL OBSERVATION CARE	EPISTAXIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ESSENTIAL (PRIMARY) HYPERTENSION	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Emergency Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	FAILURE OF STERILE PRECAUTIONS DURING PROCEDURE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FAILURE TO THRIVE (CHILD)	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FALL (ON) (FROM) OTHER STAIRS AND STEPS, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FEMALE GENITAL PROLAPSE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FEMALE PELVIC INFLAMMATORY DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FEVER, UNSPECIFIED	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	FLU DUE TO UNIDENTIFIED INFLUENZA VIRUS W OTH RESP MANIFEST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	FOREIGN BODY OF ALIMENTARY TRACT, PART UNSP, INIT ENCNTR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FRACTURE OF NASAL BONES, INIT ENCNTR FOR CLOSED FRACTURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FRACTURE OF ONE RIB, RIGHT SIDE, SUBS FOR FX W ROUTN HEAL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	FRACTURE OF ONE RIB, UNSP SIDE, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	GASTRO-ESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	GASTROPARESIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	GENERALIZED ABDOMINAL PAIN	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	GESTATIONAL HTN W/O SIGNIFICANT PROTEINURIA, UNSP TRIMESTER	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	GLAUCOMA SECONDARY TO OTH EYE DISORD, RIGHT EYE, STAGE UNSP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HALLUCINATIONS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEADACHE	Facility	Approved	13		0		0
INITIAL OBSERVATION CARE	HEART FAILURE, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HEMATEMESIS	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMOPTYSIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HEMORRHAGE OF ANUS AND RECTUM	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	HEMORRHAGIC CONDITION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYDROCEPHALUS, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPERCALCEMIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPERKALEMIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPERTROPHY OF BREAST	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPERTROPHY OF TONSILS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	HYPERTROPHY OF UTERUS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPOGLYCEMIA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPOKALEMIA	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	HYPOTENSION, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	HYPOXEMIA	Facility	Approved	12		0		0
INITIAL OBSERVATION CARE	IDIOPATHIC ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Ancillary	Approved	1		0		0
INITIAL OBSERVATION CARE	IDIOPATHIC ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	ILLNESS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INDETERMINATE COLITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INJ/POISN/OTH CONSEQ OF EXTERNAL CAUSES COMP PREG, THIRD TRI	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	INJURY, UNSPECIFIED, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INTCRN SPACE-OCCUPYING LESION FOUND ON DX IMAGING OF CNSL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	Family Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	IRREGULAR MENSTRUATION, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LACERATION WITHOUT FOREIGN BODY OF SCALP, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LEFT UPPER QUADRANT PAIN	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	6		0		0

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INITIAL OBSERVATION CARE	LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LIVER TRANSPLANT STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LOCALIZED EDEMA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Emergency Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	LOW BACK PAIN	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	LOWER ABDOMINAL PAIN, UNSPECIFIED	Pediatrics	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT ASCITES	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF PAROTID GLAND	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF THYROID GLAND	Ancillary	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MASTODYNIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MATERN CARE FOR ABNLT FETL HRT RATE OR RHYM, UNSP TRI, UNSP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MECH COMPL OF INDWELLING URETERAL STENT, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MELANOMA IN SITU OF SCALP AND NECK	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	MELENA	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	MENSTRUAL MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	MUSCLE SPASM OF BACK	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NAUSEA	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	NAUSEA WITH VOMITING, UNSPECIFIED	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	NAUSEA WITH VOMITING, UNSPECIFIED	Other	Approved	2		0		0
INITIAL OBSERVATION CARE	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
INITIAL OBSERVATION CARE	NONSPEC ELEV OF LEVELS OF TRANSAMNS & LACTIC ACID DEHYDRGNSE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	NONTOXIC MULTINODULAR GOITER	Ancillary	Approved	2		0		0
INITIAL OBSERVATION CARE	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OBSTETRIC TRAUMA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OLIGOHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTH FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH FRACTURE OF T9-T10 VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTH INCOMPLETE LESION AT C5, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	OTHER ACUTE POSTPROCEDURAL PAIN	Ancillary	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ACUTE POSTPROCEDURAL PAIN	Facility	Approved	17		0		0
INITIAL OBSERVATION CARE	OTHER AMEBIC INFECTIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER AMNESIA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER AND UNSPECIFIED MISADVENTURES DURING MEDICAL CARE	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	OTHER APPENDICITIS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER ASCITES	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER CEREBRAL INFARCTION	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER CHEST PAIN	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER CHRONIC PANCREATITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER DISEASES OF TONGUE	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	OTHER DISORDERS OF BILIRUBIN METABOLISM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER GENERAL SYMPTOMS AND SIGNS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER OVARIAN CYST, RIGHT SIDE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISORDERS OF MUSCLE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SPECIFIED RAILWAY ACCIDENT	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	OTHER SPECIFIED RESPIRATORY DISORDERS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	OTHER VISUAL DISTURBANCES	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	OTITIS MEDIA, UNSPECIFIED, LEFT EAR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PAIN IN UNSPECIFIED HIP	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PAIN, UNSPECIFIED	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	PALPITATIONS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PARESTHESIA OF SKIN	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	PARESTHESIA OF SKIN	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PELVIC AND PERINEAL PAIN	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERIAPICAL ABSCESS WITHOUT SINUS	Emergency Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	PERICARDIAL EFFUSION (NONINFLAMMATORY)	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PERIORBITAL CELLULITIS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERITONEAL ABSCESS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERITONSILLAR ABSCESS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PNEUMONIA, UNSPECIFIED ORGANISM	Facility	Approved	19		0		0
INITIAL OBSERVATION CARE	PNEUMONIA, UNSPECIFIED ORGANISM	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	POISONING BY UNSP DRUG/MEDS/BIOL SUBST, ACCIDENTAL, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	POSTMENOPAUSAL BLEEDING	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	POSTPROCEDURAL HYPOTHYROIDISM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRECORDIAL PAIN	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PREGNANT STATE, INCIDENTAL	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	PRE-PUBERTAL VAGINAL BLEEDING	Obstetrics/Gynecology	Approved	1		0		0
INITIAL OBSERVATION CARE	PRESENCE OF CARDIAC PACEMAKER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	PROLAPSE OF VAGINAL VAULT AFTER HYSTERECTOMY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	PYREXIA OF UNKNOWN ORIGIN FOLLOWING DELIVERY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Neurology	Approved	1		0		0
INITIAL OBSERVATION CARE	RECTAL ABSCESS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RESPIRATORY TUBERCULOSIS UNSPECIFIED	Physician Assistant	Approved	1		0		0
INITIAL OBSERVATION CARE	RESTLESSNESS AND AGITATION	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RETENTION OF URINE, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	RETROPHARYNGEAL AND PARAPHARYNGEAL ABSCESS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	RIGHT LOWER QUADRANT PAIN	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	RIGHT UPPER QUADRANT PAIN	Facility	Approved	3		0		0

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INITIAL OBSERVATION CARE	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SECONDARY MALIGNANT NEOPLASM OF RETROPERITON AND PERITONEUM	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SEVERE PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SHORTNESS OF BREATH	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SHORTNESS OF BREATH	Family Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	SPINAL AND EPIDUR ANESTHESIA-INDUCED HDACHE DURING THE PUERP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	SPOTTING COMPLICATING PREGNANCY, THIRD TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	STENOSIS DUE TO OTHER INTERNAL PROSTH DEV/GRFT, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SUICIDAL IDEATIONS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SUPERVISION OF HIGH RISK PREGNANCY, UNSP, UNSP TRIMESTER	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SURGICAL PROC, UNSP CAUSE ABN REACT/COMPL, W/O MISADVNT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	SYNCOPE AND COLLAPSE	Facility	Approved	23		0		0
INITIAL OBSERVATION CARE	SYNCOPE AND COLLAPSE	Other	Approved	1		0		0
INITIAL OBSERVATION CARE	TACHYCARDIA, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	TESTICULAR PAIN, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	THALASSEMIA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TORSION OF TESTIS, UNSPECIFIED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	Facility	Approved	10		0		0
INITIAL OBSERVATION CARE	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	Neurology	Approved	1		0		0
INITIAL OBSERVATION CARE	TRANSIENT GLOBAL AMNESIA	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPCF AS ACUTE OR CHRONIC	Facility	Approved	5		0		0
INITIAL OBSERVATION CARE	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPCF AS ACUTE OR CHRONIC	Neurology	Approved	2		0		0
INITIAL OBSERVATION CARE	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Family Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	UNSP FOREIGN BODY IN ESOPHAGUS CAUSING OTH INJURY, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF LEFT ILIUM, INIT ENCNTR FOR CLOSED FRACTURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF SHAFT OF LEFT TIBIA, INIT FOR CLOS FX	Facility	Approved	1		0		0

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INITIAL OBSERVATION CARE	UNSP FRACTURE OF SHAFT OF UNSP TIBIA, INIT FOR CLOS FX	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF STERNUM, INIT ENCNTR FOR CLOSED FRACTURE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP FRACTURE OF UPPER END OF UNSP TIBIA, INIT FOR CLOS FX	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP INJURY AT UNSP LEVEL OF CERVICAL SPINAL CORD, INIT	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSP JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	47		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ABDOMINAL PAIN	Family Medicine	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ACUTE APPENDICITIS	Emergency Medicine	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ACUTE APPENDICITIS	Facility	Approved	35		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED APPENDICITIS	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	6		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	14		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ATRIAL FIBRILLATION	Pulmonary Disease	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED COMA	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	9		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED CONVULSIONS	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED EXTERNAL CAUSE STATUS	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED FALL, INITIAL ENCOUNTER	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED INJURY OF ABDOMEN, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED INJURY OF NECK, INITIAL ENCOUNTER	Multi-Specialty Group	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED INJURY OF UNSPECIFIED KIDNEY, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED JAUNDICE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED MATERNAL HYPERTENSION, THIRD TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED MATERNAL HYPERTENSION, UNSPECIFIED TRIMESTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED MULTIPLE INJURIES, INITIAL ENCOUNTER	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OPEN WOUND OF OTHER PART OF HEAD, INIT ENCNTR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OPEN WOUND OF UNSPECIFIED UPPER ARM, INIT ENCNTR	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED OVARIAN CYST, LEFT SIDE	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED RENAL COLIC	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	2		0		0

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INITIAL OBSERVATION CARE	UNSPECIFIED VISUAL DISTURBANCE	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	UNSPECIFIED VISUAL LOSS	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	UNSTABLE ANGINA	Facility	Approved	4		0		0
INITIAL OBSERVATION CARE	UNSTABLE ANGINA	Psychology	Approved	2		0		0
INITIAL OBSERVATION CARE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ancillary	Approved	1		0		0
INITIAL OBSERVATION CARE	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	VASCULITIS LIMITED TO THE SKIN, UNSPECIFIED	Facility	Approved	3		0		0
INITIAL OBSERVATION CARE	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	7		0		0
INITIAL OBSERVATION CARE	VERTIGO FROM INFRASOUND, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	VIRAL PNEUMONIA, UNSPECIFIED	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	VOMITING, UNSPECIFIED	Facility	Approved	11		0		0
INITIAL OBSERVATION CARE	WEAKNESS	Facility	Approved	8		0		0
INITIAL OBSERVATION CARE	WEDGE COMPRESSION FRACTURE OF UNSP LUMBAR VERTEBRA, INIT	Facility	Approved	1		0		0
INITIAL OBSERVATION CARE	WERNICKE'S ENCEPHALOPATHY	Facility	Approved	2		0		0
INITIAL OBSERVATION CARE	WTRCRAFT FALL NOS-CREW	Facility	Approved	1		0		0
INJ DUPUYTREN CORD W/ENZYME	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Pediatric Surgery	Approved	1		0		0
INJ DUPUYTREN CORD W/ENZYME	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Hand	Approved	1		0		0
INJ DUPUYTREN CORD W/ENZYME	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Orthopedic	Approved	1		0		0
INJ DUPUYTREN CORD W/ENZYME	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
INJ FILGRASTIM EXCL BIOSIMIL	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ FILGRASTIM EXCL BIOSIMIL	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
INJ FOLLITROPIN BETA 75 IU	FEMALE INFERTILITY, UNSPECIFIED	Ancillary	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	CERVICALGIA	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
INJ FORAMEN EPIDURAL ADD-ON	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSIATRY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0

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INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	9		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	6		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER BIOMECHANICAL LESIONS OF CERVICAL REGION	PHYSIATRY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	PAIN IN UNSPECIFIED SHOULDER	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PHYSIATRY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	8		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICAL REGION	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	19		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	27		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	8	Services are not medically necessary	8		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PHYSIATRY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	33		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	5		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY LUMBOSACRAL REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY THORACIC REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPINAL STENOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOLYSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	17		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	8		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL ADD-ON	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL ADD-ON	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL ADD-ON	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	ANESTHESIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJ FORAMEN EPIDURAL C/T	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	CERVICALGIA	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	OTH CERV DISC DEGEN CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSIATRY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSIATRY	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	OTHER BIOMECHANICAL LESIONS OF CERVICAL REGION	PHYSIATRY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	PAIN IN UNSPECIFIED SHOULDER	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	7		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	14		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PHYSIATRY	Denied	4	Services are not medically necessary	4		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	14		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICAL REGION	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL C/T	SPINAL STENOSIS THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	SPONDYLOLISTHESIS CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL C/T	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL C/T	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL C/T	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	CHRONIC PAIN SYNDROME	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	DORSALGIA UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	FUSION OF SPINE LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	8		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	ANESTHESIOLOGY	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	PAIN MANAGEMENT	Approved	8		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	17		0		0
INJ FORAMEN EPIDURAL L/S	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJ FORAMEN EPIDURAL L/S	OTH CERV DISC DEGEN HIGH CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	29		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	11		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ORTHOPEDIC SURGERY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	7		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	9		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTHER IDIOPATHIC SCOLIOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJ FORAMEN EPIDURAL L/S	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	6		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	PAIN IN RIGHT HIP	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	31		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	Imaging Center	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	58		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	10	Services are not medically necessary	10		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PHYSIATRY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	68		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	20	Services are not medically necessary	20		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	RADIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	8		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY LUMBOSACRAL REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	NEUROLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SITE UNSPECIFIED	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SITE UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY SITE UNSPECIFIED	RADIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	RADICULOPATHY THORACIC REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SCIATICA LEFT SIDE	INTERNAL MEDICINE	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SCOLIOSIS UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	5		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	PHYSIATRY	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
INJ FORAMEN EPIDURAL L/S	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLISTHESIS THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLYSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOLYSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	18		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	9		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSIATRY	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
INJ FORAMEN EPIDURAL L/S	UNS INFLAMMATORY SPONDYLOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ FORAMEN EPIDURAL L/S	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
INJ GANIRELIX ACETAT 250 MCG	FEMALE INFERTILITY OF OTHER ORIGIN	Ancillary	Approved	1		0		0
INJ MENOTROPINS 75 IU	FEMALE INFERTILITY OF OTHER ORIGIN	Ancillary	Approved	1		0		0

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INJ MIDAZOLAM HYDROCHLORIDE	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
INJ PARAVERT F JNT C/T 2 LEV	Other intervertebral disc displacement, lumbar region	Surgery, Neurological		0		0	Denied	1
INJ PARAVERT F JNT L/S 1 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ PARAVERT F JNT L/S 2 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ PARAVERT F JNT L/S 3 LEV	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INJ PEMBROLIZUMAB	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
INJ TRASTUZUMAB EXCL BIOSIMI	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
INJ TRIAMCINOLONE ACE XR 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	PAIN IN RIGHT KNEE	Pain Management	Denied	1	Services are not medically necessary	1		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physical Medicine	Denied	2	Services are not medically necessary	2		0
INJ TRIAMCINOLONE ACE XR 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
INJ, RIMABOTULINUMTOXINB	DYSTONIA, UNSPECIFIED	Facility	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	5		0		0
INJ., BENRALIZUMAB, 1 MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
INJ., BENRALIZUMAB, 1 MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	Oncology	Approved	1		0		0
INJ., PATISIRAN, 0.1 MG	ACC POISON-BARBITURATES	Ancillary	Approved	1		0		0
INJ., PATISIRAN, 0.1 MG	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	ANTIPHOSPHOLIPID SYNDROME	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	DISEASE OF BLOOD AND BLOOD-FORMING ORGANS, UNSPECIFIED	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	Oncology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	Pediatric Hematology/Oncology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	Ancillary	Approved	3		0		0
INJ., RITUXIMAB, 10 MG	MULTIPLE SCLEROSIS	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Ancillary	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	Rheumatology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Internal Medicine	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	PEMPHIGUS VEGETANS	Rheumatology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	PEMPHIGUS VULGARIS	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	PEMPHIGUS VULGARIS	Facility	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	PEMPHIGUS VULGARIS	Rheumatology	Approved	1		0		0

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INJ., RITUXIMAB, 10 MG	PEMPHIGUS, UNSPECIFIED	Facility	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	8		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	5		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Facility	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Facility	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	THROMBOCYTOPENIA, UNSPECIFIED	Hematology	Approved	1		0		0
INJ., RITUXIMAB, 10 MG	UNSP NEPHRITIC SYNDROME W DIFFUSE MEMBRANOUS GLOMRLNEPH	Rheumatology	Denied	1	Services are not medically necessary	1		0
INJ., RITUXIMAB, 10 MG	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Rheumatology	Approved	2		0		0
INJ., RITUXIMAB, 10 MG	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Rheumatology	Approved	2		0		0
INJECTION EYE DRUG	MALIGNANT NEOPLASM OF CHOROID	Facility	Approved	1		0		0
INJECTION EYE DRUG	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	FUSION OF SPINE LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LOW BACK PAIN	PAIN MANAGEMENT	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER SPECIFIED DORSOPATHIES SACRAL & SC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	PAIN IN LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	PAIN IN RIGHT HIP	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	PAIN IN UNSPECIFIED JOINT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	NEUROLOGY	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Approved	17		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	7	Services are not medically necessary	7		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Approved	6		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ANESTHESIOLOGY	Denied	5	Services are not medically necessary	5		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	NURSE PRACTITIONER	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	Approved	3		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Approved	22		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PAIN MANAGEMENT	Denied	10	Services are not medically necessary	10		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSIATRY	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	27		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	17	Services are not medically necessary	17		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SCIATICA LEFT SIDE	PAIN MANAGEMENT	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SCIATICA RIGHT SIDE	PAIN MANAGEMENT	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SCIATICA RIGHT SIDE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SCOLIOSIS UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SEGMENTAL & SOMATIC DYSFUNCTION OF SACRAL REGION	ANESTHESIOLOGY	Approved	2		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SEGMENTAL & SOMATIC DYSFUNCTION OF SACRAL REGION	PAIN MANAGEMENT	Approved	8		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SEGMENTAL & SOMATIC DYSFUNCTION OF SACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPINAL ENTHESOPATHY OCCIPITO-ATLANTO-AXIAL RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	SPRAIN OF SACROILIAC JOINT INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	UNEQUAL LIMB LENGTH ACQUIRED UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	Unknown	SPINAL SURGEON	Denied	1	Services are not medically necessary	1		0
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	ANESTHESIOLOGY	Approved	2		0		0
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	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	SEGMENTAL & SOMATIC DYSFUNCTION OF SACRAL REGION	ANESTHESIOLOGY	Approved	2		0		0
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	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
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	CERVICALGIA	ANESTHESIOLOGY	Approved	1		0		0
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	CERVICALGIA	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
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	CERVICALGIA	PAIN MANAGEMENT	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0
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	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	OTH CERV DISC DEGEN HIGH CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
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	OTH CERV DISC DISPLACEMENT CERVICOTHORACIC RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
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	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
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	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSIATRY	Approved	1		0		0
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	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTHER HEADACHE SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
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	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTHER SPECIFIED DORSOPATHIES THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
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	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	2		0		0
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	OTHER SPONDYLOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	6		0		0
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	OTHER SPONDYLOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
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	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
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	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
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	ORTHOPEDIC SURGERY	Approved	1		0		0
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	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	Approved	2		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
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	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
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	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
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	SPONDYLOLISTHESIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
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	SPONDYLOLISTHESIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
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	SPONDYLOSIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	33		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Denied	10	Services are not medically necessary	10		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	54		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	4	Services are not medically necessary	4		0

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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), cervical or thoracic; single level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSIATRY	Approved	1		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	26		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	3		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	ANESTHESIOLOGY	Approved	17		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	3		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
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	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	ANESTHESIOLOGY	Approved	1		0		0
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	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Approved	1		0		0
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	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
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	ARTHROPATHY UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	ARTHROPATHY UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
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	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
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	LOW BACK PAIN	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0

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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	LOW BACK PAIN	PAIN MANAGEMENT	Approved	8		0		0
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	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	11		0		0
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	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	7	Services are not medically necessary	7		0
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	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
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	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
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	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
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	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
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	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
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	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
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	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	1		0		0
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	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	1		0		0
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	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
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	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
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	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
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	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	RADIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
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	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	1		0		0
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	OTHER CHRONIC PAIN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
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	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
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	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
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	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
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	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
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	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	5		0		0
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	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	7		0		0
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	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	4		0		0
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	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
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	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
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	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	4		0		0
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	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
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	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
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	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	3		0		0
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	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
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	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
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	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	2		0		0
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	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	1		0		0
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	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	1		0		0
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	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
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	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
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	SPONDYLOLYSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
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	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
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	SPONDYLOLYSIS LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	SPONDYLOLYSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
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/RADICULOPATH OA-AX RGN	PHYSIATRY	Approved	1		0		0
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	ANESTHESIOLOGY	Approved	15		0		0
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	ANESTHESIOLOGY	Denied	9	Services are not medically necessary	9		0
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	NEUROLOGY	Approved	1		0		0
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	NURSE PRACTITIONER	Approved	1		0		0
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	Approved	36		0		0
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	Denied	9	Services are not medically necessary	9		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	16		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
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 SITE UNS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	Approved	4		0		0
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	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	PAIN MANAGEMENT	Approved	9		0		0
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	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	14		0		0
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 INFLAM SPONDYLOPATHY CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERV DISC DISPLACEMENT CERVICOTHORACIC RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPECIFIC ARTHROPATHIES NEC OTHER SPEC SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPECIFIED DORSOPATHIES THORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	OTHER SPONDYLOSIS CERVICOTHORACIC REGION	PAIN MANAGEMENT	Approved	1		0		0
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	ORTHOPEDIC SURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	Approved	2		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOLISTHESIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOLISTHESIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	SPONDYLOSIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	Approved	30		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	Denied	10	Services are not medically necessary	10		0
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	Approved	47		0		0
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	Denied	3	Services are not medically necessary	3		0
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	PHYSIATRY	Approved	1		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	25		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
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 LUMB RGN	ANESTHESIOLOGY	Approved	3		0		0
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 THOR RGN	ANESTHESIOLOGY	Approved	17		0		0
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 THOR RGN	PAIN MANAGEMENT	Approved	3		0		0
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 THOR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
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/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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 MYELOPATHY/RADICULOPATHY CT RGN	ANESTHESIOLOGY	Approved	1		0		0
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 MYELOPATHY/RADICULOPATHY CT RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral;third and any additional level(s) (List separately in addition to code for primary proce	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
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	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLYSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
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	Approved	8		0		0
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	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	Approved	24		0		0
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	Denied	6	Services are not medically necessary	6		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
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	Approved	2		0		0
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	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	PAIN MANAGEMENT	Approved	4		0		0
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	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	9		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	7	Services are not medically necessary	7		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	OTHER SPONDYLOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	PANNICULITIS AFFCT REGIONS NCK BACK LUMB REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SACROCOCCYGEAL DISORDERS NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Spinal stenosis, lumbar region with neurogenic claudication	NEUROSURGERY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLYSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOLYSIS LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH OA-AX RGN	PHYSIATRY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	14		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROLOGY	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	36		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	8	Services are not medically necessary	8		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	12		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet 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	Approved	4		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	8		0		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	11		0		0
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)	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
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)	CERVICALGIA	ANESTHESIOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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)	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
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)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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)	OTHER SPONDYLOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
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)	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
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)	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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)	PANNICULITIS AFFECT REGIONS NCK BACK CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	Approved	1		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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)	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
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)	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
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 UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
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	Approved	26		0		0
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	Denied	6	Services are not medically necessary	6		0
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	Approved	30		0		0
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	Denied	2	Services are not medically necessary	2		0
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	PHYSIATRY	Approved	1		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Approved	12		0		0
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	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 LUMB RGN	ANESTHESIOLOGY	Approved	2		0		0
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 THOR RGN	ANESTHESIOLOGY	Approved	17		0		0
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 THOR RGN	PAIN MANAGEMENT	Approved	3		0		0
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 MYELOPATHY/RADICULOPATHY CT RGN	ANESTHESIOLOGY	Approved	1		0		0
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)	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	NEUROSURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	PAIN MANAGEMENT	Denied	6	Services are not medically necessary	6		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN DUE TO TRAUMA	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	ANESTHESIOLOGY	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LOW BACK PAIN	RADIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA LEFT SIDE	PHYSICIAN ASSISTANT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA RIGHT SIDE	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	LUMBOSACRAL PLEXUS DISORDERS	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	NERVE ROOT AND PLEXUS DISORDER UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OSSEOUS STENOSIS NEURAL CANAL OF CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	6		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	ANESTHESIOLOGY	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	7		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER CHRONIC PAIN	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPECIFIED POLYNEUROPATHIES	FAMILY PRACTICE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	OTHER SPONDYLOSIS LUMBAR REGION	RADIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN RIGHT HIP	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	PAIN IN THORACIC SPINE	RADIOLOGY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	33		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	11	Services are not medically necessary	11		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	18		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	17		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	PHYSICIAN ASSISTANT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICOTHORACIC REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	27		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	4	Services are not medically necessary	4		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	15		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY SITE UNSPECIFIED	ORTHOPEDIC SURGERY	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SACROCOCCYGEAL DISORDERS NEC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SCOLIOSIS UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
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	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPINAL STENOSIS LUMBOSACRAL REGION	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region with neurogenic claudication	SPORTS MEDICINE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claud	FAMILY PRACTICE	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS CERVICOTHORACIC REGION	NEUROSURGERY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLISTHESIS LUMBOSACRAL REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	4		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	1		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	PAIN MANAGEMENT	Approved	5		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,	Spinal stenosis, lumbar region without neurogenic claud	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,	UNILAT INGUINAL HERN W/O OBST/GANGREN NOT RECUR	SURGERY-PEDIATRIC	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Approved	2		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	HEADACHE	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	PAIN IN LEFT HAND	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INJECTION, BENRALIZUMAB	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pharmacology, Clinical	Approved	1		0		0
INJECTION, BUROSUMAB-TWZA 1M	FAMILIAL HYPOPHOSPHATEMIA	Ancillary	Approved	2		0		0
INJECTION, BUROSUMAB-TWZA 1M	W/CRAFT STAIR FALL-POWER	Ancillary	Approved	2		0		0
INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA IN REMISSION	Oncology	Approved	1		0		0
INJECTION, INFLECTRA	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION, MEPOLIZUMAB, 1MG	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Ancillary	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
INJECTION, MEPOLIZUMAB, 1MG	UNSPECIFIED ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Ancillary	Approved	13		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Facility	Approved	1		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Facility	Denied	2	Services are not medically necessary	2		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Neurology	Approved	6		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Oncology	Approved	6		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Pediatrics	Approved	1		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Psychiatry	Approved	1		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Rheumatology	Approved	2		0		0
INJECTION, OCRELIZUMAB, 1 MG	MULTIPLE SCLEROSIS	Surgery, General	Approved	1		0		0
INJECTION, PATISIRAN	ACC POISON-BARBITURATES	Ancillary	Approved	1		0		0
INJECTION, PATISIRAN	ACC POISON-BARBITURATES	Facility	Approved	1		0		0
INJECTION, PATISIRAN	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	Ancillary	Approved	1		0		0
INJECTION, PATISIRAN	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF BODY OF STOMACH	Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Ancillary	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	Oncology	Approved	1		0		0
INJECTION, PEGFILGRASTIM 6MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	4		0		0
INJECTION, RENFLEXIS	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION, RENFLEXIS	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
INJECTION, RESLIZUMAB, 1MG	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W INTESTINAL OBST	Hematology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Pediatric Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Pulmonary Disease	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Rheumatology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Rheumatology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Neonatal-Perinatal Medicine	Approved	1		0		0
INJECTION, VEDOLIZUMAB	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Rheumatology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Facility	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	4		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Oncology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Rheumatology	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	2		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	4		0		0
INJECTION, VEDOLIZUMAB	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	ANAL FISSURE, UNSPECIFIED	Facility	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	ANAL FISSURE, UNSPECIFIED	Surgery, Colon And Rectal	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Ophthalmology	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Physical Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC ANAL FISSURE	Surgery, General	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Ancillary	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	24		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	1		0		0

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INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	24		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Pain Management	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Ancillary	Approved	4		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Neurology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Approved	8		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Ancillary	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Anesthesiology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Anesthesiology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Facility	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Medicine	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Family Nurse Practitioner	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	19		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	4	Services are not medically necessary	4		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physical Medicine	Approved	3		0		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physical Medicine	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Psychiatry	Approved	5		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Neurology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	DISTURBANCES OF SALIVARY SECRETION	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	DYSPHAGIA, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	DYSTONIA, UNSPECIFIED	Pediatric Rehabilitation Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	FECAL SMEARING	Pediatrics	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	FREQUENCY OF MICTURITION	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	HEADACHE	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	Pediatric Rehabilitation Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	IDIOPATHIC OROFACIAL DYSTONIA	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	IDIOPATHIC OROFACIAL DYSTONIA	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	LARYNGEAL SPASM	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	LARYNGEAL SPASM	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0

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INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Psychiatry	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Oncology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGRENE	Surgery, General	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Facility	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Pediatric Rehabilitation Medicine	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER DISEASES OF LARYNX	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER GENERAL SYMPTOMS AND SIGNS	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER MUSCLE SPASM	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OTHER VOICE AND RESONANCE DISORDERS	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Ancillary	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Approved	6		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Facility	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Physician Assistant	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Dermatology	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	QUADRIPLEGIA, UNSPECIFIED	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	REFLEX NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	Urology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Ancillary	Approved	7		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Ancillary	Denied	2	Services are not medically necessary	2		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Facility	Approved	1		0		0

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INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Family Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	General Practice	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Neurology	Approved	13		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Pain Management	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Pharmacology, Clinical	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Physical Medicine	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Neurology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	Ancillary	Approved	2		0		0
INJECTION,ONABOTULINUMTOXINA	UNSPECIFIED DYSPAREUNIA	Facility	Denied	1	Services are not medically necessary	1		0
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Obstetrics/Gynecology	Approved	1		0		0
INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Urology	Approved	2		0		0
INS/REP SUBQ DEFIBRILLATOR	OTHER HYPERTROPHIC CARDIOMYOPATHY	Facility	Approved	1		0		0
INSERT ANT SEGMENT DRAIN INT	CAPSLR GLAUCOMA W/PSEUDXF LENS, LEFT EYE, MODERATE STAGE	Ancillary	Approved	2		0		0
INSERT ANT SEGMENT DRAIN INT	PIGMENTARY GLAUCOMA, LEFT EYE, MODERATE STAGE	Ancillary	Denied	1	Services are not medically necessary	1		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ancillary	Approved	2		0		0
INSERT ANT SEGMENT DRAIN INT	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ancillary	Approved	1		0		0
INSERT EPICARD ELTRD ENDO	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Other	Approved	1		0		0
INSERT INTRACORPOREAL DEVICE	HEART FAILURE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
INSERT MESH/PELVIC FLR ADDON	CYSTOCELE, MIDLINE	Facility	Approved	1		0		0
INSERT PACING LEAD & CONNECT	VENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
INSERT PELV FIXATION DEVICE	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Denied	1	Services are not medically necessary	1		0
INSERT PELV FIXATION DEVICE	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	CERVICALGIA	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	FUSION OF SPINE, CERVICAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	FUSION OF SPINE, LUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	Facility	Approved	5		0		0
INSERT SPINE FIXATION DEVICE	LOW BACK PAIN	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	LUMBAGO WITH SCIATICA, LEFT SIDE	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	Facility	Approved	1		0		0

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INSERT SPINE FIXATION DEVICE	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER BIOMECHANICAL LESIONS OF CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER BURSAL CYST, UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER CORD COMPRESSION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	4		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	6		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, SITE UNSPECIFIED	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	RADICULOPATHY, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	13		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	4	Services are not medically necessary	4		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Physician Assistant	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	7		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	5		0		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	3	Services are not medically necessary	3		0
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
INSERT SPINE FIXATION DEVICE	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	15		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSERT SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
INSERT SPINE FIXATION DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSERT SPINE FIXATION DEVICE	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	Facility	Approved	2		0		0
INSERT SPINE FIXATION DEVICE	UNSP FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
INSERT SPINE FIXATION DEVICE	WEAKNESS	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Facility	Approved	1		0		0
INSERT TUNNELED CV CATH	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	LOW BACK PAIN	Ancillary	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	LUMBAGO WITH SCIATICA, LEFT SIDE	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER BURSAL CYST, UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	4		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
INSJ BIOMECHANICAL DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, CERVICAL REGION	Facility	Approved	4		0		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	RADICULOPATHY, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	6		0		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0

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INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, CERVICAL REGION	Physician Assistant	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	4		0		0
INSJ BIOMECHANICAL DEVICE	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
INSJ BIOMECHANICAL DEVICE	UNSP FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
INSJ BIOMECHANICAL DEVICE	WEAKNESS	Facility	Approved	1		0		0
INSJ CH WAL RESPIR ELTRD/RA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Emergency Medicine		0		0	Approved	1
INSJ CH WAL RESPIR ELTRD/RA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
INSJ IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism		0		0	Approved	1
INSJ IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
INSJ IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INSJ IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INSJ IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
INSJ STABLJ DEV W/O DCMPRN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	3	Services are not medically necessary	3		0
INSJ STABLJ DEV W/O DCMPRN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Emergency Medicine		0		0	Denied	1
INSJ STABLJ DEV W/O DCMPRN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Pain Management		0		0	Denied	1
INSJ SUBQ CAR RHYTHM MNTR	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	1		0		0
INSJ SUBQ CAR RHYTHM MNTR	SYNCOPE AND COLLAPSE	Pediatrics	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	ISCHEMIC CARDIOMYOPATHY	Facility	Approved	4		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER CARDIOMYOPATHIES	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	OTHER HYPERTROPHIC CARDIOMYOPATHY	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
INSJ/RPLCMT DEFIB W/LEAD(S)	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF NEUROSTIMULATOR	Facility	Approved	1		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Facility	Approved	1		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	LOCAL-REL SYMPTC EPI W CMPLX PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	3		0		0
INSRT/REDO NEUROSTIM 1 ARRAY	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ, NTRCT, W/O STAT EPI	Facility	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	CHRONIC PAIN SYNDROME	Facility	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	FREQUENCY OF MICTURITION	Ancillary	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	FREQUENCY OF MICTURITION	Ancillary	Denied	1	Services are not medically necessary	1		0
INSRT/REDO PN/GASTR STIMUL	FULL INCONTINENCE OF FECES	Ancillary	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	GASTROPARESIS	Facility	Approved	1		0		0
INSRT/REDO PN/GASTR STIMUL	MECH COMPL OF IMPLNT ELECTRNC STIMULTR OF NERVOUS SYS, INIT	Facility	Approved	1		0		0

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INSRT/REDO PN/GASTR STIMUL	Other mechanical complication of other implanted electronic stimulator of nervous system, initial encounter	Surgery, Neurological		0		0	Approved	1
INSRT/REDO PN/GASTR STIMUL	URGE INCONTINENCE	Facility	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	NEUROSURGERY	Approved	2		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	CHRONIC PAIN SYNDROME	SURGERY-NEUROLOGY	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
INSRT/REDO SPINE N GENERATOR	LUMBAGO WITH SCIATICA RIGHT SIDE	SURGERY-GENERAL	Approved	1		0		0
INSRT/REDO SPINE N GENERATOR	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	1		0		0
INTENS CARDIAC REHAB NO EXER	ANGINA PECTORIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INTENS CARDIAC REHAB NO EXER	ENDOCARDITIS, VALVE UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
INTENS CARDIAC REHAB W/EXERC	ANGINA PECTORIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
INTENS CARDIAC REHAB W/EXERC	ENDOCARDITIS, VALVE UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
INTENSIVE OUTPATIENT PSYCHIA	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Facility	Approved	9		0		0
INTENSIVE OUTPATIENT PSYCHIA	ANOREXIA NERVOSA, RESTRICTING TYPE	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	ANXIETY DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	AUTISTIC DISORDER	Family Medicine	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BINGE EATING DISORDER	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEVERE, W PSYCH FEATURES	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR DISORDER, UNSPECIFIED	Facility	Approved	3		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR II DISORDER	Ancillary	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	BIPOLAR II DISORDER	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	GENERALIZED ANXIETY DISORDER	Facility	Approved	4		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Facility	Approved	7		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Ancillary	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Facility	Approved	7		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Ancillary	Approved	7		0		0
INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Facility	Approved	40		0		0

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INTENSIVE OUTPATIENT PSYCHIA	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	MIXED OBSESSIONAL THOUGHTS AND ACTS	Multi-Specialty Group	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	OPPOSITIONAL DEFIANT DISORDER	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	OPPOSITIONAL DEFIANT DISORDER	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	OTHER SPECIFIED EATING DISORDER	Ancillary	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	OTHER SPECIFIED EATING DISORDER	Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIA	POST-TRAUMATIC STRESS DISORDER, CHRONIC	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Facility	Approved	5		0		0
INTENSIVE OUTPATIENT PSYCHIA	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIA	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Anorexia nervosa, binge eating/purging type	Behavioral Health Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Anorexia nervosa, restricting type	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Anxiety disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Autistic disorder	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Bipolar disord, crnt epsd depress, sev, w/o psych features	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Bipolar disord, crnt epsd mixed, severe, w/o psych features	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Bipolar II disorder	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Bulimia nervosa	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Generalized anxiety disorder	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Major depressive disorder, recurrent, moderate	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Major depressive disorder, recurrent, unspecified	Behavioral Health Facility	Approved	2		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Major depressive disorder, single episode, moderate	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Major depressive disorder, single episode, unspecified	Behavioral Health Facility	Approved	3		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Approved	14		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Major depressv disorder, recurrent, severe w psych symptoms	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Mixed obsessional thoughts and acts	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Oppositional defiant disorder	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Other specified eating disorder	Behavioral Health Facility	Approved	1		0		0
INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Post-traumatic stress disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
INTERDENTAL FIXATION	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0
INTERDENTAL FIXATION	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	Dentistry	Denied	2	Services are not medically necessary	2		0
INTERDENTAL FIXATION	MYOSITIS, UNSPECIFIED	Dentistry	Approved	1		0		0
INTERDENTAL FIXATION	UNSP SUPERFICIAL INJURY OF OTHER PART OF HEAD, INIT ENCNTR	Dentistry	Denied	1	Services are not medically necessary	1		0
INTEREST ESCORT IN NON ER	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
INTEREST ESCORT IN NON ER	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Facility	Approved	1		0		0
INTEREST ESCORT IN NON ER	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	ATRIAL SEPTAL DEFECT	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	CONGENITAL MALFORMATION OF CARDIAC SEPTUM, UNSPECIFIED	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
INTRACARDIAC ECG (ICE)	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	2		0		0
INTRACARDIAC ECG (ICE)	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	3		0		0
INTRACARDIAC ECG (ICE)	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	2		0		0

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INTRACARDIAC ECG (ICE)	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Approved	2		0		0
INTRACARDIAC ECG (ICE)	VENTRICULAR SEPTAL DEFECT	Facility	Approved	1		0		0
INTRACRANIAL VESSEL SURGERY	CEREBRAL ANEURYSM, NONRUPTURED	Other	Approved	2		0		0
INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	PARTIAL LOSS OF TEETH DUE TO TRAUMA, UNSPECIFIED CLASS	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	PARTIAL LOSS OF TEETH DUE TO TRAUMA, UNSPECIFIED CLASS	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
INVOKAMET XR 150-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKAMET XR 50-1,000 MG TAB	TYPE 2 DIABETES MELLITUS W OTH DIABETIC KIDNEY COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	6	Services are not medically necessary	6		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 100 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	1	Services are not medically necessary	1		0
INVOKANA 300 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Approved	1		0		0
IO MAP OF SENT LYMPH NODE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
IODOQUINOL-HYDROCORT-ALOE GEL	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	BENIGN NEOPLASM OF PAROTID GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	CERVICALGIA	Ancillary	Denied	2	Services are not medically necessary	2		0
IONM IN OPERATNG ROOM 15 MIN	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
IONM IN OPERATNG ROOM 15 MIN	DISCONTINUITY AND DISLOCATION OF LEFT EAR OSSICLES	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Ancillary	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	NONTOXIC SINGLE THYROID NODULE	Family Medicine	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	NONTOXIC SINGLE THYROID NODULE	Multi-Specialty Group	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Family Medicine	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
IONM IN OPERATNG ROOM 15 MIN	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
IONM IN OPERATNG ROOM 15 MIN	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Ancillary	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	SPINAL STENOSIS, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0

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IONM IN OPERATNG ROOM 15 MIN	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	1	Services are not medically necessary	1		0
IONM IN OPERATNG ROOM 15 MIN	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Denied	2	Services are not medically necessary	2		0
IONM REMOTE/>1 PT OR PER HR	BENIGN NEOPLASM OF PAROTID GLAND	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	CERVICALGIA	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
IONM REMOTE/>1 PT OR PER HR	CHRONIC PAIN SYNDROME	Ancillary	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
IONM REMOTE/>1 PT OR PER HR	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Psychiatry	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	LOCALIZED SWELLING, MASS AND LUMP, NECK	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Multi-Specialty Group	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	NONTOXIC SINGLE THYROID NODULE	Multi-Specialty Group	Approved	1		0		0
IONM REMOTE/>1 PT OR PER HR	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
IONM REMOTE/>1 PT OR PER HR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	1	Services are not medically necessary	1		0
IRRIG DRUG DELIVERY DEVICE	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	BASAL CELL CARCINOMA OF SKIN OF LIP	Facility	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	HYPOSPADIAS, PENOSCROTAL	Ancillary	Approved	1		0		0
ISLAND PEDICLE FLAP GRAFT	HYPOSPADIAS, UNSPECIFIED	Facility	Approved	1		0		0
IVIG NON-LYOPHILIZED, NOS	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Neurology	Approved	1		0		0
IVIG NON-LYOPHILIZED, NOS	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Neurology	Approved	1		0		0
JAK2 GENE TRGT SEQ ALYS	IMMUNE THROMBOCYTOPENIC PURPURA	Facility	Approved	1		0		0
JAW ARTHROSCOPY/SURGERY	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT	Ancillary	Denied	1	Services are not medically necessary	1		0
JAW ARTHROSCOPY/SURGERY	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0
JORNAY PM 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Approved	1		0		0
JORNAY PM 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
JORNAY PM 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
JORNAY PM 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	2		0		0
JORNAY PM 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	2	Services are not medically necessary	2		0
JORNAY PM 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
JORNAY PM 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
JORNAY PM 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
JUBLIA 10% TOPICAL SOLUTION	TINEA UNGUIUM	Podiatry	Denied	1	Services are not medically necessary	1		0
JYNARQUE 45 MG-15 MG TABLET	POLYCYSTIC KIDNEY, ADULT TYPE	Internal Medicine	Approved	1		0		0

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JYNARQUE 45 MG-15 MG TABLET	POLYCYSTIC KIDNEY, ADULT TYPE	Nephrology	Approved	3		0		0
JYNARQUE 60 MG-30 MG TABLET	POLYCYSTIC KIDNEY, ADULT TYPE	Nephrology	Approved	1		0		0
JYNARQUE 90 MG-30 MG TABLET	POLYCYSTIC KIDNEY, ADULT TYPE	Nephrology	Approved	3		0		0
KALYDECO 150 MG TABLET	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	1		0		0
KALYDECO 150 MG TABLET	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Sleep Medicine	Approved	1		0		0
KALYDECO 150 MG TABLET	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Denied	1	Services are not medically necessary	1		0
KALYDECO 75 MG GRANULES PACKET	CYSTIC FIBROSIS	Pediatric Pulmonology	Approved	1		0		0
KEPPRA XR 500 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
KEPPRA XR 750 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	Dermatology	Approved	1		0		0
KERYDIN 5% TOPICAL SOLUTION	TINEA UNGUIUM	Podiatry	Denied	1	Services are not medically necessary	1		0
KINERET 100 MG/0.67 ML SYRINGE	ADULT-ONSET STILL'S DISEASE	Rheumatology	Approved	1		0		0
KINERET 100 MG/0.67 ML SYRINGE	OTHER AUTOINFLAMMATORY SYNDROMES	Rheumatology	Approved	1		0		0
KINERET 100 MG/0.67 ML SYRINGE	RHEU ARTHRITIS MULT SITE W INVOLV OF ORGANS AND SYSTEMS	Rheumatology	Denied	1	Services are not medically necessary	1		0
KISQALI 200 MG DAILY DOSE	MALIGNANT NEOPLASM OF OVRLP SITES OF UNSP FEMALE BREAST	Oncology	Approved	1		0		0
KISQALI 400 MG DAILY DOSE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
KNEE-SHIN SYS HYDRAUL STANCE	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
KNEE-SHIN SYS STANCE FLEXION	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Ancillary	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	CHRONIC INSTABILITY OF KNEE, LEFT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	CONTRACTURE, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	OTHER INSTABILITY, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	PAIN IN LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBS	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Ancillary	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	2		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
KO W ADJ FLEX/EXT ROTAT MOLD	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
KO W/ADJ JT ROT CNTRL MOLDED	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0
KO W/ADJ JT ROT CNTRL MOLDED	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
KO W/ADJ JT ROT CNTRL MOLDED	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
KOMBIGLYZE XR 5-1,000 MG TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
KOMBIGLYZE XR 5-500 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
K-PHOS NEUTRAL TABLET		Nephrology	Approved	1		0		0
K-PHOS NEUTRAL TABLET	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Hematology	Denied	1	Services are not medically necessary	1		0
KUVAN 100 MG POWDER PACKET	CLASSICAL PHENYLKETONURIA	Pediatric Nurse Practitioner	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVRTCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVRTCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	2		0		0

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L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	2		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	3		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	2		0		0
L COLECTOMY/COLOPROCTOSTOMY	MALIGNANT NEOPLASM OF SIGMOID COLON	Other	Approved	1		0		0
L COLECTOMY/COLOPROCTOSTOMY	RECTOCELE	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	ISCHEMIC CARDIOMYOPATHY	Facility	Approved	1		0		0
L VENTRIC PACING LEAD ADD-ON	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	Facility	Approved	1		0		0
LAMICTAL 200 MG TABLET	BIPOLAR II DISORDER	Psychiatry	Approved	1		0		0
LAMICTAL XR 200 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Neurology	Approved	1		0		0
LAMICTAL XR 250 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Psychiatry	Approved	1		0		0
LAMINOTOMY ADDL LUMBAR	INTRASPINAL ABSCESS AND GRANULOMA	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	2		0		0
LAMINOTOMY SINGLE LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LAMINOTOMY SINGLE LUMBAR	OTHER SPECIFIED POSTPROCEDURAL STATES	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	SCIATICA, RIGHT SIDE	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
LAMINOTOMY SINGLE LUMBAR	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	Facility	Approved	1		0		0
LAMOTRIGINE 5 MG DISPER TABLET	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE		Family Medicine	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE		Gastroenterology	Denied	1	Services are not medically necessary	1		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	4	Services are not medically necessary	4		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	2		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Nurse Practitioner	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pediatric Gastroenterology	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pediatrics	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Internal Medicine	Approved	1		0		0
LANSOPRAZOLE DR 30 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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LANTUS SOLOSTAR 100 UNIT/ML		Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Denied	2	Services are not medically necessary	2		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	3	Services are not medically necessary	3		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
LANTUS SOLOSTAR 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LAP CLOSE ENTEROSTOMY	COLOSTOMY MALFUNCTION	Other	Approved	1		0		0
LAP CLOSE ENTEROSTOMY	COLOSTOMY STATUS	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	MALIGNANT NEOPLASM OF ASCENDING COLON	Other	Approved	1		0		0
LAP COLECTOMY PART W/ILEUM	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	Other	Approved	1		0		0
LAP COLECTOMY W/PROCTECTOMY	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	Other	Approved	1		0		0
LAP COLECTOMY W/PROCTECTOMY	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Other	Approved	1		0		0
LAP COLOSTOMY	FULL INCONTINENCE OF FECES	Other	Approved	1		0		0
LAP ENTERECTOMY	BENIGN NEOPLASM OF UNSPECIFIED PART OF SMALL INTESTINE	Facility	Approved	1		0		0
LAP ENTEROLYSIS	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Facility	Approved	1		0		0
LAP GASTR BYPASS INCL SMLL I	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Denied	1	Services are not medically necessary	1		0
LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
LAP GASTRIC BYPASS/ROUX-EN-Y	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Approved	4		0		0
LAP ILEO/JEJUNO-STOMY	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	1		0		0
LAP IMPL ELECTRODE ANTRUM	GASTROPARESIS	Facility	Approved	1		0		0
LAP ING HERNIA REPAIR INIT	FAILURE TO THRIVE (CHILD)	Family Medicine	Approved	1		0		0
LAP MOBIL SPLENIC FL ADD-ON	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	1		0		0
LAP MOBIL SPLENIC FL ADD-ON	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
LAP PART COLECTOMY W/STOMA	DVTRCLI OF INTEST, PART UNSP, W PERF AND ABSCESS W/O BLEED	Facility	Approved	1		0		0
LAP PART COLECTOMY W/STOMA	RECTOCELE	Other	Approved	1		0		0
LAP RADICAL HYST	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	1		0		0
LAP RADICAL HYST	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	2		0		0
LAP RADICAL HYST	MALIGNANT NEOPLASM OF ENDOMETRIUM	Other	Approved	1		0		0
LAP RADICAL HYST	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
LAP RADICAL HYST	POSTMENOPAUSAL BLEEDING	Other	Approved	1		0		0
LAP RESECT S/INTESTINE ADDL	FISTULA OF INTESTINE	Other	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	BREAKDOWN (MECHANICAL) OF GI PROSTH DEV/GRFT, INIT	Facility	Approved	1		0		0
LAP RMVL GASTR ADJ ALL PARTS	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Facility	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Anesthesiology	Approved	1		0		0
LAP SLEEVE GASTRECTOMY	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Approved	15		0		0
LAPARO CHOLECYSTECTOMY/EXPLR	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	BENIGN NEOPLASM OF ASCENDING COLON	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	BENIGN NEOPLASM OF COLON, UNSPECIFIED	Other	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
LAPARO PARTIAL COLECTOMY	DVRTCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	2		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	3		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING	Facility	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	FISTULA OF INTESTINE	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF ASCENDING COLON	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Other	Approved	4		0		0
LAPARO PARTIAL COLECTOMY	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	SLOW TRANSIT CONSTIPATION	Other	Approved	1		0		0
LAPARO PARTIAL COLECTOMY	VOLVULUS	Other	Approved	1		0		0
LAPARO PARTIAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Facility	Approved	1		0		0
LAPARO PARTIAL NEPHRECTOMY	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Other	Approved	2		0		0
LAPARO PROC ABDM/PER/OMENT	FOREIGN BODY IN SMALL INTESTINE, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
LAPARO PROC OVIDUCT-OVARY	GENERALIZED INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP	Gynecologic Oncology	Approved	1		0		0
LAPARO PROC UTERUS	URETHRAL DIVERTICULUM	Facility	Approved	1		0		0
LAPARO RADICAL PROSTATECTOMY	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	8		0		0
LAPARO RADICAL PROSTATECTOMY	MALIGNANT NEOPLASM OF PROSTATE	Other	Approved	14		0		0
LAPARO-MYOMECTOMY COMPLEX	INTRAMURAL LEIOMYOMA OF UTERUS	Facility	Denied	2	Services are not medically necessary	2		0
LAPARO-MYOMECTOMY COMPLEX	INTRAMURAL LEIOMYOMA OF UTERUS	Obstetrics/Gynecology		0		0	Denied	1
LAPAROSCOPE PROC INTESTINE	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	1		0		0
LAPAROSCOPE PROC STOM	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPE PROC STOM	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Other	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPE PROCEDURE LIVER	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Other	Approved	1		0		0
LAPAROSCOPE PROCEDURE LIVER	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM	Other	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	ACUTE CHOLECYSTITIS	Ancillary	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	ACUTE CHOLECYSTITIS	Facility	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPIC CHOLECYSTECTOMY	BACTEREMIA	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W ACUTE CHOLECYSTITIS W OBSTRUCTION	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Ancillary	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	CALCULUS OF GALLBLADDER W/O CHOLECYSTITIS W/O OBSTRUCTION	Other	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPIC CHOLECYSTECTOMY	CHOLECYSTITIS, UNSPECIFIED	Facility	Approved	1		0		0
LAPAROSCOPIC CHOLECYSTECTOMY	RIGHT UPPER QUADRANT PAIN	Other	Denied	1	Services are not medically necessary	1		0
LAPAROSCOPIC CHOLECYSTECTOMY	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
LAPAROSCOPIC NEPHRECTOMY	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	Other	Approved	1		0		0
LAPAROSCOPY LYMPH NODE BIOP	CARCINOMA IN SITU OF OTHER PARTS OF CERVIX	Facility	Approved	1		0		0
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF ENDOMETRIUM	Facility	Approved	2		0		0
LAPAROSCOPY LYMPH NODE BIOP	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF PROSTATE	Facility	Approved	10		0		0
LAPAROSCOPY LYMPHADENECTOMY	MALIGNANT NEOPLASM OF PROSTATE	Other	Approved	2		0		0

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LAPAROSCOPY PYELOPLASTY	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION	Other	Approved	1		0		0
LAPAROSCOPY PYELOPLASTY	CROSSING VESSEL AND STRICTURE OF URETER W/O HYDRONEPHROSIS	Other	Approved	1		0		0
LAPAROSCOPY PYELOPLASTY	UNSPECIFIED HYDRONEPHROSIS	Facility	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	DEEP DYSPAREUNIA	Other	Approved	1		0		0
LAPAROSCOPY REMOVE ADNEXA	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
LAPS TOT HYST RESJ MAL	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	Facility	Approved	1		0		0
LARYNSCOP W/TUMR EXC + SCOPE	COAGULATION DEFECT, UNSPECIFIED	Facility	Approved	1		0		0
LASER TX SKIN < 250 SQ CM	OTHER ATOPIC DERMATITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LASER TX SKIN < 250 SQ CM	OTHER SPECIFIED DERMATITIS	Dermatology	Denied	1	Services are not medically necessary	1		0
LASER TX SKIN >500 SQ CM	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
LASER TX SKIN 250-500 SQ CM	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
LASTACAFT 0.25% EYE DROPS	CONJUNCTIVAL EDEMA, LEFT EYE	Optometry	Denied	1	Services are not medically necessary	1		0
LATANOPROST 0.005% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LATUDA 120 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Approved	1		0		0
LATUDA 20 MG TABLET	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
LATUDA 20 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Approved	1		0		0
LATUDA 20 MG TABLET	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Family Medicine	Approved	1		0		0
LATUDA 60 MG TABLET	BIPOLAR II DISORDER	Behavioral Nurse	Approved	1		0		0
LATUDA 60 MG TABLET	BIPOLAR II DISORDER	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
LAZANDA 100 MCG NASAL SPRAY	LIVER CELL CARCINOMA	Anesthesiology	Denied	1	Services are not medically necessary	1		0
LEAD, NEUROSTIMULATOR	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
LEDIPASVIR-SOFOSBUVIR 90-400MG	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	2		0		0
LEDIPASVIR-SOFOSBUVIR 90-400MG	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	1	Services are not medically necessary	1		0
LEFORT I-1 PIECE W/ GRAFT	DENTOFACIAL FUNCTIONAL ABNORMALITIES, UNSPECIFIED	Other	Approved	1		0		0
LEFORT I-1 PIECE W/ GRAFT	PHONOLOGICAL DISORDER	Surgery, Oral And Maxillofacial		0		0	Approved	1
LEFORT I-1 PIECE W/O GRAFT	MAXILLARY HYPOPLASIA	Other	Denied	1	Services are not medically necessary	1		0
LEFORT I-3/> PIECE W/ GRAFT	MAXILLARY HYPOPLASIA	Other	Approved	1		0		0
Left heart catheterization without right heart cath or coronaries	HEART DISEASE UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Left heart catheterization without right heart cath or coronaries	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	CARDIOLOGIST	Approved	1		0		0
Left heart catheterization without right heart cath or coronaries	UNSTABLE ANGINA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
LEFT HRT CATH W/VENTRCLGRPHY	ILLNESS, UNSPECIFIED	Family Medicine	Approved	1		0		0
LEG SURGERY PROCEDURE	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
LEG SURGERY PROCEDURE	OTHER OSTEONECROSIS LEFT FEMUR	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
LEG/ANKLE SURGERY PROCEDURE	ACHILLES TENDINITIS, RIGHT LEG	Sports Medicine	Approved	1		0		0
LEG/ANKLE SURGERY PROCEDURE	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	Facility	Approved	1		0		0
LETAIRIS 10 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
LETAIRIS 10 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
LETAIRIS 5 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Obstetrics/Gynecology	Approved	1		0		0
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	4		0		0
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0

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LEUPROLIDE 2WK 14 MG/2.8 ML KT	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Obstetrics/Gynecology	Approved	1		0		0
LEUPROLIDE 2WK 14 MG/2.8 ML KT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LEUPROLIDE 2WK 14 MG/2.8 ML KT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
LEUPROLIDE 2WK 14 MG/2.8 ML KT	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
LEVEMIR 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LEVEMIR FLEXTOUCH 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
LEVEMIR FLEXTOUCH 100 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
LEVEMIR FLEXTOUCH 100 UNITS/ML	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
LEVEMIR FLEXTOUCH 100 UNITS/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
LEVORPHANOL 2 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
LEVORPHANOL 2 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	1	Services are not medically necessary	1		0
LEXAPRO	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine		0		0	Approved	1
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	2	Services are not medically necessary	2		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	General Practice	Denied	1	Services are not medically necessary	1		0
LEXAPRO 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LEXETTE 0.05% FOAM	OTHER PSORIASIS	Dermatology	Approved	1		0		0
LIDOTRAL 3.88% CREAM	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
Ligamentous reconstruction (augmentation), knee; extra-articular	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTH COMP INTRL ORTH PROS DEVC IMPL GFT SBSQT ENC	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Ligamentous reconstruction (augmentation), knee; extra-articular	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Ligamentous reconstruction (augmentation), knee; extra-articular	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Ligamentous reconstruction (augmentation), knee; extra-articular	UNSPECIFIED SUBLUXATION RT PATELLA SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
LIGATE/STRIP LONG LEG VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Facility	Approved	1		0		0
LIGATION OF NECK ARTERY	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	1		0		0
LINEZOLID 600 MG TABLET	CHRONIC MAXILLARY SINUSITIS	Family Nurse Practitioner	Approved	1		0		0
LINEZOLID 600 MG TABLET	INFECT/INFLM REACTION DUE TO INT FIX OF UNSP SITE, INIT	Podiatry	Approved	1		0		0
LINEZOLID 600 MG TABLET	INFECTION FOLLOWING A PROCEDURE	Infectious Disease	Approved	1		0		0
LINEZOLID 600 MG TABLET	MASTITIS WITHOUT ABSCESS	Surgery, General	Approved	1		0		0
LINEZOLID 600 MG TABLET	METHICILLIN RESIS STAPH INFCT CAUSING DISEASES CLASSD ELSWHR	Dermatology	Approved	2		0		0
LINEZOLID 600 MG TABLET	METHICILLIN RESIS STAPH INFECTION, UNSP SITE	Pulmonary Disease	Approved	2		0		0
LINEZOLID 600 MG TABLET	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Ophthalmology	Approved	1		0		0
LIPID PANEL	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
LIPITOR 20 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LITH ION BATT CID, EAR LEVEL	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
LITHIUM CARBONATE ER 300 MG TB	MANIC EPISODE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIVALO	MIXED HYPERLIPIDEMIA	Family Medicine		0		0	Approved	1
LIVALO 1 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Physician	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	LIPID STORAGE DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0

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LIVALO 1 MG TABLET	LIPID STORAGE DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 1 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
LIVALO 2 MG TABLET	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
LIVALO 2 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	1		0		0
LIVALO 2 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
LIVALO 2 MG TABLET	OTHER SPECIFIED HEALTH STATUS	Family Medicine	Denied	2	Services are not medically necessary	2		0
LIVALO 2 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET		Nurse Practitioner	Approved	1		0		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Approved	2		0		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
LIVALO 4 MG TABLET	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Approved	2		0		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
LIVALO 4 MG TABLET	MIXED HYPERLIPIDEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
LIVALO 4 MG TABLET	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
L-METHYLFOLATE 15 MG CAPLET	FOLATE DEFICIENCY ANEMIA, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
LOCM 300-399MG/ML IODINE,1ML	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
LORZONE 750 MG TABLET	MYALGIA	Neurology	Denied	1	Services are not medically necessary	1		0
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	2		0		0
LOW BACK DISK SURGERY	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	10		0		0
LOW BACK DISK SURGERY	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	LOW BACK PAIN	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	LOW BACK PAIN	Facility	Approved	2		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	3		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	13		0		0
LOW BACK DISK SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Family Medicine	Approved	1		0		0
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBAR REGION	Facility	Approved	5		0		0
LOW BACK DISK SURGERY	RADICULOPATHY, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	RADICULOPATHY, SITE UNSPECIFIED	Ancillary	Approved	1		0		0
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	10		0		0
LOW BACK DISK SURGERY	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
LOW BACK DISK SURGERY	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
LOW BACK DISK SURGERY	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
LOW BACK DISK SURGERY	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	COPD WITH ACUTE LOWER RESPIRATORY INFECTION	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	COUGH	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Low dose CT scan (LDCT) for lung cancer screening	EMPHYSEMA UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	Imaging Center	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	PULMONARY DISEASES	Approved	3		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER GEN ADULT MEDICAL EXAM W/ABNORMAL FIND	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	CRITICAL CARE MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	FAMILY PRACTICE	Approved	10		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	HOSPITAL	Approved	4		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	INTERNAL MEDICINE	Approved	7		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	NURSE PRACTITIONER	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	ONCOLOGY	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	OTHER	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	PEDIATRICS	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	PHYSICIAN ASSISTANT	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	PULMONARY DISEASES	Approved	5		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIG NEOPLASM RESPIR ORGANS	RADIOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	ENCOUNTER SCREENING MALIGNANT NEOPLASM OTH SITES	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	HYPOTHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES IN REMISSION	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	FAMILY PRACTICE	Approved	5		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	HOSPITAL	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	INTERNAL MEDICINE	Approved	4		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE OTH TOBACCO PRODUCT UNCOMP	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Approved	13		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

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Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Imaging Center	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Imaging Center	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	Approved	3		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PHYSICIAN ASSISTANT	Approved	3		0		0
Low dose CT scan (LDCT) for lung cancer screening	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	CRITICAL CARE MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Approved	17		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	HOSPITAL	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	Imaging Center	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	INTERNAL MEDICINE	Approved	7		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PHYSICIAN ASSISTANT	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HISTORY OF NICOTINE DEPENDENCE	PULMONARY DISEASES	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	PERSONAL HX OTH MALIG NEOPLASM BRONCHUS & LUNG	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	PNEUMONIA UNSPECIFIED ORGANISM	INTERNAL MEDICINE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	SOLITARY PULMONARY NODULE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	SOLITARY PULMONARY NODULE	Imaging Center	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	FAMILY PRACTICE	Approved	5		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	INTERNAL MEDICINE	Approved	2		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	NURSE PRACTITIONER	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	PULMONARY DISEASES	Approved	1		0		0
Low dose CT scan (LDCT) for lung cancer screening	TOBACCO USE	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
LOWER JAW BONE GRAFT	DENTOFACIAL ANOMALY, UNSPECIFIED	Facility	Approved	1		0		0
LOWR EXTREMITY PROSTHES NOS	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	Ancillary	Approved	1		0		0
LSH W/T/O UTERUS ABOVE 250 G	UTEROVAGINAL PROLAPSE, UNSPECIFIED	Ancillary	Approved	1		0		0
LUCEMYRA 0.18 MG TABLET	OPIOID DEPENDENCE WITH WITHDRAWAL	Internal Medicine	Approved	1		0		0
LUCEMYRA 0.18 MG TABLET	Opioid dependence with withdrawal	Physical Medicine		0		0	Denied	1
LUCENTIS 0.5 MG/0.05 ML SYRING	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	Ophthalmology	Approved	1		0		0
LUMBAR ARTIF DISKECTOMY	LOW BACK PAIN	Other	Denied	1	Services are not medically necessary	1		0

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LUMBAR ARTIF DISKECTOMY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR ARTIF DISKECTOMY	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR ARTIF DISKECTOMY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR ARTIF DISKECTOMY	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR ARTIF DISKECTOMY	RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Other	Approved	1		0		0
LUMBAR SPINE FUSION	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Other	Approved	1		0		0
LUMBAR SPINE FUSION	INTVRT DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	INTVRT DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	LOW BACK PAIN	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	LOW BACK PAIN	Other	Approved	1		0		0
LUMBAR SPINE FUSION	LUMBAGO WITH SCIATICA, LEFT SIDE	Other	Approved	1		0		0
LUMBAR SPINE FUSION	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	Other	Approved	2		0		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	RADICULOPATHY, LUMBAR REGION	Surgery, Orthopedic		0		0	Denied	1
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	2		0		0

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LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Other	Approved	5		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Approved	1		0		0
LUMBAR SPINE FUSION	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	4		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBAR REGION	Other	Approved	2		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION	UNSP FRACTURE OF UNSP LUM VERTEBRA, SUBS FOR FX W NONUNION	Other	Approved	2		0		0
LUMBAR SPINE FUSION	UNSP FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Other	Approved	1		0		0
LUMBAR SPINE FUSION	WEDGE COMPRSN FX THIRD LUM VERT, SUBS FOR FX W ROUTN HEAL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	Low back pain	Ancillary		0		0	Approved	1
LUMBAR SPINE FUSION COMBINED	LOW BACK PAIN	Ancillary		0		0	Denied	1
LUMBAR SPINE FUSION COMBINED	LOW BACK PAIN	Ancillary	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	LOW BACK PAIN	Other	Approved	2		0		0
LUMBAR SPINE FUSION COMBINED	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	Other bursal cyst, unspecified site	Emergency Medicine		0		0	Denied	1
LUMBAR SPINE FUSION COMBINED	OTHER BURSAL CYST, UNSPECIFIED SITE	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Ancillary	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	Other	Approved	2		0		0
LUMBAR SPINE FUSION COMBINED	RADICULOPATHY, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Approved	3		0		0
LUMBAR SPINE FUSION COMBINED	SPINAL STENOSIS, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	SPONDYLOLISTHESIS, LUMBAR REGION	Other	Approved	10		0		0
LUMBAR SPINE FUSION COMBINED	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Surgery, Orthopedic		0		0	Denied	1
LUMBAR SPINE FUSION COMBINED	UNSP FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0

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LUMBAR SPINE FUSION COMBINED	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Other	Approved	1		0		0
LUMBAR SPINE FUSION COMBINED	WEDGE COMPRSN FX THIRD LUM VERT, SUBS FOR FX W ROUTN HEAL	Other	Denied	1	Services are not medically necessary	1		0
LUMBAR SPINE FUSION COMBINED	WEDGE COMPRSN FX THIRD LUM VERT, SUBS FOR FX W ROUTN HEAL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	LOW-TENSION GLAUCOMA, BILATERAL, MILD STAGE	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	LOW-TENSION GLAUCOMA, LEFT EYE, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OCULAR HYPERTENSION, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OCULAR HYPERTENSION, BILATERAL	Optometry	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	OTHER SPECIFIED GLAUCOMA	Optometry	Approved	1		0		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUMIGAN 0.01% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
LUNG TRANSPLANT SINGLE	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Facility	Approved	1		0		0
LUNG TRANSPLANT SINGLE	IDIOPATHIC PULMONARY FIBROSIS	Facility	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	INTRAMURAL LEIOMYOMA OF UTERUS	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 11.25 MG 3MO KIT	LEIOMYOMA OF UTERUS, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT 3.75 MG KIT	ENDOMETRIOSIS OF UTERUS	Reproductive Endocrinology/Infertility	Approved	1		0		0
LUPRON DEPOT 3.75 MG KIT	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	Obstetrics/Gynecology	Approved	1		0		0
LUPRON DEPOT-PED 11.25 MG 3MO	GENDER IDENTITY DISORDER OF CHILDHOOD	Family Medicine	Approved	1		0		0
LUPRON DEPOT-PED 11.25 MG KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Approved	1		0		0
LUPRON DEPOT-PED 30 MG 3MO KIT	GENDER IDENTITY DISORDER OF CHILDHOOD	Adolescent Medicine	Approved	1		0		0
LUPRON DEPOT-PED 30 MG 3MO KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Approved	1		0		0
LYNPARZA 150 MG TABLET	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Gynecologic Oncology	Approved	1		0		0
LYRICA 100 MG CAPSULE	NEURALGIA AND NEURITIS, UNSPECIFIED	Anesthesiology	Denied	1	Services are not medically necessary	1		0
LYRICA 100 MG CAPSULE	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 150 MG CAPSULE	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 200 MG CAPSULE	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
LYRICA 200 MG CAPSULE	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Denied	1	Services are not medically necessary	1		0
LYRICA 25 MG CAPSULE		Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 25 MG CAPSULE	NEURALGIA AND NEURITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
LYRICA 75 MG CAPSULE	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	DIABETES DUE TO UNDERLYING CONDITION W DIABETIC NEUROP, UNSP	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	OCCIPITAL NEURALGIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	POLYNEUROPATHY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
LYRICA 75 MG CAPSULE	RADICULOPATHY, LUMBAR REGION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
LYRICA CR 165 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
MAGNETIC IMAGE JAW JOINT	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Multi-Specialty Group	Approved	1		0		0
Magnetic resonance (eg, vibration) elastography	NONALCOHOLIC STEATOHEPATITIS	ENDOCRINOLOGY	Approved	1		0		0
Magnetic resonance (eg, vibration) elastography	SECONDARY MAL NEOPLASM LARGE INTESTINE & RECTUM	ANCILLARY	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	CHRONIC ATRIAL FIBRILLATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	BENIGN NEOPLASM OF RIGHT BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	HOSPITAL	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	MALIG NEOPLASM NIPPLE & AREOLA UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging without contrast, breast; bilateral	CAPSULAR CONTRACTURE BREAST IMPLANT INITIAL ENC	PLASTIC SURGERY	Approved	1		0		0
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	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	ONCOLOGY	Approved	1		0		0
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	BENIGN NEOPLASM OF UNSPECIFIED BREAST	FAMILY PRACTICE	Approved	1		0		0
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	BREAST IMPLANT STATUS	FAMILY PRACTICE	Approved	1		0		0
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	BREAST IMPLANT STATUS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
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	BREAST IMPLANT STATUS	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
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	BREAST IMPLANT STATUS	PLASTIC SURGERY	Approved	1		0		0
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	BREAST IMPLANT STATUS	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
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	BREAST IMPLANT STATUS	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
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	DIFFUSE CYSTIC MASTOPATHY OF RIGHT BREAST	FAMILY PRACTICE	Approved	1		0		0

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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	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	RADIATION ONCOLOGY	Approved	1		0		0
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	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	RADIOLOGY - DIAGNOSTIC	Approved	16		0		0
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	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
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	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	SURGERY-GENERAL	Approved	1		0		0
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	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
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	DISORDER OF BREAST UNSPECIFIED	Imaging Center	Approved	1		0		0
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	DISORDER OF BREAST UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
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	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	Imaging Center	Approved	1		0		0
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	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	ONCOLOGY	Approved	1		0		0
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	ENCOUNTER NONPROCREATIVE SCR GENETIC DZ CARR STS	ONCOLOGY	Approved	1		0		0
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	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	FAMILY PRACTICE	Approved	3		0		0
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	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	Imaging Center	Approved	1		0		0

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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	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	INTERNAL MEDICINE	Approved	2		0		0
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	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
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	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	ONCOLOGY	Approved	2		0		0
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	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
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	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Approved	1		0		0
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	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
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	ENCOUNTER SCREEN MALIG NEOPLASM INTEST TRACT UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	FAMILY PRACTICE	Approved	1		0		0
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	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
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	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	GENERAL SURGERY	Approved	1		0		0
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	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	INTERNAL MEDICINE	Approved	2		0		0
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	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	3		0		0

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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	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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	ESTROGEN RECEPTOR POSITIVE STATUS	SURGERY-GENERAL	Approved	1		0		0
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 CARRIER OF GENETIC DISEASE	GENERAL SURGERY	Approved	1		0		0
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	FAMILY PRACTICE	Approved	5		0		0
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	GYNECOLOGY	Approved	1		0		0
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	HOSPITAL	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	2		0		0
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	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
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	NURSE PRACTITIONER	Approved	4		0		0
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	OBSTETRICS & GYNECOLOGY	Approved	8		0		0
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	OBSTETRICS & GYNECOLOGY	Denied	7	Services are not medically necessary	7		0
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	ONCOLOGY	Approved	3		0		0
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	RADIATION ONCOLOGY	Approved	1		0		0

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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	RADIOLOGY - DIAGNOSTIC	Approved	27		0		0
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	RADIOLOGY - DIAGNOSTIC	Denied	4	Services are not medically necessary	4		0
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	SURGERY	Approved	2		0		0
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	SURGERY-GENERAL	Approved	2		0		0
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 OVARY	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
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 UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
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 UNSPECIFIED	ONCOLOGY	Approved	1		0		0
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 HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	ONCOLOGY	Approved	1		0		0
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	FIBROADENOSIS OF UNSPECIFIED BREAST	GENERAL SURGERY	Approved	1		0		0
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	FIBROADENOSIS OF UNSPECIFIED BREAST	SURGERY-GENERAL	Approved	1		0		0
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	FIBROSCLEROSIS OF LEFT BREAST	FAMILY PRACTICE	Approved	1		0		0
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	FISSURE AND FISTULA OF NIPPLE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	FAMILY PRACTICE	Approved	2		0		0

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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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	GENERAL SURGERY	Approved	2		0		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	INTERNAL MEDICINE	Approved	1		0		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	5		0		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	RADIOLOGY - DIAGNOSTIC	Approved	4		0		0
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	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	SURGERY-GENERAL	Approved	1		0		0
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	GENETIC SUSCEPTIBILITY MX ENDOCRINE NEOPLASIA	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
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	HEREDITARY HEMOCHROMATOSIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
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	HYPERTROPHY OF BREAST	SURGERY-GENERAL	Approved	2		0		0
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 PRACTICE	Denied	1	Services are not medically necessary	1		0
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	Imaging Center	Approved	1		0		0

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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	INTERNAL MEDICINE	Approved	1		0		0
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	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
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	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
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	ONCOLOGY	Approved	1		0		0
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	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
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	SURGEON - BREAST	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	NURSE PRACTITIONER	Approved	1		0		0
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	SURGERY	Approved	1		0		0
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 SITU OF UNSPECIFIED BREAST	FAMILY PRACTICE	Approved	1		0		0
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	INTRAMURAL LEIOMYOMA OF UTERUS	ONCOLOGY	Approved	1		0		0
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	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	LOCALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
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	LOCALIZED SWELLING MASS AND LUMP TRUNK	FAMILY PRACTICE	Approved	1		0		0
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 CENTRAL PORTION LT FEMALE BREAST	SURGERY-GENERAL	Approved	2		0		0
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 CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
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 CENTRAL PORTION RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
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-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
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-INNER QUAD UNS FEMALE BRST	SURGERY-GENERAL	Approved	1		0		0
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	Denied	2	Services are not medically necessary	2		0
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	SURGERY-GENERAL	Approved	1		0		0
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 NIPPLE & AREOLA RT FEMALE BREAST	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
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 NIPPLE & AREOLA RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
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 NIPPLE & AREOLA UNS FEMALE BREAST	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 NIPPLE & AREOLA UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
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 NIPPLE & AREOLA UNS FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
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 UPPER-INNER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
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 UPPER-INNER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	PHYSICIAN ASSISTANT	Approved	1		0		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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 UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Approved	2		0		0
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 UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
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 UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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 UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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 UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
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 UPPER-OUTER QUAD UNS FEMALE BRST	SURGERY	Approved	1		0		0
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 UPPR-INNER QUAD UNS FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
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 AXILLARY TAIL LT FEMALE BRST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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 AXILLARY TAIL LT FEMALE BRST	SURGERY-GENERAL	Approved	1		0		0
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 OF SIGMOID COLON	ONCOLOGY	Approved	1		0		0
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 OF UNS SITE RIGHT MALE BREAST	FAMILY PRACTICE	Approved	1		0		0
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 OVERLAP SITE RT FEMALE BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
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 OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 OVERLAP SITE RT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
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 OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
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 LEFT FEMALE BREAST	FAMILY PRACTICE	Approved	1		0		0
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 LEFT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
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 LEFT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
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 LEFT FEMALE BREAST	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
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 LEFT FEMALE BREAST	RADIOLOGY - DIAGNOSTIC	Approved	4		0		0
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 LEFT FEMALE BREAST	SURGERY	Approved	1		0		0
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 LEFT FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
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	FAMILY PRACTICE	Approved	2		0		0
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	GENERAL SURGERY	Approved	1		0		0
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	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
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	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	ONCOLOGY	Approved	1		0		0
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	RADIOLOGY - DIAGNOSTIC	Approved	3		0		0
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	SURGERY-GENERAL	Approved	3		0		0
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 UNS FEMALE BREAST	FAMILY PRACTICE	Approved	8		0		0
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 UNS FEMALE BREAST	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
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 UNS FEMALE BREAST	Imaging Center	Approved	1		0		0
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 UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
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 UNS FEMALE BREAST	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
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 UNS FEMALE BREAST	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
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 UNS FEMALE BREAST	ONCOLOGY	Approved	1		0		0
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 UNS FEMALE BREAST	PEDIATRICS	Approved	1		0		0
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 UNS FEMALE BREAST	RADIOLOGY - DIAGNOSTIC	Approved	2		0		0
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 UNS FEMALE BREAST	SURGERY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 UNS FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
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	Denied	1	Services are not medically necessary	1		0
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	HOSPITAL	Denied	1	Services are not medically necessary	1		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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	SURGERY- PLASTIC	Denied	3	Services are not medically necessary	3		0
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	NIPPLE DISCHARGE	INTERNAL MEDICINE	Approved	2		0		0
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	NIPPLE DISCHARGE	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
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	NIPPLE DISCHARGE	SURGERY	Approved	2		0		0
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	NIPPLE DISCHARGE	SURGERY-GENERAL	Approved	1		0		0
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 & INCONCLUSIVE FIND ON DX IMAG BREAST	FAMILY PRACTICE	Approved	1		0		0
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 & INCONCLUSIVE FIND ON DX IMAG BREAST	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
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 & INCONCLUSIVE FIND ON DX IMAG BREAST	Imaging Center	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 & INCONCLUSIVE FIND ON DX IMAG BREAST	OBSTETRICS & GYNECOLOGY	Approved	6		0		0
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 & INCONCLUSIVE FIND ON DX IMAG BREAST	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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 & INCONCLUSIVE FIND ON DX IMAG BREAST	SURGERY-GENERAL	Approved	2		0		0
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 CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
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 BENIGN MAMMARY DYSPLASIAS UNS BREAST	RADIOLOGY - DIAGNOSTIC	Approved	3		0		0
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 SIGNS AND SYMPTOMS IN BREAST	INTERNAL MEDICINE	Approved	2		0		0
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 DISORDERS OF BREAST	OBSTETRICS & GYNECOLOGY	Denied	2	Services are not medically necessary	2		0
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	HOSPITAL	Denied	2	Services are not medically necessary	2		0
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	Imaging Center	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	2		0		0
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	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
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	NURSE PRACTITIONER	Approved	1		0		0
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	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	SURGERY-GENERAL	Approved	3		0		0
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	PERSONAL HISTORY OF HODGKIN LYMPHOMA	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
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	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	FAMILY PRACTICE	Approved	1		0		0
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	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	INTERNAL MEDICINE	Approved	1		0		0
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	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
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	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	PLASTIC SURGERY	Approved	1		0		0
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	PERSONAL HISTORY PRIMARY MALIG NEOPLASM BREAST	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
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	RETRACTION OF NIPPLE	FAMILY PRACTICE	Approved	1		0		0
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	SOLITARY CYST OF UNSPECIFIED BREAST	SURGERY-GENERAL	Denied	3	Services are not medically necessary	3		0
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	Unknown	RADIATION ONCOLOGY	Approved	1		0		0
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	Unknown	RADIOLOGY	Approved	1		0		0
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	Unknown	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
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	UNS BENIGN MAMMARY DYSPLASIA UNSPECIFIED BREAST	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0

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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	UNS BENIGN MAMMARY DYSPLASIA UNSPECIFIED BREAST	SURGEON - BREAST	Denied	1	Services are not medically necessary	1		0
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	UNS COMP INTRL PROSTH DEVICE IMPL GRAFT INIT ENC	ALLERGY & IMMUNOLOGY	Approved	1		0		0
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	UNS COMP INTRL PROSTH DEVICE IMPL GRAFT INIT ENC	ALLERGY & IMMUNOLOGY	Denied	3	Services are not medically necessary	3		0
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	UNS COMP INTRL PROSTH DEVICE IMPL GRAFT INIT ENC	FAMILY PRACTICE	Approved	1		0		0
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	UNS COMP INTRL PROSTH DEVICE IMPL GRAFT INIT ENC	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
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	UNSPECIFIED BENIGN MAMMARY DYSPLASIA RT BREAST	ANCILLARY	Approved	1		0		0
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	UNSPECIFIED BENIGN MAMMARY DYSPLASIA RT BREAST	SURGERY-GENERAL	Approved	2		0		0
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	Unspecified lump in the left breast, unspecified quadrant	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	Unspecified lump in the left breast, unspecified quadrant	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
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	Unspecified lump in the left breast, upper inner quadrant	FAMILY PRACTICE	Approved	1		0		0
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	Unspecified lump in the right breast, unspecified quadrant	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	Unspecified lump in unspecified breast	INTERNAL MEDICINE	Approved	1		0		0
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	Unspecified lump in unspecified breast	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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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	Unspecified lump in unspecified breast	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
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	Unspecified lump in unspecified breast	ONCOLOGY	Approved	1		0		0
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	UNSPECIFIED TYPE CARCINOMA IN SITU UNS BREAST	GENERAL PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	BREAST IMPLANT STATUS	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	BREAST IMPLANT STATUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without contrast material; bilateral	ENCOUNTER OTHER SCREENING MALIG NEOPLASM BREAST	FAMILY PRACTICE	Approved	2		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without contrast material; bilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	ONCOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	MALIG NEOPLASM NIPPLE & AREOLA UNS FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without contrast material; bilateral	MASTODYNIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
Magnetic resonance imaging, breast, without contrast material; bilateral	MASTODYNIA	HOSPITAL	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	INTERNAL MEDICINE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; bilateral	UNS COMP INTRL PROSTH DEVICE IMPL GRAFT INIT ENC	ALLERGY & IMMUNOLOGY	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; unilateral	ENCOUNTER SCREEN OTH SUSPECTED ENDOCRN DISORDER	FAMILY PRACTICE	Approved	1		0		0
Magnetic resonance imaging, breast, without contrast material; unilateral	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
Magnetic resonance imaging, breast, without contrast material; unilateral	MASTODYNIA	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MAKENA	PERSONAL HISTORY OF PRE-TERM LABOR	Emergency Medicine		0		0	Approved	1
MAKENA	PERSONAL HISTORY OF PRE-TERM LABOR	Obstetrics/Gynecology		0		0	Approved	1
MAKENA 275 MG/1.1 ML AUTOINJCT	PERSONAL HISTORY OF PRE-TERM LABOR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MAKENA 275 MG/1.1 ML AUTOINJCT	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
MAKENA, 10 MG	PERSONAL HISTORY OF PRE-TERM LABOR	Obstetrics/Gynecology	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, FIRST TRIMESTER	Ancillary	Approved	2		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, SECOND TRI	Ancillary	Approved	1		0		0

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MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	Ancillary	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	Pharmacology, Clinical	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W HISTORY OF PRE-TERM LABOR, UNSP TRIMESTER	Ancillary	Approved	1		0		0
MAKENA, 10 MG	SUPRVSN OF PREG W POOR REPRODCTV OR OBSTET HX, SECOND TRI	Ancillary	Approved	1		0		0
MALARONE 250-100 MG TABLET	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MALARONE 250-100 MG TABLET	ENCOUNTER FOR PROPHYLACTIC MEASURES, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MALARONE 250-100 MG TABLET	OTHER SPECIFIED HEALTH STATUS	Infectious Disease	Denied	1	Services are not medically necessary	1		0
MALARONE 250-100 MG TABLET	UNSPECIFIED MALARIA	Infectious Disease	Denied	1	Services are not medically necessary	1		0
MALARONE 250-100 MG TABLET	UNSPECIFIED MALARIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MAN W/C PUSH-RIM POWR SYSTEM	SHORT STATURE DUE TO ENDOCRINE DISORDER	Ancillary	Approved	1		0		0
MANIPULAT PALM CORD POST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Pediatric Surgery	Approved	1		0		0
MANIPULAT PALM CORD POST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Hand	Approved	1		0		0
MANIPULAT PALM CORD POST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Orthopedic	Approved	1		0		0
MANIPULAT PALM CORD POST INJ	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	ANKYLOSIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	CONTRACTURE RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT INT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT SUB ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	SCAR CONDITIONS AND FIBROSIS OF SKIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	STIFFNESS OF RIGHT KNEE NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MANUAL THERAPY 1/> REGIONS	CERVICALGIA	Family Medicine	Approved	1		0		0

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MANUAL THERAPY 1/> REGIONS	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Family Medicine	Approved	1		0		0
MANUAL THERAPY 1/> REGIONS	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
MANUAL THERAPY 1/> REGIONS	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
MANUAL THERAPY 1/> REGIONS	OTHER SPECIFIED DISORDERS OF MUSCLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MANUAL THERAPY 1/> REGIONS	PAIN IN LEFT FOOT	Physical Therapy	Denied	2	Services are not medically necessary	2		0
MANUAL THERAPY 1/> REGIONS	PAIN IN RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
MASSAGE THERAPY	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
MAST MOD RAD	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	BENIGN NEOPLASM OF RIGHT BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	GENDER IDENTITY DISORDER, UNSPECIFIED	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	4		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Surgery, General	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	2		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	4		0		0
MAST SIMPLE COMPLETE	OTH PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	Facility	Approved	1		0		0
MAST SIMPLE COMPLETE	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	Other	Approved	1		0		0
MAST SUBQ	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
MATULANE 50 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	1		0		0
MAVENCLAD 10 MG X 10 TABLET PK	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	4		0		0
MAVYRET 100-40 MG TABLET	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Denied	1	Services are not medically necessary	1		0
MAYZENT 2 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0

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MDFC FLAP W/PRSRV VASC PEDCL	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	Facility	Approved	1		0		0
MECHANICAL TRACTION THERAPY	CERVICALGIA	Chiropractic	Approved	2		0		0
MECHANICAL TRACTION THERAPY	CERVICALGIA	Family Medicine	Approved	3		0		0
MECHANICAL TRACTION THERAPY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Chiropractic	Denied	1	Services are not medically necessary	1		0
MECLIZINE 25 MG TABLET	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
MECLIZINE 25 MG TABLET	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	Physician	Denied	1	Services are not medically necessary	1		0
MED NUTRITION INDIV SUBSEQ	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Registered Dietitian	Approved	1		0		0
MED NUTRITION INDIV SUBSEQ	ANOREXIA NERVOSA, RESTRICTING TYPE	Registered Dietitian	Denied	1	Services are not medically necessary	1		0
MED NUTRITION INDIV SUBSEQ	DIETARY COUNSELING AND SURVEILLANCE	Registered Dietitian	Approved	1		0		0
MEDICAL NUTRITION INDIV IN	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Registered Dietitian	Approved	1		0		0
MEDICAL NUTRITION INDIV IN	ANOREXIA NERVOSA, RESTRICTING TYPE	Registered Dietitian	Denied	1	Services are not medically necessary	1		0
MEDICAL NUTRITION INDIV IN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
MEFLOQUINE HCL 250 MG TABLET	DIZZINESS AND GIDDINESS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MEFLOQUINE HCL 250 MG TABLET	ENCOUNTER FOR IMMUNIZATION	Physician	Denied	1	Services are not medically necessary	1		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Anorexia nervosa, binge eating/purging type	Behavioral Health Facility	Approved	3		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Anorexia nervosa, restricting type	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Anxiety disorder, unspecified	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Autistic disorder	Behavioral Health Facility	Approved	3		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Bipolar disord, crnt episode manic severe w psych features	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Bulimia nervosa	Behavioral Health Facility	Approved	3		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Disruptive mood dysregulation disorder	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Generalized anxiety disorder	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Major depressive disorder, recurrent, moderate	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Major depressive disorder, recurrent, unspecified	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Major depressive disorder, single episode, unspecified	Behavioral Health Facility	Approved	4		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Approved	9		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Oppositional defiant disorder	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Other specified eating disorder	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Post-traumatic stress disorder, unspecified	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Schizoaffective disorder, depressive type	Behavioral Health Facility	Approved	1		0		0
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Schizophrenia, unspecified	Behavioral Health Facility	Approved	1		0		0
MESALAMINE	Ulcerative colitis, unspecified, without complications	Gastroenterology		0		0	Approved	1
MESALAMINE 4 GM/60 ML KIT	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MESALAMINE 800 MG DR TABLET	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
MESALAMINE 800 MG DR TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
MESALAMINE 800 MG DR TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METABOLIC PANEL TOTAL CA	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
Metastases (Non-Bone/Brain)	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	RADIATION ONCOLOGY	Approved	1		0		0
Metastases (Non-Bone/Brain)	Malignant neoplasm of prostate	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITH OTH CIRCULATORY COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG GASTR-TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Approved	1		0		0
METFORMIN ER 1,000 MG OSM-TAB	IMPAIRED FASTING GLUCOSE	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITH OTH CIRCULATORY COMPLICATIONS	Physician	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
METFORMIN ER 1,000 MG OSM-TAB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG GASTRC-TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
METFORMIN ER 500 MG OSMOTIC TB	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
METHADONE		Pain Management		0		0	Approved	1
METHADONE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physical Medicine		0		0	Approved	1
METHADONE	RESTLESS LEGS SYNDROME	Neurology		0		0	Denied	1
METHADONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
METHADONE HCL 10 MG TABLET	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	Family Medicine	Denied	1	Services are not medically necessary	1		0
METHADONE HCL 10 MG TABLET	ENCOUNTER FOR PALLIATIVE CARE	Family Medicine	Approved	1		0		0
METHADONE HCL 10 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Emergency Medicine	Approved	1		0		0
METHADONE HCL 10 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physician Assistant	Approved	1		0		0
METHADONE HCL 10 MG TABLET	OTHER SPONDYLOSIS WITH RADICULOPATHY, SITE UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
METHADONE HCL 10 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
METHADONE HCL 5 MG TABLET	OTHER CHRONIC PAIN	Anesthesiology	Approved	1		0		0
METHADONE HCL 5 MG TABLET	RESTLESS LEGS SYNDROME	Neurology	Denied	1	Services are not medically necessary	1		0
METHADONE ORAL 5MG	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
METHAMPHETAMINE 5 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
METHOTREXATE SODIUM INJ	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Other	Approved	1		0		0
METHYLPHENIDATE CD 10 MG CAP	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Approved	1		0		0
METHYLPHENIDATE ER 27 MG TAB		Pediatrics	Approved	1		0		0
METHYLPHENIDATE ER 36 MG TAB		Pediatrics	Approved	1		0		0
METOPIRONE 250 MG CAPSULE	MALIGNANT NEOPLASM OF PAROTID GLAND	Internal Medicine	Approved	1		0		0
METOPIRONE 250 MG CAPSULE	OTHER CUSHING'S SYNDROME	Endocrinology And Metabolism	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Ancillary	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MH PARTIAL HOSP TX UNDER 24H	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Facility	Approved	15		0		0
MH PARTIAL HOSP TX UNDER 24H	ANOREXIA NERVOSA, RESTRICTING TYPE	Facility	Approved	26		0		0
MH PARTIAL HOSP TX UNDER 24H	ANOREXIA NERVOSA, RESTRICTING TYPE	Facility	Denied	1	Services are not medically necessary	1		0
MH PARTIAL HOSP TX UNDER 24H	ANXIETY DISORDER, UNSPECIFIED	Facility	Approved	9		0		0
MH PARTIAL HOSP TX UNDER 24H	AUTISTIC DISORDER	Facility	Approved	8		0		0
MH PARTIAL HOSP TX UNDER 24H	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	Ancillary	Approved	5		0		0
MH PARTIAL HOSP TX UNDER 24H	BINGE EATING DISORDER	Ancillary	Approved	6		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	Facility	Approved	8		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPSD DEPRESS, MILD OR MOD SEVERT, UNSP	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEVERE, W PSYCH FEATURES	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR DISORDER, UNSPECIFIED	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	BIPOLAR II DISORDER	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	BULIMIA NERVOSA	Ancillary	Approved	9		0		0
MH PARTIAL HOSP TX UNDER 24H	DISRUPTIVE MOOD DYSREGULATION DISORDER	Facility	Approved	3		0		0
MH PARTIAL HOSP TX UNDER 24H	EATING DISORDER, UNSPECIFIED	Facility	Approved	5		0		0
MH PARTIAL HOSP TX UNDER 24H	GENERALIZED ANXIETY DISORDER	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Facility	Approved	7		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Facility	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Facility	Approved	17		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Facility	Denied	2	Services are not medically necessary	2		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Ancillary	Approved	6		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Facility	Approved	63		0		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Facility	Denied	4	Services are not medically necessary	4		0
MH PARTIAL HOSP TX UNDER 24H	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	Facility	Approved	2		0		0
MH PARTIAL HOSP TX UNDER 24H	OPPOSITIONAL DEFIANT DISORDER	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	OTHER SPECIFIED EATING DISORDER	Facility	Approved	10		0		0
MH PARTIAL HOSP TX UNDER 24H	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Facility	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
MH PARTIAL HOSP TX UNDER 24H	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Facility	Approved	4		0		0
MH PARTIAL HOSP TX UNDER 24H	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	SCHIZOPHRENIA, UNSPECIFIED	Facility	Approved	1		0		0
MH PARTIAL HOSP TX UNDER 24H	UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND	Facility	Approved	6		0		0
MICONAZOLE-ZINC-PETRO 0.25-15%	DISEASES OF LIPS	Hematology	Denied	1	Services are not medically necessary	1		0
MICRODISSECTION MANUAL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MICROSATELLITE INSTABILITY	MALIGNANT NEOPLASM OF RIGHT OVARY	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MIDDLE CEREBRAL ARTERY ECHO	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	CHRONIC ETHMOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
MIDDLE EAR SURGERY PROCEDURE	NEOPLASM OF UNCRT BEHAV OF AORTIC BODY AND OTH PARAGANGLIA	Facility	Denied	1	Services are not medically necessary	1		0

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MIGRANAL NASAL SPRAY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
MLH1 GENE	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	2		0		0
MLH1 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
MLH1 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	3		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	2		0		0
MLH1 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MLH1 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF SMALL INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MNPJ OF TMJ W/ANESTH	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
MNPJ OF TMJ W/ANESTH	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
MNPJ OF TMJ W/ANESTH	LEFT TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Nephrology	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE	Behavioral Nurse	Approved	1		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Nurse Practitioner	Approved	1		0		0

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MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Psychiatry	Approved	1		0		0
MODAFINIL 100 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Surgery, Plastic	Approved	1		0		0
MODAFINIL 100 MG TABLET	CONGENITAL HIATUS HERNIA	Family Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	HYPERSOMNIA, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
MODAFINIL 100 MG TABLET	INSOMNIA, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Internal Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
MODAFINIL 100 MG TABLET	OTHER FATIGUE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 100 MG TABLET	OTHER HYPERSOMNIA	Pediatric Pulmonology	Approved	1		0		0
MODAFINIL 100 MG TABLET	PRIMARY CENTRAL SLEEP APNEA	Internal Medicine	Approved	1		0		0
MODAFINIL 100 MG TABLET	SLEEP APNEA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	ATTENTION AND CONCENTRATION DEFICIT	Neurology	Approved	1		0		0
MODAFINIL 200 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	BIPOLAR DISORDER, IN FULL REMIS, MOST RECENT EPISODE DEPRESS	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	CHRONIC FATIGUE, UNSPECIFIED	Physician	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Approved	8		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Internal Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Rheumatology	Approved	1		0		0
MODAFINIL 200 MG TABLET	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE	Sleep Medicine	Approved	2		0		0
MODAFINIL 200 MG TABLET	EMOTIONAL LABILITY	Internal Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Physician Assistant	Approved	1		0		0
MODAFINIL 200 MG TABLET	HYPERSOMNIA, UNSPECIFIED	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	HYPERSOMNIA, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
MODAFINIL 200 MG TABLET	IDIO SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Physician Assistant	Approved	1		0		0
MODAFINIL 200 MG TABLET	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Family Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	INSOMNIA DUE TO OTHER MENTAL DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	INSOMNIA, UNSPECIFIED	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Psychiatry	Approved	1		0		0
MODAFINIL 200 MG TABLET	MULTIPLE SCLEROSIS	Neurology	Approved	3		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Internal Medicine	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Neurology	Approved	1		0		0
MODAFINIL 200 MG TABLET	NARCOLEPSY WITHOUT CATAPLEXY	Physician Assistant	Approved	1		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Neurology	Approved	1		0		0
MODAFINIL 200 MG TABLET	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Sleep Medicine	Approved	2		0		0

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MODAFINIL 200 MG TABLET	OTHER SLEEP DISORDERS	Psychiatry	Denied	1	Services are not medically necessary	1		0
MODAFINIL 200 MG TABLET	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
MONOVISC 88 MG/4 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	1		0		0
MONOVISC 88 MG/4 ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	5		0		0
MONOVISC 88 MG/4 ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	4		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Approved	1		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	20		0		0
MONOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
MONOVISC INJ PER DOSE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Surgery, Orthopedic	Approved	1		0		0
MONOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Family Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
MONOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	3		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Facility	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Approved	2		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	7		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rheumatology	Approved	1		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	15		0		0
MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 1	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 1	ENCOUNTER FOR SCREENING FOR OTHER METABOLIC DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 2	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	EOSINOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 2	OTHER LONG TERM (CURRENT) DRUG THERAPY	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	ABNORMAL FINDING OF BLOOD CHEMISTRY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	ENCOUNTER FOR OTH GENETIC TESTING OF FEMALE FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	EOSINOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 3	SECONDARY POLYCYTHEMIA	Oncology	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ABNORMAL FINDING OF BLOOD CHEMISTRY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	1		0		0

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MOPATH PROCEDURE LEVEL 4	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	EOSINOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	FAMILY HISTORY OF DISEASES OF THE MS SYS AND CONNECTIVE TISS	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	2		0		0
MOPATH PROCEDURE LEVEL 4	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	IMMUNE THROMBOCYTOPENIC PURPURA	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 4	OTHER MALE INFERTILITY	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 4	SECONDARY POLYCYTHEMIA	Ancillary	Denied	2	Services are not medically necessary	2		0
MOPATH PROCEDURE LEVEL 4	SECONDARY POLYCYTHEMIA	Oncology	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	ENCOUNTER FOR SCREENING FOR OTHER METABOLIC DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	EOSINOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 5	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 5	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	EHLERS-DANLOS SYNDROMES	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 6	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 6	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	EHLERS-DANLOS SYNDROMES	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 7	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 7	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 7	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 7	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
MOPATH PROCEDURE LEVEL 7	VENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	EHLERS-DANLOS SYNDROMES	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 8	VENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	Ancillary	Denied	1	Services are not medically necessary	1		0

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MOPATH PROCEDURE LEVEL 9	EHLERS-DANLOS SYNDROMES	Ancillary	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
MOPATH PROCEDURE LEVEL 9	ENCOUNTER FOR SCREENING FOR OTHER METABOLIC DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
MOPATH PROCEDURE LEVEL 9	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Ancillary	Approved	1		0		0
MORPHABOND	BODY MASS INDEX (BMI) 32.0-32.9, ADULT	Pain Management		0		0	Denied	1
MORPHABOND ER 15 MG TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
MORPHINE SULF ER	CHRONIC PAIN SYNDROME	Anesthesiology		0		0	Denied	1
MORPHINE SULF ER 100 MG TABLET	RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	ATYPICAL FACIAL PAIN	Physical Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	DORSALGIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	FIBROMYALGIA	Physical Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Hematology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Oncology	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	OTHER CHRONIC PAIN	Physician Assistant	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physical Medicine	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Surgery, Orthopedic	Approved	1		0		0
MORPHINE SULF ER 15 MG TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Pain Management	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	ATYPICAL FACIAL PAIN	Physical Medicine	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	CHRONIC PAIN SYNDROME	Nurse Practitioner	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	General Practice	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
MORPHINE SULF ER 30 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
MORPHINE SULF ER 60 MG TABLET	CERVICALGIA	Physical Medicine	Approved	1		0		0
MORPHINE SULFATE ER 10 MG CAP	CHRONIC PAIN SYNDROME	Physician	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	PELVIC AND PERINEAL PAIN	Family Medicine	Approved	1		0		0
MORPHINE SULFATE IR 15 MG TAB	PELVIC AND PERINEAL PAIN	Family Medicine	Denied	2	Services are not medically necessary	2		0
MORPHINE SULFATE IR 15 MG TAB	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	General Practice	Approved	1		0		0
MOVANTIK 25 MG TABLET	DRUG INDUCED CONSTIPATION	Physical Medicine	Approved	1		0		0
MOVANTIK 25 MG TABLET	OTHER CONSTIPATION	Gastroenterology	Approved	1		0		0
MOVANTIK 25 MG TABLET	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Approved	1		0		0
MR ANGIOGRAPH HEAD W/O&W/DYE	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, SUPRATENTORIAL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
MR Spectroscopy (MRS)	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	AORTIC ARCH SYNDROME TAKAYASU	FAMILY PRACTICE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ATHEROSCLEROSIS OF RENAL ARTERY	FAMILY PRACTICE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	Imaging Center	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	NEPHROLOGY	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	OTHER SECONDARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
MRA ABDOMEN, with or without contrast material(s)	PELVIC AND PERINEAL PAIN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRA ABDOMEN, with or without contrast material(s)	THORACIC AORTIC ECTASIA	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0

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MRA ABDOMEN, with or without contrast material(s)	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	AORTIC ARCH SYNDROME TAKAYASU	FAMILY PRACTICE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CHRONIC ATRIAL FIBRILLATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOLOGIST	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	CARDIOVASCULAR DISEASE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	INTERNAL MEDICINE	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	CONGENITAL STENOSIS OF AORTIC VALVE	PEDIATRIC CARDIOLOGY	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	PERSISTENT HYPERPLASIA OF THYMUS	SURGERY-THORACIC	Denied	1	Services are not medically necessary	1		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	THORACIC AORTIC ECTASIA	CARDIOLOGIST	Approved	1		0		0
MRA CHEST (excluding myocardium), with or without contrast material(s)	THORACIC AORTIC ECTASIA	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; with contrast material(s)	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; with contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	ABNORMAL BRAIN SCAN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	ALTERED MENTAL STATUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	ANESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	ANEURYSM OF UNSPECIFIED SITE	Physician	Approved	1		0		0
MRA Head; without contrast material(s)	ARTERIOVENOUS MALFORMATION SITE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	ATAXIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	BENIGN NEOPLASM OF CRANIAL NERVES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	RADIOLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	CEREBRAL ANEURYSM NONRUPTURED	RADIOLOGY - DIAGNOSTIC	Approved	3		0		0
MRA Head; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRA Head; without contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	CERVICALGIA	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s)	CHRONIC MAXILLARY SINUSITIS	INFECTIOUS DISEASES	Approved	1		0		0
MRA Head; without contrast material(s)	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	PHYSICIAN ASSISTANT	Approved	1		0		0
MRA Head; without contrast material(s)	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	PEDIATRICS	Approved	1		0		0
MRA Head; without contrast material(s)	CONSTANT EXOPHTHALMOS RIGHT EYE	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	DISORDER OF PITUITARY GLAND UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	DISORIENTATION UNSPECIFIED	NEUROLOGY	Approved	1		0		0

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MRA Head; without contrast material(s)	DISSECTION OF CAROTID ARTERY	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	DISSECTION OF UNSPECIFIED SITE OF AORTA	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	2		0		0
MRA Head; without contrast material(s)	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s)	DORSOPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	DRUSEN OF OPTIC DISC LEFT EYE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	END STAGE RENAL DISEASE	NEPHROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	EPISODIC CLUSTER HEADACHE INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	ESSENTIAL TREMOR	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s)	EXPRESSIVE LANGUAGE DISORDER	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	FAMILY PRACTICE	Approved	3		0		0
MRA Head; without contrast material(s)	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Approved	2		0		0
MRA Head; without contrast material(s)	HEADACHE	FAMILY PRACTICE	Approved	5		0		0
MRA Head; without contrast material(s)	HEADACHE	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	HEADACHE	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRA Head; without contrast material(s)	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	PEDIATRICS	Approved	1		0		0
MRA Head; without contrast material(s)	HORNERS SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRA Head; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	NEUROLOGY	Denied	4	Services are not medically necessary	4		0
MRA Head; without contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s)	NEW DAILY PERSISTENT HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	NEW DAILY PERSISTENT HEADACHE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER CEREBROVASCULAR DISEASE	NEUROLOGY	Approved	2		0		0
MRA Head; without contrast material(s)	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER PERIPHERAL VERTIGO UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0

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MRA Head; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s)	PARESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	POLYCYSTIC KIDNEY UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY CENTRAL SLEEP APNEA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	PRIMARY COUGH HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY EXERTIONAL HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY THUNDERCLAP HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	RESTLESS LEGS SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	TRANSIENT VISUAL LOSS RIGHT EYE	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	TRAUMATIC SUBARACHNOID HEMORRHAGE W/O LOC INIT	SURGERY-NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s)	Unknown	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s)	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRA Head; without contrast material(s)	UNSPECIFIED PTOSIS OF LEFT EYELID	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s)	UNSPECIFIED VISUAL DISTURBANCE	Imaging Center	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	DISSECTION OF CAROTID ARTERY	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DIABETES MELLITUS OTH DIAB OPHTHALM COMP	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRA Head; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	OPHTHALMOLOGY	Approved	1		0		0
MRA Lower Extremity, with or without contrast material(s)	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Lower Extremity, with or without contrast material(s)	AORTIC ARCH SYNDROME TAKAYASU	FAMILY PRACTICE	Approved	1		0		0
MRA Lower Extremity, with or without contrast material(s)	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	VASCULAR SURGERY	Approved	1		0		0
MRA Lower Extremity, with or without contrast material(s)	PELVIC AND PERINEAL PAIN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRA Neck; with contrast material(s)	ARTERIAL FIBROMUSCULAR DYSPLASIA	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; with contrast material(s)	ESSENTIAL TREMOR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; with contrast material(s)	PRIMARY CENTRAL SLEEP APNEA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; with contrast material(s)	SYNCOPE AND COLLAPSE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRA Neck; with contrast material(s)	THORACIC AORTIC ECTASIA	PEDIATRIC CARDIOLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	ALTERED MENTAL STATUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s)	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRA Neck; without contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	CERVICALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	CERVICALGIA	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	DISORIENTATION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s)	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s)	EXPRESSIVE LANGUAGE DISORDER	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s)	HEART DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
MRA Neck; without contrast material(s)	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	OSTEOPHYTE VERTEBRAE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s)	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	OTHER PERIPHERAL VERTIGO UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s)	Unknown	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	ABNORMAL BRAIN SCAN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISORIENTATION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISSECTION OF CAROTID ARTERY	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISSECTION OF CAROTID ARTERY	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	1		0		0

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MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	ESSENTIAL TREMOR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEART DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	PEDIATRICS	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HORNERS SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	HORNERS SYNDROME	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCLUSION & STENOSIS UNS VERTEBRAL ARTERY	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCLUSION & STENOSIS UNS VERTEBRAL ARTERY	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CEREBROVASCULAR DISEASE	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OF TRIGEMINAL NERVE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRANSIENT VISUAL LOSS RIGHT EYE	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROLOGY	Approved	1		0		0
MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRA PELVIS, with or without contrast material(s)	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0
MRA PELVIS, with or without contrast material(s)	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	VASCULAR SURGERY	Approved	1		0		0
MRCP	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	Facility	Approved	1		0		0
MRCP (Magnetic Resonance Cholangiopancreatography)	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	1		0		0

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MRI ABDOMEN W/O & W/DYE	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	1		0		0
MRI ABDOMEN W/O & W/DYE	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	Unknown	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	ACUTE HEPATITIS C WITHOUT HEPATIC COMA	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	BETA THALASSEMIA	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CALCULUS GB W/O CHOLECYSTITIS W/O OBSTRUCTION	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	CYCLICAL VOMITING NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	CYST OF PANCREAS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	DISORDER OF ADRENAL GLAND UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	GAUCHER DISEASE	HEMATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	NONINFLAMMATORY DISORDER CERVIX UTERI UNS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OBSTRUCTION OF BILE DUCT	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OTHER CHRONIC PANCREATITIS	GASTROENTEROLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s)	OTHER CONGENITAL MALFORMATIONS OF LIVER	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF BILIARY TRACT	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISEASES OF LIVER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI ABDOMEN; without contrast material(s)	POLYCYSTIC KIDNEY ADULT TYPE	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	Unknown	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s)	UNSPECIFIED CIRRHOSIS OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORM FIND ON DX IMAG OTH PARTS DIGESTIVE TRACT	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	FAMILY PRACTICE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	GASTROENTEROLOGY	Approved	8		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	INTERNAL MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL FIND ON DX IMAGING LIVER & BILI TRACT	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ABNORMAL RESULTS OTH ENDOCRINE FUNCTION STUDIES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ACUTE ABDOMEN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ACUTE HEPATITIS C WITHOUT HEPATIC COMA	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM UNSPECIFIED	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF LIVER	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	CARDIOLOGIST	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CELIAC DISEASE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC HEPATITIS UNSPECIFIED	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CHRONIC VIRAL HEPATITIS C	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CONGENITAL ABSENCE OF VAGINA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CONNS SYNDROME	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE UNS W/OTHER COMPLICATION	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	NEPHROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	PULMONARY DISEASES	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF KIDNEY ACQUIRED	UROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYST OF PANCREAS	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	CYSTIC DISEASE OF LIVER	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF BILIARY TRACT UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF PANCREAS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISEASE OF SPLEEN UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DISORDER OF ADRENAL GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ENCOUNTER AFTERCARE FOLLOWING LIVER TRANSPLANT	HEPATOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ENCOUNTER NONPROCREATIVE SCR GENETIC DZ CARR STS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ENDOMETRIOSIS UNSPECIFIED	GYNECOLOGY	Approved	1		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	EPIGASTRIC PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ESSENTIAL PRIMARY HYPERTENSION	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	PULMONARY DISEASES	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMANGIOMA UNSPECIFIED SITE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEMATEMESIS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY NOT ELSEWHERE CLASSIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEPATOMEGALY WITH SPLENOMEGALY NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	HEREDITARY HEMOCHROMATOSIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	INTRAHEPATIC BILE DUCT CARCINOMA	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LEFT UPPER QUADRANT PAIN	SURGERY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	ANCILLARY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	FAMILY PRACTICE	Approved	5		0		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Approved	5		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	INTERNAL MEDICINE	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER DISEASE UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	LIVER TRANSPLANT STATUS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LEFT CHOROID	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LEFT CHOROID	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYMUS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED SITE RIGHT EYE	ANCILLARY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED SITE RIGHT EYE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0

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MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MYELODYSPLASTIC DISEASE NOT CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	MYELODYSPLASTIC DISEASE NOT CLASSIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	ENDOCRINOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	ENDOCRINOLOGY	Denied	3	Services are not medically necessary	3		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	NONALCOHOLIC STEATOHEPATITIS	ENDOCRINOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER BENIGN NEUROENDOCRINE TUMORS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CHRONIC PAIN	PEDIATRICS	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER CONGENITAL MALFORMATIONS OF LIVER	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SARCOMAS OF LIVER	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED CONGENITAL MALFORMATION SYND NEC	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF BILIARY TRACT	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF GALLBLADDER	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Approved	6		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	NURSE PRACTITIONER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF LIVER	PULMONARY DISEASES	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	OTHER SPECIFIED URINARY INCONTINENCE	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PORTAL VEIN THROMBOSIS	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	PSEUDOCYST OF PANCREAS	GASTROENTEROLOGY	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	FAMILY PRACTICE	Approved	2		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	RUQ ABDOMINAL SWELLING MASS & LUMP	INTERNAL MEDICINE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY CARCINOID TUMORS OF LIVER	SURGERY-GENERAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	SECONDARY MAL NEOPLASM LARGE INTESTINE & RECTUM	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Approved	3		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	GASTROENTEROLOGY	Approved	4		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	HOSPITAL	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	Imaging Center	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unknown	OTHER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNS ABNORM FIND IN SPEC FROM OTH ORGN SYS & TISS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	FAMILY PRACTICE	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Unsp intestnl obst, unsp as to partial versus complete obst	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED B-CELL LYMPHOMA SPLEEN	ONCOLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED CIRRHOSIS OF LIVER	OTHER	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	UPPER ABDOMINAL PAIN UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	URINARY TRACT INFECTION SITE NOT SPECIFIED	UROLOGY	Approved	1		0		0
MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI Bone Marrow Blood Supply	MONOCLONAL GAMMOPATHY	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	ANTIPHOSPHOLIPID SYNDROME	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	BENIGN NEOPLASM OF PITUITARY GLAND	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	BENIGN NEOPLASM OF SPINAL CORD	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); with contrast material(s)	DISORDERS OF HYPOGLOSSAL NERVE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	HEADACHE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); with contrast material(s)	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	NEUROFIBROMATOSIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); with contrast material(s)	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	OTHER SPECIFIED HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	TRANSIENT ALTERATION OF AWARENESS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	TREMOR UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	UNSPECIFIED HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); with contrast material(s)	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	INFECTIOUS DISEASES	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); with contrast material(s)	WHITE MATTER DISEASE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	ALCOHOL DEPENDENCE UNCOMPLICATED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ALTERED MENTAL STATUS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	ANESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	ANXIETY DISORDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	APHASIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ARTERITIS UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material	ATAXIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ATTENTION AND CONCENTRATION DEFICIT	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN PAROXYSMAL VERTIGO BILATERAL	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	BENIGN PAROXYSMAL VERTIGO LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	BLEPHAROSPASM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	BRIEF PSYCHOTIC DISORDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	BUDD-CHIARI SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	BULIMIA NERVOSA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL ANEURYSM NONRUPTURED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CEREBRAL ANEURYSM NONRUPTURED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL ANEURYSM NONRUPTURED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL CYSTS	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS RT MCA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	CEREBRAL INFARCTION UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CERVICAL SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	CERVICALGIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CERVICALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CERVICALGIA	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	8		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	PEDIATRIC NEUROLOGIST	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	CHRONIC POST-TRAUMATIC HEADACHE INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	OTHER	Approved	1		0		0
MRI BRAIN (head); without contrast material	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	PSYCHIATRY	Approved	1		0		0
MRI BRAIN (head); without contrast material	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION W/LOC 30 MIN/LESS INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION W/LOC UNS DURATION INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	UROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	CONCUSSION WITHOUT LOC SUBSEQUENT ENCOUNTER	EMERGENCY MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	CRANIOSYNOSTOSIS	SURGERY- PLASTIC	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	CYTOMEGALOVIRAL DISEASE UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	DELIRIUM DUE TO KNOWN PHYSIOLOGICAL CONDITION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DELUSIONAL DISORDERS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	DEPERSONALIZATION-DEREALIZATION SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DEVELOPMENTAL DISORDER SPEECH AND LANGUAGE UNS	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	DIFFICULTY IN WALKING NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIPLOPIA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIPLOPIA	UROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISCOID LUPUS ERYTHEMATOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISSECTION OF VERTEBRAL ARTERY	RADIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DISSECTION OF VERTEBRAL ARTERY	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DIZZINESS AND GIDDINESS	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material	DRUG INDUCED SUBACUTE DYSKINESIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	DRUSEN OF OPTIC DISC LEFT EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	EPIDEMIC VERTIGO	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	EPISODIC CLUSTER HEADACHE INTRACTABLE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	EPISODIC CLUSTER HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	ESSENTIAL TREMOR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	EXPRESSIVE LANGUAGE DISORDER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	FASCICULATION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	FEVER UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	FAMILY PRACTICE	Approved	20		0		0
MRI BRAIN (head); without contrast material	HEADACHE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	HEADACHE	INTERNAL MEDICINE	Approved	10		0		0
MRI BRAIN (head); without contrast material	HEADACHE	NEUROLOGY	Approved	17		0		0
MRI BRAIN (head); without contrast material	HEADACHE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	HEADACHE	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material	HEADACHE	Other	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRIC NEUROLOGIST	Approved	4		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PEDIATRICS	Approved	4		0		0
MRI BRAIN (head); without contrast material	HEADACHE	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI BRAIN (head); without contrast material	HEADACHE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEMANGIOMA OF INTRACRANIAL STRUCTURES	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEMIPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	HEREDITARY ATAXIA UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HICCOUGH	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYDROCEPHALUS UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	HYPOTHYROIDISM UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	JUV OSTEOCHONDROSIS SPINE THORACOLUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	LYMPHANGIOMA ANY SITE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MACROCEPHALY	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROPATHOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	PEDIATRIC NEUROLOGIST	Approved	4		0		0
MRI BRAIN (head); without contrast material	MILD COGNITIVE IMPAIRMENT SO STATED	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	CARDIOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	27		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	MULTIPLE SCLEROSIS	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI BRAIN (head); without contrast material	MUSCLE WASTING & ATROPHY NEC UNSPECIFIED HAND	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NAUSEA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	NEURALGIA AND NEURITIS UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material	OBSTRUCTIVE HYDROCEPHALUS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OCULAR PAIN LEFT EYE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	OTH SX & SIGNS INVLV GEN SENSATION & PERCEPTIONS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER AMNESIA	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER DISTURBANCES OF SMELL AND TASTE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER GENERAL SYMPTOMS AND SIGNS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER HEADACHE SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER MUSCLE SPASM	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER PERIPHERAL VERTIGO UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER REDUCTION DEFORMITIES OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED DISORDERS OF MUSCLE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED FORMS OF TREMOR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	OTHER SPECIFIED FORMS OF TREMOR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PARESTHESIA OF SKIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PARKINSONS DISEASE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PERVASIVE DEVELOPMENTAL DISORDER UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	POLYNEUROPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	POLYNEUROPATHY UNSPECIFIED	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material	POST-TRAUMATIC STRESS DISORDER CHRONIC	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY CENTRAL SLEEP APNEA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	PRIMARY EXERTIONAL HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY THUNDERCLAP HEADACHE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	PRIMARY THUNDERCLAP HEADACHE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	REPEATED FALLS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	RESTLESS LEGS SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	RIGHT UPPER QUADRANT PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material	SLURRED SPEECH	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	SPECIFIC DEVELOPMENTAL DISORDER MOTOR FUNCTION	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	SPINAL INSTABILITIES CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI BRAIN (head); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material	SYNDROME INAPPROPRIATE SEC ANTIDIURETIC HORMONE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	PEDIATRIC GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TINNITUS BILATERAL	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	TINNITUS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	TINNITUS UNSPECIFIED EAR	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TORTICOLLIS	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material	TOXIC EFF CARB MONOXIDE MV EXHAUST ACC INIT ENC	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT ALTERATION OF AWARENESS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	TRANSIENT GLOBAL AMNESIA	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material	TRAUMATIC SUBDURAL HEMORRHAGE W/LOC UNS DUR INIT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	TREMOR UNSPECIFIED	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	TREMOR UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	TREMOR UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	TRIGEMINAL NEURALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	TYPE 1 DM W/OTH DIABETIC NEUROLOGICAL COMP	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS ICI LOC >24 HR RTN PREXIST CONSC LEVEL SEQ	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material	UNS INTRACRANIAL INJURY W/O LOC INITIAL ENCOUNTR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNS SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED COMA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED CONVULSIONS	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED DISORDER OF EYE AND ADNEXA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED FALL INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED FALL SUBSEQUENT ENCOUNTER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INJURY OF HEAD SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INTELLECTUAL DISABILITIES	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED INTELLECTUAL DISABILITIES	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED PAPILLEDEMA	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL FIELD DEFECTS	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material	UNSPECIFIED VISUAL LOSS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	VESTIBULAR NEURONITIS BILATERAL	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	WEAKNESS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material	WEAKNESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL ELECTROENCEPHALOGRAM EEG	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL FINDINGS ON DX IMAGING SKULL & HEAD NEC	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ABNORMAL RESULTS OF THYROID FUNCTION STUDIES	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACROMEGALY AND PITUITARY GIGANTISM	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE DISSEMIN ENCEPHALIT & ENCEPHALOMYELIT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE POST-TRAUMATIC HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ALTERED MENTAL STATUS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AMENORRHEA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	SLEEP MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANOSMIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANOSMIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ANOXIC BRAIN DAMAGE NOT ELSEWHERE CLASSIFIED	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION SITE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ARTERITIS UNSPECIFIED	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATAXIA UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATTENTION AND CONCENTRATION DEFICIT	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AUTISTIC DISORDER	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AUTOIMMUNE THYROIDITIS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	AUTONOMIC NEUROPATHY IN DISEASES CLASSIFIED ELSW	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BELLS PALSY	FAMILY PRACTICE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BELLS PALSY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN CARCINOID TUMOR OF THE FOREGUT NOS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN INTRACRANIAL HYPERTENSION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN INFRATENTORIAL	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN SUPRATENTORIAL	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CEREBRAL MENINGES	SURGERY-NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROSURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	OTOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF CRANIAL NERVES	SLEEP MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	DIABETES & METABOLISM	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROSURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	ENDOCRINOLOGY	Approved	13		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NEUROSURGERY	Approved	8		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PITUITARY GLAND	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL CORD	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO LEFT EAR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	BENIGN PAROXYSMAL VERTIGO UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL CYSTS	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCT UNS OCCL/STEN RT CEREBELLAR ART	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CEREBRAL INFARCTION UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MAXILLARY SINUSITIS	INFECTIOUS DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC POST-TRAUMATIC HEADACHE NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMMUNICATING HYDROCEPHALUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONCUSSION WITHOUT LOC SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONDUCT HL UNI LT EAR UNRESTIRCT CONTRALAT SIDE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL CEREBRAL CYSTS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL CEREBRAL CYSTS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL HYDROCEPHALUS UNSPECIFIED	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CRAMP AND SPASM	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CUSHINGS SYNDROME UNSPECIFIED	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CUSHINGS SYNDROME UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	CUSHINGS SYNDROME UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEPERSONALIZATION-DEREALIZATION SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DEVELOPMENTAL DISORDER SPEECH AND LANGUAGE UNS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	INTERNAL MEDICINE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER OF PITUITARY GLAND UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDER VISUAL CORTX DUE NEOPLASM LT SIDE BRAIN	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORDERS OF HYPOGLOSSAL NERVE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORIENTATION UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISORIENTATION UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DISSECTION OF VERTEBRAL ARTERY	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	EMERGENCY MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENCEPHALOPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ENCOUNTER SURG AFTERCARE FOLLOW SURGERY NERV SYS	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	OTHER	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	EPISODIC TENSION-TYPE HEADACHE NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ESSENTIAL TREMOR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FACIAL WEAKNESS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FASCICULATION	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FLUSHING	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FOURTH TROCHLEAR NERVE PALSY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	FRONTAL ENCEPHALOCELE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GENERALIZED ANXIETY DISORDER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	GUILLAIN-BARRE SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	ENDOCRINOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Approved	10		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	INTERNAL MEDICINE	Approved	11		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Approved	12		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	OTOLARYNGOLOGIST (ENT)	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA OF INTRACRANIAL STRUCTURES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMANGIOMA UNSPECIFIED SITE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEMIPLEGIC MIGRAINE INTRACT W/STATUS MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HEREDITARY MOTOR AND SENSORY NEUROPATHY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HETERONYMOUS BILATERAL FIELD DEFECTS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HICCOUGH	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HOMONYMOUS BILATERAL FIELD DEFECTS LEFT SIDE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYDROCEPHALUS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	ENDOCRINOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERFUNCTION OF PITUITARY GLAND UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERLIPIDEMIA UNSPECIFIED	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERPROLACTINEMIA	UROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPERTROPHY OF NASAL TURBINATES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	EMERGENCY MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	PEDIATRIC ENDOCRINOLOGIST	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOPITUITARISM	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	HYPOTHYROIDISM UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY LEFT EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LABYRINTHITIS UNSPECIFIED EAR	OTORHINOLARYNGOLOGIST (EENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LARYNGEAL SPASM	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LESION LATERAL POPLITEAL NERVE LEFT LOWER LIMB	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRACT W/SE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MAJOR DEPRESSIVE D/O SINGLE EPIS PART REMISSION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM NIPPLE & AREOLA RIGHT MALE BREAST	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN STEM	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEURO & ONCOLOGY	Denied	7	Services are not medically necessary	7		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Approved	17		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROLOGY	Denied	5	Services are not medically necessary	5		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	ONCOLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	PEDIATRICS	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF CEREBELLUM	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	HEMATOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	ONCOLOGY	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASAL CAVITY	ANCILLARY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PARIETAL LOBE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PARIETAL LOBE	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TEMPORAL LOBE	HEMATOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	SURGERY-GENERAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENIERES DISEASE LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENIERES DISEASE RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MENIERES DISEASE UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	PEDIATRIC NEUROLOGIST	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MIX CONDUCT SENSORINEURAL HEAR LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	79		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NURSE PRACTITIONER	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MUSCLE SPASM OF BACK	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	MYOCLONUS	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NAUSEA WITH VOMITING UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR PITUITARY GLAND	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BHV CRANIOPHARYNGEAL DUCT	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	ENDOCRINOLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	NEUROSURGERY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROSURGERY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNSPECIFIED BEHAVIOR UNS SITE	RADIOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEURALGIA AND NEURITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	NURSE PRACTITIONER	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	NONTRAUMAT INTRACEREB HEMORR HEMISPHERE CORTICAL	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTALGIA BILATERAL	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH ABNORMAL FIND ON DX IMAGING CNTRL NERV SYS	NEUROLOGY	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLVING APPEAR & BEHAVIOR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMAL AUDITORY PERCEPTIONS LEFT EAR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER AMNESIA	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER BENIGN NEOPLASM OF SKIN UNSPECIFIED	SURGERY-NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER CEREBROVASCULAR DISEASE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER COMPLICATED HEADACHE SYNDROME	CARDIOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDER OF CIRCULATORY SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF PITUITARY GLAND	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISORDERS OF PITUITARY GLAND	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SKIN SENSATION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SMELL AND TASTE	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER FATIGUE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER FATIGUE	PEDIATRIC ENDOCRINOLOGIST	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER GENERAL SYMPTOMS AND SIGNS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER HEADACHE SYNDROME	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER LACK OF COORDINATION	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER MALFORMATIONS OF CEREBRAL VESSELS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER MUSCLE SPASM	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER OPTIC ATROPHY UNSPECIFIED EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER PRIMARY THROMBOPHILIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER REDUCED MOBILITY	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SEIZURES	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SEIZURES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	DIABETES & METABOLISM	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC DISORDERS EUSTACHIAN TUBE BILAT	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC DISORDERS EUSTACHIAN TUBE RT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPEC DISORDERS EUSTACHIAN TUBE UNS EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED CONGENITAL MALFORMATIONS BRAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	HOSPITAL	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF LEFT EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF LEFT EAR	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED FORMS OF TREMOR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED FORMS OF TREMOR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS LEFT EAR	ANCILLARY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED HYPOTHYROIDISM	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAIN IN RIGHT ARM	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PANUVEITIS LEFT EYE	ANCILLARY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	Approved	11		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	URGENT CARE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PARKINSONS DISEASE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PAROSMIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PATULOUS EUSTACHIAN TUBE BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY INFECTIONS CENTRAL NERV SYSTEM	NEUROLOGY	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OF BENIGN NEOPLASM OF THE BRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PITUITARY-DEPENDENT CUSHINGS DISEASE	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POLYCYSTIC KIDNEY ADULT TYPE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTCONCUSSIONAL SYNDROME	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	POST-TRAUMATIC HEADACHE UNS NOT INTRACTABLE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY COUGH HEADACHE	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	PRIMARY THUNDERCLAP HEADACHE	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RETROBULBAR NEURITIS LEFT EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SARCOID IRIDOCYCLITIS	ANCILLARY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SCORBUTIC ANEMIA	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY AMENORRHEA	ENDOCRINOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HOSPITAL	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	ONCOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OTH PARTS NERV SYS	ONCOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINEURAL HEARING LOSS BILATERAL	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINEURAL HEARING LOSS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	9		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINURL HL UNI LT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	6		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SENSORINURL HL UNI RT EAR UNRESTRCT CNTRLAT SIDE	OTOLARYNGOLOGIST (ENT)	Approved	12		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SHORT STATURE CHILD	PEDIATRIC ENDOCRINOLOGIST	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS RIGHT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SUDDEN IDIOPATHIC HEARING LOSS UNSPECIFIED EAR	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	SYNCOPE AND COLLAPSE	NEUROLOGY	Approved	4		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TENSION-TYPE HEADACHE UNS NOT INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TESTICULAR HYPOFUNCTION	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS BILATERAL	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS LEFT EAR	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TINNITUS UNSPECIFIED EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TORTICOLLIS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT ALTERATION OF AWARENESS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT ALTERATION OF AWARENESS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT ALTERATION OF AWARENESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT VISUAL LOSS RIGHT EYE	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRANSIENT VISUAL LOSS UNSPECIFIED EYE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	NEUROLOGY	Approved	4		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TREMOR UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	FAMILY PRACTICE	Approved	5		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	INTERNAL MEDICINE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	GENERAL PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	NEUROSURGERY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Unknown	OTOLARYNGOLOGIST (ENT)	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS INTRACRAN INJURY LOC 30 MIN/LESS INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS MENTAL DISORDER DUE KNOWN PHYSIOLOGICAL COND	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNS SX & SIGNS INVLV COGNITIVE FUNC & AWARENESS	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	NEUROLOGY	Approved	7		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED CONVULSIONS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER OF EYE AND ADNEXA	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER PSYCHOLOGICAL DEVELOPMENT	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED ESOTROPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS BILATERAL	FAMILY PRACTICE	Approved	1		0		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS LEFT EAR	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED HEARING LOSS RIGHT EAR	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED INJURY OF HEAD SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED NYSTAGMUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC ATROPHY	OPHTHALMOLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	OPHTHALMOLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF LEFT EYELID	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	INFECTIOUS DISEASES	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	NURSE PRACTITIONER	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED SENSORINEURAL HEARING LOSS	OTOLARYNGOLOGIST (ENT)	Approved	19		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	FAMILY PRACTICE	Approved	3		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	Imaging Center	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	NEUROLOGY	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	PEDIATRICS	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL LOSS	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL LOSS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO FROM INFRASOUND SUBSEQUENT ENCOUNTER	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VERTIGO OF CENTRAL ORIGIN BILATERAL	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VESTIBULAR NEURONITIS UNSPECIFIED EAR	NEUROLOGY	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VISUAL DISCOMFORT UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VISUAL HALLUCINATIONS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	VISUOSPATIAL DEFICIT	FAMILY PRACTICE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	WEAKNESS	FAMILY PRACTICE	Approved	2		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	ZOSTER WITHOUT COMPLICATIONS	NEUROLOGY	Approved	1		0		0
MRI BRAIN STEM W/O & W/DYE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	CEREBRAL ANEURYSM NONRUPTURED	NEUROLOGY	Approved	1		0		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	OTHER HEADACHE SYNDROME	FAMILY PRACTICE	Approved	1		0		0
MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI BREAST BILATERAL, without and/or with contrast material(s)	OTH ABNORM & INCONCLUSIVE FIND ON DX IMAG BREAST	FAMILY PRACTICE	Approved	1		0		0
MRI BREAST BILATERAL, without and/or with contrast material(s)	Unknown	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	BENIGN NEOPLASM OF SPINAL CORD	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	NEUROFIBROMATOSIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	OTH INCPL LES AT C4 LEVL CERV SP CORD SUBSQT ENC	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	PARESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	TORTICOLLIS	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); with contrast material(s)	VITAMIN D DEFICIENCY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ABNORMAL REFLEX	PODIATRY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	SLEEP MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ARNOLD-CHIARI SYND W/O SPINA BIFIDA/HYDROCEPHLUS	NEUROSURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ARTHRODESIS STATUS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	BENIGN PAROXYSMAL VERTIGO BILATERAL	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O RADICULOPATHY CERVICOTHOR RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY CERVICOTHOR RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY HIGH CERV REG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS CERVICOTHORACIC RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	20		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	33	Services are not medically necessary	33		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	GENERAL PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	GYNECOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	14	Services are not medically necessary	14		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROLOGY	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROLOGY	Denied	9	Services are not medically necessary	9		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC SURGERY	Approved	8		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC SURGERY	Denied	7	Services are not medically necessary	7		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Approved	10		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	10		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL THERAPY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICIAN ASSISTANT	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	RHEUMATOLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SPINAL SURGEON	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	17		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Denied	15	Services are not medically necessary	15		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICOBRACHIAL SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CERVICOBRACHIAL SYNDROME	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	CHRONIC POST-TRAUMATIC HEADACHE INTRACTABLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPLEX REGIONAL PAIN SYNDROME I LEFT UPPER LIMB	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PSYCHIATRY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DIPLOPIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	2		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	PHYSIATRY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	DYSPHAGIA UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	ESSENTIAL PRIMARY HYPERTENSION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEADACHE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEADACHE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEADACHE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	HYPERMOBILITY SYNDROME	OSTEOPATHIC MANIPULATIVE MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	INJURY NERVE ROOT C-SPINE SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	JUV OSTEOCHONDROSIS SPINE THORACOLUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LESION OF RADIAL NERVE RIGHT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM OF CEREBRAL MENINGES	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	14		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MUSCLE SPASM OF BACK	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MUSCLE WASTING & ATROPHY NEC UNSPECIFIED HAND	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEURALGIA AND NEURITIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	NEURALGIA AND NEURITIS UNSPECIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OCCIPITAL NEURALGIA	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OSTEOPHYTE VERTEBRAE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERV DISC DEGEN HIGH CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	FAMILY PRACTICE	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER AMNESIA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER FATIGUE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER HEADACHE SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER MUSCLE SPASM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER MUSCLE SPASM	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER MUSCLE SPASM	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER MUSCLE SPASM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DORSOPATHIES CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED JOINT DISORDERS UNS SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED MONONEUROPATHIES UNS UPPER LIMB	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS THORACIC REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/ MYELOPATHY THORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED SHOULDER	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PAIN UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARKINSONS DISEASE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PARKINSONS DISEASE	NEUROLOGY	Denied	3	Services are not medically necessary	3		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	PERSON INJURED UNS MOTOR-VEH ACC TRAF INIT ENC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTCONCUSSIONAL SYNDROME	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	POSTURAL KYPHOSIS CERVICOTHORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Denied	7	Services are not medically necessary	7		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	17		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	20	Services are not medically necessary	20		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	Imaging Center	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	6		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	9	Services are not medically necessary	9		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Denied	10	Services are not medically necessary	10		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	8		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	11	Services are not medically necessary	11		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	Other	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	8		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	15	Services are not medically necessary	15		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	6		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	8	Services are not medically necessary	8		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL THERAPY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PODIATRY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-HAND	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	17		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	21	Services are not medically necessary	21		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICOTHORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	RESTLESS LEGS SYNDROME	NEUROLOGY	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION CERVICAL REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL INSTABILITIES CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ANESTHESIOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	CARDIOLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROSURGERY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROSURGERY	Denied	5	Services are not medically necessary	5		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material	STIFFNESS OF UNSPECIFIED JOINT NEC	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TINNITUS UNSPECIFIED EAR	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	TORTICOLLIS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	CHIROPRACTOR	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PAIN MANAGEMENT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNS INFLAMMATORY SPONDYLOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNS INJURY AT C3 LEVL CERV SPINAL CORD SUB ENC	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED CORD COMPRESSION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED KYPHOSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED MONONEUROPATHY LEFT UPPER LIMB	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	UNSPECIFIED PTOSIS OF LEFT EYELID	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material	WEAKNESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CENTRAL DEMYELINATION OF CORPUS CALLOSUM	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL DISC D/O W/MYELOPATHY HIGH CERVICAL REG	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICAL ROOT DISORDERS NOT ELSEWHERE CLASSIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	ALLERGY & IMMUNOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	GYNECOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MED/GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	COMPRESSION OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	INTERNAL MEDICINE	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	ENCOUNTER GEN ADULT MEDICAL EXAM W/ABNORMAL FIND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	GUILLAIN-BARRE SYNDROME	INTERNAL MEDICINE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	HORNERS SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Imaging Center	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MONOPLEGIA LOWER LIMB LEFT DOMINANT SIDE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	HOSPITAL	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	41		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NURSE PRACTITIONER	Approved	1		0		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	NEW DAILY PERSISTENT HEADACHE	NEUROLOGY	Approved	1		0		0
MRI Cervical 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	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	4	Services are not medically necessary	4		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER CEREBROVASCULAR DISEASE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	3		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER REDUCED MOBILITY	FAMILY PRACTICE	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	CARDIOLOGIST	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	Approved	4		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPINAL STENOSIS CERVICAL REGION	URGENT CARE	Denied	2	Services are not medically necessary	2		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	TORTICOLLIS	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISORDER PSYCHOLOGICAL DEVELOPMENT	PEDIATRICS	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC ATROPHY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	WALDENSTROM MACROGLOBULINEMIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	WEAKNESS	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	NEUROLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	CHEST PAIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	SURGERY-THORACIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	LYMPHOCYTOSIS SYMPTOMATIC	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	ENDOCRINOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	PLEURODYNIA	FAMILY PRACTICE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED B-CELL LYMPHOMA SPLEEN	ONCOLOGY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	CHEST PAIN UNSPECIFIED	SPORTS MEDICINE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	CHEST PAIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	CONTUSION OF RIGHT SHOULDER INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	JOINT DISORDER UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	OTH CONGEN MALFORM UP LIMBS INCL SHOULDER GIRDLE	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	OTHER CHEST PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	1		0		0

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MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	OTHER SPRAIN UNS SHOULDER JOINT INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	STRAIN MUSCLE & TENDON FRONT WALL THORAX INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	Unknown	INTERNAL MEDICINE	Approved	1		0		0
MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	Unknown	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI FETAL SNGL/1ST GESTATION	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
MRI JNT OF LWR EXTRE W/O DYE	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED LOWER LIMB	Ancillary	Approved	1		0		0
MRI LOWER EXTREMITY W/O DYE	PAIN IN RIGHT FOOT	Family Medicine		0		0	Approved	1
MRI Lower Extremity, any joint; with contrast material(s)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS UNS HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS RIGHT HIP NEC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL THERAPY	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL THERAPY	Denied	2	Services are not medically necessary	2		0

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MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT KNEE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	POLYOSTEOARTHRITIS UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; with contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; with contrast material(s)	UNSPECIFIED DISLOCATION OF RIGHT PATELLA SEQUELA	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS UNSPECIFIED LEG	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	ACHILLES TENDINITIS UNSPECIFIED LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR MED MENISC CURR RT KNEE INIT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	BUCKET-HANDLE TEAR UNS MENISC CURR RT KNEE INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CELLULITIS OF UNSPECIFIED PART OF LIMB	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CERVICALGIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE LEFT KNEE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA PATELLAE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHONDROMALACIA RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE LEFT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	COMPLEX TEAR MED MENISCUS CURR RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTRACTURE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	CONTUSION OF UNSPECIFIED FOOT INITIAL ENCOUNTER	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANG OTH LAT MENISC D/T OLD TEAR/INJ RT KNEE	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	DERANGEMENT UNS MENISCUS OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPL BICONDYLAR FX LT TIBIA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DISPL BICONDYLAR FX LT TIBIA SUBSQT CLOS RTN	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	DSPL FX LESR TROCH RT FEMUR SUB ENC CLOS FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT ANKLE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	SPORTS MEDICINE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT ANKLE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	EFFUSION UNSPECIFIED KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	FLAIL JOINT LEFT HIP	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	GLUTEAL TENDINITIS LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	GLUTEAL TENDINITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	GOUT UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	HEMARTHROSIS UNSPECIFIED JOINT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	IDIOPATHIC GOUT LEFT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	Injury, unspecified, initial encounter	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	JOINT DERANGEMENT UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	JUVENILE OSTEOCHONDROSIS TIBIA & FIBULA LEFT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	JUVENILE OSTEOCHONDROSIS TIBIA & FIBULA RT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LACERATION W/O FOREIGN BODY RT ANKLE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL DISLOCATION LT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	LATERAL SUBLUXATION LT PATELLA INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LEFT LOWER QUADRANT PAIN	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	LESION LATERAL POPLITEAL NERVE RIGHT LOWER LIMB	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LESION LATERAL POPLITEAL NERVE UNS LOWER LIMB	NEUROLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LESION OF PLANTAR NERVE LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	ORTHOPEDIC - NON SURGICAL	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE RIGHT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	LOOSE BODY IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	MIXED HYPERLIPIDEMIA	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	NDSPL FX LAT MALLEOLUS LT FIBULA INIT CLOS FX	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NDSPL SEG FX SHAFT LT FIBULA SBSQT CLOS FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NODULAR SCLEROSIS CLASS HL NODES MULTIPLE SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	NONDISPLACED OC FX LT PATELLA INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF HIP UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOARTHRITIS OF KNEE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS LT ANKLE JNTS LT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RT ANKLE JNTS RT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEOCHONDRITIS DISSECANS RT ANKLE JNTS RT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OSTEONECROSIS DUE TO PREVIOUS TRAUMA RIGHT TIBIA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH CONGEN MALFORM LOW LIMBS INCL PELVIC GIRDLE	RADIOLOGY - DIAGNOSTIC	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH CONGEN MALFORM LOW LIMBS INCL PELVIC GIRDLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH FRACTURE LT LOWER LEG INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH FX HEAD NECK RT FEM SUBSQT ENC CLOS FX RTN	OTHER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH FX RT LOWER LEG SUBSQT CLOS FX DLAY HEAL	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MECH COMP INTRL LT HIP PROSTHESIS INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANG POST HORN MED MENISC LT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANG POST HORN MED MENISC LT KNEE	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANG POST HORN MED MENISC RT KNEE	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMENTS OTH MED MENISC RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS LAT MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS MED MENISC UNS KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS MED MENISC UNS KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH MENISCUS DERANGEMNT UNS MED MENISCUS LT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC CONGENITAL MUSCULOSKELETAL DEFORMITIES	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC ENTHESOPATHIES RT LOW LIMB EXCLUD FOOT	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPEC INJ RT QUAD MUSCLE FASC TENDON INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH SPONTANEOUS DISRUPTION UNS LIGAMENT RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR LAT MENISC CURRNT INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	20		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	INTERNAL MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SPORTS MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	19		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	Physician	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR MED MENISCUS CURR INJ UNS KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0

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MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTH TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS RIGHT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS LEFT HIP	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER BURSITIS OF KNEE RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	ORTHOPEDIC - NON SURGICAL	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER DISLOCATION OF LEFT KNEE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	Other injury of unspecified body region, initial encounter	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	PODIATRY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	Physician	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY UNSPECIFIED KNEE	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INSTABILITY UNSPECIFIED KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	Imaging Center	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER MENISCUS DERANGEMENTS UNS MENISCUS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SNOW-SKI ACCIDENT INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPEC INJURIES RT LOWER LEG INITIAL ENCNTR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RT ANKLE & FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RT ANKLE & FOOT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED ARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE LOWER LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS UNSPECIFIED HIP	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPECIFIED MONONEUROPATHIES RT LOWER LIMB	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPONTANEOUS DISRUPTION OF ACL OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF LEFT HIP INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN OF RIGHT HIP SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	OTHER SPRAIN UNSPECIFIED HIP INITIAL ENCOUNTER	PHYSICAL THERAPY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	ORTHOPEDIC SURGERY	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PODIATRY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	PODIATRY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	SPORTS MEDICINE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	15		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	ANESTHESIOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PHYSICAL THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	24		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Denied	11	Services are not medically necessary	11		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	CHIROPRACTOR	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Approved	26		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	20	Services are not medically necessary	20		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	Imaging Center	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	INTERNAL MEDICINE	Denied	11	Services are not medically necessary	11		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	NURSE PRACTITIONER	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	ORTHOPEDIC SURGERY	Approved	22		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICAL THERAPY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	Physician	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PHYSICIAN ASSISTANT	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SPORTS MEDICINE	Approved	18		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	120		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	8	Services are not medically necessary	8		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	URGENT CARE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Approved	7		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	24		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	10	Services are not medically necessary	10		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	Imaging Center	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	28		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	11	Services are not medically necessary	11		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	CARDIOLOGIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Approved	27		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	35	Services are not medically necessary	35		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	GENERAL PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	Imaging Center	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	Imaging Center	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	NURSE PRACTITIONER	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	20		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	OSTEOPATHIC MANIPULATIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PEDIATRICS	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	Physician	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PHYSICIAN ASSISTANT	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	PREVENTIVE MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	RHEUMATOLOGY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SLEEP MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SPORTS MEDICINE	Approved	17		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-HAND	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	136		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	23	Services are not medically necessary	23		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT LEG	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	FAMILY PRACTICE	Denied	9	Services are not medically necessary	9		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	Imaging Center	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	PEDIATRICS	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN UNSPECIFIED	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PAIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLAR TENDINITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATELLOFEMORAL DISORDERS UNSPECIFIED KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PATHOLOGICAL DISLOCATION OF RIGHT KNEE NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PELVIC AND PERINEAL PAIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PERONEAL TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POLYOSTEOARTHRITIS UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS LEFT LEG	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	POSTERIOR TIBIAL TENDINITIS RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	POST-TRAUMATIC OSTEOARTHRITIS RIGHT ANKLE & FOOT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	RECURRENT DISLOCATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPINAL STENOSIS SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE EXTENSOR TENDONS RT ANK FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE FLEXOR TENDONS LT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS LT ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS RT ANKLE FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS ANKLE FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	Physician	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT UNS KNEE INIT ENC	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN ANT CRUCIATE LIGAMENT UNS KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN CALCANEOFIBULAR LIG RT ANKLE SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN LAT COLLATERAL LIGAMENT RT KNEE INITIAL	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT LT KNEE INITIAL	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE SUBSQT	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN MED COLLATERAL LIGAMENT RT KNEE SUBSQT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT LT ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER LIGAMENT RT ANKLE INITIAL ENCOUNTER	PODIATRY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS LEFT KNEE INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS RIGHT KNEE INITIAL ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS RIGHT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS UNS KNEE INITIAL ENC	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN OTHER SPEC PARTS UNS KNEE INITIAL ENC	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN POST CRUCIATE LIGAMENT LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT LEFT ANKLE SUBSEQUENT ENCNTR	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNS LIGAMENT UNS ANKLE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	PHYSICAL THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPEC LIGAMENT ROGHT ANKLE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	CHIROPRACTOR	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE LT KNEE SUBSEQUENT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	CHIROPRACTOR	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STAPHYLOCOCCAL ARTHRITIS RIGHT KNEE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND PERONEAL GROUP LOW LT LEG INIT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH LT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW LT LEG INIT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RIGHT ACHILLES TENDON INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RIGHT ACHILLES TENDON INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN RIGHT ACHILLES TENDON SUBSEQUENT ENCNTR	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRAIN UNS MUSCLE TENDON LOW LEG RT LEG INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE HIP UNS INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, any joint; without contrast material(s)	STRESS FRACTURE UNS FOOT INITIAL ENC FRACTURE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVIAL CYST POPLITEAL SPACE BAKER LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	SYNOVIAL CYST POPLITEAL SPACE BAKER RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TARSAL TUNNEL SYNDROME RIGHT LOWER LIMB	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	TEAR ARTICULAR CARTILAGE LT KNEE CURR INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS LEFT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNEQUAL LIMB LENGTH ACQUIRED UNSPECIFIED SITE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS RT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	8		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	Unknown	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	Unknown	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS COMP INTRL ORTH PROS DEVC IMPL GFT INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON OTHER SITE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS FRACTURE LT TALUS INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ MUSC FASC TEND POST THIGH LT INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ MUSC FASC TEND POST THIGH RT INITIAL ENC	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND PERONEAL GROUP LOW RT LEG INIT	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND PERONEAL GROUP LOW RT LEG INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND PERONEAL GROUP LOW RT LEG INIT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY LT LOWER LEG SUBSEQUENT ENCOUNTER	PEDIATRICS	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT ACHILLES TENDON INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT ACHILLES TENDON INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT ACHILLES TENDON INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	FAMILY PRACTICE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	Imaging Center	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	PEDIATRICS	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INJURY RT LOWER LEG SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS INTERNAL DERANGEMENT UNSPECIFIED KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS SUPERFICIAL INJURY UNS KNEE INITIAL ENCNTR	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	Physician	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	Physician	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ LT KNEE SUBSQT	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ RT KNEE SUBSQT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNS TEAR UNS MENISCUS CURR INJ UNS KNEE INIT ENC	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT PATELLA INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED FALL INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LEFT ANKLE INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ANKLE INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RIGHT ANKLE SUBSEQUENT ENCNTR	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	FAMILY PRACTICE	Approved	3		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	13		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0

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MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT HIP INITIAL ENCOUNTER	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION LT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION LT PATELLA SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION RT PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUBLUXATION UNS PATELLA INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUPERFICIAL INJURY RT KNEE INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s)	UNSPECIFIED SUPERFICIAL INJURY RT KNEE INIT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM LONG BONES OF RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF RIGHT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF UNSPECIFIED PART OF LIMB	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	DISCOID LUPUS ERYTHEMATOSUS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	JUVENILE OSTEOCHONDROSIS HEAD OF FEMUR UNS LEG	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LESION OF FEMORAL NERVE RIGHT LOWER LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LYMPHANGIOMA ANY SITE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

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MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ANKLE	PODIATRY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SPRAIN MED COLLATERAL LIGAMENT LT KNEE INITIAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; with contrast material(s)	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; with contrast material(s)	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; with contrast material(s)	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	Other	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACHILLES TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ANEURYSMAL BONE CYST LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ANTERIOR TIBIAL SYNDROME RIGHT LEG	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM CNCTV & OTHER SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	CALCANEAL SPUR LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	CALCANEAL SPUR UNSPECIFIED FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CELLULITIS OF LEFT LOWER LIMB	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONGENITAL TALIPES EQUINOVARUS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF LEFT FOOT INITIAL ENCOUNTER	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF RIGHT FOOT INITIAL ENCOUNTER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF RIGHT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CONTUSION OF RIGHT LOWER LEG INITIAL ENCOUNTER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	CRUSHING INJURY OF LEFT FOOT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, other than joint; without contrast material(s)	CRUSHING INJURY OF LEFT FOOT SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOC TARSOMETATARSAL JOINT LT FOOT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISLOC TARSOMETATARSAL JOINT UNS FOOT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISORDER OF BONE UNSPECIFIED	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISPLACED FX 5TH METATARSAL LT FT SUBSQT FX NU	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	DISPLACED FX MED CUNEIFORM RT FOOT SBSQT FX RTN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	FLAT FOOT PES PLANUS ACQUIRED RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	GANGLION RIGHT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	GAUCHER DISEASE	HEMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	GAUCHER DISEASE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	GOUT UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	HALLUX RIGIDUS LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	HALLUX RIGIDUS LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	HEMORRHAGE NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	IDIOPATHIC GOUT LEFT ANKLE AND FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	JUVENILE OSTEOCHONDROSIS TARSUS UNS ANKLE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	JUVENILE OSTEOCHONDROSIS TARSUS UNS ANKLE	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE LEFT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LESION OF PLANTAR NERVE RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED EDEMA	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT LOWER LIMB	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	PEDIATRICS	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA LEFT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	METATARSALGIA RIGHT FOOT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	MUSCLE WASTING & ATROPHY NEC RIGHT THIGH	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	MYOPATHY UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OSTEOMYELITIS UNSPECIFIED	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH CONGEN MALFORM LOW LIMBS INCL PELVIC GIRDLE	RADIOLOGY	Denied	2	Services are not medically necessary	2		0

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MRI Lower Extremity, other than joint; without contrast material(s)	OTH CONGEN MALFORM LOW LIMBS INCL PELVIC GIRDLE	RADIOLOGY - DIAGNOSTIC	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH FRACTURE LT LOWER LEG INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH INJ OTH MUSCLE TENDON LOW RT LEG INITIAL ENC	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER ENTHESOPATHY OF LEFT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER HAMMER TOES ACQUIRED RIGHT FOOT	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER INSTABILITY LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC LT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RT ANKLE & FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED DISORDERS OF BONE ANKLE AND FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS LT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RT ANKLE & FOOT	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS LT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	OTHER SYNOVITIS & TENOSYNOVITIS RT ANKLE & FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	PODIATRY	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ANKLE	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	ORTHOPEDIC SURGERY	Denied	7	Services are not medically necessary	7		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOOT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LEG	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT LOWER LEG	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT TOES	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN LEFT TOES	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	HOSPITAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	PODIATRY	Approved	5		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEDIC	Denied	9	Services are not medically necessary	9		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	SPORTS MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LEG	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT LOWER LEG	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT THIGH	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT TOES	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT TOES	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED ANKLE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED FOOT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PATHOLOGICAL FRACTURE LEFT FOOT SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PERONEAL TENDINITIS LEFT LEG	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	PLANTAR FASCIAL FIBROMATOSIS	PODIATRY	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRESSURE ULCER OF OTHER SITE UNSPECIFIED STAGE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT ANKLE AND FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	SPONTANEOUS RUPTURE OTHER TENDONS UNS ANKLE FOOT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN LEFT ACHILLES TENDON INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSC TEND PERONEAL GROUP LOW LT LEG INIT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH UNS INIT ENC	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW LT LEG INIT	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRAIN OTH MUSC TEND POST GROUP LOW LT LEG INIT	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE LT FOOT INITIAL ENC FOR FRACTURE	PODIATRY	Approved	1		0		0

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MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FRACTURE RT FOOT INITIAL ENC FOR FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	STRESS FX LT FOOT SUBSEQUENT ENC FX DLAY HEAL	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	SUBLUXATION MTP JOINT UNS TOES INITIAL ENCNTR	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	TARSAL TUNNEL SYNDROME RIGHT LOWER LIMB	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	INFECTIOUS DISEASES	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	PODIATRY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lower Extremity, other than joint; without contrast material(s)	Unknown	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNS FRACTURE LT FOOT INITIAL ENC CLOS FRACTURE	PODIATRY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED COMPLICATIONS OF AMPUTATION STUMP	ANCILLARY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED INJURY LEFT FOOT INITIAL ENCOUNTER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT FOOT SUBSEQUENT ENCNTR	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s)	UNSPECIFIED SPRAIN RIGHT GREAT TOE SUBSQT ENC	Imaging Center	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ANEURYSMAL BONE CYST LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CELLULITIS OF LEFT LOWER LIMB	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	VASCULAR SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	CONTUSION OF UNSPECIFIED THIGH INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ENTHESOPATHY UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LESION OF PLANTAR NERVE LEFT LOWER LIMB	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LESION OF PLANTAR NERVE LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	PODIATRY	Approved	1		0		0
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	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
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	FAMILY PRACTICE	Approved	1		0		0
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	ORTHOPEDIC SURGERY	Approved	2		0		0
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	PEDIATRICS	Approved	1		0		0
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	PLASTIC SURGERY	Approved	1		0		0
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	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-GENERAL	Approved	1		0		0

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MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	ONCOLOGY	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV CONNCTIVE & OTH SOFT TISS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NON-PRSS CHR ULCR OTH PRT RT FOOT FAT LAY EXPOS	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OSTEOMYELITIS UNSPECIFIED	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTH TEAR LAT MENISC CURRNT INJ LT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER ACUTE OSTEOMYELITIS UNSPECIFIED SITE	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BACTERIAL INFECTIONS OF UNSPECIFIED SITE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CYST OF BONE LEFT LOWER LEG	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED MONONEUROPATHIES RT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ANKLE	PHYSICAL THERAPY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOOT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FOOT	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT HIP	ONCOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LEG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT LOWER LEG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	RHEUMATOLOGY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FOOT	SURGERY-PODIATRIST	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT LEG	INTERNAL MEDICINE	Approved	2		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED FOOT	INTERNAL MEDICINE	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	RA WITH RHEUMATOID FACTOR UNSPECIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	STRAIN OTH MUSCLES TENDON LOW LEG RT LEG SUBSQT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	SUPERFICIAL FOREIGN BODY RIGHT FOOT INITIAL ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	PODIATRY	Approved	1		0		0
MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED COMPLICATIONS OF AMPUTATION STUMP	ANCILLARY	Approved	1		0		0
MRI LUMBAR SPINE W/DYE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ARTHRODESIS STATUS	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ARTHRODESIS STATUS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF SPINAL MENINGES	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF THYMUS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	BENIGN NEOPLASM PERIPHERAL NERVE & ANS TRUNK UNS	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CERVICALGIA	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC PAIN SYNDROME	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISEASE OF SPINAL CORD UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DISORDER OF BONE UNSPECIFIED	HEMATOLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	EXTRADURAL AND SUBDURAL ABSCESS UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FLAIL JOINT LEFT HIP	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FOOT DROP RIGHT FOOT	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FULL INCONTINENCE OF FECES	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	HOSPITAL	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	ORTHOPEDIC SURGERY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LYMPHANGIOMA ANY SITE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND	NURSE PRACTITIONER	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OSTEOMYELITIS UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
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	Approved	1		0		0
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	Approved	1		0		0
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	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER BURSAL CYST OTHER SITE	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER CHRONIC POSTPROCEDURAL PAIN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER INTERVERTEBRAL DISC DISORDER LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PANNICULITIS AFFCT REGIONS NECK & BACK TL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	POSTLAMINECTOMY SYNDROME NEC	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	3		0		0

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MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY LUMBOSACRAL REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA LEFT SIDE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SCIATICA UNSPECIFIED SIDE	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claud	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Spinal stenosis, lumbar region without neurogenic claud	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLISTHESIS LUMBOSACRAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOLYSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Unknown	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	UNSPECIFIED INJURY LOWER BACK INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	DORSALGIA UNSPECIFIED	UROLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	LOW BACK PAIN	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OF CEREBRAL MENINGES	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	PAIN IN RIGHT HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ABN FIND ON DX IMAG OTH PART MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ACUTE PAIN DUE TO TRAUMA	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	AGE-REL OP W/CURR PATH FX VERTEBRAE INIT ENC FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ANESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ARTHROPATHIC PSORIASIS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CAUDA EQUINA SYNDROME	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS CERVICOTHORACIC RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SPINAL SURGEON	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CERVICOBRACHIAL SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC INSTABILITY OF KNEE UNSPECIFIED KNEE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COLLAPSED VERT NEC LUMB RGN INIT ENC FX	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COLLAPSED VERTEBRA NEC SITE UNS INIT ENC FX	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	CONSTIPATION UNSPECIFIED	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	SURGERY-ORTHOPEDIC	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	ENDOCARDITIS VALVE UNSPECIFIED	INFECTIOUS DISEASES	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FLAT FOOT PES PLANUS ACQUIRED RIGHT FOOT	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FOOT DROP RIGHT FOOT	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FOOT DROP RIGHT FOOT	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FULL INCONTINENCE OF FECES	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	FUSION OF SPINE LUMBAR REGION	OSTEOPATHIC MANIPULATIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	HEREDITARY MOTOR AND SENSORY NEUROPATHY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PODIATRY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-NEUROLOGY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC STENOS NEURAL CANAL LUMB RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	JUV OSTEOCHONDROSIS SPINE THORACOLUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Denied	11	Services are not medically necessary	11		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	CHIROPRACTOR	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Approved	31		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	44	Services are not medically necessary	44		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	Imaging Center	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	Imaging Center	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Approved	10		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	INTERNAL MEDICINE	Denied	33	Services are not medically necessary	33		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROSURGERY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NEUROSURGERY	Denied	10	Services are not medically necessary	10		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	12		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ORTHOPEDIC SURGERY	Denied	9	Services are not medically necessary	9		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Denied	15	Services are not medically necessary	15		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	13		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	24	Services are not medically necessary	24		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICIAN ASSISTANT	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICIAN ASSISTANT	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PODIATRY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PODIATRY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	RHEUMATOLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SPINAL SURGEON	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SPORTS MEDICINE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SPORTS MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Approved	15		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Denied	42	Services are not medically necessary	42		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA LEFT SIDE	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Approved	7		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	HOSPITAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	OTHER	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	PHYSICIAN ASSISTANT	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA RIGHT SIDE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MERALGIA PARESTHETICA LEFT LOWER LIMB	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MERALGIA PARESTHETICA RIGHT LOWER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MONOPLEGIA LOWER LIMB RIGHT DOMINANT SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WASTING & ATROPHY NEC LEFT LOWER LEG	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WASTING & ATROPHY NEC RIGHT THIGH	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WASTING & ATROPHY NEC UNSPECIFIED HAND	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OPIOID DEPENDENCE UNCOMPLICATED	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OSTEOPHYTE VERTEBRAE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC - NON SURGICAL	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	11		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	Physician	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	NURSE PRACTITIONER	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DEGEN LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	FAMILY PRACTICE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PAIN MANAGEMENT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPEC INFLAM SPONDYLOPATHIES LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOS RADICULOPATHY SAC & SACROCOCCYGEAL	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	8	Services are not medically necessary	8		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	PHYSICIAN ASSISTANT	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	EMERGENCY MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	6		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRICS	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-GENERAL	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	PEDIATRIC NEUROLOGIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER DISTURBANCES OF SKIN SENSATION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER FATIGUE	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER FORMS OF SCOLIOSIS LUMBAR REGION	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER FORMS OF SCOLIOSIS LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER OSTEOMYELITIS OTHER SITE	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER RETENTION OF URINE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPEC CONGENITAL MALFORMATIONS SPINAL CORD	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISORDERS OF CNTRL NERV SYS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPECIFIED SPONDYLOPATHIES SITE UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS THORACIC REGION	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/ MYELOPATHY THORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT ANKLE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN LEG UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT KNEE	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT LEG	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT LOWER LEG	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN IN UNSPECIFIED JOINT	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PAIN UNSPECIFIED	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PERSONAL HISTORY OF POLIOMYELITIS	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PILONIDAL CYST WITHOUT ABSCESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POLYNEUROPATHY UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-NEUROLOGY	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ANESTHESIOLOGY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Approved	18		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	FAMILY PRACTICE	Denied	24	Services are not medically necessary	24		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	Imaging Center	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	INTERNAL MEDICINE	Denied	23	Services are not medically necessary	23		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	4		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Approved	8		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	9		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Approved	12		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	12	Services are not medically necessary	12		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	7		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	20	Services are not medically necessary	20		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	Physician	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PHYSICIAN ASSISTANT	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PODIATRY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SPINAL SURGEON	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-NEUROLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	36		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	27	Services are not medically necessary	27		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	INTERNAL MEDICINE	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	NEUROLOGY	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	FAMILY PRACTICE	Denied	7	Services are not medically necessary	7		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	RADIOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RETENTION OF URINE UNSPECIFIED	UROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	RHEUMATOID ARTHRITIS UNSPECIFIED	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA LEFT SIDE	URGENT CARE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	CHIROPRACTOR	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	FAMILY PRACTICE	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA RIGHT SIDE	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION CERVICAL REGION	CHIROPRACTOR	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION OF LUMBAR REGION	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION OF PELVIC REGION	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINA BIFIDA OCCULTA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	RHEUMATOLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	INTERNAL MEDICINE	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	OTHER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region with neurogenic claudication	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	INTERNAL MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	ANCILLARY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	NEUROSURGERY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS LUMBOSACRAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLISTHESIS SITE UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBAR REGION	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS LUMBOSACRAL REGION	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS SITE UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOPATHY UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATH SAC & SC	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Approved	2		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	ANESTHESIOLOGY	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	8	Services are not medically necessary	8		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	6	Services are not medically necessary	6		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	10	Services are not medically necessary	10		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Approved	3		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	CHIROPRACTOR	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STIFFNESS OF UNSPECIFIED JOINT NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	STRAIN MUSCLE FASCIA & TENDON LOW BACK INITIAL	SPORTS MEDICINE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROLOGY	Approved	1		0		0

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MRI Lumbar Spine, (spinal canal and contents); without contrast material	TRAUMATIC SUBARACHNOID HEMORRHAGE W/O LOC INIT	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	NEUROSURGERY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	NURSE PRACTITIONER	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	PEDIATRICS	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	Unknown	SURGERY-NEUROLOGY	Denied	5	Services are not medically necessary	5		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS FX UNS LUMBAR VERT INIT CLOS FRACTURE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Imaging Center	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED MONONEUROPATHY RIGHT LOWER LIMB	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	UNSPECIFIED URINARY INCONTINENCE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEAKNESS	NEUROLOGY	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEAKNESS	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX 3RD LUMBAR VERT INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX 3RD LUMBAR VERT INIT ENC CLOS FX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Lumbar Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T11-T12 VERT INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	CERVICALGIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	CERVICALGIA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	DIZZINESS AND GIDDINESS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	FACIAL WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck without contrast	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	PHYSICIAN ASSISTANT	Approved	1		0		0

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MRI Orbit, Face, and Neck without contrast	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck without contrast	OTHER HEADACHE SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	PAIN IN RIGHT SHOULDER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck without contrast	SIALOADENITIS UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck without contrast	Unknown	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; with contrast material(s)	CYST OF UNSPECIFIED ORBIT	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; with contrast material(s)	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	AGE-RELATED NUCLEAR CATARACT RIGHT EYE	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEO SKIN SUBQ HEAD FACE NECK	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM AORTIC BODY & OTHER PARAGANGLIA	CRANIOMAXILLOFACIAL SURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM MID EAR NASAL CAV ACCESS SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF LOWER JAW BONE	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CERVICALGIA	OTOLARYNGOLOGIST (ENT)	Denied	3	Services are not medically necessary	3		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CHRONIC TONSILLITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	PEDIATRICS	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CONSTANT EXOPHTHALMOS RIGHT EYE	OPHTHALMOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	CYST OF UNSPECIFIED ORBIT	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	DISEASE OF SALIVARY GLAND UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	EDEMA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	FOURTH TROCHLEAR NERVE PALSY RIGHT EYE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	FRONTAL ENCEPHALOCELE	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEADACHE	PEDIATRIC NEUROLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	HORNERS SYNDROME	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ISCHEMIC OPTIC NEUROPATHY LEFT EYE	NEUROLOGY	Approved	1		0		0

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MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED ENLARGED LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP HEAD	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP NECK	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	SURGERY-HEAD AND NECK	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF NASAL CAVITY	RADIATION ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF RIGHT OLFACTORY NERVE	CRANIOMAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	PLASTIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	ENDOCRINOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	NEUROSURGERY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISEASES OF PHARYNX	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISEASES OF TONGUE	DENTIST-GENERAL	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OF ORBIT	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER DISORDERS OF TRIGEMINAL NERVE	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER LOCALIZED VISUAL FIELD DEFECT BILATERAL	NEUROLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	OTHER VISUAL DISTURBANCES	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN THROAT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SARCOID IRIDOCYCLITIS	ANCILLARY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OTH PARTS NERV SYS	ONCOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	TRIGEMINAL NEURALGIA	NEUROSURGERY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED ESOTROPIA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED NYSTAGMUS	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC ATROPHY	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC ATROPHY	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	NEUROLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED OPTIC NEURITIS	OPHTHALMOLOGY	Approved	2		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	Imaging Center	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED PAPILLEDEMA	OPHTHALMOLOGY	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL DISTURBANCE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED VISUAL FIELD DEFECTS	FAMILY PRACTICE	Approved	1		0		0
MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	ZOSTER WITHOUT COMPLICATIONS	NEUROLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	ABN FIND DX IMAG OTH ABD REGIONS RETROPERITONEUM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	DISEASE OF PANCREAS UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	FULL INCONTINENCE OF FECES	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	OTHER CONSTIPATION	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	OTHER CONSTIPATION	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; with contrast material(s)	RIGHT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; with contrast material(s)	UNSPECIFIED ABDOMINAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	ANESTHESIA OF SKIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	BILATERAL OSTEOARTHRITIS RSLT FROM HIP DYSPLASIA	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	CERVICAL DISC DISORDER UNS CERVICOTHORACIC RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	RADIOLOGY - DIAGNOSTIC	Denied	2	Services are not medically necessary	2		0

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MRI PELVIS; without contrast material(s)	CROHNS DISEASE UNS W/INTESTINAL OBSTRUCTION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	FULL INCONTINENCE OF FECES	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	LOW BACK PAIN	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	LUMBAGO WITH SCIATICA LEFT SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	4		0		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	4	Services are not medically necessary	4		0
MRI PELVIS; without contrast material(s)	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	MATERNAL CARE UTERINE SCAR OTH PREVIOUS SURGERY	MATERNAL FETAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	NONINFLAMMATORY DISORDER CERVIX UTERI UNS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTH COND ASSOC W/FE GEN ORGN & MENSTRUAL CYCL	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTH CONGEN MALFORM LOW LIMBS INCL PELVIC GIRDLE	RADIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTH CONGEN MALFORM LOW LIMBS INCL PELVIC GIRDLE	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTH SPEC ENTHESOPATHIES UNS LOW LIMB EXCLUD FOOT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI PELVIS; without contrast material(s)	OTH SPEC INFLAM SPONDYLOPATH SACRAL & SC RGN	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER CHRONIC PAIN	GENERAL SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s)	OTHER CONSTIPATION	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER FORMS OF SCOLIOSIS LUMBAR REGION	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	OTHER RETENTION OF URINE	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN LEFT HIP	ORTHOPEDIC - NON SURGICAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	SPORTS MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI PELVIS; without contrast material(s)	PAIN IN UNSPECIFIED HIP	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0

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MRI PELVIS; without contrast material(s)	PELVIC AND PERINEAL PAIN	Physician	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	PILONIDAL CYST WITHOUT ABSCESS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	PILONIDAL CYST WITHOUT ABSCESS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY LUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RADICULOPATHY SACRAL AND SACROCOCCYGEAL REGION	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RECTOCELE	SURGERY-COLON/RECTAL	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RIGHT LOWER QUADRANT PAIN	PEDIATRICS	Approved	1		0		0
MRI PELVIS; without contrast material(s)	RIGHT LOWER QUADRANT PAIN	SURGERY-GENERAL	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC SURGERY	Approved	3		0		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	SACROCOCCYGEAL DISORDERS NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	GENERAL PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SACROILIITIS NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SEGMENTAL & SOMATIC DYSFUNCTION OF SACRAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s)	SPINAL INSTABILITIES SAC SACROCOCCYGEAL REGION	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	SPONDYLOLISTHESIS LUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASC TEND POST THIGH RT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASCIA & TENDON ABD INITIAL ENCNTR	GENERAL SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASCIA & TENDON PELVIS INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	STRAIN MUSCLE FASCIA TENDON LEFT HIP INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	TROCHANTERIC BURSITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	Unknown	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s)	Unknown	UROLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s)	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNS FRACTURE SACRUM INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s)	UNS FX UNS LUMBAR VERT INIT CLOS FRACTURE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s)	UNSPECIFIED FALL SEQUELA	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ACUTE ABDOMEN	OBSTETRICS & GYNECOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	OBSTETRICIAN AND GYNECOLOGIST	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM PERIPH NERV ANS LOW LIMB W/HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	BICORNATE UTERUS	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CELIAC DISEASE	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL ABSENCE OF VAGINA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CONGENITAL MALFORMATION PERIPHERAL VASC SYS UNS	VASCULAR SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CONSTIPATION UNSPECIFIED	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE LARGE INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE SMALL INTESTINE W/O COMP	GASTROENTEROLOGY	Approved	4		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE UNS W/OTHER COMPLICATION	GASTROENTEROLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	CYST OF PANCREAS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOCRINE DISORDER UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOMETRIOSIS OF INTESTINE	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOMETRIOSIS OF OVARY	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENDOMETRIOSIS UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED PROSTATE W/LOWER URINARY TRACT SUMPTOMS	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	EPIDIDYMITIS	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ESSENTIAL PRIMARY HYPERTENSION	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	FRACTURE COCCYX INITIAL ENCNTR FOR CLOS FRACTURE	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GEN INTRA-ABD & PELVIC SWELLING MASS & LUMP	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	GENERALIZED ABDOMINAL PAIN	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	HEMATEMESIS	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INF & INFLAM REACT UNS INTRL JNT PROSTH INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INFLAMMATORY POLYARTHROPATHY	RHEUMATOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	FAMILY PRACTICE	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	OBSTETRICS & GYNECOLOGY	Approved	3		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRA-ABD & PELVIC SWELLING MASS & LUMP UNS SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	INTRAMURAL LEIOMYOMA OF UTERUS	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	IRON DEFICIENCY ANEMIA UNSPECIFIED	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEFT LOWER QUADRANT PAIN	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEFT UPPER QUADRANT PAIN	SURGERY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LEIOMYOMA OF UTERUS UNSPECIFIED	RADIOLOGY - DIAGNOSTIC	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	HOSPITAL	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOW BACK PAIN	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LOWER ABDOMINAL PAIN UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	LUMBAGO WITH SCIATICA RIGHT SIDE	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT CARCINOID TUMOR OF THE RECTUM	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOCERVIX	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOCERVIX	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF LEFT OVARY	ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	URGENT CARE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	10		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	17	Services are not medically necessary	17		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	MISSED ABORTION	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA	ENDOCRINOLOGY	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE	PEDIATRIC HEMATOLOGY - ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NODULAR PROS W/O LOWER URINARY TRACT SYMPTOMS	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG UNS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	NONINFLAMMATORY DISORDER OF VAGINA UNSPECIFIED	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH COND ASSOC W/FE GEN ORGN & MENSTRUAL CYCL	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH INTRA-ABD & PELVIC SWELLING MASS & LUMP	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTH NONINFLAMM D/O OVARY FALLOP TUBE & BROAD LIG	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER CHRONIC PAIN	PEDIATRICS	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER GENERAL SYMPTOMS AND SIGNS	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	UROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF URETHRA	Imaging Center	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED NONINFLAMMATORY DISORDERS UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED URINARY INCONTINENCE	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PAIN UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PELVIC AND PERINEAL PAIN	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HISTORY MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PERSONAL HX OTH COMP PREG CHILDBIRTH&PUERPERIUM	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	PILONIDAL CYST WITHOUT ABSCESS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	POSTMENOPAUSAL ATROPHIC VAGINITIS	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RADICULOPATHY LUMBAR REGION	NEUROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RECTAL ABSCESS	INTERNAL MEDICINE	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RECTAL ABSCESS	SURGERY-COLON/RECTAL	Approved	1		0		0

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MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	RIGHT UPPER QUADRANT PAIN	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROCOCCYGEAL DISORDERS NEC	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SACROILIITIS NOT ELSEWHERE CLASSIFIED	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SUBMUCOUS LEIOMYOMA OF UTERUS	OBSTETRICS & GYNECOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	RHEUMATOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	GASTROENTEROLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNICORNATE UTERUS	REPRODUCTIVE ENDOCRINOLOGY	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Approved	2		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	HOSPITAL	Approved	1		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	OBSTETRICS & GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	UROLOGY	Approved	18		0		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	UROLOGY	Denied	19	Services are not medically necessary	19		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNS ABNORM FIND IN SPEC FROM OTH ORGN SYS & TISS	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNS FX UNS LUMBAR VERT INIT CLOS FRACTURE	RADIOLOGY - DIAGNOSTIC	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED ABDOMINAL PAIN	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	UNSPECIFIED B-CELL LYMPHOMA SPLEEN	ONCOLOGY	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	ATYPICAL FACIAL PAIN	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	JAW PAIN	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	JAW PAIN	SURGERY, ORAL & MAXILLOFACIAL	Denied	3	Services are not medically necessary	3		0
MRI Temporomandibular joint(s), TMJ	OTHER SPECIFIED DISORDER TEMPOROMANDIBULAR JOINT	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	OTHER SPECIFIED DISORDERS OF LEFT EAR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	Unknown	DENTISTRY	Approved	1		0		0
MRI Temporomandibular joint(s), TMJ	Unknown	ORAL / MAXILLOFACIAL SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Temporomandibular joint(s), TMJ	Unknown	SURGERY, ORAL & MAXILLOFACIAL	Approved	1		0		0

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MRI Temporomandibular joint(s), TMJ	Unknown	SURGERY, ORAL & MAXILLOFACIAL	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	ANESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CENTRAL PAIN SYNDROME	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	CHRONIC MAXILLARY SINUSITIS	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DEMYELINATING DZ CENTRAL NERVOUS SYSTEM UNS	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIPLOPIA	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DIZZINESS AND GIDDINESS	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	EXTRADURAL AND SUBDURAL ABSCESS UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	FUSION OF SPINE THORACOLUMBAR REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP TRUNK	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/SE	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	LOW BACK PAIN	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF FRONTAL LOBE	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	HOSPITAL	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF SPINAL MENINGES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF THYROID GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Imaging Center	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
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	NURSE PRACTITIONER	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	18		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	MYELITIS UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL	NEUROLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OSTEOMYELITIS OF VERTEBRA SITE UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
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	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER DISTURBANCES OF SKIN SENSATION	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER IDIOPATHIC SCOLIOSIS THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PAIN IN THORACIC SPINE	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROLOGY	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PARESTHESIA OF SKIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	PYOTHORAX WITHOUT FISTULA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BONE	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0

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MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SECONDARY MALIGNANT NEOPLASM OF BRAIN	RADIATION ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SIXTH ABDUCENT NERVE PALSY UNSPECIFIED EYE	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY TL RGN	Imaging Center	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Unknown	GENERAL PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	WALDENSTROM MACROGLOBULINEMIA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)	NEUROFIBROMATOSIS UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	AGE-REL OP W/CURR PATH FX VERTEBRAE INIT ENC FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ARTHRODESIS STATUS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	ATAXIC GAIT	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	BENIGN LIPOMATOUS NEOPLASM SKIN & SUBQ TRUNK	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICAL DISC D/O W/MYELOPATHY CERVICOTHOR RGN	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICAL DISC DISORDER UNS CERVICOTHORACIC RGN	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICALGIA	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CERVICOBRACHIAL SYNDROME	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PEDIATRICS	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	PSYCHIATRY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	COMPRESSION OF BRAIN	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DISEASE OF SPINAL CORD UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Approved	3		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	DORSALGIA UNSPECIFIED	INTERNAL MEDICINE	Denied	6	Services are not medically necessary	6		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	JUV OSTEOCHONDROSIS SPINE THORACOLUMBAR REGION	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LOW BACK PAIN	SURGERY-ORTHOPEDIC	Denied	5	Services are not medically necessary	5		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM OF CEREBRAL MENINGES	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MULTIPLE SCLEROSIS	NEUROLOGY	Approved	5		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MUSCLE WASTING & ATROPHY NEC UNSPECIFIED HAND	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MUSCLE WEAKNESS GENERALIZED	RHEUMATOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OCCIPITAL NEURALGIA	NEUROSURGERY	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTH TRIGEMINAL AUTONOM CEPHALGIAS NOT INTRACT	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER CHRONIC PAIN	SURGERY-GENERAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER DISORDERS OF MENINGES NEC	HOSPITAL	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER FATIGUE	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS SITE UNSPECIFIED	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER IDIOPATHIC SCOLIOSIS THORACOLUMBAR REGION	Imaging Center	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SECONDARY SCOLIOSIS SITE UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS THORACIC REGION	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/ MYELOPATHY THORACIC REGION	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	PAIN MANAGEMENT	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN RIGHT SHOULDER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	FAMILY PRACTICE	Approved	7		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	Imaging Center	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	PODIATRY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PAIN IN THORACIC SPINE	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PARESTHESIA OF SKIN	NEUROSURGERY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PERSON INJURED UNS MOTOR-VEH ACC TRAF INIT ENC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	POSTLAMINECTOMY SYNDROME NEC	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	PRESENCE OF FUNCTIONAL IMPLANT UNSPECIFIED	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY LUMBAR REGION	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY SITE UNSPECIFIED	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PAIN MANAGEMENT	Approved	4		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACIC REGION	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	RADICULOPATHY THORACOLUMBAR REGION	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCIATICA UNSPECIFIED SIDE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SCOLIOSIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION CERVICAL REGION	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SEGMENTAL & SOMATIC DYSFUNCTION OF PELVIC REGION	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPINAL STENOSIS CERVICAL REGION	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	ANESTHESIOLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Spinal stenosis, lumbar region without neurogenic claud	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOLYSIS CERVICAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	STIFFNESS OF UNSPECIFIED JOINT NEC	NEUROSURGERY	Denied	2	Services are not medically necessary	2		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	SYRINGOMYELIA AND SYRINGOBULBIA	NEUROLOGY	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	TRAUMATIC SUBARACHNOID HEMORRHAGE W/O LOC INIT	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Unknown	CHIROPRACTOR	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	Unknown	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	NURSE PRACTITIONER	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	NEUROSURGERY	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	UNSPECIFIED INJURY LOWER BACK INITIAL ENCOUNTER	PEDIATRICS	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T11-T12 VERT INIT ENC CLOS FX	INTERNAL MEDICINE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T5-T6 VERT INIT ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX T7-T8 VERT INIT ENC CLOS FX	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX UNS THOR VERT INIT ENC CLOS FX	NURSE PRACTITIONER	Approved	1		0		0

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MRI Thoracic Spine, (spinal canal and contents); without contrast material	WEDGE COMPRS FX UNS THOR VERT INIT ENC CLOS FX	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	ANESTHESIA OF SKIN	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	ANTERIOR SUBLUXATION RT HUMERUS INITIAL ENCNTR	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT UNS SHLDR NOT TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	OSTEOPHYTE RIGHT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER ARTICULAR CARTILAGE DISORDERS LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER CHRONIC PAIN	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER INSTABILITY UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPECIFIED SPRAIN OF LEFT WRIST SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT ELBOW	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	OSTEOPATHIC MANIPULATIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL THERAPY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED HAND	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; with contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; with contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	RECURRENT DISLOCATION LEFT SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0

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MRI Upper Extremity, any joint; with contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Upper Extremity, any joint; with contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; with contrast material(s)	TRAUMATIC RUPTURE UNS LIGAMENT LT WRIST INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM SEQUELA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; with contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; with contrast material(s)	UNSPECIFIED INJURY LT WRIST HAND FINGERS INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ACUTE PAIN DUE TO TRAUMA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION LT HUMERUS INITIAL ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION LT HUMERUS INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ANTERIOR DISLOCATION OF RIGHT HUMERUS SEQUELA	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ARTHROPATHIC PSORIASIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE UNS	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BRACHIAL PLEXUS DISORDERS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	BURSITIS OF UNSPECIFIED SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CHRONIC GOUT UNSPECIFIED WITHOUT TOPHUS	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CHRONIC PAIN SYNDROME	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	COLLES FX RT RADIUS INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	CONTRACTURE OF MUSCLE MULTIPLE SITES	CHIROPRACTOR	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	DSPL FX OLECRANON NO IA EXT RT ULNA INIT CLO	ORTHOPEDIC - NON SURGICAL	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPLCD FX GLND CAV SCAP LT SHOULDER INIT CLO FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPLCD FX GT TUBEROS RT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	DSPLCD FX SHAFT RT CLAV INIT ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	EFFUSION LEFT ELBOW	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ENTHESOPATHY UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FALL SAME LEVL SLIP TRIP W/O SUB STRIK OBJ INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FX UNS CARPAL BONE LT WRIST INITIAL ENC CLOS FX	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FX UNS PART UNS CLAV INIT ENC CLOS FRACTURE	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	FX UNS PART UNS CLAV INIT ENC CLOS FRACTURE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	GANGLION UNSPECIFIED SITE	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	11		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	EMERGENCY MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	9		0		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, any joint; without contrast material(s)	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	PREVENTIVE MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	INJURY RADIAL NERVE AT UP ARM LEVEL LT ARM SUB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	Injury, unspecified, initial encounter	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	JOINT DERANGEMENT UNSPECIFIED	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS LEFT ELBOW	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-HAND	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-HAND	Denied	3	Services are not medically necessary	3		0

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MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS RIGHT ELBOW	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	LATERAL EPICONDYLITIS UNSPECIFIED ELBOW	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF RADIAL NERVE UNSPECIFIED UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LESION OF ULNAR NERVE RIGHT UPPER LIMB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS LEFT ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	MEDIAL EPICONDYLITIS RIGHT ELBOW	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NDSPL FX PROX 3RD NVICLR RT WRST INIT ENC CLO FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NDSPLC FX MID 3RD NVICLR RT WRST INIT ENC CLO FX	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NDSPLC FX TRIQUETRUM BN RT WRST INIT ENC CLOS FX	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	NONDSPLCD FX GT TUBEROS RT HUM INIT ENC CLOS FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OSTEOPHYTE LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJ MUSC TEND ROTAT CUFF LT SHLDR INIT ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJ MUSC TEND ROTAT CUFF UNS SHLDR SUB ENC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH INJURY M&T OTH PART BICPS LT ARM INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPEC CONGEN MALFORMATIONS PERIPH VASC SYSTEM	RADIOLOGY - DIAGNOSTIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS LT SHOULDER NEC	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	Physician	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS RT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SPECIFIC JOINT DERANGEMENTS UNS SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ACUTE POSTPROCEDURAL PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER CHRONIC PAIN	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER ENTHESOPATHIES NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	8		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER INSTABILITY UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	Physician	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	PEDIATRIC ORTHOPEDIST	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SHOULDER LESIONS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPEC ACQUIRED DEFORMITIES UNS UPPER ARM	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC LEFT SHOULDER	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC ARTHROPATHIES NEC RIGHT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIC JOINT DERANGEMENTS UNS ELBOW NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED ARTHRITIS RIGHT WRIST	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED DISORDERS TENDON RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED JOINT DISORDERS RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED MONONEUROPATHIES UNS UPPER LIMB	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPECIFIED SPRAIN OF RIGHT WRIST INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPRAIN RT SHOULDER JOINT INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPRAIN RT SHOULDER JOINT SUBSEQUENT ENCNTR	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SPRAIN UNS SHOULDER JOINT INITIAL ENCNTR	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SUBLUXATION LT WRIST HAND INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SUBLUXATION LT WRIST HAND INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS OTHER SITE	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	OTHER SYNOVITIS AND TENOSYNOVITIS RIGHT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT FOREARM	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ANESTHESIOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	CARDIOVASCULAR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	21		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Denied	26	Services are not medically necessary	26		0

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MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	Imaging Center	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	NURSE PRACTITIONER	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	NURSE PRACTITIONER	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	OBSTETRICIAN AND GYNECOLOGIST	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	10		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICAL THERAPY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SPORTS MEDICINE	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	66		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	22	Services are not medically necessary	22		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	HAND SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	PEDIATRICS	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-HAND	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Approved	14		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN LEFT WRIST	SURGERY-ORTHOPEDIC	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ARM	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	FAMILY PRACTICE	Denied	5	Services are not medically necessary	5		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT ELBOW	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ANESTHESIOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	CHIROPRACTOR	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	EMERGENCY MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Approved	16		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	30	Services are not medically necessary	30		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	Imaging Center	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	INTERNAL MEDICINE	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	NURSE PRACTITIONER	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	5		0		0

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MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PAIN MANAGEMENT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PAIN MANAGEMENT	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PEDIATRICS	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	7	Services are not medically necessary	7		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICAL THERAPY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PHYSICIAN ASSISTANT	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	RHEUMATOLOGY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Approved	11		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-GENERAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-NEUROLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	77		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	26	Services are not medically necessary	26		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	FAMILY PRACTICE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	GENERAL PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	HAND SURGERY	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	HAND SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Approved	16		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN RIGHT WRIST	SURGERY-ORTHOPEDIC	Denied	8	Services are not medically necessary	8		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ELBOW	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED ELBOW	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	HOSPITAL	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	Imaging Center	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	PAIN MANAGEMENT	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	PHYSICAL MEDICINE & REHABILITATION	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	PODIATRY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SPORTS MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED WRIST	Imaging Center	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	PAIN IN UNSPECIFIED WRIST	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PALMAR FASCIAL FIBROMATOSIS DUPUYTREN	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PARESTHESIA OF SKIN	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	POLYNEUROPATHY UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS UNSPECIFIED ELBOW	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RADIAL STYLOID TENOSYNOVITIS DE QUERVAIN	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	RADICULOPATHY CERVICAL REGION	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SEGMENTAL & SOMATIC DYSFUNCTION THORACIC REGION	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPINAL STENOSIS CERVICAL REGION	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	Physician	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN LT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OF CARPAL JOINT OF RIGHT WRIST SUBSQT	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OTHER PART LT WRIST & HAND SUBSEQUENT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN OTHER PART RT WRIST & HAND INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ACROMIOCLAVICULAR JOINT INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE INITIAL ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNTR	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SPRAIN UNS ROTATOR CUFF CAPSULE INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STIFFNESS OF RIGHT SHOULDER NEC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SEQUELA	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC & TEND ROTATOR CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS LA INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PART BICPS RA INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC FASC TEND OTH PARTS BICPS RA SUB ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN MUSCLE FASC TENDON TRICP LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC FASC TEND OTH PRT BICP UNS ARM INT ENC	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC FASC TEND OTH PRT BICP UNS ARM INT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	ORTHOPEDIC SURGERY	Approved	2		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	ORTHOPEDIC SURGERY	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	PREVENTIVE MEDICINE	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	6		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL LT ARM INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL LT ARM INIT ENC	URGENT CARE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS M&T SHLDR UP ARM LEVL RT ARM INIT ENC	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	STRN UNS MUSC FASC TEND FOREARM RT ARM INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERFICIAL FOREIGN BODY RT SHOULDER INITIAL ENC	NURSE PRACTITIONER	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	5		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN LT ELBOW INITIAL	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN UNS ELBOW INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNI PRIM OSTEOARTHRITIS 1ST CMC JOINT LT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNI PRIM OSTEOARTHRITIS 1ST CMC JOINT LT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNI PRIM OSTEOARTHRITIS 1ST CMC JOINT RT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	Unknown	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS DISORDER SYNOVIUM & TENDON RT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX LT WRIST HAND INITIAL ENC CLOS FRACTURE	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE LT WRIST INIT CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	SURGERY- PLASTIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX NAVICULAR BONE RT WRIST INIT CLOSED FX	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS FX UPPER END RT HUMERUS INIT CLOS FRACTURE	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY M&T OTH PART BICPS UNS ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY MUSC TEND ROTAT CUFF LT SHLDR SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	Imaging Center	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM INITIAL ENCNTR	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM SEQUELA	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM SUBSEQUENT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY RT SHOULDER UPPER ARM SUBSEQUENT ENC	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS INJURY SHOULDER UPPER ARM UNS ARM INIT ENC	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	7		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	CHIROPRACTOR	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Denied	6	Services are not medically necessary	6		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	10		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Denied	4	Services are not medically necessary	4		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	ANESTHESIOLOGY	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOC LT ULNOHUMERAL JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOC RT SHOULDER JOINT SUB	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT AC JOINT INITIAL ENC	Imaging Center	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION LT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT AC JOINT INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	PHYSICIAN ASSISTANT	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED DISLOCATION RT SHOULDER JOINT INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LEFT ELBOW INITIAL ENCOUNTER	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY LT WRIST HAND FINGERS INITIAL	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED INJURY RT WRIST HAND FINGERS SUBSQT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LEFT WRIST INITIAL ENCOUNTER	Physician	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT WRIST SUBSEQUENT ENCOUNTER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT WRIST SUBSEQUENT ENCOUNTER	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN LT WRIST SUBSEQUENT ENCOUNTER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SPRAIN RT SHOULDER JOINT INITIAL ENC	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	UNSPECIFIED SUPERFICIAL INJURY RT ELBOW INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	WEAKNESS	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s)	WEAKNESS	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LESION OF ULNAR NERVE RIGHT UPPER LIMB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	HAND SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	RADIATION ONCOLOGY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPECIFIED JOINT DISORDERS RIGHT SHOULDER	PREVENTIVE MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT ELBOW	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT WRIST	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT ELBOW	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FINGERS	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT UPPER ARM	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED SHOULDER	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	INTERNAL MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	RHEUMATOID ARTHRITIS UNSPECIFIED	RHEUMATOLOGY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	Unknown	RHEUMATOLOGY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	BICIPITAL TENDINITIS RIGHT SHOULDER	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	BRACHIAL PLEXUS DISORDERS	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	BRACHIAL PLEXUS DISORDERS	SPORTS MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	CERVICALGIA	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	ENLARGED LYMPH NODES UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	ENTHESOPATHY UNSPECIFIED	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	ORTHOPEDIC SURGERY	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-HAND	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	MIXED HYPERLIPIDEMIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTH SPEC CONGEN MALFORMATIONS PERIPH VASC SYSTEM	RADIOLOGY - DIAGNOSTIC	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER INSTABILITY LEFT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED ARTHRITIS RIGHT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	OTHER SPECIFIED SOFT TISSUE DISORDERS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT ELBOW	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FINGERS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT FOREARM	PEDIATRICS	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT HAND	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT UPPER ARM	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT UPPER ARM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN LEFT WRIST	OTHER	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT ARM	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FINGERS	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FINGERS	SPORTS MEDICINE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT FINGERS	SURGERY-ORTHOPEDIC	Approved	4		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	FAMILY PRACTICE	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	HAND SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	SURGERY-HAND	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT HAND	SURGERY-ORTHOPEDIC	Approved	3		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN RIGHT SHOULDER	OTHER	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN THORACIC SPINE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED HAND	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED HAND	PLASTIC SURGERY	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MRI Upper Extremity, other than joint; without contrast material(s)	PAIN IN UNSPECIFIED HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PALMAR FASCIAL FIBROMATOSIS DUPUYTREN	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	PRIMARY OSTEOARTHRITIS LEFT HAND	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRAIN UNS M F & T WRIST HAND LEVEL UNS INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	STRN UNS MUSC FASC TEND FOREARM LT ARM INIT ENC	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRAUMATIC RUPTURE LT RADIAL COLLATERAL LIG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	TRAUMATIC RUPTURE RT ULNAR COLLATERAL LIG INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	ULNAR COLLATERAL LIG SPRAIN UNS ELBOW INITIAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s)	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	ORTHOPEDIC SURGERY	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s)	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	HOSPITAL	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BENIGN NEOPLASM OF PERIPHERAL NERVES & ANS UNS	NEUROSURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	BRACHIAL PLEXUS DISORDERS	PHYSICAL MEDICINE & REHABILITATION	Denied	3	Services are not medically necessary	3		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ENLARGED LYMPH NODES UNSPECIFIED	Imaging Center	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	PHYSICIAN ASSISTANT	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-HAND	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP RIGHT UPPER LIMB	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS & LUMP UNS UPPER LIMB	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP LEFT UPPER LIMB	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	LOCALIZED SWELLING MASS AND LUMP UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	NEUROFIBROMATOSIS TYPE 1	NEUROLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER BENIGN NEOPLASM OF SKIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SPEC MALIGNANT NEOPLASM SKIN UNSPECIFIED	SURGERY-ORTHOPEDIC	Approved	2		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	OTHER SYNOVITIS AND TENOSYNOVITIS LEFT HAND	RHEUMATOLOGY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT FINGERS	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0

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MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	CHIROPRACTOR	Denied	1	Services are not medically necessary	1		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN RIGHT FINGERS	PLASTIC SURGERY	Approved	1		0		0
MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PAIN IN UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
MS CONTIN ER 30 MG TABLET	RADICULOPATHY, LUMBAR REGION	Nurse Practitioner	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	2		0		0
MSH2 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
MSH2 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	2		0		0
MSH2 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH2 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF SMALL INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	2		0		0
MSH6 GENE DUP/DELETE VARIANT	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE DUP/DELETE VARIANT	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MSH6 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
MSH6 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MSH6 GENE DUP/DELETE VARIANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
MSH6 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSH6 GENE FULL SEQ	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF SMALL INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
MSLT	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	2		0		0
MSLT	NARCOLEPSY WITH CATAPLEXY	Respiratory	Approved	4		0		0
MSLT	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Approved	3		0		0
MSLT	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Denied	1	Services are not medically necessary	1		0
MSLT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	3		0		0
MSLT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	3	Services are not medically necessary	3		0
MSLT	OTHER FATIGUE	Respiratory	Approved	1		0		0
MSLT	OTHER HYPERSOMNIA	Respiratory	Approved	1		0		0
MSLT	OTHER HYPERSOMNIA	Respiratory	Denied	2	Services are not medically necessary	2		0
MSLT	RECURRENT HYPERSOMNIA	Respiratory	Approved	1		0		0
MSLT	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	1		0		0
MSLT	SOMNOLENCE	Respiratory	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	LOCALIZED SWELLING, MASS AND LUMP, HEAD	Facility	Approved	1		0		0
MUSC MYOQ/FSCQ FLP H&N PEDCL	MALIGNANT MELANOMA OF UNSP EAR AND EXTERNAL AURICULAR CANAL	Facility	Approved	1		0		0
MUSC TEST DONE W/N TEST COMP	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSC TEST DONE W/N TEST COMP	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSC TEST DONE W/N TEST COMP	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
MUSC TEST DONE W/N TEST COMP	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSC TEST DONE W/N TEST COMP	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	3	Services are not medically necessary	3		0
MUSC TEST DONE W/N TEST COMP	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSC TEST DONE W/N TEST COMP	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/N TST NONEXT	BENIGN NEOPLASM OF PAROTID GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/N TST NONEXT	BENIGN NEOPLASM OF PAROTID GLAND	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/N TST NONEXT	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/N TST NONEXT	LOCALIZED SWELLING, MASS AND LUMP, NECK	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/N TST NONEXT	NONTOXIC SINGLE THYROID NODULE	Family Medicine	Approved	1		0		0
MUSC TST DONE W/N TST NONEXT	NONTOXIC SINGLE THYROID NODULE	Multi-Specialty Group	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MUSC TST DONE W/N TST NONEXT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/N TST NONEXT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/NERV TST LIM	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSC TST DONE W/NERV TST LIM	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Psychiatry	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST 2 LIMBS	CERVICALGIA	Ancillary	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST 2 LIMBS	CERVICALGIA	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST 2 LIMBS	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST 2 LIMBS	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST 2 LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Family Medicine	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST 2 LIMBS	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST 2 LIMBS	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST 2 LIMBS	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST 2 LIMBS	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERV UNILAT	BENIGN NEOPLASM OF PAROTID GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERV UNILAT	BENIGN NEOPLASM OF PAROTID GLAND	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERV UNILAT	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERV UNILAT	LOCALIZED SWELLING, MASS AND LUMP, NECK	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERV UNILAT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERVE BILAT	CERVICALGIA	Ancillary	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST CRAN NERVE BILAT	CERVICALGIA	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
MUSCLE TEST CRAN NERVE BILAT	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Ancillary	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST CRAN NERVE BILAT	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Family Medicine	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERVE BILAT	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERVE BILAT	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERVE BILAT	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERVE BILAT	SPINAL STENOSIS, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST CRAN NERVE BILAT	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST LARYNX	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Ancillary	Approved	1		0		0
MUSCLE TEST LARYNX	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST LARYNX	NONTOXIC SINGLE THYROID NODULE	Family Medicine	Approved	1		0		0
MUSCLE TEST LARYNX	NONTOXIC SINGLE THYROID NODULE	Multi-Specialty Group	Approved	1		0		0
MUSCLE TEST NONPARASPINAL	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST NONPARASPINAL	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
MUSCLE TEST ONE FIBER	DIPLOPIA	Family Medicine	Approved	1		0		0
MUSCLE-SKIN GRAFT LEG	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER	Other	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
MUSCLE-SKIN GRAFT TRUNK	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NEC, INIT	Surgery, Plastic	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGRENE	Other	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE	Facility	Approved	1		0		0
MUSCLE-SKIN GRAFT TRUNK	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	1		0		0
MUSCULOSKELETAL SURGERY	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNCTV/SOFT TISS	Facility	Approved	1		0		0
MUSCULOSKELETAL SURGERY	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, R KNEE, SUBS	Facility	Approved	1		0		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician	Denied	2	Services are not medically necessary	2		0
MYDAYIS ER 25 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
MYDAYIS ER 25 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 37.5 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
MYDAYIS ER 37.5 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
MYDAYIS ER 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry, Child & Adolescent	Denied	1	Services are not medically necessary	1		0
MYDAYIS ER 50 MG CAPSULE	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	Pediatrics	Approved	1		0		0
Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) a	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
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	ABDOMINAL AORTIC ANEURYSM WITHOUT RUPTURE	CARDIOLOGIST	Approved	1		0		0
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	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	9		0		0

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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	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR	Approved	2		0		0
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	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	5		0		0
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	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
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	ABNORMAL ELECTROCARDIOGRAM	FAMILY PRACTICE	Approved	2		0		0
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	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Approved	4		0		0
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	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	1		0		0
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	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR	Approved	1		0		0
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	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	INTERNAL MEDICINE	Approved	1		0		0
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	ACUTE DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	1		0		0
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	Acute myocardial infarction, unspecified	CARDIOLOGIST	Approved	1		0		0
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	ANEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0

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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	ANEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
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	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
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	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	3		0		0
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	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
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	ANGINA PECTORIS UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
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	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
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	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
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	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
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	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
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	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	SURGERY-CARDIOVASCULAR	Approved	1		0		0
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	22		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR	Approved	4		0		0
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	29		0		0
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	GENERAL PRACTICE	Denied	1	Services are not medically necessary	1		0
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	HOSPITAL	Approved	1		0		0
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	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	6		0		0
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	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	HOSPITAL	Approved	1		0		0
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	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
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	CARDIAC ARREST CAUSE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	CARDIOMYOPATHY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
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	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	2		0		0
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	CARDIOMYOPATHY UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 ON BREATHING	CARDIOLOGIST	Approved	1		0		0
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	CARDIOLOGIST	Approved	13		0		0
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	Approved	4		0		0
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	Approved	17		0		0
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	Denied	9	Services are not medically necessary	9		0
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	EMERGENCY MEDICINE	Approved	1		0		0
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	Approved	10		0		0
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	Denied	4	Services are not medically necessary	4		0
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	HOSPITAL	Approved	2		0		0
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	Imaging Center	Approved	1		0		0
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	Approved	7		0		0
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	Denied	7	Services are not medically necessary	7		0
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	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	PHYSICIAN ASSISTANT	Approved	1		0		0
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	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	CARDIOLOGIST	Approved	2		0		0
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	CHRONIC EMBO THROMB UNS DEEP VEINS LT LOW EXTREM	CARDIOLOGIST	Approved	1		0		0
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	CHRONIC EMBO THROMB UNS DEEP VEINS LT LOW EXTREM	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
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	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	FAMILY PRACTICE	Approved	1		0		0
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	COR PULMONALE CHRONIC	INTERNAL MEDICINE	Approved	1		0		0
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	CORONARY ANGIOPLASTY STATUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	Approved	1		0		0
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	CRITICAL CARE MEDICINE	Approved	1		0		0
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	FAMILY PRACTICE	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	SURGERY-CARDIOVASCULAR	Approved	1		0		0
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	Approved	1		0		0
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	CARDIOLOGIST	Approved	1		0		0
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	END STAGE RENAL DISEASE	NEPHROLOGY	Approved	1		0		0
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	CARDIOLOGIST	Approved	7		0		0
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	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
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	Approved	2		0		0
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	Approved	19		0		0
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	Denied	1	Services are not medically necessary	1		0
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	FAMILY PRACTICE	Approved	3		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
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	NUCLEAR MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	PHYSICIAN ASSISTANT	Approved	1		0		0
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	GENERALIZED ANXIETY DISORDER	PULMONARY DISEASES	Denied	1	Services are not medically necessary	1		0
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	HYPERCALCEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	CARDIOLOGIST	Approved	6		0		0
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	Approved	5		0		0
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	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	HOSPITAL	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	HYPO-OSMOLALITY AND HYPONATREMIA	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
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	HYPOTHYROIDISM UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	HYPOTHYROIDISM UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
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	IDIOPATH SLEEP REL NONOBST ALVEOL HYPOVENTILATN	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	CARDIOLOGIST	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	CARDIOVASCULAR DISEASE	Approved	1		0		0
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 VENTRICULAR FAILURE	CARDIOLOGIST	Approved	1		0		0
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	LIPOPROTEIN DEFICIENCY	CARDIOLOGIST	Approved	1		0		0
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	LIPOPROTEIN DEFICIENCY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
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	LIPOPROTEIN DEFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	THORACIC SURGERY	Denied	1	Services are not medically necessary	1		0
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	CARDIOLOGIST	Approved	1		0		0
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	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
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	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	OTHER	Approved	1		0		0
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	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Approved	2		0		0
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	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
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	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	INTERNAL MEDICINE	Approved	1		0		0
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	CARDIOVASCULAR DISEASE	Approved	2		0		0
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	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOLOGIST	Approved	1		0		0
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	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
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	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	INTERNAL MEDICINE	Approved	1		0		0
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	CARDIOLOGIST	Approved	5		0		0
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	Approved	1		0		0
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	Denied	1	Services are not medically necessary	1		0
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	Approved	11		0		0
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	Denied	3	Services are not medically necessary	3		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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	FAMILY PRACTICE	Approved	2		0		0
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	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
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	Approved	3		0		0
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 ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
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 ANGINA PECTORIS	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
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 ANGINA PECTORIS	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
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 ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
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 ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
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	CARDIOVASCULAR DISEASE	Approved	2		0		0
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	FAMILY PRACTICE	Approved	3		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
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 NONRHEUMATIC MITRAL VALVE DISORDERS	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
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 SPECIFIED HYPOTHYROIDISM	INTERNAL MEDICINE	Approved	1		0		0
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 SPECIFIED PERSONAL RISK FACTORS NEC	CARDIOLOGIST	Approved	1		0		0
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	OVERWEIGHT	CARDIOLOGIST	Approved	1		0		0
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	OVERWEIGHT	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	Approved	1		0		0
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	Denied	2	Services are not medically necessary	2		0
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	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	INTERNAL MEDICINE	Denied	3	Services are not medically necessary	3		0
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	CARDIOLOGIST	Approved	3		0		0
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	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
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	CARDIOVASCULAR DISEASE	Approved	3		0		0
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	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
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	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	NEPHROLOGY	Approved	1		0		0

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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	PERSISTENT ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
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	CARDIOLOGIST	Approved	2		0		0
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	Approved	1		0		0
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	Denied	1	Services are not medically necessary	1		0
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	HOSPITAL	Denied	1	Services are not medically necessary	1		0
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	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
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	RHEUMATIC TRICUSPID INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	CARDIOLOGIST	Approved	7		0		0
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	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
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	Approved	13		0		0
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	Denied	3	Services are not medically necessary	3		0
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	INTERNAL MEDICINE	Approved	4		0		0
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	OTHER	Approved	1		0		0

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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	SURGERY-THORACIC	Approved	1		0		0
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	ST ELEVATION MYOCARDIAL INFARCTION INVOLVING RCA	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
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 1 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	FAMILY PRACTICE	Approved	1		0		0
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 W/DIAB CHRON KIDNEY DZ	PHYSICIAN ASSISTANT	Approved	1		0		0
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 W/OTH SPEC COMPLICATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
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 W/OTH SPEC COMPLICATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
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 WITH HYPERGLYCEMIA	CARDIOLOGIST	Approved	1		0		0
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	CARDIOLOGIST	Approved	5		0		0
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	CARDIOVASCULAR DISEASE	Approved	5		0		0

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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	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
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	INTERNAL MEDICINE	Approved	1		0		0
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 DM W/UNS DIAB RETINPATHY W/MACULAR EDEMA	CARDIOLOGIST	Approved	1		0		0
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	CARDIOLOGIST	Approved	3		0		0
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	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
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	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	INTERNAL MEDICINE	Approved	1		0		0
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	UNSPECIFIED ATHEROSCLEROSIS	CARDIOLOGIST	Approved	1		0		0
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	UNSPECIFIED ATHEROSCLEROSIS	Imaging Center	Denied	1	Services are not medically necessary	1		0
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	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
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	UNSPECIFIED ATRIAL FIBRILLATION	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
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	UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
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	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	CARDIOVASCULAR DISEASE	Approved	2		0		0

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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	CARDIOLOGIST	Approved	1		0		0
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); single study, at rest or stress	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	NUCLEAR MEDICINE	Approved	1		0		0
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); single study, at rest or stress	CHEST PAIN UNSPECIFIED	EMERGENCY MEDICINE	Denied	1	Services are not medically necessary	1		0
MYOCRD IMG PET 1STD RST/STRS	VENTRICULAR TACHYCARDIA	Radiology	Approved	1		0		0
MYOCRD IMG PET SINGLE STUDY	VENTRICULAR TACHYCARDIA	Radiology	Approved	1		0		0
MYOMECTOMY ABDOM COMPLEX	INTRAMURAL LEIOMYOMA OF UTERUS	Other	Approved	1		0		0
MYOMECTOMY ABDOM METHOD	SUBMUCOUS LEIOMYOMA OF UTERUS	Other	Approved	1		0		0
MYORISAN 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Approved	1		0		0
MYORISAN 40 MG CAPSULE	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	CONSTIPATION, UNSPECIFIED	Female Pelvic Medicine And Reconstructive Surgery	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	FREQUENCY OF MICTURITION	Urology	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	FREQUENCY OF MICTURITION	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	MUSCULAR DISORDERS OF URETHRA	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	OVERACTIVE BLADDER	Urology	Approved	1		0		0
MYRBETRIQ ER 25 MG TABLET	UNSP SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	Family Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Physician	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 25 MG TABLET	URGE INCONTINENCE	Urology	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET		Obstetrics/Gynecology	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	OVERACTIVE BLADDER	Gynecology (No OB)	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	REFLEX NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	Physical Medicine	Approved	1		0		0
MYRBETRIQ ER 50 MG TABLET	REFLEX NEUROPATHIC BLADDER, NOT ELSEWHERE CLASSIFIED	Physical Medicine	Denied	1	Services are not medically necessary	1		0
MYRBETRIQ ER 50 MG TABLET	URGE INCONTINENCE	Urology	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	CHRONIC PAIN SYNDROME	PAIN MANAGEMENT	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	PHYSICAL MEDICINE & REHABILITATION	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	COMPLEX RGN PAIN SYNDROME I LOWER LIMB BILATERAL	PAIN MANAGEMENT	Approved	1		0		0
N BLOCK, LUMBAR/THORACIC	SACROCOCCYGEAL DISORDERS NEC	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
NALTREXONE, DEPOT FORM	OTHER GENERAL SYMPTOMS AND SIGNS	Behavioral Nurse	Approved	1		0		0
NAPROXEN SOD CR 500 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
NARATRIPTAN HCL 2.5 MG TABLET	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
NASAL SURGERY PROCEDURE	CHRONIC PANSINUSITIS	Multi-Specialty Group		0		0	Denied	1
NASAL SURGERY PROCEDURE	CHRONIC PANSINUSITIS	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NASAL SURGERY PROCEDURE	HEADACHE	Ancillary	Denied	1	Services are not medically necessary	1		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0

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NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Facility	Approved	2		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Hematology	Approved	1		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Oncology	Approved	4		0		0
NATALIZUMAB INJECTION	MULTIPLE SCLEROSIS	Rheumatology	Approved	1		0		0
Native coronary artery catheterization	ENCOUNTER AFTERCARE FOLLOWING HEART TRANSPLANT	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	HEART TRANSPLANT STATUS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT & GRAFT	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization with left heart cath and grafts	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart cath and grafts	PRESENCE OF AORTOCORONARY BYPASS GRAFT	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	INTERNAL MEDICINE	Approved	3		0		0
Native coronary artery catheterization with left heart catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	7		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	4		0		0
Native coronary artery catheterization with left heart catheterization	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CARDIOMYOPATHY UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CARDIOMYOPATHY UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	7		0		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization with left heart catheterization	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Native coronary artery catheterization with left heart catheterization	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	CARDIOVASCULAR	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	DYSPNEA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	DYSPNEA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HYPERLIPIDEMIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	ISCHEMIC CARDIOMYOPATHY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	OCCLUSION & STENOSIS UNSPECIFIED CAROTID ARTERY	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF DYSPNEA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with left heart catheterization	PALPITATIONS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	PALPITATIONS	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	PRECORDIAL PAIN	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSPECIFIED ATHEROSCLEROSIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	CARDIOLOGIST	Approved	2		0		0
Native coronary artery catheterization with left heart catheterization	UNSTABLE ANGINA	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	VENTRICULAR TACHYCARDIA	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with left heart catheterization	VENTRICULAR TACHYCARDIA	INTERNAL MEDICINE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath	ANGINA PECTORIS UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	1		0		0

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Native coronary artery catheterization with right and left heart cath	HEART TRANSPLANT STATUS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	ISCHEMIC CARDIOMYOPATHY	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
Native coronary artery catheterization with right and left heart cath	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC AORTIC VALVE DISORDER UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	SURGERY-THORACIC	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	OCCLUSION & STENOSIS BILATERAL CAROTID ARTERIES	SURGERY-VASCULAR	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	OTHER HYPERTROPHIC CARDIOMYOPATHY	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	RHEUMATIC MITRAL VALVE DISEASE UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath and grafts	DISORDER INVOLVING IMMUNE MECHANISM UNSPECIFIED	RADIOLOGY	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath and grafts	NONRHEUMATIC AORTIC VALVE STENOSIS	CARDIOLOGIST	Approved	1		0		0
Native coronary artery catheterization with right and left heart cath and grafts	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOVASCULAR DISEASE	Approved	1		0		0
NATPARA 25 MCG DOSE CARTRIDGE	IDIOPATHIC HYPOPARATHYROIDISM	Endocrinology And Metabolism	Approved	1		0		0
NDSC DCMPRN 1 NTRSPC LUMBAR	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Facility	Approved	1		0		0
NDSC DCMPRN 1 NTRSPC LUMBAR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	CERVICALGIA	Facility	Approved	2		0		0
NECK SPINE FUSE&REMOV BEL C2	DISEASE OF SPINAL CORD, UNSPECIFIED	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	FUSION OF SPINE, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER BIOMECHANICAL LESIONS OF CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	3		0		0

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NECK SPINE FUSE&REMOV BEL C2	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	OTHER CORD COMPRESSION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Other	Approved	4		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
NECK SPINE FUSE&REMOV BEL C2	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	Facility	Approved	4		0		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, SITE UNSPECIFIED	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	RADICULOPATHY, SITE UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	7		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	2	Services are not medically necessary	2		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Other	Approved	6		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Other	Denied	3	Services are not medically necessary	3		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, CERVICAL REGION	Physician Assistant	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Other	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	3		0		0
NECK SPINE FUSE&REMOV BEL C2	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSE&REMOV BEL C2	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
NECK SPINE FUSE&REMOV BEL C2	WEAKNESS	Facility	Approved	1		0		0
NECK SPINE FUSION	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSION	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Other	Approved	1		0		0
NECK SPINE FUSION	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
NECK SPINE FUSION	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
NERLYNX 40 MG TABLET	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Nurse Practitioner	Approved	1		0		0
NERLYNX 40 MG TABLET	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
NERVE GRAFT ARM/LEG <4 CM	INJURY OF NERVES AT WRIST AND HAND LEVEL OF LEFT ARM, INIT	Ancillary	Approved	1		0		0
NERVE GRAFT HEAD/NECK >4 CM	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	Facility	Approved	1		0		0

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NERVE PALSY FASCIAL GRAFT	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	Facility	Approved	1		0		0
NERVE REPAIR W/ALLOGRAFT	INJURY OF NERVES AT WRIST AND HAND LEVEL OF LEFT ARM, INIT	Ancillary	Approved	1		0		0
NERVE REPAIR W/ALLOGRAFT	STRAIN OF MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	FUSION OF SPINE LUMBOSACRAL REGION	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	HEADACHE	Radiology, Diagnostic	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	NERVE ROOT AND PLEXUS DISORDER UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
NERVOUS SYSTEM SURGERY	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NEULASTA 6 MG/0.6 ML SYRINGE	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
NEULASTA 6 MG/0.6 ML SYRINGE	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Pediatric Hematology/Oncology	Approved	1		0		0
NEULASTA 6 MG/0.6 ML SYRINGE	MALIGNANT NEOPLASM OF PINEAL GLAND	Pediatric Hematology/Oncology	Approved	1		0		0
NEULASTA 6 MG/0.6 ML SYRINGE	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Pediatric Hematology/Oncology	Approved	1		0		0
NEUPOGEN 300 MCG/0.5 ML SYR	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Hematology	Denied	1	Services are not medically necessary	1		0
NEUROELTRD STIM POST TIBIAL	FREQUENCY OF MICTURITION	Physician Assistant	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	FREQUENCY OF MICTURITION	Urology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	OVERACTIVE BLADDER	Obstetrics/Gynecology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	URGE INCONTINENCE	Obstetrics/Gynecology	Approved	1		0		0
NEUROELTRD STIM POST TIBIAL	URGE INCONTINENCE	Urology	Approved	1		0		0
NEUROLOGICAL PROCEDURE	BENIGN NEOPLASM OF PAROTID GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	BENIGN NEOPLASM OF PAROTID GLAND	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	CERVICALGIA	Ancillary	Denied	2	Services are not medically necessary	2		0
NEUROLOGICAL PROCEDURE	CERVICALGIA	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
NEUROLOGICAL PROCEDURE	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
NEUROLOGICAL PROCEDURE	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
NEUROLOGICAL PROCEDURE	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	LOCALIZED SWELLING, MASS AND LUMP, NECK	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Family Medicine	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Ancillary	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	SPINAL STENOSIS, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	2	Services are not medically necessary	2		0
NEUROLOGICAL PROCEDURE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NEUROLOGICAL PROCEDURE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Denied	1	Services are not medically necessary	1		0
NEUROMUSCULAR JUNCTION TEST	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Psychiatry	Denied	1	Services are not medically necessary	1		0

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NEUROMUSCULAR REEDUCATION	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Family Medicine	Approved	1		0		0
NEUROMUSCULAR REEDUCATION	MYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
NEUROMUSCULAR REEDUCATION	OTHER SPECIFIED DISORDERS OF MUSCLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
NEUROMUSCULAR REEDUCATION	PAIN IN LEFT FOOT	Physical Therapy	Denied	2	Services are not medically necessary	2		0
NEURORRAPHY W/VEIN AUTOGRAFT	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Approved	1		0		0
NEXIUM DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
NINLARO 4 MG CAPSULE	MULTIPLE MYELOMA IN REMISSION	Oncology	Approved	1		0		0
NITROFURANTOIN 25 MG/5 ML SUSP	UNSPECIFIED HYDRONEPHROSIS	Pediatric Urology	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	CHRONIC VENOUS HTN W OTH COMP OF BILATERAL LOW EXTRM	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Thoracic	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	1		0		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT 1 VEIN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Urology	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Approved	3		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	3		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, General	Approved	2		0		0
NJX NONCMPND SCLRSNT MLT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	1		0		0
NJX NONCMPND SCLRSNT MLT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	2		0		0
NJX PLATELET PLASMA	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
NJX PLATELET PLASMA	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
NJX PX DISCOGRAPHY LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
NJX PX DISCOGRAPHY LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NJX PX DISCOGRAPHY LUMBAR	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Ancillary	Approved	2		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Approved	1		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Vascular & Interventional Radiology	Approved	2		0		0
NJX SCLRSNT 1 INCMPTNT VEIN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	CHRONIC VENOUS HYPERTENSION W ULCER OF L LOW EXTREM	Vascular & Interventional Radiology	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	Facility	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOS VN UNSP LOW EXTRM W ULC OF UNSP SITE AND INFLAM	Facility	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, General	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Thoracic	Approved	4		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Family Medicine	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Internal Medicine	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Radiology	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	3		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Internal Medicine	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	1		0		0
NJX SCLRSNT MLT INCMPTNT VN	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	3		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Approved	2		0		0

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NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Approved	2		0		0
NJX SCLRSNT MLT INCMPTNT VN	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
Noninvasive estimated coronary fractional flow reserve (FFR) from CT angiography data	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	1		0		0
Noninvasive estimated coronary fractional flow reserve (FFR) from CT angiography data	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
NORCO 10-325 TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	2		0		0
NORCO 10-325 TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
NORCO 10-325 TABLET	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NORCO 5-325 TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
NORCO 5-325 TABLET	DORSALGIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
NORCO 5-325 TABLET	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Pain Management	Approved	1		0		0
NORCO 5-325 TABLET	OTHER CHRONIC PAIN	Family Medicine	Approved	1		0		0
NORCO 7.5-325 TABLET	LOW BACK PAIN	Physical Medicine	Approved	1		0		0
NORDITROPIN FLEXPRO	HYPOPITUITARISM	Pediatric Endocrinology		0		0	Approved	1
NORDITROPIN FLEXPRO	HYPOPITUITARISM	Pediatrics		0		0	Approved	1
NORDITROPIN FLEXPRO 10 MG/1.5	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Pediatric Endocrinology	Denied	1	Services are not medically necessary	1		0
NORDITROPIN FLEXPRO 10 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 10 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
NORDITROPIN FLEXPRO 10 MG/1.5	HYPOPITUITARISM	Pediatrics	Denied	1	Services are not medically necessary	1		0
NORDITROPIN FLEXPRO 15 MG/1.5	HYPOPITUITARISM	Pediatric Endocrinology	Denied	2	Services are not medically necessary	2		0
NORDITROPIN FLEXPRO 15 MG/1.5	SHORT STATURE (CHILD)	Pediatric Endocrinology	Approved	1		0		0
NORDITROPIN FLEXPRO 5 MG/1.5	HYPOPITUITARISM	Pediatrics	Approved	1		0		0
NORITATE 1% CREAM	DERMATITIS, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
NORITATE 1% CREAM	ROSACEA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism		0		0	Approved	1
NOVOLOG 100 UNIT/ML CARTRIDGE	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML CARTRIDGE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Diabetic Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Physician Assistant	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Nurse Practitioner	Approved	1		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Approved	1		0		0

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NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 1 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION	Internal Medicine	Approved	1		0		0
NOVOLOG 100 UNIT/ML VIAL	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNITS/ML FLEXPEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Pediatrics	Denied	1	Services are not medically necessary	1		0
NOVOLOG 100 UNITS/ML FLEXPEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	1	Services are not medically necessary	1		0
NOVOLOG MIX 70-30 VIAL	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
NOXAFIL DR 100 MG TABLET	OTHER COMPLICATIONS OF BONE MARROW TRANSPLANT	Physician Assistant	Approved	1		0		0
NOXAFIL DR 100 MG TABLET	PULMONARY MYCOBACTERIAL INFECTION	Internal Medicine	Approved	1		0		0
NOXAFIL DR 100 MG TABLET	STEM CELLS TRANSPLANT STATUS	Oncology	Approved	2		0		0
NRAS GENE VARIANTS EXON 2&3	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
NRV CNDJ TST 5-6 STUDIES	CHRONIC PAIN SYNDROME	Ancillary	Denied	1	Services are not medically necessary	1		0
NRV CNDJ TST 5-6 STUDIES	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NRV CNDJ TST 5-6 STUDIES	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
NRV CNDJ TST 5-6 STUDIES	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
NRV CNDJ TST 5-6 STUDIES	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	3	Services are not medically necessary	3		0
NRV CNDJ TST 5-6 STUDIES	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NRV CNDJ TST 5-6 STUDIES	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Denied	1	Services are not medically necessary	1		0
NRV RPR W/NRV ALGRFT 1ST	PAIN IN RIGHT ELBOW	Ancillary	Denied	1	Services are not medically necessary	1		0
NRV RPR W/NRV ALGRFT 1ST	STRAIN OF MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SPHN TISS RMVL	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC PANSINUSITIS	Ancillary	Approved	2		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC PANSINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
NSL/SINS NDSC SPHN TISS RMVL	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC ETHMOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC FRONTAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
NSL/SINS NDSC SURG FRNT SINS	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	Facility	Denied	2	Services are not medically necessary	2		0
NSL/SINS NDSC SURG FRNT SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	3		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0

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NSL/SINS NDSC SURG FRNT&SPHN	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	4		0		0
NSL/SINS NDSC SURG FRNT&SPHN	NASAL POLYP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG FRNT&SPHN	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG FRNT&SPHN	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Surgery, Plastic	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC ETHMOIDAL SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	4		0		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	2		0		0
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	7		0		0
NSL/SINS NDSC SURG MAX SINS	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	NASAL POLYP, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG MAX SINS	OTHER CHRONIC SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Surgery, Plastic	Approved	1		0		0
NSL/SINS NDSC SURG MAX SINS	POLYP OF NASAL CAVITY	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC SURG SPHN SINS	CHRONIC MAXILLARY SINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC SURG SPHN SINS	POLYP OF NASAL CAVITY	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC TOT W/SPHENDT	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC ETHMOIDAL SINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC PANSINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC SINUSITIS, UNSPECIFIED	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	CHRONIC SPHENOIDAL SINUSITIS	Facility	Approved	1		0		0
NSL/SINS NDSC TOT W/SPHENDT	DEVIATED NASAL SEPTUM	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC TOTAL	ACUTE RECURRENT ETHMOIDAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
NSL/SINS NDSC TOTAL	CHRONIC FRONTAL SINUSITIS	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	CHRONIC PANSINUSITIS	Ancillary	Approved	3		0		0
NSL/SINS NDSC TOTAL	CHRONIC SPHENOIDAL SINUSITIS	Ancillary	Approved	1		0		0

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NSL/SINS NDSC TOTAL	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
NSL/SINS NDSC TOTAL	FRACTURE OF NASAL BONES, INITIAL ENCOUNTER FOR OPEN FRACTURE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
NSL/SINS NDSC TOTAL	OTHER ACUTE RECURRENT SINUSITIS	Facility	Approved	2		0		0
NSL/SINS NDSC TOTAL	OTHER CHRONIC SINUSITIS	Ancillary	Approved	1		0		0
NTSTY MODUL RAD TX DLVR CPLX	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
NTSTY MODUL RAD TX DLVR CPLX	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
NTSTY MODUL RAD TX DLVR CPLX	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
NUCALA 100 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
NUCALA 100 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
NUCALA 100 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
NUCYNTA 100 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
NUCYNTA 100 MG TABLET	RADICULOPATHY, CERVICAL REGION	Pain Management	Approved	1		0		0
NUCYNTA 50 MG TABLET	FIBROMYALGIA	Pain Management	Approved	1		0		0
NUCYNTA 50 MG TABLET	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Pain Management	Approved	1		0		0
NUCYNTA 50 MG TABLET	LOW BACK PAIN	Orthopaedic Trauma	Approved	1		0		0
NUCYNTA 50 MG TABLET	LOW BACK PAIN	Physical Medicine	Approved	1		0		0
NUCYNTA 50 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Physical Medicine	Approved	1		0		0
NUCYNTA 50 MG TABLET	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Physical Medicine	Approved	1		0		0
NUCYNTA 75 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Denied	2	Services are not medically necessary	2		0
NUCYNTA 75 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Approved	1		0		0
NUCYNTA ER 100 MG TABLET	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Physical Medicine	Approved	1		0		0
NUCYNTA ER 200 MG TABLET	RADICULOPATHY, CERVICAL REGION	Physician Assistant	Approved	1		0		0
NUCYNTA ER 50 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Anesthesiology	Approved	1		0		0
NURSING CARE IN HOME RN	ACCIDENTAL POISONING BY ALCOHOL, NOT ELSEWHERE CLASSIFIED	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	DEHYDRATION	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	ENCOUNTER FOR ATTENTION TO COLOSTOMY	Facility	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	MALIG NEOPLM OF CONN AND SOFT TISS OF R LOW LIMB, INC HIP	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	MANDIBULOFACIAL DYSOSTOSIS	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	MANDIBULOFACIAL DYSOSTOSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Ancillary	Approved	2		0		0
NURSING CARE IN HOME RN	OTHER SEIZURES	Ancillary	Denied	1	Services are not medically necessary	1		0
NURSING CARE IN HOME RN	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Ancillary	Approved	1		0		0
NURSING CARE IN HOME RN	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Ancillary	Approved	1		0		0
NURSING CARE, IN THE HOME; B	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0

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NURSING FAC CARE SUBSEQ	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	Physician Assistant	Approved	8		0		0
NURSING FACILITY CARE INIT	SEPSIS, UNSPECIFIED ORGANISM	Physician Assistant	Approved	3		0		0
NUVIGIL 200 MG TABLET	NARCOLEPSY WITH CATAPLEXY	Psychiatry	Denied	1	Services are not medically necessary	1		0
NVR CNDJ TST 1-2 STUDIES	BENIGN NEOPLASM OF PAROTID GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
NVR CNDJ TST 1-2 STUDIES	BENIGN NEOPLASM OF PAROTID GLAND	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NVR CNDJ TST 1-2 STUDIES	LOCALIZED SWELLING, MASS AND LUMP, NECK	Ancillary	Denied	1	Services are not medically necessary	1		0
NVR CNDJ TST 1-2 STUDIES	LOCALIZED SWELLING, MASS AND LUMP, NECK	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
NVR CNDJ TST 1-2 STUDIES	NONTOXIC SINGLE THYROID NODULE	Family Medicine	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	NONTOXIC SINGLE THYROID NODULE	Multi-Specialty Group	Approved	1		0		0
NVR CNDJ TST 1-2 STUDIES	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Ancillary	Denied	1	Services are not medically necessary	1		0
NVR CNDJ TST 1-2 STUDIES	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
OB US DETAILED SNGL FETUS	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
OB US FOLLOW-UP PER FETUS	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
OBINUTUZUMAB INJ	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	1		0		0
OBSERVATION CARE DISCHARGE	CHEST PAIN, UNSPECIFIED	Facility	Approved	2		0		0
OBSERVATION CARE DISCHARGE	PAIN, UNSPECIFIED	Facility	Approved	2		0		0
OBSTETRICAL CARE	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, SECOND TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OBSTETRICAL CARE	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, THIRD TRIMESTER	Ancillary	Denied	1	Services are not medically necessary	1		0
OCALIVA 5 MG TABLET	PRIMARY BILIARY CIRRHOSIS	Gastroenterology	Approved	1		0		0
OCREVUS	Multiple sclerosis	Emergency Medicine		0		0	Approved	1
OCREVUS 300 MG/10 ML VIAL	MULTIPLE SCLEROSIS	Hematology	Approved	1		0		0
OCREVUS 300 MG/10 ML VIAL	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
OCTAGAM	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Allergy/Immunology		0		0	Denied	2
OCTAGAM	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Pediatrics		0		0	Denied	1
OCTAGAM INJECTION	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
OCTAGAM INJECTION	ANTIBODY DEFIC W NEAR-NORM IMMUNOGLOB OR W HYPERIMMUNOGLOB	Allergy/Immunology	Approved	1		0		0
OCTAGAM INJECTION	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEG, IN REMISSION	Hematology	Approved	1		0		0
OCTAGAM INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Allergy/Immunology	Approved	4		0		0
OCTAGAM INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Allergy/Immunology	Denied	3	Services are not medically necessary	3		0
OCTAGAM INJECTION	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B-CELL NUMS & FUNCTN	Pediatrics	Approved	4		0		0
OCTAGAM INJECTION	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	1		0		0
OCTAGAM INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
OCTAGAM INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Pediatrics	Approved	1		0		0
OCTAGAM INJECTION	OTH DISRD INVOLVING THE IMMUNE MECHANISM, NEC	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
OCTAGAM INJECTION	PEMPHIGUS, UNSPECIFIED	Facility	Approved	3		0		0
OCTAGAM INJECTION	POLYNEUROPATHY, UNSPECIFIED	Neurology	Approved	1		0		0
OCTAGAM INJECTION	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Allergy/Immunology	Approved	1		0		0
OCTAGAM INJECTION	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0

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OCTREOTIDE ACET 100 MCG/ML VL	FISTULA OF INTESTINE	Internal Medicine	Approved	1		0		0
OCTREOTIDE ACET 100 MCG/ML VL	MALIGNANT NEOPLASM OF THYROID GLAND	Surgery, General	Approved	1		0		0
OFEV 150 MG CAPSULE	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
OFFICE CONSULTATION	END STAGE RENAL DISEASE	Anesthesiology	Approved	1		0		0
OFFICE CONSULTATION	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	Facility	Approved	1		0		0
OFFICE CONSULTATION	LOW BACK PAIN	Physical Therapy	Approved	1		0		0
OFFICE CONSULTATION	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Endocrinology And Metabolism	Approved	1		0		0
OFFICE CONSULTATION	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Oncology	Approved	1		0		0
OFFICE CONSULTATION	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Oncology	Denied	1	Services are not medically necessary	1		0
OFFICE CONSULTATION	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Surgery, General	Denied	1	Services are not medically necessary	1		0
OFFICE CONSULTATION	MALIGNANT NEOPLASM OF SIGMOID COLON	Gastroenterology	Approved	1		0		0
OFFICE CONSULTATION	NONALCOHOLIC STEATOHEPATITIS (NASH)	Facility	Approved	1		0		0
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Illness, unspecified	Behavioral Health Provider	Approved	3		0		0
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING	Major depressive disorder, recurrent, moderate	Behavioral Health Provider	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ABNORMAL AUDITORY FUNCTION STUDY	Pediatric Otolaryngology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ABNORMAL FINDING OF BLOOD CHEMISTRY, UNSPECIFIED	Neurology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ACHALASIA OF CARDIA	Surgery, General	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ACNE VULGARIS	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ANESTHESIA OF SKIN	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ATYPICAL FACIAL PAIN	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	Internal Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	BASAL CELL CARCINOMA OF SKIN OF NOSE	Dermatology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	BASAL CELL CARCINOMA OF SKIN OF NOSE	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	Dermatology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	BENIGN NEOPLASM OF CEREBRAL MENINGES	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	BENIGN NEOPLASM OF PITUITARY GLAND	Family Medicine	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	BENIGN NEOPLASM OF PITUITARY GLAND	Surgery, Neurological	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	BENIGN NEOPLASM OF PRPH NERVES AND AUTONM NERVOUS SYS, UNSP	Surgery, Neurological	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	BENIGN NEOPLASM OF UNSPECIFIED BREAST	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0

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OFFICE/OUTPATIENT VISIT EST	BURN 2ND DEG OF UNSP SITE RIGHT LOWER LIMB, EX ANK/FT, INIT	Pediatric Nurse Practitioner	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CEREBROSPINAL FLUID LEAK	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CEREBROSPINAL FLUID LEAK	Neuroradiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CEREBROSPINAL FLUID LEAK	Radiology, Diagnostic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CHRONIC RIGHT HEART FAILURE	Family Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	COARCTATION OF AORTA	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	COMPLETE UTEROVAGINAL PROLAPSE	Gynecology (No OB)	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	CONGENITAL PULMONARY VALVE STENOSIS	Pediatric Cardiology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	CRANIOSYNOSTOSIS	Surgery, Plastic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	Pediatric Rheumatology	Approved	3		0		0
OFFICE/OUTPATIENT VISIT EST	CYSTOID MACULAR DEGENERATION, RIGHT EYE	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	DIPLOPIA	Ophthalmology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	DISORDER INVOLVING THE IMMUNE MECHANISM, UNSPECIFIED	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	DISPLACED INTRAARTICULAR FRACTURE OF RIGHT CALCANEUS, INIT	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	DISSEMINATED ASPERGILLOSIS	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND	Ophthalmology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	DUAL ROLE TRANSVESTISM	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, SECOND TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, THIRD TRIMESTER	Midwifery	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREG, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, SECOND TRIMESTER	Obstetrics/Gynecology	Approved	4		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	Ancillary	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	Facility	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	ENCNTR FOR SUPRVSN OF NORMAL PREG, UNSP, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	3		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF NEUROSTIMULATOR	Surgery, Neurological	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR FERTILITY TESTING	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	Midwifery	Denied	2	Services are not medically necessary	2		0

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OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF SKIN	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF SKIN	Physician Assistant	Approved	4		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, FIRST TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENCOUNTER FOR SUPRVSN OF NORMAL PREGNANCY, THIRD TRIMESTER	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	EPISCLERITIS PERIODICA FUGAX, LEFT EYE	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ESSENTIAL (PRIMARY) HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ESSENTIAL (PRIMARY) HYPERTENSION	Family Nurse Practitioner Primary Care	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ESSENTIAL (PRIMARY) HYPERTENSION	Nephrology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Dermatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	FRACTURE OF ORBITAL FLOOR, LEFT SIDE, INIT	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	FRACTURE OF ORBITAL FLOOR, RIGHT SIDE, INIT	Ophthalmology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	FRACTURE OF UNSPECIFIED PART OF BODY OF RIGHT MANDIBLE, 7THD	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	GENERALIZED CONTRACTION OF VISUAL FIELD, BILATERAL	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Surgery, General	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	HYPERTROPHY OF BREAST	Surgery, Plastic	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Physical Therapy	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Surgery, Hand	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	ILLNESS, UNSPECIFIED	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	INJURY OF BRACHIAL PLEXUS, SEQUELA	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	INTRAMURAL LEIOMYOMA OF UTERUS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	LACERAT FLEXOR MUSC/FASC/TEND R RNG FNGR AT WRS/HND LV, SUBS	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	LEIOMYOMA OF UTERUS, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TONGUE	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	LOW BACK PAIN	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	LYME DISEASE, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	LYME DISEASE, UNSPECIFIED	Emergency Medicine		0		0	Denied	1

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
OFFICE/OUTPATIENT VISIT EST	MACULAR CYST, HOLE, OR PSEUDOHOLE, LEFT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Nurse Practitioner	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Nurse Practitioner	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT MELANOMA OF SCALP AND NECK	Surgery, Plastic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF CHOROID	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF PELVIS	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Internal Medicine	Approved	3		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Radiation Oncology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	Speech Therapy	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF SIGMOID COLON	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MALIGNANT NEOPLASM OF SIGMOID COLON	Multi-Specialty Group	Approved	4		0		0
OFFICE/OUTPATIENT VISIT EST	MAXILLARY HYPOPLASIA	Dentistry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MAXILLARY HYPOPLASIA	Surgery, Oral And Maxillofacial	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MAXILLARY HYPOPLASIA	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MECHANICAL ENTROPION OF UNSPECIFIED EYE, UNSPECIFIED EYELID	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MICROSCOPIC COLITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNSPECIFIED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MYELITIS, UNSPECIFIED	Pediatric Rehabilitation Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	MYELITIS, UNSPECIFIED	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, SUPRATENTORIAL	Surgery, General	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, SUPRATENTORIAL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	NEOPLASM OF UNCERTAIN BEHAVIOR OF THE PAROTID SALIVARY GLAND	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	NONDISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W ROUTN HEAL	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Dentistry	Approved	4		0		0
OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Dentistry	Denied	7	Services are not medically necessary	7		0

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OFFICE/OUTPATIENT VISIT EST	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OTH ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CNSL	Neurology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Pediatrics	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER ACQUIRED DEFORMITY OF HEAD	Surgery, Neurological	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	Podiatry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Family Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER OVARIAN CYST, RIGHT SIDE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OTHER PANCYTOPENIA	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	OTHER SEBORRHEIC KERATOSIS	Dermatology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OTHER SPECIFIED DISORDERS OF BONE, MULTIPLE SITES	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OTHER SPECIFIED DISORDERS OF MUSCLE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OTHER SPECIFIED HYPOTHYROIDISM	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN LEFT FOOT	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN RIGHT ELBOW	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAIN IN RIGHT HAND	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	PANUVEITIS, LEFT EYE	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSP SITE	Pediatric Rheumatology	Approved	6		0		0
OFFICE/OUTPATIENT VISIT EST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Internal Medicine	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	PLAGIOCEPHALY	Pediatric Rehabilitation Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	POSTERIOR CYCLITIS, BILATERAL	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	Sports Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	PRIMARY OLIGOMENORRHEA	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Optometry	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	PSOAS TENDINITIS, RIGHT HIP	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	PUCKERING OF MACULA, LEFT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Pediatric Rheumatology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	ROUND HOLE, RIGHT EYE	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SCIATICA, UNSPECIFIED SIDE	Chiropractic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Hematology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	3		0		0
OFFICE/OUTPATIENT VISIT EST	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Chiropractic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	SHORT STATURE (CHILD)	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	SPASMODIC TORTICOLLIS	Neurology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, CERVICAL REGION	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0

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OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, CERVICAL REGION	Surgery, Orthopedic		0		0	Denied	1
OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, CERVICAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Neurology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	SQUAMOUS CELL CARCINOMA SKIN/ RIGHT LOWER LIMB, INC HIP	Dermatology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	STRICTURE AND ATRESIA OF VAGINA	Obstetrics/Gynecology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TINNITUS, RIGHT EAR	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TYPE 1 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Pediatric Urology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Surgical Assistance	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Facility	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSP FRACTURE OF SHAFT OF LEFT FIBULA, INIT FOR CLOS FX	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSP FX SECOND MC BONE, LEFT HAND, SUBS FOR FX W MALUNION	Surgery, Plastic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Sports Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED ANOMALY OF JAW-CRANIAL BASE RELATIONSHIP	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED CONVULSIONS	Neurology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED EPISCLERITIS, LEFT EYE	Ophthalmology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED HEREDITARY RETINAL DYSTROPHY	Ophthalmology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Surgery, Orthopedic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Urology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT EST	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT EST	VENTRICULAR TACHYCARDIA	Internal Medicine	Approved	2		0		0
OFFICE/OUTPATIENT VISIT EST	VENTRICULAR TACHYCARDIA	Surgery, Thoracic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	CHRONIC KIDNEY DISEASE, STAGE 5	Ancillary	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	ILLNESS, UNSPECIFIED	Psychiatry	Approved	5		0		0
OFFICE/OUTPATIENT VISIT NEW	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	MALIG NEOPLASM OF LEFT TESTIS, UNSP DESCENDED OR UNDESCENDED	Surgery, Vascular	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	MALIG NEOPLASM OF LEFT TESTIS, UNSP DESCENDED OR UNDESCENDED	Urology	Approved	1		0		0

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OFFICE/OUTPATIENT VISIT NEW	MALIG NEOPLASM OF UNSP TESTIS, UNSP DESCENDED OR UNDESCENDED	Hematology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Facility	Denied	1	Services are not medically necessary	1		0
OFFICE/OUTPATIENT VISIT NEW	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	Surgery, Thoracic	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	MALIGNANT NEOPLASM OF SIGMOID COLON	Gastroenterology	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Family Medicine	Approved	1		0		0
OFFICE/OUTPATIENT VISIT NEW	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
Oligometastases	Malignant neoplasm of upper-outer quadrant of right female breast	Other	Approved	1		0		0
OLUMIANT 2 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
OLUMIANT 2 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Ancillary	Approved	2		0		0
OMALIZUMAB INJECTION	IDIOPATHIC URTICARIA	Facility	Approved	1		0		0
OMALIZUMAB INJECTION	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Ancillary	Approved	2		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Facility	Approved	1		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Cardiovascular Disease	Approved	2		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
OMALIZUMAB INJECTION	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
OMALIZUMAB INJECTION	UNSPECIFIED ASTHMA, UNCOMPLICATED	Facility	Approved	1		0		0
OMECLAMOX-PAK COMBO PACK	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE BICARB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)		0		0	Denied	1
OMEPRAZOLE DR 20 MG CAPSULE	DYSPHONIA	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 20 MG CAPSULE	STRIDOR	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE		Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE		Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE		Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE	Internal Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	DYSPHONIA	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	EOSINOPHILIC ESOPHAGITIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	EPIGASTRIC PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	EPIGASTRIC PAIN	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	2		0		0

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OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Allergy/Immunology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	4		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	9	Services are not medically necessary	9		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Nurse Practitioner	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	2		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	2	Services are not medically necessary	2		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	2		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	3	Services are not medically necessary	3		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	2	Services are not medically necessary	2		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pulmonary Disease	Approved	2		0		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Surgery, General	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	GASTROPARESIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	HEARTBURN	Gastroenterology	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	HELICOBACTER PYLORI AS THE CAUSE OF DISEASES CLASSD ELSWHR	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	OTHER DYSPHAGIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	PEPTIC ULC, SITE UNSP, UNSP AS AC OR CHR, W/O HEMOR OR PERF	Family Medicine	Approved	1		0		0
OMEPRAZOLE DR 40 MG CAPSULE	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE DR 40 MG CAPSULE	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Gastroenterology	Approved	1		0		0
OMEPRAZOLE-BICARB 20-1,680 PKT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
OMEPRAZOLE-BICARB 40-1,100 CAP	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	1		0		0
OMEPRAZOLE-BICARB 40-1,680 PKT	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	1		0		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	DME	Approved	1		0		0
OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	DME	Approved	2		0		0

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OMNIPOD PERSONAL DIABETIC MANAGER	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	2		0		0
OMNITROPE 5.8 MG VIAL	ENCOUNTER FOR ASSISTED REPRODCTV FERTILITY PROCEDURE CYCLE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ONC BREAST MRNA 58 GENES	MALIG NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
ONC BREAST MRNA 58 GENES	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Hematology	Approved	1		0		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	3		0		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BREAST MRNA 70 GENES	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BREAST MRNA 70 GENES	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BRST DUX CARC IS 12 GENE	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
ONC BRST MRNA 11 GENES	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
ONC BRST MRNA 11 GENES	MALIG NEOPLM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ONC BRST MRNA 11 GENES	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
ONC PROSTATE MRNA 46 GENES	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0
ONC PRST8 CA FISH ALYS 4 GEN	CHRONIC MYELOID LEUK, BCR/ABL-POSITIVE, NOT ACHIEVE REMIS	Ancillary	Denied	1	Services are not medically necessary	1		0
ONC PRST8 MRNA 17 GENE ALG	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	6		0		0
ONC THYR DNA&MRNA 112 GENES	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	4		0		0
ONCOLOGY BREAST MRNA	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Oncology		0		0	Approved	1
ONCOLOGY BREAST MRNA	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	3		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	4		0		0
ONCOLOGY BREAST MRNA	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	3		0		0
ONCOLOGY PROSTATE PROB SCORE	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Ancillary	Denied	1	Services are not medically necessary	1		0
ONCOLOGY PROSTATE PROB SCORE	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]	Ancillary	Denied	1	Services are not medically necessary	1		0
ONCOLOGY THYROID	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	Ancillary	Approved	3		0		0
ONCOLOGY THYROID	NONTOXIC MULTINODULAR GOITER	Ancillary	Approved	4		0		0
ONCOLOGY THYROID	NONTOXIC SINGLE THYROID NODULE	Ancillary	Approved	8		0		0
ONETOUCH ULTRA BLUE TEST STRP	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0

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ONEXTON GEL PUMP	ACNE VULGARIS	Dermatology	Approved	1		0		0
ONEXTON GEL PUMP	ACNE VULGARIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ONEXTON GEL PUMP	ACNE VULGARIS	Nurse Practitioner	Approved	1		0		0
ONEXTON GEL PUMP	ACNE VULGARIS	Physician	Approved	1		0		0
ONEXTON GEL PUMP	ACNE VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ONEXTON GEL PUMP	ACNE, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
ONEXTON GEL PUMP	PSEUDOFOLLICULITIS BARBAE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ONGLYZA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OPEN SKULL FOR DRAINAGE	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
OPEN SKULL FOR EXPLORATION	NONTRAUMATIC INTCRBL HEMORRHAGE IN HEMISPHERE, SUBCORTICAL	Facility	Approved	1		0		0
Open treatment of slipped femoral epiphysis;osteoplasty of femoral neck (Heyman type procedure)	TRAUMATIC ARTHROPATHY UNSPECIFIED HIP	ORTHOPEDIC SURGERY	Denied	2	Services are not medically necessary	2		0
OPEN/PERQ PLACE STENT EA ADD	COMPRESSION OF VEIN	Surgery, Vascular	Approved	1		0		0
OPEN/PERQ PLACE STENT SAME	COMPRESSION OF VEIN	Surgery, Vascular	Approved	1		0		0
OPEN/PERQ PLACE STENT SAME	COMPRESSION OF VEIN	Vascular & Interventional Radiology	Approved	1		0		0
OPEN/PERQ PLACE STENT SAME	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	Facility	Approved	1		0		0
OPHTH US B & QUANT A	MALIGNANT NEOPLASM OF CHOROID	Facility	Approved	1		0		0
OPN FEM ART EXPOS	ANEURYSM OF ILIAC ARTERY	Facility	Approved	1		0		0
OPN TX COMPLX MALAR FX	ZYGOMATIC FRACTURE, LEFT SIDE, INIT	Facility	Approved	1		0		0
OPSUMIT 10 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
OPTX MEDIAL ANKLE FX	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	Family Medicine	Approved	1		0		0
ORACEA 40 MG CAPSULE	ROSACEA, UNSPECIFIED	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
ORAL FUNCTION THERAPY	DYSPHAGIA, ORAL PHASE	Multi-Specialty Group	Approved	1		0		0
ORAL FUNCTION THERAPY	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
ORENCIA	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Emergency Medicine		0		0	Approved	1
ORENCIA 125 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
ORENCIA 125 MG/ML SYRINGE	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Allergy/Immunology	Approved	1		0		0
ORENCIA 125 MG/ML SYRINGE	OTHER GENERAL SYMPTOMS AND SIGNS	Physician	Approved	1		0		0
ORENCIA 125 MG/ML SYRINGE	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ORENCIA 125 MG/ML SYRINGE	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	2		0		0
ORENCIA 125 MG/ML SYRINGE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ORENCIA 250 MG VIAL		Nurse Practitioner	Approved	1		0		0
ORENCIA CLICKJECT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Emergency Medicine		0		0	Denied	1
ORENCIA CLICKJECT	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology		0		0	Denied	1
ORENCIA CLICKJECT 125 MG/ML	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Physician	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR	Rheumatology	Approved	1		0		0

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ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ORENCIA CLICKJECT 125 MG/ML	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Denied	3	Services are not medically necessary	3		0
ORILISSA 150 MG TABLET	ENDOMETRIOSIS OF PELVIC PERITONEUM	Obstetrics/Gynecology	Approved	1		0		0
ORILISSA 150 MG TABLET	ENDOMETRIOSIS OF PELVIC PERITONEUM	Reproductive Endocrinology/Infertility	Approved	1		0		0
ORILISSA 150 MG TABLET	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	2		0		0
ORILISSA 150 MG TABLET	PELVIC AND PERINEAL PAIN	Obstetrics/Gynecology	Approved	1		0		0
ORILISSA 200 MG TABLET	ENDOMETRIOSIS OF UTERUS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ORILISSA 200 MG TABLET	ENDOMETRIOSIS, UNSPECIFIED	Obstetrics/Gynecology	Approved	2		0		0
ORKAMBI 150-188 MG GRANULE PKT	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0
ORKAMBI 200 MG-125 MG TABLET	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	1		0		0
ORTHOVISC	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology		0		0	Approved	1
ORTHOVISC	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic		0		0	Approved	1
ORTHOVISC 15 MG/ML SYRINGE		Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	2		0		0
ORTHOVISC 15 MG/ML SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	2	Services are not medically necessary	2		0
ORTHOVISC 15 MG/ML SYRINGE	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS, INIT ENCNTR	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Rheumatology	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Orthopaedic Sports Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	2		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Approved	1		0		0
ORTHOVISC 15 MG/ML SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	5		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Facility	Approved	3		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	5		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Approved	1		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Orthopaedic Sports Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	2		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	3		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Oral And Maxillofacial	Approved	1		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	29		0		0
ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	4	Services are not medically necessary	4		0
ORTHOVISC INJ PER DOSE	OTH TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INIT	Surgery, Hand	Approved	1		0		0
ORTHOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Surgery, Hand	Approved	1		0		0
ORTHOVISC INJ PER DOSE	PAIN IN LEFT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	PAIN IN RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	Ancillary	Approved	1		0		0
ORTHOVISC INJ PER DOSE	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	1		0		0

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ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	4		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physician Assistant	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	22		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Denied	4	Services are not medically necessary	4		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	4		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Anesthesiology	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Facility	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Physical Medicine	Approved	1		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Approved	3		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	28		0		0
ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
OSPHENA 60 MG TABLET	DYSPAREUNIA	Obstetrics/Gynecology	Approved	1		0		0
Osteochondral allograft, knee, open	OSTEOCHONDRITIS DISSECANS OF UNSPECIFIED SITE	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0
Osteochondral allograft, knee, open	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	OTH SPEC ACQ DEFORMITIES MUSCULOSKELETAL SYSTEM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
OSTEOCHONDRAL TALUS AUTOGRFT	OTH ACQUIRED DEFORMITIES OF MUSCULOSKELETAL SYSTEM	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF LATERAL MALLEOLUS OF L FIBULA, 7THK	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	DISP FX OF SHAFT OF RIGHT CLAVICLE, SUBS FOR FX W ROUTN HEAL	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	DISPL OBLIQUE FX SHAFT OF L TIBIA, 7THK	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	FX UNSP PART OF NK OF R FEMR, SUBS FOR CLOS FX W ROUTN HEAL	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 5TH METATARSAL BONE, L FT, 7THK	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF 5TH METATARSAL BONE, R FT, 7THK	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF FIFTH METATARSAL BONE, LEFT FOOT, INIT	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	NONDISP FX OF MIDDLE THIRD OF NAVIC BONE OF R WRIST, INIT	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	OTH FX UPR & LOW END L FIBULA, SUBS FOR CLOS FX W DELAY HEAL	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W DELAY HEAL	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Ancillary	Approved	1		0		0
OSTEOGEN ULTRASOUND STIMLTOR	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Ancillary	Denied	1	Services are not medically necessary	1		0
OSTEOGEN ULTRASOUND STIMLTOR	STRESS FRACTURE, LEFT TIBIA, INITIAL ENCOUNTER FOR FRACTURE	Ancillary	Denied	1	Services are not medically necessary	1		0
Osteotomy and transfer of greater trochanter of femur (separate procedure)	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
OT EVAL HIGH COMPLEX 60 MIN	FUNCTIONAL QUADRIPLEGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
OT EVAL HIGH COMPLEX 60 MIN	MULTIPLE SCLEROSIS	Occupational Therapy	Approved	1		0		0
OT EVAL HIGH COMPLEX 60 MIN	MYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
OT EVAL LOW COMPLEX 30 MIN	MYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
OT EVAL MOD COMPLEX 45 MIN	MYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
OT RE-EVAL EST PLAN CARE	MYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0

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OTEZLA	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine		0		0	Denied	2
OTEZLA	Psoriasis, unspecified	Rheumatology		0		0	Denied	1
OTEZLA 28 DAY STARTER PACK	OTHER PSORIATIC ARTHROPATHY	Rheumatology	Denied	1	Services are not medically necessary	1		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS VULGARIS	Dermatology	Approved	2		0		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OTEZLA 28 DAY STARTER PACK	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Approved	1		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	5		0		0
OTEZLA 30 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	2	Services are not medically necessary	2		0
OTEZLA 30 MG TABLET	DERMATITIS, UNSPECIFIED	Dermatology	Approved	1		0		0
OTEZLA 30 MG TABLET	GUTTATE PSORIASIS	Dermatology	Approved	1		0		0
OTEZLA 30 MG TABLET	OTHER PSORIASIS	Dermatology	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Dermatology	Approved	9		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Family Medicine	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Internal Medicine	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Physician	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Physician Assistant	Approved	4		0		0
OTEZLA 30 MG TABLET	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
OTEZLA 30 MG TABLET	PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
OTEZLA 30 MG TABLET	PSORIATIC ARTHRITIS MUTILANS	Family Nurse Practitioner	Approved	1		0		0
Other Cancer	Malignant neoplasm of unspecified part of unspecified adrenal gland	GENERAL SURGERY	Approved	1		0		0
OTREXUP 20 MG/0.4 ML AUTO-INJ	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	Rheumatology	Approved	1		0		0
OTREXUP 25 MG/0.4 ML AUTO-INJ		Rheumatology	Approved	2		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Facility	Approved	1		0		0
OXALIPLATIN	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	Oncology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	LOCAL-REL SYMPTC EPI W CMPLX PRT SEIZ,NOT NTRCT,W/O STAT EPI	Psychiatry	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	OTHER HALLUCINATIONS	Neurology	Approved	1		0		0
OXTELLAR XR 600 MG TABLET	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Neurology	Denied	1	Services are not medically necessary	1		0
OXYCODON-ACETAMINOPHEN 7.5-325	CHRONIC PAIN SYNDROME	Internal Medicine	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	CHRONIC PAIN SYNDROME	Physician	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	CHRONIC PAIN SYNDROME	Surgery, Orthopedic	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	FIBROMYALGIA	Family Medicine	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	OTHER GENERAL SYMPTOMS AND SIGNS	Pain Management	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Anesthesiology	Approved	1		0		0
OXYCODON-ACETAMINOPHEN 7.5-325	PAIN IN RIGHT SHOULDER	Internal Medicine	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Nurse Practitioner	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Approved	2		0		0
OXYCODONE HCL 10 MG TABLET	DRUG-INDUCED POLYNEUROPATHY	Oncology	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	FIBROMYALGIA	Family Nurse Practitioner	Approved	1		0		0

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OXYCODONE HCL 10 MG TABLET	LOW BACK PAIN	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	LOW BACK PAIN	Pain Management	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Urology	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	OTHER CHRONIC PAIN	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	OTHER CHRONIC PAIN	Physician Assistant	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	PELVIC AND PERINEAL PAIN	Obstetrics/Gynecology	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	RADICULOPATHY, LUMBAR REGION	Family Medicine	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
OXYCODONE HCL 10 MG TABLET	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Pain Management	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	ABDOMINAL AND PELVIC PAIN	Internal Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	FIBROBLASTIC DISORDER, UNSPECIFIED	Podiatry	Denied	2	Services are not medically necessary	2		0
OXYCODONE HCL 15 MG TABLET	LOW BACK PAIN	Family Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	LOW BACK PAIN	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry, Child & Adolescent	Denied	2	Services are not medically necessary	2		0
OXYCODONE HCL 15 MG TABLET	OTHER CHRONIC PAIN	Emergency Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	PAIN IN UNSPECIFIED JOINT	Rheumatology	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	RADICULOPATHY, LUMBAR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 15 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 15 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 20 MG TABLET	RADICULOPATHY, LUMBAR REGION	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 20 MG TABLET	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 20 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physician Assistant	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	2		0		0
OXYCODONE HCL 30 MG TABLET	OTHER CHRONIC PAIN	General Practice	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	OTHER CHRONIC PAIN	General Practice	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 30 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physician Assistant	Approved	1		0		0
OXYCODONE HCL 30 MG TABLET	UNSP THORACIC, THORACOLUM AND LUMBOSACR INTVRT DISC DISORDER	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE HCL 5 MG TABLET	CHRONIC PAIN SYNDROME	Physical Medicine	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	MALIGNANT NEOPLASM OF APPENDIX	Hematology	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	MALIGNANT NEOPLASM OF ASCENDING COLON	Oncology	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	OTHER ACUTE POSTPROCEDURAL PAIN	Surgery, General	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	OTHER CHRONIC PAIN	Anesthesiology	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	OTHER CHRONIC PANCREATITIS	Family Medicine	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	OTHER SPONDYLOSIS, LUMBAR REGION	Physician Assistant	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	PAIN IN ARM, UNSPECIFIED	Nurse Practitioner	Approved	1		0		0
OXYCODONE HCL 5 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Geriatric Medicine	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET		Family Medicine	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	FUSION OF SPINE, LUMBAR REGION	Physician Assistant	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	Hematology	Approved	1		0		0
OXYCODONE HCL ER 10 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Physical Medicine	Approved	1		0		0

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OXYCODONE HCL ER 15 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physical Medicine	Approved	1		0		0
OXYCODONE HCL ER 30 MG TABLET	FIBROMYALGIA	Rheumatology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 10-325	CHRONIC PAIN SYNDROME	Pain Management	Approved	3		0		0
OXYCODONE-ACETAMINOPHEN 10-325	CONGENITAL TALIPES EQUINOVARUS	Family Nurse Practitioner	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	LOW BACK PAIN	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	LOW BACK PAIN	Physician Assistant	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER CHRONIC PAIN	Rheumatology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physician Assistant	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Anesthesiology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	OTHER SPECIFIED POSTPROCEDURAL STATES	Neurology	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 10-325	RADICULOPATHY, LUMBAR REGION	Neurology	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	SPONDYLOLISTHESIS, SITE UNSPECIFIED	Pain Management	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 10-325	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 5-325	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	Nurse Practitioner	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	CERVICALGIA	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 5-325	LOW BACK PAIN	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	LUMBAGO WITH SCIATICA, LEFT SIDE	Internal Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	LUMBAGO WITH SCIATICA, RIGHT SIDE	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Denied	1	Services are not medically necessary	1		0
OXYCODONE-ACETAMINOPHEN 5-325	OTHER GENERAL SYMPTOMS AND SIGNS	Family Nurse Practitioner	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Nurse Practitioner	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	PAIN IN LEFT KNEE	Family Medicine	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	POLYARTHRITIS, UNSPECIFIED	Physician	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	RADICULOPATHY, CERVICAL REGION	Physician Assistant	Approved	1		0		0
OXYCODONE-ACETAMINOPHEN 5-325	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Internal Medicine	Approved	1		0		0
OXYCONTIN	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Pain Management		0		0	Approved	1
OXYCONTIN ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Approved	1		0		0
OXYCONTIN ER 10 MG TABLET	CHRONIC PAIN SYNDROME	Pain Management	Denied	2	Services are not medically necessary	2		0
OXYCONTIN ER 10 MG TABLET	LOW BACK PAIN	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	LOW BACK PAIN	Pain Management	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Family Medicine	Approved	1		0		0
OXYCONTIN ER 10 MG TABLET	RADICULOPATHY, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	RADICULOPATHY, LUMBAR REGION	Neurology		0		0	Denied	1
OXYCONTIN ER 10 MG TABLET	RADICULOPATHY, LUMBAR REGION	Neurology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 10 MG TABLET	SECONDARY MALIGNANT NEOPLASM OF BONE	Radiation Oncology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 15 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Approved	1		0		0
OXYCONTIN ER 15 MG TABLET	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physical Medicine	Denied	1	Services are not medically necessary	1		0

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OXYCONTIN ER 20 MG TABLET	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Surgery, Orthopedic	Approved	1		0		0
OXYCONTIN ER 20 MG TABLET	CHRONIC PAIN SYNDROME	Physician	Approved	1		0		0
OXYCONTIN ER 20 MG TABLET	CHRONIC PAIN SYNDROME	Physician	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 20 MG TABLET	FIBROMYALGIA	Anesthesiology	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 20 MG TABLET	OTHER CHRONIC PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 20 MG TABLET	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 20 MG TABLET	SCIATICA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 30 MG TABLET	FIBROMYALGIA	Rheumatology	Denied	2	Services are not medically necessary	2		0
OXYCONTIN ER 30 MG TABLET	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	Oncology	Approved	1		0		0
OXYCONTIN ER 30 MG TABLET	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Internal Medicine	Denied	1	Services are not medically necessary	1		0
OXYCONTIN ER 30 MG TABLET	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	Oncology	Approved	2		0		0
OXYCONTIN ER 80 MG TABLET	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
OXYMORPHONE	LOW BACK PAIN	Emergency Medicine		0		0	Approved	1
OXYMORPHONE HCL ER 20 MG TAB	SPONDYLS W/O MYELOPATHY OR RADICULOPATHY, LUMBOSACR REGION	Physician Assistant	Approved	1		0		0
OXYMORPHONE HCL ER 5 MG TABLET	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Physical Medicine	Approved	1		0		0
OZEMPIC 0.25-0.5 MG DOSE PEN	PREDIABETES	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
OZEMPIC 0.25-0.5 MG DOSE PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Ancillary	Approved	1		0		0
PACLITAXEL INJECTION	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	4		0		0
PALINGEN OR PROMATRX	ACHILLES TENDINITIS, RIGHT LEG	Podiatry	Denied	1	Services are not medically necessary	1		0
PALINGEN OR PROMATRX	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
PALONOSETRON HCL	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	Oncology	Approved	1		0		0
PALONOSETRON HCL	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Facility	Approved	4		0		0
PANTOPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB		Physician	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	ACUTE DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	ACUTE KIDNEY FAILURE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	BARRETT'S ESOPHAGUS WITH LOW GRADE DYSPLASIA	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	Physician Assistant	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	CHEST PAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	CHRONIC GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION	Family Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	CHRONIC GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Family Nurse Practitioner	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	DYSPHAGIA, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PANTOPRAZOLE SOD DR 40 MG TAB	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	EOSINOPHILIC ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	EOSINOPHILIC ESOPHAGITIS	Physician	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	EPIGASTRIC PAIN	Family Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	EPIGASTRIC PAIN	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	ESOPHAGEAL OBSTRUCTION	Family Nurse Practitioner	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	ESOPHAGITIS, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	ESOPHAGITIS, UNSPECIFIED	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Approved	3		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Approved	3		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Physician	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Surgery, General	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Approved	3		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Medicine	Denied	10	Services are not medically necessary	10		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Family Nurse Practitioner	Denied	2	Services are not medically necessary	2		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	8		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	4	Services are not medically necessary	4		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	4	Services are not medically necessary	4		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Approved	2		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Denied	3	Services are not medically necessary	3		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Pulmonary Disease	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	Gastroenterology	Approved	1		0		0
PANTOPRAZOLE SOD DR 40 MG TAB	PRESENCE OF HEART ASSIST DEVICE	Advanced Heart Failure And Transplant Cardiology	Denied	1	Services are not medically necessary	1		0
PARENTERAL ADMINISTRATION KI	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0

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PARENTERAL SOL > 100GM PROTE	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
PARENTERAL SOL 52-73 GM PROT	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
PARENTERAL SOL 74-100 GM PRO	Unspecified severe protein-calorie malnutrition	Ancillary		0		0	Approved	1
PARENTERAL SOL 74-100 GM PRO	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
PARENTERAL SOL AMINO ACID &	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
PARENTERAL SUPPLY KIT PREMIX	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	Ancillary	Approved	1		0		0
PAROXETINE HCL 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Denied	1	Services are not medically necessary	1		0
PART REMOVAL OF ANKLE/HEEL	DISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W NONUNION	Internal Medicine	Approved	1		0		0
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	OTH TEAR MED MENISCUS CURR INJ RT KNEE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
PARTIAL HIP REPLACEMENT	DISPLACED ARTICULAR FRACTURE OF HEAD OF RIGHT FEMUR, INIT	Facility	Approved	1		0		0
PARTIAL HIP REPLACEMENT	FRACTURE OF UNSP PART OF NECK OF RIGHT FEMUR, INIT	Facility	Approved	1		0		0
Partial Hospital Eating Disorders Treatment	ANOREXIA NERVOSA, RESTRICTING TYPE	Behavioral Health Facility		0		0	Approved	1
Partial Hospital Mental Health Treatment	BIPOLAR II DISORDER	Behavioral Health Facility		0		0	Approved	1
Partial Hospital Substance Use Disorders Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Approved	1
Partial Hospital Substance Use Disorders Treatment	CANNABIS DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	2
Partial Hospital Substance Use Disorders Treatment	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	1
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED	Facility	Approved	2		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	Facility	Approved	2		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	26		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Ancillary	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Facility	Approved	120		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Facility	Denied	13	Services are not medically necessary	13		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Family Medicine	Approved	2		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	10		0		0
PARTIAL HOSPITALIZATION SERV	ALCOHOL DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
PARTIAL HOSPITALIZATION SERV	COCAINE DEPENDENCE, UNCOMPLICATED	Facility	Approved	1		0		0
PARTIAL HOSPITALIZATION SERV	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED	Facility	Approved	6		0		0
PARTIAL HOSPITALIZATION SERV	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	1		0		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Facility	Approved	26		0		0
PARTIAL HOSPITALIZATION SERV	OPIOID DEPENDENCE, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERV	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Facility	Approved	14		0		0
PARTIAL HOSPITALIZATION SERV	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Facility	Denied	2	Services are not medically necessary	2		0
PARTIAL HOSPITALIZATION SERV	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Ancillary	Approved	1		0		0
PARTIAL HOSPITALIZATION SERV	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Facility	Approved	6		0		0
PARTIAL HOSPITALIZATION SERV	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	Multi-Specialty Group	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Alcohol dependence with withdrawal, uncomplicated	Behavioral Health Facility	Approved	1		0		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Alcohol dependence with withdrawal, unspecified	Behavioral Health Facility	Approved	1		0		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Alcohol dependence, uncomplicated	Behavioral Health Facility	Approved	20		0		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Alcohol dependence, uncomplicated	Behavioral Health Facility	Denied	1	Services are not medically necessary	1		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Cocaine dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Hallucinogen dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Opioid dependence, uncomplicated	Behavioral Health Facility	Approved	8		0		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Other stimulant dependence, uncomplicated	Behavioral Health Facility	Approved	2		0		0
PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Sedative, hypnotic or anxiolytic dependence, uncomplicated	Behavioral Health Facility	Approved	1		0		0
PARTIAL PROCTECTOMY	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	Other	Approved	1		0		0
PARTIAL REMOVAL OF COLON	DVRTCLOS OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	1		0		0
PARTIAL REMOVAL OF COLON	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W BLEEDING	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
PARTIAL REMOVAL OF COLON	PERITONEAL ABSCESS	Internal Medicine	Approved	1		0		0
PARTIAL REMOVAL OF ESOPHAGUS	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Other	Approved	1		0		0
PARTIAL REMOVAL OF LIVER	OTHER SPECIFIED DISEASES OF LIVER	Other	Approved	1		0		0
PARTIAL REMOVAL OF LIVER	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM	Facility	Approved	1		0		0
PARTIAL REMOVAL OF LUNG	CONGENITAL CYSTIC LUNG	Other	Approved	1		0		0
PARTIAL REMOVAL OF NOSE	ACQUIRED DEFORMITY OF NOSE	Ancillary	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Other	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Surgery, General	Approved	1		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	Other	Approved	2		0		0
PARTIAL REMOVAL OF PANCREAS	MALIGNANT NEOPLASM OF RETROPERITONEUM	Facility	Approved	1		0		0
PARTIAL REMOVAL OF PHARYNX	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	1		0		0
PARTIAL REMOVAL OF RIB	DISEASE OF ESOPHAGUS, UNSPECIFIED	Other	Approved	1		0		0
PARTIAL REMOVAL OF THYROID	NONTOXIC SINGLE THYROID NODULE	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TONGUE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
PARTIAL REMOVAL OF TONGUE	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	2		0		0
PARTIAL REMOVAL OF VULVA	CARCINOMA IN SITU OF VULVA	Facility	Approved	1		0		0
PARTIAL REMOVAL OF VULVA	MODERATE VULVAR DYSPLASIA	Facility	Approved	2		0		0
PARTIAL REMOVAL OF VULVA	RECTOCELE	Family Medicine	Approved	1		0		0
PATADAY 0.2% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Denied	1	Services are not medically necessary	1		0
PATIENT PROGR, NEUROSTIM	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF NEUROSTIMULATOR	Facility	Approved	1		0		0
PATIENT PROGR, NEUROSTIM	PARKINSON'S DISEASE	Facility	Approved	1		0		0
PAZEO 0.7% EYE DROPS	ACUTE ATOPIC CONJUNCTIVITIS, UNSPECIFIED EYE	Family Medicine	Denied	1	Services are not medically necessary	1		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
PAZEO 0.7% EYE DROPS	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Optometry	Denied	2	Services are not medically necessary	2		0

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PED TERM DEV, HOOK, VOL OPEN	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
PEGLOTICASE INJECTION	IDIOPATHIC CHRONIC GOUT, MULTIPLE SITES, WITH TOPHUS (TOPHI)	Ancillary	Approved	1		0		0
PEGLOTICASE INJECTION	IDIOPATHIC CHRONIC GOUT, UNSPECIFIED SITE, WITHOUT TOPHUS	Ancillary	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	Facility	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Other	Approved	4		0		0
PELVIS/HIP JOINT SURGERY	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Other	Denied	1	Services are not medically necessary	1		0
PELVIS/HIP JOINT SURGERY	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
PELVIS/HIP JOINT SURGERY	PAIN IN LEFT HIP	Facility	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	PAIN IN LEFT HIP	Facility	Denied	1	Services are not medically necessary	1		0
PELVIS/HIP JOINT SURGERY	PAIN IN RIGHT HIP	Other	Approved	1		0		0
PELVIS/HIP JOINT SURGERY	PAIN IN RIGHT HIP	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
PELVIS/HIP JOINT SURGERY	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, OTHER SITE	Ancillary	Approved	1		0		0
PENNSAID 2% PUMP	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Podiatry	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM	Physical Medicine	Denied	1	Services are not medically necessary	1		0
PENNSAID 2% PUMP	PAIN IN UNSPECIFIED KNEE	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PERCOCET	RADICULOPATHY, LUMBAR REGION	Pain Management		0		0	Approved	1
PERCOCET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Anesthesiology		0		0	Approved	1
PERCOCET 10-325 MG TABLET	CHRONIC PAIN SYNDROME	Physician Assistant	Approved	1		0		0
PERCOCET 10-325 MG TABLET	FIBROMYALGIA	Anesthesiology	Approved	1		0		0
PERCOCET 10-325 MG TABLET	OTHER CHRONIC PANCREATITIS	Family Medicine	Approved	1		0		0
PERCOCET 10-325 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Pain Management	Approved	1		0		0
PERCOCET 10-325 MG TABLET	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BONE	Family Medicine	Approved	1		0		0
PERCOCET 10-325 MG TABLET	RADICULOPATHY, LUMBAR REGION	Nurse Practitioner	Approved	1		0		0
PERCOCET 10-325 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Pain Management	Approved	1		0		0
PERCOCET 5-325 MG TABLET	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Physical Medicine	Approved	1		0		0
PERIACETABULAR OSTEOTOMY	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Other	Approved	1		0		0
PERQ ACCESS & CLSR FEM ART	ANEURYSM OF ILIAC ARTERY	Facility	Approved	1		0		0
PERQ CLSR TCAT L ATR APNDGE		Hospital		0		0	Denied	1
PERQ CLSR TCAT L ATR APNDGE	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	1		0		0
PERQ CLSR TCAT L ATR APNDGE	UNSPECIFIED ATRIAL FIBRILLATION	Other	Denied	1	Services are not medically necessary	1		0
PERQ LUMBOSACRAL INJECTION	WEDGE COMPRESSION FRACTURE OF THIRD LUMBAR VERTEBRA, INIT	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	PATHOLOGICAL FRACTURE IN NEOPLASTIC DISEASE, OTH SITE, INIT	Facility	Approved	2		0		0
PERQ VERTEBRAL AUGMENTATION	PATHOLOGICAL FRACTURE, OTH SITE, SUBS FOR FX W ROUTN HEAL	Facility	Denied	1	Services are not medically necessary	1		0
PERQ VERTEBRAL AUGMENTATION	PATHOLOGICAL FRACTURE, OTHER SITE, INIT ENCNTR FOR FRACTURE	Facility	Approved	1		0		0
PERQ VERTEBRAL AUGMENTATION	WEDGE COMPRSN FX THIRD LUM VERT, SUBS FOR FX W ROUTN HEAL	Facility	Approved	1		0		0
PET BRAIN; metabolic evaluation	ALZHEIMERS DISEASE WITH EARLY ONSET	NEUROLOGY	Approved	1		0		0
PET BRAIN; metabolic evaluation	COMMUNICATING HYDROCEPHALUS	NEUROLOGY	Approved	1		0		0
PET CARDIAC, myocardial imaging, metabolic evaluation	SARCOID MYOCARDITIS	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PET CARDIAC, myocardial imaging, metabolic evaluation	SARCOIDOSIS OF OTHER SITES	PULMONARY DISEASES	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	NONRHEUMATIC MITRAL VALVE INSUFFICIENCY	CARDIOLOGIST	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	OTHER FORMS OF ANGINA PECTORIS	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	PAROXYSMAL ATRIAL FIBRILLATION	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	1		0		0
PET CARDIAC, myocardial imaging, perfusion; single study at rest or stress	INTERCOSTAL PAIN	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET IMAGE W/CT SKULL-THIGH	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Oncology	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	Oncology		0		0	Denied	1
PET IMAGE W/CT SKULL-THIGH	MALIGNANT NEOPLASM OF SIGMOID COLON	Facility	Approved	1		0		0
PET IMAGE W/CT SKULL-THIGH	NODULAR SCLER HODGKIN LYMPH, NODES OF HEAD, FACE, AND NECK	Oncology	Approved	2		0		0
PET IMAGE W/CT SKULL-THIGH	VENTRICULAR TACHYCARDIA	Radiology	Approved	1		0		0
PET imaging, any site, not otherwise specified	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET Imaging; skull base to mid-thigh	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET Imaging; skull base to mid-thigh	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET Imaging; whole body	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
PET Imaging; whole body	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	INTRAHEPATIC BILE DUCT CARCINOMA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	INTERNAL MEDICINE	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA OF RIGHT LOWER LIMB INCL HIP	INTERNAL MEDICINE	Denied	4	Services are not medically necessary	4		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA RIGHT UP LIMB INCL SHOULDER	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT MELANOMA RT EAR & EXT AURICULAR CANAL	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0

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PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA IN RELAPSE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA IN REMISSION	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Approved	2		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	PEDIATRIC HEMATOLOGY - ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	PANUVEITIS LEFT EYE	ANCILLARY	Denied	1	Services are not medically necessary	1		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIGNANT NEOPLASM OF SKIN	ONCOLOGY	Approved	1		0		0
PET/CT Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ADRENOMEDULLARY HYPERFUNCTION	ENDOCRINOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	BENIGN NEOPLASM OF SIGMOID COLON	GASTROENTEROLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	BURKITT LYMPHOMA INTRA-ABDOMINAL LYMPH NODES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	BURKITT LYMPHOMA SPLEEN	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	CARCINOID SYNDROME	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA INTRATHOR NODES	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISEASE OF ESOPHAGUS UNSPECIFIED	GASTROENTEROLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISORDER OF BREAST UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	ENLARGED LYMPH NODES UNSPECIFIED	PULMONARY DISEASES	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MALT	ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE I NODES MULTIPLE SITES	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE IIIA NODE HEAD FCE NCK	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	FOLLICULAR LYMPHOMA GRADE IIIB NODES MX SITES	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	GENERALIZED ENLARGED LYMPH NODES	Imaging Center	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	GENERALIZED ENLARGED LYMPH NODES	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	GENERALIZED ENLARGED LYMPH NODES	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	HODGKIN LYMPHOMA UNSPECIFIED UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	IMMUNE THROMBOCYTOPENIC PURPURA	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	INTRADUCTAL CARCINOMA SITU OF UNSPECIFIED BREAST	NURSE PRACTITIONER	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOBAR PNEUMONIA UNSPECIFIED ORGANISM	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED ENLARGED LYMPH NODES	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	LOCALIZED ENLARGED LYMPH NODES	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM NIPPLE & AREOLA RIGHT MALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM OF SMALL INTESTINE UNSPECIFIED	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	2		0		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	GENERAL SURGERY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	INTERNAL MEDICINE	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT CARCINOID TUMOR OF THE APPENDIX	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT MELANOMA OF LEFT LOWER LIMB INCL HIP	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM AORTIC BODY & OTH PARAGANGLIA	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND	UROLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF APPENDIX	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	ONCOLOGY	Denied	6	Services are not medically necessary	6		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ASCENDING COLON	SURGERY-GENERAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BASE OF TONGUE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	ORAL / MAXILLOFACIAL SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF BORDER OF TONGUE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CARDIA	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CARDIA	Imaging Center	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CARDIA	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CARDIA	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF DESCENDING COLON	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOCERVIX	GYNECOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOCERVIX	GYNECOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ENDOMETRIUM	GYNECOLOGY ONCOLOGY	Denied	2	Services are not medically necessary	2		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF GLOTTIS	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LEFT CHOROID	OPHTHALMOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LEFT OVARY	GYNECOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LEFT URETER	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	HEMATOLOGY AND ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	SURGERY-GENERAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF NASAL CAVITY	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF NASAL CAVITY	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	GENERAL SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PAROTID GLAND	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PAROTID GLAND	PHYSICIAN ASSISTANT	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	OTHER	Denied	1	Services are not medically necessary	1		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	URGENT CARE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PROSTATE	UROLOGY	Denied	7	Services are not medically necessary	7		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RECTUM	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RETROPERITONEUM	SURGERY-GENERAL	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT CHOROID	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF RIGHT OVARY	HEMATOLOGY AND ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF SIGMOID COLON	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	HOSPITAL	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	PHYSICIAN ASSISTANT	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF THYROID GLAND	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	OTOLARYNGOLOGIST (ENT)	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	RADIATION THERAPY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	RADIATION ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	GYNECOLOGY ONCOLOGY	Denied	3	Services are not medically necessary	3		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OF VULVA UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	SURGERY-GENERAL	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Approved	9		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	ONCOLOGY	Denied	4	Services are not medically necessary	4		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVERLAPPING SITES OF STOMACH	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	RADIATION ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Imaging Center	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	GENERAL SURGERY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	HOSPITAL	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	HEMATOLOGY AND ONCOLOGY	Approved	3		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	GYNECOLOGY ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MANTLE CELL LYMPHOMA LYMPH NODES MULTIPLE SITES	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MIX CELLULAR CLASSICAL HL INTRATHORACIC NODES	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	MYCOSIS FUNGOIDES UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	ENDOCRINOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROSIS CLASS HL NODES HEAD FACE NECK	HEMATOLOGY AND ONCOLOGY	Approved	8		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULAR SCLEROSIS CLASS HL NODES HEAD FACE NECK	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	HEMATOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	HEMATOLOGY AND ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	NURSE PRACTITIONER	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	RADIATION ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	RADIATION ONCOLOGY	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER ABNORMAL TUMOR MARKERS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER ABNORMAL TUMOR MARKERS	RADIOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NON-FOLLICULAR LYMPHOMA UNSPECIFIED SITE	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Imaging Center	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	PULMONARY DISEASES	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	OTHER NONSPECIFIC LYMPHADENITIS	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERIPH T-CELL LYMPHOMA NC NODES MULTIPLE SITES	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERIPH T-CELL LYMPHOMA NC NODES MULTIPLE SITES	RADIATION ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HISTORY MALIGNANT NEOPLASM OF THYROID	NURSE PRACTITIONER	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	ONCOLOGY	Denied	3	Services are not medically necessary	3		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIG NEOPLASM UNS KIDNEY RENAL PELVIS	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF BONE	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF BONE	ONCOLOGY	Approved	2		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF SKIN	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	ONCOLOGY	Denied	2	Services are not medically necessary	2		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SECONDARY POLYCYTHEMIA	HEMATOLOGY AND ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	CRITICAL CARE MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	INTERNAL MEDICINE	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	PULMONARY DISEASES	Approved	4		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	SOLITARY PULMONARY NODULE	SURGERY-THORACIC	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Unknown	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Unknown	ONCOLOGY	Denied	1	Services are not medically necessary	1		0

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PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNS B-CELL LYMPHOMA EXTRANODL & SOLID ORGAN SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED B-CELL LYMPHOMA SPLEEN	ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED B-CELL LYMPHOMA SPLEEN	ONCOLOGY	Denied	5	Services are not medically necessary	5		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	HEMATOLOGY AND ONCOLOGY	Approved	1		0		0
PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Unspecified lump in unspecified breast	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
PHARMACY COMP/DISP SERV	FAMILIAL HYPOPHOSPHATEMIA	Ancillary	Approved	2		0		0
PHARMACY COMP/DISP SERV	W/CRAFT STAIR FALL-POWER	Ancillary	Approved	2		0		0
PHENDIMETRAZINE ER 105 MG CAP	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PHENTERMINE 15 MG CAPSULE	ABNORMAL WEIGHT LOSS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Thoracic	Approved	3		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, General	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Radiology	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, Vascular	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Cardiology, Interventional	Approved	1		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	2		0		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
PHLEB VEINS - EXTREM 20+	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
PHONE E/M PHYS/QHP 5-10 MIN	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
PHOTOPHERESIS	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	3		0		0
PHOTOPHERESIS	OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES	Facility	Approved	1		0		0
PHOTOPHERESIS	OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES	Oncology	Approved	1		0		0
PHYSICAL MEDICINE PROCEDURE	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
PHYSICAL PERFORMANCE TEST	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Family Medicine	Approved	1		0		0
PHYSICAL THERAPY TREATMENT	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
PICATO 0.015% GEL	ACTINIC KERATOSIS	Dermatology	Approved	2		0		0
PIN KNUCKLE DISLOCATION	UNSP FX SECOND MC BONE, LEFT HAND, SUBS FOR FX W MALUNION	Facility	Denied	1	Services are not medically necessary	1		0
PLACE CATH INTRACRANIAL ART	CEREBRAL ANEURYSM, NONRUPTURED	Facility	Approved	1		0		0

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PLEGRIDY 125 MCG/0.5 ML PEN	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
PLEXION 9.8-4.8% CLEANSER	FURUNCLE OF HEAD [ANY PART, EXCEPT FACE]	Dermatology	Denied	1	Services are not medically necessary	1		0
PLMT NEPHROSTOMY CATHETER	CALCULUS OF KIDNEY	Other	Denied	1	Services are not medically necessary	1		0
PLMT XTN PROSTH EVASC RPR	ANEURYSM OF ILIAC ARTERY	Facility	Approved	1		0		0
PMP22 GENE DUP/DELET	OTHER SPECIFIED POLYNEUROPATHIES	Facility	Approved	1		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	2		0		0
PMS2 GENE DUP/DELET VARIANTS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE DUP/DELET VARIANTS	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
PMS2 GENE DUP/DELET VARIANTS	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
PMS2 GENE DUP/DELET VARIANTS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
PMS2 GENE DUP/DELET VARIANTS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Approved	2		0		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Approved	2		0		0
PMS2 GENE FULL SEQ ANALYSIS	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF ASCENDING COLON	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	MALIGNANT NEOPLASM OF SIGMOID COLON	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
PMS2 GENE FULL SEQ ANALYSIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
PMS2 GENE FULL SEQ ANALYSIS	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF SMALL INTESTINE	Ancillary	Denied	1	Services are not medically necessary	1		0
PNEUM COMPRESSOR SEGMENTAL	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
POLYSOM 6/>YRS CPAP 4/> PARM		Internal Medicine		0		0	Denied	1
POLYSOM 6/>YRS CPAP 4/> PARM	SLEEP APNEA, UNSPECIFIED	Neurology		0		0	Denied	1
POSACONAZOLE DR 100 MG TABLET	INVASIVE PULMONARY ASPERGILLOSIS	Pulmonary Disease	Approved	1		0		0
POST FUSION 13/> VERT SEG	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED	Other	Approved	1		0		0
POST FUSION 7-12 VERT SEG	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
POST FUSION 7-12 VERT SEG	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Other	Approved	1		0		0
POST FUSION 7-12 VERT SEG	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Other	Approved	1		0		0
POSTOP FOLLOW-UP VISIT	LACERAT FLEXOR MUSC/FASC/TEND R RNG FNGR AT WRS/HND LV, SUBS	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
POV GROUP 1 HD 301-450 LBS	ACQUIRED ABSENCE OF UNSPECIFIED LEG ABOVE KNEE	Ancillary	Approved	1		0		0
POV GROUP 1 STD UP TO 300LBS	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
POW UE ROM DEV EWHF UPRT CUS	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PRADAXA	CHRONIC ATRIAL FIBRILLATION	Internal Medicine		0		0	Approved	1

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PRALUENT 150 MG/ML PEN	FAMILIAL HYPERCHOLESTEROLEMIA	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
PRALUENT 150 MG/ML PEN	FAMILY HX OF ISCHEM HEART DIS AND OTH DIS OF THE CIRC SYS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PRALUENT 75 MG/ML PEN	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
PRECISION Q-I-D TEST STRIPS		Physician Assistant	Approved	1		0		0
PRECISION XTR B-KETONE STRIP	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Diabetic Medicine	Approved	1		0		0
PREGNYL 10,000 UNITS VIAL		Obstetrics/Gynecology	Approved	1		0		0
PREGNYL 10,000 UNITS VIAL	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
PREGNYL 10,000 UNITS VIAL	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	Dentistry	Approved	1		0		0
PREPARE FACE/ORAL PROSTHESIS	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	Dentistry	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	CLEFT HARD AND SOFT PALATE WITH BILATERAL CLEFT LIP	Facility	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	3		0		0
PREPARE FACE/ORAL PROSTHESIS	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Hospital		0		0	Approved	1
PREPARE FACE/ORAL PROSTHESIS	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Dentistry	Denied	1	Services are not medically necessary	1		0
PREPARE FACE/ORAL PROSTHESIS	OTHER CHRONIC OSTEOMYELITIS, OTHER SITE	Facility	Approved	1		0		0
PRESCRIPTION DRUG,BRAND NAME	CHRONIC PAIN SYNDROME	Anesthesiology	Denied	1	Services are not medically necessary	1		0
PREV VISIT EST AGE 40-64	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
PREVYMIS 480 MG TABLET	CYTOMEGALOVIRAL DISEASE, UNSPECIFIED	Hematology	Approved	1		0		0
PRILOSEC DR 10 MG SUSPENSION	ATRESIA OF ESOPHAGUS WITH TRACHEO-ESOPHAGEAL FISTULA	Pediatric Gastroenterology	Approved	1		0		0
PRISTIQ ER 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
PRISTIQ ER 50 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
PRISTIQ ER 50 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
PRISTIQ ER 50 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
PROAIR DIGIHALER 90 MCG INHALR	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROAIR HFA		Internal Medicine		0		0	Approved	1
PROBE NASOLACRIMAL DUCT	EPIPHORA DUE TO INSUFFICIENT DRAINAGE, RIGHT SIDE	Ancillary	Denied	1	Services are not medically necessary	1		0
PROBE NASOLACRIMAL DUCT	EPIPHORA DUE TO INSUFFICIENT DRAINAGE, RIGHT SIDE	Ophthalmology		0		0	Approved	1
PROGESTERONE 500 MG/10 ML VIAL	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
PROGESTERONE 500 MG/10 ML VIAL	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
PROGESTERONE 500 MG/10 ML VIAL	FEMALE INFERTILITY, UNSPECIFIED	Reproductive Endocrinology/Infertility	Approved	1		0		0
PROLIA	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Emergency Medicine		0		0	Approved	1
PROLIA	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Internal Medicine		0		0	Approved	2
PROLIA	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology		0		0	Denied	1
PROLIA 60 MG/ML SYRINGE		Endocrinology And Metabolism	Approved	1		0		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Family Medicine	Approved	1		0		0

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PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
PROLIA 60 MG/ML SYRINGE	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Rheumatology	Approved	1		0		0
PROLIA 60 MG/ML SYRINGE	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Endocrinology And Metabolism	Approved	1		0		0
PROLIA 60 MG/ML SYRINGE	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
PROLIA 60 MG/ML SYRINGE	QUADRIPLEGIA, C5-C7 INCOMPLETE	Family Medicine	Approved	1		0		0
PROMACTA 50 MG TABLET		Physician Assistant	Denied	1	Services are not medically necessary	1		0
PROMACTA 50 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Pediatric Hematology/Oncology	Approved	1		0		0
PROMACTA 50 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Pediatric Hematology/Oncology	Denied	1	Services are not medically necessary	1		0
PROMACTA 50 MG TABLET	IMMUNE THROMBOCYTOPENIC PURPURA	Physician Assistant	Approved	1		0		0
PROMACTA 50 MG TABLET	THROMBOCYTOPENIA, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
PROS SOCK SINGLE PLY UPPER L	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
Prostate Adenocarcinoma	Malignant neoplasm of prostate	Other	Denied	1	Services are not medically necessary	1		0
Prostate Adenocarcinoma	Malignant neoplasm of prostate	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
PROSTHETIC DEVICE REPAIR REP	SENSORINEURAL HEARING LOSS, BILATERAL	Ancillary	Approved	1		0		0
PROTHROMBIN TIME	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
PROTONIX 40 MG SUSPENSION	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	1		0		0
PROTONIX DR 40 MG TABLET	GASTRIC ULCER, UNSP AS ACUTE OR CHRONIC, W/O HEMOR OR PERF	Physician Assistant	Denied	1	Services are not medically necessary	1		0
PROTONIX DR 40 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROTONIX DR 40 MG TABLET	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PROVENTIL HFA 90 MCG INHALER	WHEEZING	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PROZAC 20 MG PULVULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Physician	Approved	1		0		0
PRP I/HERN INIT REDUC >5 YR	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	Facility	Denied	1	Services are not medically necessary	1		0
PRQ CARDIAC ANGIOPLAST 1 ART	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0
PSG, < 6 YEARS OLD	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	DOWN SYNDROME, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	HYPERTROPHY OF TONSILS	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	NARCOLEPSY WITH CATAPLEXY	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	7		0		0
PSG, < 6 YEARS OLD	OTHER ABNORMALITIES OF BREATHING	Respiratory	Approved	1		0		0
PSG, < 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	6		0		0
PSG, < 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	3		0		0
PSG, < 6 YEARS OLD	SNORING	Respiratory	Approved	3		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	CHRONIC FATIGUE, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HEADACHE	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	3		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT CATAPLEXY	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITH CATAPLEXY	Respiratory	Approved	3		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Approved	3		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	NARCOLEPSY WITHOUT CATAPLEXY	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	24		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	25	Services are not medically necessary	25		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER FATIGUE	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER FORMS OF DYSPNEA	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER HYPERSOMNIA	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	OTHER HYPERSOMNIA	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PAROXYSMAL ATRIAL FIBRILLATION	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	2		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	RESTLESS LEGS SYNDROME	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	6		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	6	Services are not medically necessary	6		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	7		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SNORING	Respiratory	Approved	3		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SNORING	Respiratory	Denied	2	Services are not medically necessary	2		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SOMNOLENCE	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	SOMNOLENCE	Respiratory	Denied	1	Services are not medically necessary	1		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	UNSPECIFIED CONVULSIONS	Respiratory	Approved	1		0		0
PSG, >= 6 YEARS OLD, 4 CHANNEL, ATTENDED	UNSPECIFIED CONVULSIONS	Respiratory	Denied	1	Services are not medically necessary	1		0
PSYCH DIAGNOSTIC EVALUATION	ILLNESS, UNSPECIFIED	Family Medicine	Approved	2		0		0
PSYCHIATRIC DIAGNOSTIC EVALUATION	Illness, unspecified	Behavioral Health Provider	Approved	2		0		0
PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Avoidant/restrictive food intake disorder	Behavioral Health Provider	Approved	1		0		0
PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Illness, unspecified	Behavioral Health Provider	Approved	4		0		0
PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Illness, unspecified	Behavioral Health Provider	Denied	2	Services are not medically necessary	2		0
PSYTX W PT 45 MINUTES	ADJUSTMENT DISORDER WITH ANXIETY	Family Medicine	Approved	1		0		0
PSYTX W PT 60 MINUTES	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	Social Work	Approved	1		0		0
PSYTX W PT 60 MINUTES	GENERALIZED ANXIETY DISORDER	Counseling	Approved	1		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Counseling	Approved	3		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Counseling	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Family Medicine	Approved	1		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Multi-Specialty Group	Approved	1		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Psychology	Approved	1		0		0
PSYTX W PT 60 MINUTES	ILLNESS, UNSPECIFIED	Social Work	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 60 MINUTES	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Social Work	Denied	1	Services are not medically necessary	1		0
PSYTX W PT 60 MINUTES	SOCIAL PHOBIA, UNSPECIFIED	Counseling	Approved	1		0		0
PT EVAL HIGH COMPLEX 45 MIN	OTHER SPECIFIED DISORDERS OF MUSCLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
PT EVAL LOW COMPLEX 20 MIN	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Family Medicine	Approved	1		0		0
PT EVAL LOW COMPLEX 20 MIN	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Physical Therapy	Denied	1	Services are not medically necessary	1		0
PT EVAL LOW COMPLEX 20 MIN	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
PT EVAL MOD COMPLEX 30 MIN	OTHER SPECIFIED DISORDERS OF MUSCLE	Family Medicine	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
PT PRGRM FOR IMPLT NEUROSTIM	CHRONIC PAIN DUE TO TRAUMA	Ancillary	Approved	1		0		0
PTEN GENE DUP/DELET VARIANT	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
PTEN GENE FULL SEQUENCE	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RECTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	MALIGNANT NEOPLASM OF RIGHT OVARY	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
PTEN GENE FULL SEQUENCE	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
PULMICORT 180 MCG FLEXHALER	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	Physician	Denied	2	Services are not medically necessary	2		0
PULMICORT 180 MCG FLEXHALER	PNEUMONIA, UNSPECIFIED ORGANISM	Internal Medicine	Denied	1	Services are not medically necessary	1		0
PULMICORT 180 MCG FLEXHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PULMICORT 90 MCG FLEXHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
PULMICORT 90 MCG FLEXHALER	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
PULMOZYME 1 MG/ML AMPUL	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Approved	1		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	7		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Denied	1	Services are not medically necessary	1		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	DME	Approved	4		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	DME	Denied	1	Services are not medically necessary	1		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	11		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Denied	1	Services are not medically necessary	1		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	1		0		0
PUMP, EXT INFUSION, MINIMED, INSULIN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	1		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	26		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	3		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	DME	Approved	1		0		0
PUMP, EXTERNAL AMBULATORY INFUSION, TANDEM, INSULIN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	DME	Approved	1		0		0
PURIXAN 20 MG/ML ORAL SUSP	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Nurse Practitioner	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
PWC GP3 STD MULT POW OPT S/B	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	2		0		0
PWC GP3 STD MULT POW OPT S/B	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Ancillary	Approved	1		0		0
PWC GP4 STD MULT POW OPT S/B	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Approved	1		0		0
PWR SEAT COMBO W/SHEAR	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	2		0		0
PWR SEAT COMBO W/SHEAR	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Ancillary	Approved	2		0		0
PWR SEAT ELEVATION SYS	AMYOTROPHIC LATERAL SCLEROSIS	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
PWR SEAT ELEVATION SYS	COMPLETE LESION AT C2 LEVEL OF CERVICAL SPINAL CORD, INIT	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR SEAT ELEVATION SYS	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Ancillary	Denied	2	Services are not medically necessary	2		0
PWR STANDING	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
PWR STANDING	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	Ancillary	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	GENERALIZED HYPERHIDROSIS	Family Medicine	Approved	1		0		0
QBREXZA 2.4% CLOTH	GENERALIZED HYPERHIDROSIS	Family Nurse Practitioner	Approved	1		0		0
QBREXZA 2.4% CLOTH	GENERALIZED HYPERHIDROSIS	Family Nurse Practitioner Primary Care	Approved	1		0		0
QBREXZA 2.4% CLOTH	GENERALIZED HYPERHIDROSIS	Pediatrics	Approved	1		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Approved	4		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Dermatology	Denied	1	Services are not medically necessary	1		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Physician	Approved	1		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	Physician Assistant	Approved	1		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, PALMS	Dermatology	Approved	1		0		0
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, SOLES	Dermatology	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
QBREXZA 2.4% CLOTH	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	Dermatology	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	ALLERGIC RHINITIS, UNSPECIFIED	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
QNASL 80 MCG NASAL SPRAY	NASAL CONGESTION	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
QNASL 80 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	OTHER ALLERGIC RHINITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
QNASL 80 MCG NASAL SPRAY	OTHER SEASONAL ALLERGIC RHINITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
QNASL CHILDREN'S 40 MCG SPRAY	OTHER ALLERGIC RHINITIS	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
QSYMIA 7.5 MG-46 MG CAPSULE	OBESITY, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
QUDEXY XR 25 MG CAPSULE	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 20 MG CHEW TAB		Pediatrics	Approved	1		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Family Medicine	Approved	1		0		0
QUILLICHEW ER 20 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
QUILLICHEW ER 30 MG CHEW TAB	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
QUILLIVANT XR 25 MG/5 ML SUSP	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
QUILLIVANT XR 25 MG/5 ML SUSP	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Pediatrics	Approved	1		0		0
QVAR REDIHALER 80 MCG	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
R & L HEART CATH, CONGENITAL	OTH SPECIFIED CONGENITAL MALFORMATIONS OF HEART	PEDIATRIC CARDIOLOGY	Approved	1		0		0
R HRT CORONARY ARTERY ANGIO	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	Facility	Approved	1		0		0
RA TRACER ID OF SENTINL NODE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Facility	Approved	1		0		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Approved	4		0		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
RABEPRAZOLE SOD DR 20 MG TAB	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
RADIATION PHYSICS CONSULT	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
RADIATION PHYSICS CONSULT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	2		0		0
RADIATION PHYSICS CONSULT	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
RADIATION THERAPY DOSE PLAN	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
RADIATION THERAPY PLANNING	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
RADIATION THERAPY PLANNING	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
RADIATION THERAPY PLANNING	Malignant neoplasm of middle lobe, bronchus or lung	Oncology		0		0	Denied	1
RADIATION THERAPY PLANNING	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
RADIATION TREATMENT AID(S)	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0

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RADIATION TREATMENT AID(S)	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
RADIATION TREATMENT AID(S)	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
RADIATION TREATMENT DELIVERY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
RADIATION TX MANAGEMENT X5	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
RADIATION TX MANAGEMENT X5	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
RADIATION TX MANAGEMENT X5	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
Radical resection of bone tumor, proximal humerus;	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Radical resection of bone tumor, proximal humerus;	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB	SURGERY-ORTHOPEDIC	Approved	1		0		0
RADICAVA 30 MG/100 ML BAG	AMYOTROPHIC LATERAL SCLEROSIS	Neurology	Approved	1		0		0
RADIOLOGY PORT IMAGES(S)	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
RADIOTHERAPY DOSE PLAN IMRT	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
RANEXA ER 1,000 MG TABLET	UNSTABLE ANGINA	Cardiovascular Disease	Approved	1		0		0
RANIBIZUMAB INJECTION	CENTRAL RETINAL VEIN OCCLS, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	EXDTVE AGE-REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	RETINAL NEOVASCULARIZATION, UNSPECIFIED, RIGHT EYE	Ophthalmology	Approved	2		0		0
RANIBIZUMAB INJECTION	TRIB RTNL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 1 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MILD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MOD NONP RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH MODERATE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, L EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, R EYE	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
RANIBIZUMAB INJECTION	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	Ophthalmology	Approved	1		0		0
RASUVO 25 MG/0.5 ML AUTOINJ	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Internal Medicine	Approved	1		0		0
RBC SED RATE NONAUTOMATED	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
REBIF 44 MCG/0.5 ML SYRINGE	MULTIPLE SCLEROSIS	Neurology	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
REBIF REBIDOSE 44 MCG/0.5 ML	MULTIPLE SCLEROSIS	Neurology	Approved	1		0		0
RECHANNELING OF ARTERY	ABNORMAL FINDINGS ON DX IMAGING OF OTH BODY STRUCTURES	Facility	Approved	1		0		0
RECHANNELING OF ARTERY	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, RIGHT LEG	Other	Approved	1		0		0
RECHANNELING OF ARTERY	UNSPECIFIED ATHEROSCLEROSIS	Other	Approved	1		0		0
RECONST LWR JAW W/FIXATION	DENTOFACIAL FUNCTIONAL ABNORMALITIES, UNSPECIFIED	Surgery, Oral And Maxillofacial	Approved	1		0		0
RECONST LWR JAW W/FIXATION	MAXILLARY HYPOPLASIA	Facility	Approved	1		0		0
RECONSTR LWR JAW W/ADVANCE	MAXILLARY HYPOPLASIA	Facility	Approved	1		0		0
RECONSTRUCT ANKLE JOINT	IDIOPATHIC ASEPTIC NECROSIS OF LEFT ANKLE	Other	Approved	1		0		0
RECONSTRUCT ANKLE JOINT	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	Other	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Facility	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
RECONSTRUCT CLEFT PALATE	OTH DISRD OF EUSTACHIAN TUBE, UNSPECIFIED EAR	Facility	Approved	2		0		0
RECONSTRUCT CLEFT PALATE	OTH DISRD OF EUSTACHIAN TUBE, UNSPECIFIED EAR	Other	Approved	1		0		0
RECONSTRUCT HEAD OF RADIUS	DISP FX OF HEAD OF LEFT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
RECONSTRUCT HEAD OF RADIUS	DISP FX OF HEAD OF RIGHT RADIUS, INIT FOR CLOS FX	Facility	Approved	1		0		0
RECONSTRUCT ORBIT/FOREHEAD	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	Facility	Approved	1		0		0
RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Other	Denied	1	Services are not medically necessary	1		0
RECONSTRUCT SHOULDER JOINT	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	Surgery, Orthopedic		0		0	Denied	1
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	UNS DISORDER SYNOVIUM & TENDON LT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	OTHER INSTABILITY LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	OTHER INSTABILITY UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	PATELLOFEMORAL DISORDERS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Reconstruction of dislocating patella; (eg, Hauser type procedure)	RECURRENT SUBLUXATION OF PATELLA RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	RECURRENT DISLOCATION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	RECURRENT DISLOCATION OF PATELLA LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	UNSPECIFIED DISLOCATION LT PATELLA INITIAL ENC	ORTHOPEDIC - NON SURGICAL	Approved	1		0		0

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Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	UNSPECIFIED SUBLUXATION RT PATELLA SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
RECONSTRUCTION OF JAW	FX UNSPECIFIED PART OF BODY OF RIGHT MANDIBLE, SEQUELA	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF JAW JOINT	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	Facility	Approved	1		0		0
RECONSTRUCTION OF JAW JOINT	ARTHRALGIA OF LEFT TEMPOROMANDIBULAR JOINT	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF JAW JOINT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Facility	Approved	1		0		0
RECONSTRUCTION OF JAW JOINT	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	Other	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF JAW JOINT	UNSPECIFIED TMJ JOINT DISORDER, UNSPECIFIED SIDE	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF LOWER JAW	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	Other	Approved	1		0		0
RECONSTRUCTION OF LOWER JAW	UNSPECIFIED OPEN WOUND OF ORAL CAVITY, INITIAL ENCOUNTER	Facility	Approved	1		0		0
RECONSTRUCTION OF NOSE	ACQUIRED DEFORMITY OF NOSE	Ancillary	Denied	3	Services are not medically necessary	3		0
RECONSTRUCTION OF NOSE	UNSPECIFIED INJURY OF NOSE, INITIAL ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
RECONSTRUCTION OF PYLORUS	EPIGASTRIC PAIN	Facility	Approved	1		0		0
RECONSTRUCTION OF THROAT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
RECONSTRUCTION OF URETHRA	STRICTURE AND ATRESIA OF VAGINA	Family Medicine	Approved	1		0		0
REDUCTION OF LARGE BREAST	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	BENIGN NEOPLASM OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	DISPROPORTION OF RECONSTRUCTED BREAST	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Ancillary	Approved	3		0		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Facility	Approved	7		0		0
REDUCTION OF LARGE BREAST	HYPERTROPHY OF BREAST	Facility	Denied	3	Services are not medically necessary	3		0
REDUCTION OF LARGE BREAST	Hypertrophy of breast	Hospital		0		0	Denied	1
REDUCTION OF LARGE BREAST	Hypertrophy of breast	Surgery, Plastic		0		0	Approved	1
REDUCTION OF LARGE BREAST	Hypertrophy of breast	Surgery, Plastic		0		0	Denied	1
REDUCTION OF LARGE BREAST	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Facility	Approved	3		0		0
REDUCTION OF LARGE BREAST	MASTODYNIA	Facility	Approved	1		0		0
REDUCTION OF LARGE BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
REGRANEX 0.01% GEL	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT W FAT LAYER EXPOSED	Podiatry	Approved	1		0		0
REIMPLANT URETER IN BLADDER	VESICOURETER-REFLUX W REFLUX NEPHROPATHY W/O HYDROURT, UNSP	Other	Approved	1		0		0
REINSERT SPINAL FIXATION	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Approved	1		0		0
REINSERT SPINAL FIXATION	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
RELEASE OF SKULL SEAMS	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	Facility	Approved	1		0		0
RELEASE PALM & FINGER TENDON	LACERAT FLEXOR MUSC/FASC/TEND R RNG FNGR AT WRS/HND LV, SUBS	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
RELEASE PALM/FINGER TENDON	LACERAT FLEXOR MUSC/FASC/TEND R RNG FNGR AT WRS/HND LV, SUBS	Surgery, Plastic	Denied	2	Services are not medically necessary	2		0
RELEASE SPINAL CORD LUMBAR	SPINA BIFIDA OCCULTA	Other	Approved	1		0		0
RELISTOR 150 MG TABLET	DRUG INDUCED CONSTIPATION	Anesthesiology	Approved	2		0		0
RELPAX 40 MG TABLET	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
RELPAX 40 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician Assistant	Approved	1		0		0
REM INTERROG DEV EVAL SCRMS	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0

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REMICADE	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Gastroenterology		0		0	Approved	1
REMICADE 100 MG VIAL	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	1		0		0
REMICADE 100 MG VIAL	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
REMICADE 100 MG VIAL	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
REMICADE 100 MG VIAL	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	Rheumatology	Approved	1		0		0
REMOTE 30 DAY ECG REV/REPORT	PALPITATIONS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVAL OF ANKLE IMPLANT	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	DISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W NONUNION	Internal Medicine	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	HALLUX RIGIDUS, LEFT FOOT	Ancillary	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	OTHER ACQUIRED DEFORMITIES OF UNSPECIFIED FOOT	Facility	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	1		0		0
REMOVAL OF BONE FOR GRAFT	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Facility	Approved	2		0		0
REMOVAL OF BRAIN LESION	BENIGN NEOPLASM OF CRANIAL NERVES	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	MALIGNANT NEOPLASM OF BRAIN STEM	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, SUPRATENTORIAL	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	NEOPLASM OF UNSP BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	NONTRAUMATIC INTCRBL HEMORRHAGE IN HEMISPHERE, SUBCORTICAL	Other	Approved	1		0		0
REMOVAL OF BRAIN LESION	OTHER MALFORMATIONS OF CEREBRAL VESSELS	Other	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	3		0		0
REMOVAL OF BREAST CAPSULE	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	LOBULAR CARCINOMA IN SITU OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
REMOVAL OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	5		0		0
REMOVAL OF BREAST IMPLANT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	2		0		0
REMOVAL OF BREAST IMPLANT	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	MALIGNANT NEOPLASM OF OVRLP SITES OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
REMOVAL OF BREAST IMPLANT	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	3		0		0
REMOVAL OF BREAST TISSUE	HYPERTROPHY OF BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVAL OF CHEST WALL LESION	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	Facility	Approved	1		0		0

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REMOVAL OF COLON	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Other	Approved	1		0		0
REMOVAL OF ESOPHAGUS POUCH	DIVERTICULUM OF ESOPHAGUS, ACQUIRED	Other	Approved	1		0		0
Removal of foreign body, pelvis or hip; subcutaneous tissue	SUPERFICIAL FOREIGN BODY RT HIP INITIAL ENCNTR	UROLOGY	Approved	1		0		0
Removal of foreign body, shoulder; subcutaneous	LOOSE BODY IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF GALLBLADDER	ACUTE CHOLECYSTITIS	Facility	Approved	1		0		0
REMOVAL OF GALLBLADDER	CALCULUS OF GALLBLADDER W ACUTE CHOLECYSTITIS W OBSTRUCTION	Facility	Approved	2		0		0
REMOVAL OF GALLBLADDER	CHOLESTEROLOSIS OF GALLBLADDER	Facility	Approved	2		0		0
REMOVAL OF GALLBLADDER	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Facility	Approved	1		0		0
Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or withoutinsertion of	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	LOBULAR CARCINOMA IN SITU OF UNSPECIFIED BREAST	Facility	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REMOVAL OF IMPLANT MATERIAL	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
REMOVAL OF KIDNEY STONE	CALCULUS OF KIDNEY	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF KNEE PROSTHESIS	INFECT/INFLM REACTION DUE TO INTERNAL LEFT KNEE PROSTH, INIT	Facility	Approved	1		0		0
REMOVAL OF KNEE PROSTHESIS	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Family Medicine	Denied	1	Services are not medically necessary	1		0
REMOVAL OF LARYNX	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	Other	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
REMOVAL OF LYMPH NODES NECK	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	2		0		0
REMOVAL OF LYMPH NODES NECK	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	1		0		0
REMOVAL OF OVARY(S)	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Other	Approved	1		0		0
REMOVAL OF PITUITARY GLAND	BENIGN NEOPLASM OF PITUITARY GLAND	Other	Approved	1		0		0
REMOVAL OF PRESSURE SORE	UNSP OPN WND LOW BACK AND PELV W/O PENET RETROPERITON, INIT	Facility	Denied	1	Services are not medically necessary	1		0
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	INF & INFLAM REACT INTRL RT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	PARTIAL LOSS OF TEETH DUE TO TRAUMA, UNSPECIFIED CLASS	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
REMOVAL OF SMALL INTESTINE	FOREIGN BODY IN SMALL INTESTINE, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	Other	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	PERFORATION OF INTESTINE (NONTRAUMATIC)	Other	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION)	Other	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	UNSP INTESTNL OBST, UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Facility	Approved	1		0		0
REMOVAL OF SMALL INTESTINE	UNSPECIFIED ABDOMINAL PAIN	Facility	Approved	1		0		0

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REMOVAL OF STOMACH	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	Other	Approved	1		0		0
REMOVAL OF STOMACH PARTIAL	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	Facility	Approved	1		0		0
REMOVAL OF STOMACH PARTIAL	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	Other	Approved	2		0		0
REMOVAL OF STOMACH PARTIAL	OTHER SPECIFIED DISORDERS OF PERITONEUM	Facility	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	DERANG OTH MED MENISCUS D/T OLD TEAR/INJ LT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	FRACTURE OF UNSPECIFIED PART OF BODY OF RIGHT MANDIBLE, 7THD	Family Medicine	Denied	1	Services are not medically necessary	1		0
REMOVAL OF SUPPORT IMPLANT	HALLUX RIGIDUS RIGHT FOOT	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	INGROWING NAIL	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	OTH FX LOWER RT TIBIA SUBSQT CLOS FX DLAY HEAL	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	OTH TEAR MED MENISCUS CURR INJ RT KNEE SBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	OTHER SPECIFIED POSTPROCEDURAL STATES	Other	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, INIT	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF SUPPORT IMPLANT	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTH DEV/GRFT, SUBS	Ancillary	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SPORTS MEDICINE	Approved	3		0		0
REMOVAL OF SUPPORT IMPLANT	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
REMOVAL OF SUPPORT IMPLANT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF SUPPORT IMPLANT	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
REMOVAL OF THYMUS GLAND	MALIGNANT NEOPLASM OF THYROID GLAND	Facility	Approved	1		0		0
REMOVAL OF THYROID	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS	Other	Denied	1	Services are not medically necessary	1		0
REMOVAL OF TONSILS	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Surgery, Plastic	Approved	1		0		0
REMOVAL OF UPPER JAW	BENIGN NEOPLASM OF LOWER JAW BONE	Other	Approved	1		0		0
REMOVAL OF UPPER JAW	CHRONIC MAXILLARY SINUSITIS	Facility	Approved	1		0		0
REMOVAL OF UPPER JAW	OTHER CHRONIC OSTEOMYELITIS, OTHER SITE	Facility	Approved	1		0		0
REMOVAL TUNNELED CV CATH	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
REMOVAL TUNNELED CV CATH	MALIGNANT NEOPLASM OF CECUM	Facility	Approved	1		0		0
REMOVE BLADDER/CREATE POUCH	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	Other	Approved	1		0		0
REMOVE BLADDER/REVISE TRACT	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	Other	Approved	1		0		0
REMOVE BRAIN LINING LESION	BENIGN NEOPLASM OF CEREBRAL MENINGES	Other	Approved	1		0		0
REMOVE BRAIN LINING LESION	OTHER SPECIFIED POSTPROCEDURAL STATES	Other	Approved	1		0		0
REMOVE BRAIN LINING LESION	UNSPECIFIED CONVULSIONS	Facility	Approved	1		0		0
REMOVE CAROTID BODY LESION	BENIGN NEOPLASM OF CAROTID BODY	Other	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	ACQUIRED DEFORMITY OF NOSE	Ancillary	Approved	2		0		0
REMOVE CARTILAGE FOR GRAFT	ACQUIRED DEFORMITY OF NOSE	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE CARTILAGE FOR GRAFT	BENIGN NEOPLASM OF PITUITARY GLAND	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	CEREBROSPINAL FLUID LEAK	Facility	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	DEVIATED NASAL SEPTUM	Facility	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	FRACTURE OF NASAL BONES, INITIAL ENCOUNTER FOR OPEN FRACTURE	Ancillary	Approved	1		0		0
REMOVE CARTILAGE FOR GRAFT	FRACTURE OF NASAL BONES, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0

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REMOVE CARTILAGE FOR GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	3		0		0
REMOVE CARTILAGE FOR GRAFT	UNSPECIFIED OPEN WOUND OF NOSE, INITIAL ENCOUNTER	Facility	Approved	2		0		0
REMOVE LAMINA/FACETS LUMBAR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE LAMINA/FACETS LUMBAR	SPINAL STENOSIS, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE LAMINA/FACETS LUMBAR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE LAMINA/FACETS LUMBAR	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
REMOVE LAMINA/FACETS LUMBAR	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, UNSP LEG	Facility	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	OTHER INSTABILITY, LEFT ANKLE	Ancillary	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	OTHER INSTABILITY, RIGHT ANKLE	Ancillary	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	OTHER SPECIFIED DISORDERS OF BONE, UNSPECIFIED SITE	Other	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	Ancillary	Approved	1		0		0
REMOVE LOWER LEG BONE LESION	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	Multi-Specialty Group	Approved	1		0		0
REMOVE PITUIT TUMOR W/SCOPE	BENIGN NEOPLASM OF PITUITARY GLAND	Other	Approved	2		0		0
REMOVE PITUIT TUMOR W/SCOPE	CUSHING'S SYNDROME, UNSPECIFIED	Other	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	FUSION OF SPINE, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	LOW BACK PAIN	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINAL LAMINA ADD-ON	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	3		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	3		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Approved	4		0		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINAL LAMINA ADD-ON	RADICULOPATHY, LUMBAR REGION	Other	Approved	2		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Approved	2		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	6		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	4		0		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	3	Services are not medically necessary	3		0

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REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
REMOVE SPINAL LAMINA ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINAL LAMINA ADD-ON	UNSP FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	INTVRT DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
REMOVE SPINE FIXATION DEVICE	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE FIXATION DEVICE	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 CRVL	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 CRVL	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 CRVL	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 CRVL	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	FATIGUE FRACTURE OF VERTEBRA, SITE UNSP, INIT FOR FX	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	INTVRT DISC DISORDERS W RADICULOPATHY, LUMBOSACRAL REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	LOW BACK PAIN	Facility	Approved	3		0		0
REMOVE SPINE LAMINA 1 LMBR	LOW BACK PAIN	Facility	Denied	2	Services are not medically necessary	2		0
REMOVE SPINE LAMINA 1 LMBR	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Approved	4		0		0

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REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	5		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Other	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
REMOVE SPINE LAMINA 1 LMBR	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	Facility	Approved	4		0		0
REMOVE SPINE LAMINA 1 LMBR	RADICULOPATHY, LUMBAR REGION	Facility	Denied	3	Services are not medically necessary	3		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Approved	4		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	9		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Ancillary	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	5		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Other	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPINAL STENOSIS, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	4		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	3	Services are not medically necessary	3		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBAR REGION	Surgery, Orthopedic	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
REMOVE SPINE LAMINA 1 LMBR	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1 LMBR	UNSP FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1/2 CRVL	CENTRAL CORD SYNDROME AT C4, INIT	Facility	Approved	1		0		0
REMOVE SPINE LAMINA 1/2 LMBR	LOW BACK PAIN	Facility	Approved	1		0		0
REMOVE VERT BODY DCMPRN CRVL	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN CRVL	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN CRVL	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN CRVL	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
REMOVE VERT BODY DCMPRN CRVL	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERT BODY DCMPRN LMBR	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE VERTEBRAL BODY ADD-ON	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE VERTEBRAL BODY ADD-ON	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
REMOVE VERTEBRAL BODY ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
REMOVE/GRAFT LEG BONE LESION	OTH FX LOWER END OF LEFT TIBIA, SUBS FOR CLOS FX W NONUNION	Facility	Approved	1		0		0
REMVL INSJ IMPLTBL GLUC SENS	Type 1 diabetes mellitus with diabetic cataract	Emergency Medicine		0		0	Denied	1
REMVL INSJ IMPLTBL GLUC SENS	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REMVL INSJ IMPLTBL GLUC SENS	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
RENAL BIOPSY PERQ	UNSPECIFIED KIDNEY FAILURE	Facility	Approved	1		0		0
RENAL BIOPSY PERQ	UNSPECIFIED KIDNEY FAILURE	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0

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REPAIR ARM/LEG NERVE	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR BICEPS TENDON	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR BOWEL OPENING	COLOSTOMY STATUS	Emergency Medicine	Approved	1		0		0
REPAIR BOWEL OPENING	DVTRCLI OF LG INT W PERFORATION AND ABSCESS W/O BLEEDING	Other	Approved	1		0		0
REPAIR BOWEL OPENING	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Facility	Approved	1		0		0
REPAIR BOWEL OPENING	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	Other	Approved	1		0		0
REPAIR BOWEL OPENING	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	Other	Approved	1		0		0
REPAIR BOWEL OPENING	ILEOSTOMY STATUS	Other	Approved	1		0		0
REPAIR BOWEL OPENING	MALIGNANT NEOPLASM OF RECTUM	Other	Approved	1		0		0
REPAIR BOWEL OPENING	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Other	Approved	1		0		0
REPAIR BOWEL OPENING	OTHER INTESTNL OBST UNSP AS TO PARTIAL VERSUS COMPLETE OBST	Other	Approved	1		0		0
REPAIR BOWEL-BLADDER FISTULA	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSP	Other	Approved	1		0		0
REPAIR BOWEL-BLADDER FISTULA	DVTRCLI OF INTEST, PART UNSP, W/O PERF OR ABSCESS W/O BLEED	Facility	Approved	1		0		0
REPAIR BOWEL-BLADDER FISTULA	DVTRCLI OF LG INT W/O PERFORATION OR ABSCESS W/O BLEEDING	Other	Approved	1		0		0
REPAIR BOWEL-BLADDER FISTULA	FISTULA OF INTESTINE	Other	Approved	1		0		0
REPAIR BOWEL-BLADDER FISTULA	RECTOCELE	Facility	Approved	1		0		0
REPAIR BROW DEFECT	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
REPAIR BROW DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Approved	3		0		0
REPAIR CLITORIS	STRICTURE AND ATRESIA OF VAGINA	Family Medicine	Approved	1		0		0
REPAIR DEFECT OF ARM ARTERY	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE UPPER EXTREMITIES	Other	Approved	1		0		0
REPAIR DEFECT OF ARTERY	DISSECTION OF CAROTID ARTERY	Facility	Approved	1		0		0
REPAIR DETACHED RETINA	RETINAL DETACHMENT WITH MULTIPLE BREAKS, RIGHT EYE	Facility	Approved	1		0		0
REPAIR DETACHED RETINA	RETINAL DETACHMENT WITH SINGLE BREAK, RIGHT EYE	Facility	Approved	1		0		0
REPAIR DETACHED RETINA	TOTAL RETINAL DETACHMENT, RIGHT EYE	Facility	Denied	2	Services are not medically necessary	2		0
REPAIR DURA	CEREBROSPINAL FLUID LEAK	Facility	Approved	1		0		0
REPAIR DURA	OTHER SPECIFIED DISEASES OF LEFT INNER EAR	Facility	Approved	1		0		0
REPAIR EYELID DEFECT	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	3		0		0
REPAIR EYELID DEFECT	MECHANICAL PTOSIS OF BILATERAL EYELIDS	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	5		0		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF RIGHT EYELID	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	MYOGENIC PTOSIS OF RIGHT EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	OTHER LOCALIZED VISUAL FIELD DEFECT, BILATERAL	Ancillary	Approved	1		0		0
REPAIR EYELID DEFECT	OTHER LOCALIZED VISUAL FIELD DEFECT, BILATERAL	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
REPAIR EYELID DEFECT	UNSPECIFIED PTOSIS OF RIGHT EYELID	Facility	Approved	1		0		0
REPAIR FIBULA NONUNION	OTH FX UPR AND LOW END R FIBULA, SUBS FOR CLOS FX W NONUNION	Facility	Approved	1		0		0
REPAIR HAND JOINT	PAIN IN RIGHT HAND	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR HEART SEPTUM DEFECT	ATRIAL SEPTAL DEFECT	Other	Approved	1		0		0
REPAIR HEART SEPTUM DEFECT	VENTRICULAR SEPTAL DEFECT	Other	Approved	1		0		0
REPAIR LAMINECTOMY DEFECT	INJURY OF BRACHIAL PLEXUS, SEQUELA	Facility	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
REPAIR NASAL STENOSIS	ACQUIRED DEFORMITY OF NOSE	Ancillary	Approved	3		0		0
REPAIR NASAL STENOSIS	ACQUIRED DEFORMITY OF NOSE	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	ACQUIRED DEFORMITY OF NOSE	Facility	Approved	2		0		0
REPAIR NASAL STENOSIS	ACQUIRED DEFORMITY OF NOSE	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	ACQUIRED DEFORMITY OF NOSE	Surgery, Plastic		0		0	Denied	1
REPAIR NASAL STENOSIS	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Ancillary	Approved	2		0		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Facility	Approved	2		0		0
REPAIR NASAL STENOSIS	DEVIATED NASAL SEPTUM	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR NASAL STENOSIS	FRACTURE OF NASAL BONES, SUBS FOR FX W DELAY HEAL	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	HYPERTROPHY OF NASAL TURBINATES	Ancillary	Approved	1		0		0
REPAIR NASAL STENOSIS	HYPERTROPHY OF NASAL TURBINATES	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Approved	5		0		0
REPAIR NASAL STENOSIS	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS	UNSPECIFIED INJURY OF NOSE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
REPAIR NASAL STENOSIS W/IMP	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR OF BLADDER WOUND	RECTOCELE	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	ENTHESOPATHY, UNSPECIFIED	Facility	Approved	1		0		0
REPAIR OF LEG TENDON EACH	OTHER INSTABILITY, LEFT ANKLE	Facility	Approved	2		0		0
REPAIR OF LEG TENDON EACH	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	Ancillary	Approved	1		0		0
REPAIR OF LEG TENDON EACH	PERONEAL TENDINITIS, RIGHT LEG	Foot And Ankle Surgery	Approved	1		0		0
REPAIR OF LEG TENDON EACH	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT ANKLE AND FOOT	Ancillary	Approved	1		0		0
REPAIR OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	Cardiovascular Disease	Approved	1		0		0
REPAIR OF MITRAL VALVE	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Facility	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	DISORDER OF LIGAMENT RIGHT SHOULDER	ORTHOPEDIC SURGERY	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	STRAIN OTH M&T SHLDR UP ARM LEVL RT ARM INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0

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Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	SPRAIN RT ROTATOR CUFF CAPSULE SUBSEQUENT ENCNTR	ORTHOPEDIC SURGERY	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
REPAIR OF SKULL & BRAIN	OTHER ACQUIRED DEFORMITY OF HEAD	Facility	Approved	1		0		0
REPAIR OF SKULL DEFECT	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	Facility	Approved	1		0		0
REPAIR OF SKULL DEFECT	BENIGN NEOPLASM OF CRANIAL NERVES	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
REPAIR OF SKULL DEFECT	OTHER SPECIFIED DISEASES OF LEFT INNER EAR	Facility	Approved	1		0		0
REPAIR OF TIBIA	OTH FX LOWER END OF LEFT TIBIA, SUBS FOR CLOS FX W NONUNION	Facility	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	DEVIATED NASAL SEPTUM	Ancillary	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Facility	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	OTHER LESIONS OF ORAL MUCOSA	Facility	Denied	1	Services are not medically necessary	1		0
REPAIR PALATE PHARYNX/UVULA	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	1		0		0
REPAIR PALATE PHARYNX/UVULA	SLEEP APNEA, UNSPECIFIED	Ancillary	Approved	1		0		0
REPAIR TEAR DUCTS	BASAL CELL CARCINOMA SKIN/ UNSP EYELID, INCLUDING CANTHUS	Ancillary	Approved	1		0		0
REPAIR TEAR DUCTS	BASAL CELL CARCINOMA SKIN/ UNSP EYELID, INCLUDING CANTHUS	Ancillary	Denied	1	Services are not medically necessary	1		0
REPAIR THROAT ESOPHAGUS	CHRONIC TONSILLITIS	Ancillary	Approved	1		0		0
REPAIR VAGINA	STRICTURE AND ATRESIA OF VAGINA	Family Medicine	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	CHRONIC INSTABILITY OF KNEE RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Repair, primary, torn ligament and/or capsule, knee; collateral	OTHER INSTABILITY UNSPECIFIED KNEE	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Repair, primary, torn ligament and/or capsule, knee; collateral	SPRAIN ANT CRUCIATE LIGAMENT LT KNEE INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
REPAIR/GRAFT KNEECAP TENDON	PAIN IN LEFT KNEE	Other	Approved	1		0		0
REPAIR/GRAFT OF THIGH MUSCLE	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, INIT	Facility	Approved	1		0		0
REPAIR/GRAFT OF TIBIA	OTH FX LOWER END OF LEFT TIBIA, SUBS FOR CLOS FX W NONUNION	Facility	Approved	1		0		0
REPAIR/GRAFT WRIST BONE	DISP FX OF DIST POLE OF NAVIC BONE OF R WRS, 7THD	Ancillary	Approved	1		0		0
REPAIR/GRAFT WRIST BONE	DISP FX OF MID 3RD OF NAVIC BONE OF L WRS, 7THK	Ancillary	Approved	1		0		0
REPAIR/GRAFT WRIST BONE	DISP FX OF MIDDLE THIRD OF NAVICULAR BONE OF R WRIST, INIT	Surgery, Orthopedic	Approved	1		0		0
REPATHA	Atherosclerotic heart disease of native coronary artery without angina pectoris	Emergency Medicine		0		0	Approved	1
REPATHA	ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	Emergency Medicine		0		0	Denied	1
REPATHA	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease		0		0	Approved	1
REPATHA	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiology, Interventional		0		0	Approved	1
REPATHA 140 MG/ML SURECLICK		Cardiology, Interventional	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiology, Interventional	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	8		0		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SURECLICK	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Internal Medicine	Approved	1		0		0

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REPATHA 140 MG/ML SURECLICK	DISORDER OF LIPOPROTEIN METABOLISM, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Endocrinology And Metabolism	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	FAMILIAL HYPERCHOLESTEROLEMIA	Nurse Practitioner	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	HYPERLIPIDEMIA, UNSPECIFIED	Nuclear Cardiology	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Cardiology, Interventional	Approved	1		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism	Approved	2		0		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SURECLICK	MIXED HYPERLIPIDEMIA	Internal Medicine	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	2		0		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
REPATHA 140 MG/ML SYRINGE	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
REPATHA 140 MG/ML SYRINGE	MIXED HYPERLIPIDEMIA	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	MYOTONIC MUSCULAR DYSTROPHY	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
REPATHA 140 MG/ML SYRINGE	PURE HYPERGLYCERIDEMIA	Family Medicine	Denied	2	Services are not medically necessary	2		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Cardiology, Interventional	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	HYPERLIPIDEMIA, UNSPECIFIED	Internal Medicine	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	PURE HYPERCHOLESTEROLEMIA	Cardiovascular Disease	Approved	1		0		0
REPATHA 420 MG/3.5ML PUSHTRONX	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Cardiovascular Disease	Approved	1		0		0
REPLACE AORTIC VALVE PERQ	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Other	Approved	1		0		0
REPLACE BRAIN CAVITY SHUNT	HYDROCEPHALUS, UNSPECIFIED	Surgery, Neurological	Approved	1		0		0
REPLACE G/C TUBE PERC	MALIGNANT NEOPLASM OF BASE OF TONGUE	Facility	Approved	1		0		0
REPLACE TISSUE EXPANDER	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0
REPLACE/REVISE BRAIN SHUNT	HEADACHE	Facility	Approved	1		0		0
REPLACE/REVISE BRAIN SHUNT	HEADACHE	Facility	Denied	1	Services are not medically necessary	1		0
REPLACE/REVISE BRAIN SHUNT	HYDROCEPHALUS, UNSPECIFIED	Facility	Approved	1		0		0
REPLACEMENT AORTIC VALVE OPN	NONRHEUMATIC AORTIC (VALVE) STENOSIS	Other	Approved	3		0		0
REPLACEMENT OF MITRAL VALVE	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	Other	Approved	3		0		0
REPLACEMENT OF MITRAL VALVE	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	Other	Approved	1		0		0
REPLACEMENT OF MITRAL VALVE	UNSPECIFIED ATRIAL FIBRILLATION	Other	Approved	1		0		0
REREPAIR VENTRL HERN BLOCK	UNSPECIFIED COMPLICATION OF PROCEDURE, INITIAL ENCOUNTER	Facility	Approved	1		0		0
RESECT NECK TUMOR 5 CM/>	NEOPLASM OF UNCERTAIN BEHAVIOR OF THE PAROTID SALIVARY GLAND	Facility	Denied	1	Services are not medically necessary	1		0
RESECT RECURRENT GYN MAL	MALIGNANT NEOPLASM OF RIGHT OVARY	Other	Approved	1		0		0
RESECT/EXCISE LESION SKULL	BENIGN NEOPLASM OF CRANIAL NERVES	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
Resection or transplantation of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
Resection or transplantation of long tendon of biceps	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Residential Eating Disorders Treatment	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Behavioral Health Facility		0		0	Approved	1
Residential Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Health Facility		0		0	Denied	1
Residential Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Behavioral Health Facility		0		0	Denied	1
Residential Mental Health Treatment	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Behavioral Health Facility		0		0	Denied	1
Residential Mental Health Treatment	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Health Facility		0		0	Approved	1
Residential Mental Health Treatment	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD	Behavioral Health Facility		0		0	Denied	2
Residential Mental Health Treatment	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED	Physical Medicine		0		0	Denied	1
Residential Mental Health Treatment	SCHIZOPHRENIA, UNSPECIFIED	Behavioral Health Facility		0		0	Denied	1
Residential Substance Use Disorders Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Approved	1
Residential Substance Use Disorders Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	1
Residential Substance Use Disorders Treatment	ALCOHOL DEPENDENCE, UNCOMPLICATED	Internal Medicine		0		0	Denied	1
Residential Substance Use Disorders Treatment	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	Behavioral Health Facility		0		0	Denied	1
RESPIRATOR MOTION MGMT SIMUL	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
RESPIRATOR MOTION MGMT SIMUL	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
RESPIRATOR MOTION MGMT SIMUL	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
RESPIRATOR MOTION MGMT SIMUL	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
RESPITE CARE, IN THE HOME, P	GASTROSTOMY STATUS	Ancillary	Approved	1		0		0
RESTASIS 0.05% EYE EMULSION	KERATOCONJUNCT SICCA, NOT SPECIFIED AS SJOGREN'S, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
RETIN-A 0.025% CREAM		Dermatology	Denied	1	Services are not medically necessary	1		0
RETIN-A 0.025% CREAM	DISORDER OF PIGMENTATION, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
RETIN-A 0.05% CREAM	OTHER SKIN CHANGES	Internal Medicine	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.06% GEL	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
RETIN-A MICRO PUMP 0.08% GEL	ACNE VULGARIS	Dermatology	Approved	1		0		0
RETIN-A MICRO PUMP 0.08% GEL	ACNE VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
REVISE ARM/LEG NERVE	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Multi-Specialty Group	Approved	1		0		0
REVISE ARM/LEG NERVE	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	6		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	DEFORMITY OF RECONSTRUCTED BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	DISPROPORTION OF RECONSTRUCTED BREAST	Ancillary	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	DISPROPORTION OF RECONSTRUCTED BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISE BREAST RECONSTRUCTION	DISPROPORTION OF RECONSTRUCTED BREAST	Facility	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	Facility	Approved	2		0		0
REVISE BREAST RECONSTRUCTION	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Facility	Approved	1		0		0

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REVISE BREAST RECONSTRUCTION	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	MECH COMPL OF BREAST PROSTHESIS AND IMPLANT, INIT ENCNTR	Facility	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	1		0		0
REVISE BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	15		0		0
REVISE BREAST RECONSTRUCTION	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Other	Denied	1	Services are not medically necessary	1		0
REVISE EYE MUSCLE	INTERMITTENT ALTERNATING EXOTROPIA	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
REVISE EYELID DEFECT	EYELID RETRACTION LEFT EYE, UNSPECIFIED EYELID	Facility	Approved	1		0		0
REVISE EYELID DEFECT	EYELID RETRACTION LEFT LOWER EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISE EYELID DEFECT	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISE TWO EYE MUSCLES	INTERMITTENT ALTERNATING EXOTROPIA	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
REVISE VENTRICLE MUSCLE	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Other	Approved	1		0		0
REVISE/REMOVE NEURORECEIVER	DISPLACMNT OF IMPLNT ELECTRNC STIMULTR OF NERVOUS SYS, INIT	Facility	Approved	1		0		0
REVISE/REPLACE KNEE JOINT	CELLULITIS, UNSPECIFIED	Facility	Approved	1		0		0
REVISION OF AMPUTATION	OSTEOMYELITIS, UNSPECIFIED	Facility	Approved	1		0		0
REVISION OF CALF TENDON	DISPLACED INTRAARTICULAR FRACTURE OF RIGHT CALCANEUS, INIT	Ancillary	Approved	1		0		0
REVISION OF ILEOSTOMY	OTHER COMPLICATIONS OF ENTEROSTOMY	Facility	Approved	1		0		0
REVISION OF PHARYNGEAL WALLS	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Other	Approved	1		0		0
REVISION OF TESTIS	MALIG NEOPLASM OF UNSP TESTIS, UNSP DESCENDED OR UNDESCENDED	Ancillary	Approved	1		0		0
Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	DISLOCATION OTH INTERNAL JOINT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	OTH MECH COMP INTRL RT HIP PROSTHESIS SUBSQT ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	BROKEN INTRL JOINT PROSTH OTH SITE INITIAL ENC	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	DISLOCATION OTH INTERNAL JOINT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	MECH LOOSENING INTRL RT HIP PROSTH JNT SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	OTH MECH COMP INTRL RT HIP PROSTHESIS SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	TROCHANTERIC BURSITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; both components, with or without autograft or allograft	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total hip arthroplasty; femoral component only, with or without allograft	BROKEN INTERNAL JOINT PROSTH UNS SITE INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; femoral component only, with or without allograft	DISLOCATION OTH INTERNAL JOINT PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total hip arthroplasty; femoral component only, with or without allograft	MECH LOOSENING OTH INTRL PROSTH JNT INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Revision of total hip arthroplasty; femoral component only, with or without allograft	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	INF & INFLAM REACT INTRL RT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	INSTABILITY INTERNAL RT KNEE PROSTH INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH COMP INTRL ORTH PROS DEVC IMPL GFT INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP INTERNAL LT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP MUSCLE & TENDON GRAFT SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT SUB ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PAIN IN RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT SUBSQT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	STIFFNESS OF RIGHT KNEE NOT ELSEWHERE CLASSIFIED	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	ACQUIRED ABSENCE OF UNSPECIFIED KNEE	ORTHOPEDIC SURGERY	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	EFFUSION LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	INF & INFLAM REACT INTRL LT KNEE PROSTH INIT ENC	SURGERY-ORTHOPEDIC	Approved	2		0		0
Revision of total knee arthroplasty, with or without allograft; one component	INSTABILITY INTERNAL RT KNEE PROSTH INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	OTH MECH COMP INTERNAL RT KNEE PROSTH INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	OTH MECH COMP OTH INT ORTHO DEV IMPL GFT INT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	OTHER FRACTURE RT PATELLA INIT ENC CLOSED FX	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
Revision of total knee arthroplasty, with or without allograft; one component	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	SURGERY-ORTHOPEDIC	Approved	1		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Approved	1		0		0
REVISION OF UPPER EYELID	DERMATOCHALASIS OF RIGHT UPPER EYELID	Ancillary	Denied	3	Services are not medically necessary	3		0
REVISION OF UPPER EYELID	MECHANICAL PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
REVISION OF UPPER EYELID	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Ancillary	Approved	1		0		0
REVISION OF UPPER EYELID	MYOGENIC PTOSIS OF BILATERAL EYELIDS	Ancillary	Denied	1	Services are not medically necessary	1		0

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REVISION OF UPPER EYELID	OTHER LOCALIZED VISUAL FIELD DEFECT, BILATERAL	Ancillary	Denied	1	Services are not medically necessary	1		0
REVISION OF UPPER EYELID	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	Ophthalmology	Denied	1	Services are not medically necessary	1		0
REVITA, PER SQ CM	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, SUBS	Podiatry	Denied	1	Services are not medically necessary	1		0
REVJ/RPLMNT CH RESPIR ELTRD	DISPLACMNT OF IMPLNT ELECTRNC STIMULTR OF NERVOUS SYS, INIT	Facility	Approved	1		0		0
REVLIMID 10 MG CAPSULE	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
REVLIMID 15 MG CAPSULE	MULTIPLE MYELOMA IN RELAPSE	Internal Medicine	Approved	1		0		0
REXULTI	Major depressive disorder, recurrent severe without psychotic features	Psychiatry		0		0	Denied	1
REXULTI 0.5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Family Medicine	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
REXULTI 1 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT	Behavioral Nurse	Approved	1		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	Psychiatry	Approved	1		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
REXULTI 2 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
REYATAZ 300 MG CAPSULE	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
RHOFADE 1% CREAM	OTHER ROSACEA	Dermatology	Denied	2	Services are not medically necessary	2		0
RHOFADE 1% CREAM	ROSACEA, UNSPECIFIED	Dermatology	Denied	2	Services are not medically necessary	2		0
RIB CARTILAGE GRAFT	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	Facility	Approved	2		0		0
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, STABLE, LEFT EYE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
RIBOFLAVIN 5'PHOS OPTH<=3ML	KERATOCONUS, UNSTABLE, BILATERAL	Ophthalmology	Approved	1		0		0
RIGHT HEART CATH	HEART FAILURE, UNSPECIFIED	Facility	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	ATRIAL SEPTAL DEFECT	CARDIOLOGIST	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	HEART DISEASE UNSPECIFIED	PULMONARY DISEASES	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
Right heart catheterization without left heart cath or coronaries	PRIMARY PULMONARY HYPERTENSION	CARDIOVASCULAR	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	Pulmonary hypertension, unspecified	CARDIOVASCULAR	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	Pulmonary hypertension, unspecified	CRITICAL CARE MEDICINE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	SARCOIDOSIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
Right heart catheterization without left heart cath or coronaries	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	1		0		0

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RINVOQ ER 15 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
RINVOQ ER 15 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
RITALIN 10 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
RITUXAN	Rheumatoid arthritis without rheumatoid factor, multiple sites	Rheumatology		0		0	Approved	1
RITUXAN 10 MG/ML VIAL	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Rheumatology	Approved	1		0		0
RITUXIMAB	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	Internal Medicine		0		0	Denied	1
RITUXIMAB INJECTION	CICATRICIAL PEMPHIGOID	Oncology	Approved	1		0		0
RITUXIMAB INJECTION	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	Rheumatology	Approved	1		0		0
RITUXIMAB INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	2		0		0
RITUXIMAB INJECTION	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
RITUXIMAB INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
RIZATRIPTAN 10 MG ODT	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE	Rheumatology	Denied	1	Services are not medically necessary	1		0
RMVL DEVITAL TIS ADDL 20CM/<	PRESSURE ULCER OF SACRAL REGION, STAGE 4	Facility	Approved	1		0		0
RMVL IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
RMVL IMPLTBL GLUCOSE SENSOR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
ROCKLATAN 0.02%-0.005% EYE DRP	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MODERATE STAGE	Ophthalmology	Approved	1		0		0
ROUTINE VENIPUNCTURE	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	Ancillary	Approved	1		0		0
ROUTINE VENIPUNCTURE	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
ROUTINE VENIPUNCTURE	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
ROUTINE VENIPUNCTURE	VENTRICULAR TACHYCARDIA	Facility	Approved	1		0		0
ROZEREM		Psychiatry		0		0	Approved	1
ROZEREM 8 MG TABLET	INSOMNIA, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
RPR VENTRAL HERN INIT REDUC	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	1		0		0
RPR VENTRAL HERN INIT REDUC	OTHER SPECIFIED SEPSIS	Other	Approved	1		0		0
RSV MAB IM 50MG	BRONCHOPULMONARY DYSPLASIA ORIGIN IN THE PERINATAL PERIOD	Pediatrics	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	DEPENDENCE ON SUPPLEMENTAL OXYGEN	Pediatrics	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	DOUBLE OUTLET RIGHT VENTRICLE	Ancillary	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	ENCTR FOR PRPHYLC IMMTHER FOR RESP SYNCYTIAL VIRUS (RSV)	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	EXTREME IMMATURITY OF NB, GESTATNL AGE 26 COMPLETED WEEKS	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	EXTREME IMMATURITY OF NB, GESTATNL AGE 27 COMPLETED WEEKS	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	OTHER DISORDERS OF LUNG	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	OTHER LOW BIRTH WEIGHT NEWBORN, 2000-2499 GRAMS	Ancillary	Denied	1	Services are not medically necessary	1		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	Ancillary	Approved	2		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	Ancillary	Denied	1	Services are not medically necessary	1		0

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RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 30 COMPLETED WEEKS	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, GESTATIONAL AGE 34 COMPLETED WEEKS	Ancillary	Approved	1		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Ancillary	Approved	3		0		0
RSV MAB IM 50MG	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Pediatric Critical Care Medicine	Approved	1		0		0
RT HEART CATH, CONGENITAL	TETRALOGY OF FALLOT	PEDIATRIC CARDIOLOGY	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Obstetrics/Gynecology	Approved	1		0		0
SANCUSO 3.1 MG/24 HR PATCH	NAUSEA WITH VOMITING, UNSPECIFIED	Oncology	Approved	2		0		0
SAPHRIS 10 MG TAB SUBLINGUAL	BIPOLAR DISORD, CRNT EPSD DEPRESS, MILD OR MOD SEVERT, UNSP	Psychiatry	Approved	1		0		0
SAPHRIS 10 MG TAB SUBLINGUAL	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Internal Medicine	Approved	1		0		0
SAXENDA 18 MG/3 ML PEN	OBESITY, UNSPECIFIED	Physician	Denied	2	Services are not medically necessary	2		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OTHER OBESITY DUE TO EXCESS CALORIES	Ophthalmology	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	OVERWEIGHT	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
SAXENDA 18 MG/3 ML PEN	THYROTOXICOSIS, UNSP WITHOUT THYROTOXIC CRISIS OR STORM	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
SCR MAMMO BI INCL CAD	ENCOUNTER FOR OTH SCREENING FOR MALIGNANT NEOPLASM OF BREAST	Radiology	Denied	1	Services are not medically necessary	1		0
SEC ART THROMBECTOMY ADD-ON	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DEGENERATION, UNSP CERVICAL REGION	Ancillary	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	Ancillary	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Other	Denied	1	Services are not medically necessary	1		0
SECOND LEVEL CER DISKECTOMY	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	RADICULOPATHY, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
SECOND LEVEL CER DISKECTOMY	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SECOND LEVEL CER DISKECTOMY	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
SEG PNEUMATIC APPL FULL LEG	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SELF CARE MNGMENT TRAINING	FUNCTIONAL QUADRIPLEGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
SELF CARE MNGMENT TRAINING	MULTIPLE SCLEROSIS	Occupational Therapy	Approved	1		0		0
SELF CARE MNGMENT TRAINING	MYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
SENSIPAR 90 MG TABLET	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Nephrology	Approved	1		0		0
SEREVENT DISKUS 50 MCG	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
SEREVENT DISKUS 50 MCG	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
SERNIVO 0.05% SPRAY	GRANULOMA ANNULARE	Physician Assistant	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
SERNIVO 0.05% SPRAY	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
SEROQUEL 100 MG TABLET	PSYCHOPHYSIOLOGIC INSOMNIA	Behavioral Nurse	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Approved	1		0		0
SERTRALINE HCL 100 MG TABLET	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
SERTRALINE HCL 50 MG TABLET	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	2		0		0
SERV PART OF PHASE I TRIAL	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0
SERVICES PROVIDED AS PART OF	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Obstetrics/Gynecology	Approved	1		0		0
SERVICES PROVIDED AS PART OF	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
SET RADIATION THERAPY FIELD	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
SET RADIATION THERAPY FIELD	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
SEVELAMER CARBONATE 800 MG TAB	END STAGE RENAL DISEASE	Nephrology	Denied	1	Services are not medically necessary	1		0
SEX TRANSFORMATION M TO F	DUAL ROLE TRANSVESTISM	Other	Denied	1	Services are not medically necessary	1		0
SEYSARA 100 MG TABLET	ACNE VULGARIS	Dermatology	Denied	3	Services are not medically necessary	3		0
SEYSARA 100 MG TABLET	ACNE VULGARIS	Physician	Denied	1	Services are not medically necessary	1		0
SEYSARA 150 MG TABLET	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
SGD ACCESSORY NOC	AUTISTIC DISORDER	Ancillary	Approved	7		0		0
SGD ACCESSORY NOC	CEREBRAL PALSY, UNSPECIFIED	Ancillary	Approved	3		0		0
SGD ACCESSORY NOC	OTHER SYMBOLIC DYSFUNCTIONS	Ancillary	Approved	1		0		0
SGD ACCESSORY NOC	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
SGD ACCESSORY NOC	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Pediatrics	Approved	1		0		0
SGD ACCESSORY, MOUNTING SYS	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	AUTISTIC DISORDER	Ancillary	Approved	3		0		0
SGD W MULTI METHODS MSG/ACCS	OTHER SYMBOLIC DYSFUNCTIONS	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Ancillary	Approved	1		0		0
SGD W MULTI METHODS MSG/ACCS	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Pediatrics	Approved	1		0		0
SHOULDER ARTHROSCOPY DX	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
SHOULDER ARTHROSCOPY/SURGERY	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	Ancillary	Denied	2	Services are not medically necessary	2		0
SHOULDER ARTHROSCOPY/SURGERY	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	Ancillary	Denied	1	Services are not medically necessary	1		0
SHOULDER SURGERY PROCEDURE	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	Other	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	INFLAMMATORY DISEASE OF PROSTATE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	3	Services are not medically necessary	3		0
SILDENAFIL 100 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 100 MG TABLET	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO ARTERIAL INSUFFICIENCY	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ERECTILE DYSFUNCTION FOLLOWING RADIATION THERAPY	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	ESSENTIAL (PRIMARY) HYPERTENSION	Internal Medicine	Denied	1	Services are not medically necessary	1		0

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SILDENAFIL 20 MG TABLET	KIDNEY TRANSPLANT STATUS	Nephrology	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DISORDER	Family Medicine	Denied	3	Services are not medically necessary	3		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DISORDER	Internal Medicine	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DISORDER	Urology	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	11	Services are not medically necessary	11		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	6	Services are not medically necessary	6		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	2	Services are not medically necessary	2		0
SILDENAFIL 20 MG TABLET	OTHER MALE ERECTILE DYSFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Cardiovascular Disease	Approved	1		0		0
SILDENAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	1		0		0
SILDENAFIL 20 MG TABLET	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 25 MG TABLET	DECREASED LIBIDO	Family Medicine	Denied	1	Services are not medically necessary	1		0
SILDENAFIL 50 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	5	Services are not medically necessary	5		0
SILENOR 6 MG TABLET	PRIMARY INSOMNIA	Neurology	Approved	1		0		0
SILENOR 6 MG TABLET	PRIMARY INSOMNIA	Neurology	Denied	1	Services are not medically necessary	1		0
SILIQ	PSORIASIS VULGARIS	Physician Assistant		0		0	Denied	2
SILIQ 210 MG/1.5 ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SIMPONI	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology		0		0	Denied	1
SIMPONI 100 MG/ML PEN INJECTOR	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
SIMPONI 100 MG/ML PEN INJECTOR	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Denied	1	Services are not medically necessary	1		0
SIMPONI 50 MG/0.5 ML PEN INJEC	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	Rheumatology	Approved	2		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	1		0		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
SIMPONI 50 MG/0.5 ML PEN INJEC	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
SIMPONI ARIA 50 MG/4 ML VIAL	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Denied	1	Services are not medically necessary	1		0
SINUS SURGERY PROCEDURE	MALIGNANT NEOPLASM OF NASAL CAVITY	Facility	Denied	1	Services are not medically necessary	1		0
SKIN FULL GRAFT ADD-ON	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
SKIN FULL GRAFT EEN & LIPS	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
SKIN PEDICLE FLAP ARMS/LEGS	UNSPECIFIED OPEN WOUND, UNSPECIFIED LOWER LEG, SUBS ENCNTR	Facility	Approved	1		0		0
SKIN SPLT GRFT TRNK/ARM/LEG	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT F/N/HF/G ADDL	NON-PRS CHRONIC ULCER OTH PRT L FOOT LIMITED TO BRKDWN SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT F/N/HF/G ADDL	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Podiatry	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	EYELID RETRACTION LEFT EYE, UNSPECIFIED EYELID	Facility	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	EYELID RETRACTION LEFT LOWER EYELID	Ancillary	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	INFCT FOL A PROCEDURE, DEEP INCISIONAL SURGICAL SITE, INIT	Surgery, Orthopedic	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	NON-PRS CHRONIC ULCER OTH PRT L FOOT LIMITED TO BRKDWN SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	OSTEOMYELITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Facility	Approved	1		0		0

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SKIN SUB GRAFT FACE/NK/HF/G	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Podiatry	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT FACE/NK/HF/G	UNSPECIFIED OPEN WOUND OF RIGHT HAND, SUBSEQUENT ENCOUNTER	Facility	Approved	1		0		0
SKIN SUB GRAFT FACE/NK/HF/G	UNSPECIFIED OPEN WOUND, UNSPECIFIED LOWER LEG, SUBS ENCNTR	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRAFT T/A/L ADD-ON	HYPERTROPHY OF BREAST	Facility	Approved	1		0		0
SKIN SUB GRAFT T/A/L ADD-ON	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	HYPERTROPHY OF BREAST	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	INFCT FOL A PROCEDURE, DEEP INCISIONAL SURGICAL SITE, INIT	Surgery, Orthopedic	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
SKIN SUB GRAFT TRNK/ARM/LEG	UNSPECIFIED OPEN WOUND, UNSPECIFIED LOWER LEG, SUBS ENCNTR	Facility	Denied	1	Services are not medically necessary	1		0
SKIN SUB GRFT T/ARM/LG CHILD	HYPERTROPHY OF BREAST	Facility	Approved	1		0		0
SKIN SUB GRFT T/ARM/LG CHILD	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
SKIN SUBSTITUTE, NOS	OSTEOMYELITIS, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SKIN TISSUE PROCEDURE	UNSPECIFIED OPEN WOUND, UNSPECIFIED LOWER LEG, SUBS ENCNTR	Facility	Denied	1	Services are not medically necessary	1		0
SKN SUB GRFT T/A/L CHILD ADD	HYPERTROPHY OF BREAST	Facility	Approved	1		0		0
SKN SUB GRFT T/A/L CHILD ADD	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	Facility	Approved	1		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	OTHER GENERAL SYMPTOMS AND SIGNS	Dermatology	Denied	1	Services are not medically necessary	1		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	OTHER PSORIASIS	Dermatology	Approved	2		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	PSORIASIS VULGARIS	Dermatology	Approved	10		0		0
SKYRIZI 150 MG DOSE KIT-2 SYRN	PSORIASIS VULGARIS	Physician	Approved	1		0		0
SLCO1B1 GENE COM VARIANTS	OTHER LONG TERM (CURRENT) DRUG THERAPY	Ancillary	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 3 CHAN	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ABNORMAL WEIGHT LOSS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	17		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ATYPICAL ATRIAL FLUTTER	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	BODY MASS INDEX (BMI) 37.0-37.9, ADULT	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	CHRONIC FATIGUE, UNSPECIFIED	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	DEVIATED NASAL SEPTUM	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	DILATED CARDIOMYOPATHY	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	DRUG-INDUCED OBESITY	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ENCOUNTER FOR SCREENING FOR OTHER SUSPECTED ENDOCRINE DISORDER	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Approved	6		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	HEADACHE	Respiratory	Approved	1		0		0

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SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	24		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	HYPOXEMIA	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Respiratory	Approved	5		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	INSOMNIA, UNSPECIFIED	Respiratory	Approved	7		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OBESITY, UNSPECIFIED	Respiratory	Approved	4		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	214		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	15	Services are not medically necessary	15		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER ABNORMALITIES OF BREATHING	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER FATIGUE	Respiratory	Approved	20		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER FORMS OF DYSPNEA	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER HYPERSOMNIA	Respiratory	Approved	11		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	PAROXYSMAL ATRIAL FIBRILLATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	PERIODIC LIMB MOVEMENT DISORDER	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	RECURRENT HYPERSOMNIA	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SECONDARY POLYCYTHEMIA	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SECONDARY PULMONARY ARTERIAL HYPERTENSION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SHORTNESS OF BREATH	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	160		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	16		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP DISORDER, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SNORING	Respiratory	Approved	56		0		0

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SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	SOMNOLENCE	Respiratory	Approved	14		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	VENTRICULAR FIBRILLATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	4		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ATELECTASIS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	BENIGN NEOPLASM OF TONGUE	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	DIZZINESS AND GIDDINESS	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	HEART FAILURE, UNSPECIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	4		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	HYPOTHYROIDISM, UNSPECIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	HYPOXEMIA	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	INSOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	LOW BACK PAIN	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Approved	2		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OBESITY, UNSPECIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	178		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	6	Services are not medically necessary	6		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER FATIGUE	Respiratory	Approved	5		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER LONG TERM (CURRENT) DRUG THERAPY	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER MALAISE	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	PAROXYSMAL ATRIAL FIBRILLATION	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	PERSONAL HISTORY OF OTHER DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	PRIMARY INSOMNIA	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SHORTNESS OF BREATH	Respiratory	Approved	3		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	25		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SLEEP DISORDER, UNSPECIFIED	Respiratory	Approved	1		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SNORING	Respiratory	Approved	24		0		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SNORING	Respiratory	Denied	1	Services are not medically necessary	1		0
SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	SOMNOLENCE	Respiratory	Approved	2		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR NONPROCREAT SCREEN FOR GENETIC DIS CARRIER STATUS	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR FOR SUPRVSN OF NORMAL FIRST PREGNANCY, UNSP TRIMESTER	Multi-Specialty Group	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCNTR SCREEN FOR INFECTIONS W SEXL MODE OF TRANSMISS	Ancillary	Approved	1		0		0
SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES	Ancillary	Approved	1		0		0

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SMN1 GENE DOS/DELETION ALYS	ENCOUNTER FOR ANTENATAL SCREENING, UNSPECIFIED	Ancillary	Approved	1		0		0
SMN1 GENE FULL GENE SEQUENCE	ENCNTR MALE TEST FOR GENETIC DIS CARRIER STATUS FOR PRO MGMT	Ancillary	Approved	1		0		0
SOFOSBUVIR-VELPATASVIR 400-100	CHRONIC VIRAL HEPATITIS C	Gastroenterology	Approved	3		0		0
SOFOSBUVIR-VELPATASVIR 400-100	CHRONIC VIRAL HEPATITIS C	Infectious Disease	Approved	2		0		0
Soft Tissue Sarcoma	Malignant neoplasm of connective and soft tissue of pelvis	RADIATION ONCOLOGY	Approved	1		0		0
SOLID ORGAN TRANSPL PKG	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Facility	Approved	1		0		0
SOLID ORGAN TRANSPL PKG	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Facility	Approved	1		0		0
SOLID ORGAN TRANSPL PKG	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Multi-Specialty Group	Approved	1		0		0
SOLID ORGAN TRANSPL PKG	END STAGE RENAL DISEASE	Facility	Approved	2		0		0
SOMATOSENSORY TESTING	CERVICALGIA	Ancillary	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	CERVICALGIA	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	CHRONIC PAIN SYNDROME	Ancillary	Approved	1		0		0
SOMATOSENSORY TESTING	CHRONIC PAIN SYNDROME	Ancillary	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Approved	1		0		0
SOMATOSENSORY TESTING	CHRONIC PAIN SYNDROME	Multi-Specialty Group	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Ancillary	Approved	1		0		0
SOMATOSENSORY TESTING	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY	Multi-Specialty Group	Approved	1		0		0
SOMATOSENSORY TESTING	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Family Medicine	Denied	1	Services are not medically necessary	1		0
SOMATOSENSORY TESTING	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SOMATOSENSORY TESTING	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	Ancillary	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Ancillary	Approved	1		0		0
SOMATOSENSORY TESTING	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SOMATOSENSORY TESTING	SPINAL STENOSIS, CERVICAL REGION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SOMATOSENSORY TESTING	SPINAL STENOSIS, CERVICAL REGION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SOMATOSENSORY TESTING	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Ancillary	Denied	2	Services are not medically necessary	2		0
SOMATOSENSORY TESTING	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
SOMATROPIN INJECTION	HYPOPITUITARISM	Ancillary	Denied	1	Services are not medically necessary	1		0
SOMATULINE DEPOT 90 MG/0.3 ML	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Approved	1		0		0
SOMAVERT 20 MG VIAL	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Approved	1		0		0
SOMAVERT 30 MG VIAL	ACROMEGALY AND PITUITARY GIGANTISM	Endocrinology And Metabolism	Approved	1		0		0
SORILUX 0.005% FOAM	PSORIASIS VULGARIS	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	LOW BACK PAIN	Ancillary	Approved	1		0		0

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SP BONE AGRFT LOCAL ADD-ON	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER BURSAL CYST, UNSPECIFIED SITE	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
SP BONE AGRFT LOCAL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	4		0		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	4		0		0
SP BONE AGRFT LOCAL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE AGRFT LOCAL ADD-ON	WEAKNESS	Facility	Approved	1		0		0
SP BONE AGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Other	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Other	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	CERVICALGIA	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	FUSION OF SPINE, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	FUSION OF SPINE, LUMBAR REGION	Other	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	INTVRT DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTH SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER BIOMECHANICAL LESIONS OF CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0

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SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CERVICAL DISC DISPLACEMENT, UNSP CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER CORD COMPRESSION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	Physician Assistant	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	4		0		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, SITE UNSPECIFIED	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	RADICULOPATHY, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL INSTABILITIES, CERVICAL REGION	Ancillary	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	6		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Denied	2	Services are not medically necessary	2		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Approved	2		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPINAL STENOSIS, LUMBOSACRAL REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	7		0		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	2	Services are not medically necessary	2		0
SP BONE ALGRFT MORSEL ADD-ON	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT MORSEL ADD-ON	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	Ancillary	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	MID-CERVICAL DISC DISORDER, UNSPECIFIED LEVEL	Facility	Approved	2		0		0

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SP BONE ALGRFT STRUCT ADD-ON	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER CORD COMPRESSION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPECIFIED DISEASES OF SPINAL CORD	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	2		0		0
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, SITE UNSPECIFIED	Facility	Approved	1		0		0
SP BONE ALGRFT STRUCT ADD-ON	RADICULOPATHY, SITE UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SP BONE ALGRFT STRUCT ADD-ON	SPINAL STENOSIS, CERVICAL REGION	Facility	Approved	1		0		0
SPECIAL RADIATION TREATMENT	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Radiation Oncology	Approved	1		0		0
SPECIAL RADIATION TREATMENT	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	Radiology	Approved	1		0		0
SPEECH SOUND LANG COMPREHEN	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	Family Medicine	Approved	1		0		0
SPEECH SOUND LANG COMPREHEN	PHONOLOGICAL DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH THERAPY, IN THE HOME,	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH THERAPY, IN THE HOME,	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	1		0		0
SPEECH THERAPY, IN THE HOME,	MICROCEPHALY	Ancillary	Approved	2		0		0
SPEECH THERAPY, IN THE HOME,	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Ancillary	Approved	1		0		0
SPEECH THERAPY, IN THE HOME,	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	Abnormal results of pulmonary function studies	Hospital		0		0	Denied	1
SPEECH/HEARING THERAPY	ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	ANKYLOGLOSSIA	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	APHASIA	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	APHASIA FOLLOWING CEREBRAL INFARCTION	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Ancillary	Approved	10		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Facility	Approved	5		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	AUTISTIC DISORDER	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	BRONCHIECTASIS, UNCOMPLICATED	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	CENTRAL AUDITORY PROCESSING DISORDER	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	CERVICALGIA	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	CHEST PAIN, UNSPECIFIED	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CHILDHOOD ONSET FLUENCY DISORDER	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	CLEFT SOFT PALATE	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	COGNITIVE COMMUNICATION DEFICIT	Ancillary	Approved	4		0		0
SPEECH/HEARING THERAPY	COGNITIVE COMMUNICATION DEFICIT	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	COGNITIVE COMMUNICATION DEFICIT	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	CONCUSSION W LOSS OF CONSCIOUSNESS OF UNSP DURATION, INIT	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	CONGENITAL MALFORM SYNDROMES PREDOM ASSOC W SHORT STATURE	Facility	Approved	1		0		0

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SPEECH/HEARING THERAPY	CONTUS/LAC RIGHT CEREBRUM W LOC OF UNSP DURATION, SUBS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	COUGH	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	COUGH	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Ancillary	Approved	8		0		0
SPEECH/HEARING THERAPY	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	Ancillary	Approved	6		0		0
SPEECH/HEARING THERAPY	DOWN SYNDROME, UNSPECIFIED	Counseling	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPHAGIA, OROPHARYNGEAL PHASE	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DYSPHAGIA, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPHONIA	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPHONIA	Facility	Approved	3		0		0
SPEECH/HEARING THERAPY	DYSPHONIA	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	DYSPNEA, UNSPECIFIED	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	DYSPNEA, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	7		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	EXPRESSIVE LANGUAGE DISORDER	Speech Therapy	Approved	3		0		0
SPEECH/HEARING THERAPY	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	IMPACTED CERUMEN, RIGHT EAR	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	LARYNGEAL SPASM	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Approved	14		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Counseling	Approved	1		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Facility	Approved	6		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Internal Medicine	Approved	1		0		0
SPEECH/HEARING THERAPY	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	NODULES OF VOCAL CORDS	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER ACQUIRED DEFORMITY OF HEAD	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER AMNESIA	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, BILATERAL	Speech Therapy	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	Facility	Approved	4		0		0
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	Facility	Denied	2	Services are not medically necessary	2		0
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	Internal Medicine	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER DISEASES OF VOCAL CORDS	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER GENERAL SYMPTOMS AND SIGNS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER LOW BIRTH WEIGHT NEWBORN, 1250-1499 GRAMS	Speech Therapy	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER SPECIFIED VIRAL INFECTIONS OF CENTRAL NERVOUS SYSTEM	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SPEECH DISTURBANCES	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	Ancillary	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER SYMBOLIC DYSFUNCTIONS	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	OTHER VOICE AND RESONANCE DISORDERS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	PAIN IN THROAT	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	Ancillary	Approved	1		0		0

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SPEECH/HEARING THERAPY	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	PARKINSON'S DISEASE	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Ancillary	Approved	11		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Facility	Approved	5		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Physical Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	PHONOLOGICAL DISORDER	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	POSTCONCUSSIONAL SYNDROME	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	Facility	Approved	2		0		0
SPEECH/HEARING THERAPY	SHORTNESS OF BREATH	Facility	Approved	6		0		0
SPEECH/HEARING THERAPY	SHORTNESS OF BREATH	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	SOCIAL PRAGMATIC COMMUNICATION DISORDER	Ancillary	Approved	1		0		0
SPEECH/HEARING THERAPY	SOCIAL PRAGMATIC COMMUNICATION DISORDER	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	SPASTIC DIPLEGIC CEREBRAL PALSY	Speech Therapy	Approved	1		0		0
SPEECH/HEARING THERAPY	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Speech Therapy	Approved	3		0		0
SPEECH/HEARING THERAPY	SYNCOPE AND COLLAPSE	Facility	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	TRAUM SUBDR HEM W LOC OF UNSP DURATION, SUBS	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	UNSP INTRACRANIAL INJURY W LOC OF UNSP DURATION, INIT	Facility	Approved	1		0		0
SPEECH/HEARING THERAPY	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDHOOD	Pediatrics	Approved	1		0		0
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES	Ancillary	Denied	1	Services are not medically necessary	1		0
SPEECH/HEARING THERAPY	UNSPECIFIED SPEECH DISTURBANCES	Pathology	Approved	2		0		0
SPEECH/HEARING THERAPY	UNSPECIFIED VOICE AND RESONANCE DISORDER	Occupational Therapy	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	FUSION OF SPINE, LUMBAR REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	LOW BACK PAIN	Facility	Denied	2	Services are not medically necessary	2		0
SPINE FUSION EXTRA SEGMENT	LUMBAGO WITH SCIATICA, LEFT SIDE	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	Facility	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	RADICULOPATHY, LUMBAR REGION	Facility	Approved	2		0		0
SPINE FUSION EXTRA SEGMENT	RADICULOPATHY, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	Facility	Denied	3	Services are not medically necessary	3		0
SPINE FUSION EXTRA SEGMENT	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	Facility	Approved	1		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Approved	5		0		0
SPINE FUSION EXTRA SEGMENT	SPONDYLOLISTHESIS, LUMBAR REGION	Facility	Denied	1	Services are not medically necessary	1		0

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SPINE FUSION EXTRA SEGMENT	UNSP FRACTURE OF UNSP LUMBAR VERTEBRA, INIT FOR CLOS FX	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	WEDGE COMPRSN FX THIRD LUM VERT, SUBS FOR FX W ROUTN HEAL	Facility	Denied	1	Services are not medically necessary	1		0
SPINE FUSION EXTRA SEGMENT	WEDGE COMPRSN FX THIRD LUM VERT, SUBS FOR FX W ROUTN HEAL	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
SPINE SURGERY PROCEDURE	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
SPINE SURGERY PROCEDURE	NERVE ROOT AND PLEXUS DISORDER UNSPECIFIED	PAIN MANAGEMENT	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Immunology	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA 18 MCG CP-HANDIHALER	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Pulmonary Disease	Approved	1		0		0
SPIRIVA 18 MCG CP-HANDIHALER	SIMPLE CHRONIC BRONCHITIS	Family Medicine	Denied	2	Services are not medically necessary	2		0
SPIRIVA 18 MCG CP-HANDIHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology		0		0	Approved	1
SPIRIVA RESPIMAT 1.25 MCG INH	CHR OBSTRUCTIVE PULMON DISEASE WITH (ACUTE) LOWER RESP INFCT	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	MILD PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
SPIRIVA RESPIMAT 1.25 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	CENTRILOBULAR EMPHYSEMA	Sleep Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	COUGH	Pulmonary Disease	Approved	1		0		0
SPIRIVA RESPIMAT 2.5 MCG INH	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION	Pulmonary Disease	Denied	2	Services are not medically necessary	2		0
SPIRIVA RESPIMAT 2.5 MCG INH	OTHER EMPHYSEMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Critical Care Medicine	Denied	1	Services are not medically necessary	1		0
SPIRIVA RESPIMAT 2.5 MCG INH	UNSPECIFIED ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	APNEA, NOT ELSEWHERE CLASSIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC ATRIAL FIBRILLATION	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Respiratory	Approved	2		0		0

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SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL WITH PATIENT SURVIVING, SUBSEQUENT ENCOUNTER	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	ESSENTIAL (PRIMARY) HYPERTENSION	Respiratory	Denied	5	Services are not medically necessary	5		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERCALCEMIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPERSOMNIA, UNSPECIFIED	Respiratory	Denied	4	Services are not medically necessary	4		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPOTHYROIDISM, UNSPECIFIED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPOXEMIA	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	HYPOXEMIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	Respiratory	Denied	3	Services are not medically necessary	3		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	INSOMNIA, UNSPECIFIED	Respiratory	Denied	2	Services are not medically necessary	2		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Approved	22		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Respiratory	Denied	66	Services are not medically necessary	66		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER AMNESIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER FATIGUE	Respiratory	Denied	6	Services are not medically necessary	6		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER HYPERSOMNIA	Respiratory	Approved	3		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER HYPERSOMNIA	Respiratory	Denied	2	Services are not medically necessary	2		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SLEEP APNEA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SLEEP RELATED MOVEMENT DISORDERS	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	Respiratory	Denied	2	Services are not medically necessary	2		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Approved	2		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PRIMARY CENTRAL SLEEP APNEA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	PULMONARY HYPERTENSION, UNSPECIFIED	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	RESTLESS LEGS SYNDROME	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Approved	9		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP APNEA, UNSPECIFIED	Respiratory	Denied	36	Services are not medically necessary	36		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP DISORDER, UNSPECIFIED	Respiratory	Denied	3	Services are not medically necessary	3		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Approved	3		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SNORING	Respiratory	Denied	15	Services are not medically necessary	15		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SOMNOLENCE	Respiratory	Approved	1		0		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	SOMNOLENCE	Respiratory	Denied	2	Services are not medically necessary	2		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	UNSPECIFIED ASTHMA, UNCOMPLICATED	Respiratory	Denied	1	Services are not medically necessary	1		0
SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	VENTRICULAR PREMATURE DEPOLARIZATION	Respiratory	Approved	1		0		0
SPRAVATO 84 MG DOSE PACK	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
SPRIX 15.75 MG NASAL SPRAY		Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	CHRONIC VENOUS HYPERTENSION W INFLAMMATION OF L LOW EXTREM	Internal Medicine	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	Facility	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Surgery, Thoracic	Approved	3		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Facility	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	2		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Vascular	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Radiology	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Internal Medicine	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, General	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	Surgery, General	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Approved	3		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Family Medicine	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Radiology	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, General	Approved	1		0		0
STAB PHLEB VEINS XTR 10-20	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
STANDARD CONTROL CABLE EXTRA	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
STEGLATRO 15 MG TABLET	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
STEGLATRO 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
STELARA	PSORIASIS VULGARIS	Physician Assistant		0		0	Approved	1
STELARA 45 MG/0.5 ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	OTHER PSORIASIS	Dermatology	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	OTHER PSORIASIS	Physician Assistant	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	5		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
STELARA 45 MG/0.5 ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	3		0		0
STELARA 90 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Gastroenterology	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED	Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	3		0		0
STELARA 90 MG/ML SYRINGE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Pediatric Gastroenterology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	OTHER PSORIASIS	Dermatology	Approved	1		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	3		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	2		0		0
STELARA 90 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
STEREOSCOPIC X-RAY GUIDANCE	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	1		0		0
STIMULATION PACING HEART	DISEASE OF SPINAL CORD, UNSPECIFIED	Facility	Approved	1		0		0
STIMULATION PACING HEART	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
STIMULATION PACING HEART	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	2		0		0
STIMULATION PACING HEART	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	2		0		0
STIMULATION PACING HEART	SUPRAVENTRICULAR TACHYCARDIA	Facility	Approved	4		0		0
STIOLTO RESPIMAT INHAL SPRAY		Pulmonary Disease	Approved	1		0		0
STIOLTO RESPIMAT INHAL SPRAY	CENTRILOBULAR EMPHYSEMA	Family Medicine	Denied	1	Services are not medically necessary	1		0
STIOLTO RESPIMAT INHAL SPRAY	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
STIVARGA 40 MG TABLET	INTRAHEPATIC BILE DUCT CARCINOMA	Hematology	Denied	1	Services are not medically necessary	1		0
STOMACH SURGERY PROCEDURE	DYSPHAGIA, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
STOMACH SURGERY PROCEDURE	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Facility	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	CARDIOLOGIST	Approved	4		0		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	CARDIOVASCULAR DISEASE	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	FAMILY PRACTICE	Approved	3		0		0
STRESS TTE COMPLETE	ABNORMAL ELECTROCARDIOGRAM	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	ABNORMAL RESULT CV FUNCTION STUDY UNS	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	ABNORMAL RESULT OTH CARDIOVASCULR FUNCTION STUDY	INTERNAL MEDICINE	Approved	2		0		0
STRESS TTE COMPLETE	ACUTE EMBO THROMB OTH SPEC DEEP VEIN LT LOW EXT	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	ANGINA PECTORIS UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Approved	6		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOLOGIST	Denied	4	Services are not medically necessary	4		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0

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STRESS TTE COMPLETE	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	INTERNAL MEDICINE	Approved	4		0		0
STRESS TTE COMPLETE	CARDIAC ARRHYTHMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	CARDIAC MURMUR UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Approved	6		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOLOGIST	Denied	3	Services are not medically necessary	3		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	4		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	9	Services are not medically necessary	9		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Approved	5		0		0
STRESS TTE COMPLETE	CHEST PAIN UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	CHEST PAIN, UNSPECIFIED	Internal Medicine		0		0	Approved	1
STRESS TTE COMPLETE	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	DISEASE OF PERICARDIUM UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	DIZZINESS AND GIDDINESS	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED	CARDIOLOGIST	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	DYSPNEA UNSPECIFIED	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	ESSENTIAL PRIMARY HYPERTENSION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	FAMILY HX ISCHEMIC HRT DZ OTH DZ CIRC SYSTEM	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	HEART TRANSPLANT STATUS	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Approved	4		0		0
STRESS TTE COMPLETE	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	HYPOTHYROIDISM UNSPECIFIED	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	IDIOPATHIC HYPOTENSION	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	INSOMNIA UNSPECIFIED	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	MIXED HYPERLIPIDEMIA	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	MUCOCUTANEOUS LYMPH NODE SYNDROME KAWASAKI	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	MULTIPLE SCLEROSIS	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	NONRHEUMATIC MITRAL VALVE PROLAPSE	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	NONRHEUMATIC MITRAL VALVE PROLAPSE	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	ORTHOSTATIC HYPOTENSION	CARDIOVASCULAR DISEASE	Approved	1		0		0

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STRESS TTE COMPLETE	OTHER BENIGN NEUROENDOCRINE TUMORS	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOLOGIST	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Approved	3		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	INTERNAL MEDICINE	Approved	4		0		0
STRESS TTE COMPLETE	OTHER CHEST PAIN	PHYSICIAN ASSISTANT	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER FATIGUE	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER FORMS OF ANGINA PECTORIS	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER FORMS OF DYSPNEA	SURGERY-CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	OTHER GENERAL SYMPTOMS AND SIGNS	FAMILY PRACTICE	Approved	2		0		0
STRESS TTE COMPLETE	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	OVERWEIGHT	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	PALPITATIONS	CARDIOVASCULAR DISEASE	Approved	3		0		0
STRESS TTE COMPLETE	PALPITATIONS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	PALPITATIONS	FAMILY PRACTICE	Approved	2		0		0
STRESS TTE COMPLETE	PALPITATIONS	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PALPITATIONS	HOSPITAL	Approved	1		0		0
STRESS TTE COMPLETE	PALPITATIONS	INTERNAL MEDICINE	Approved	1		0		0
STRESS TTE COMPLETE	PARESTHESIA OF SKIN	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	PAROXYSMAL TACHYCARDIA UNSPECIFIED	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	CARDIOLOGIST	Approved	3		0		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	PRECORDIAL PAIN	FAMILY PRACTICE	Approved	2		0		0
STRESS TTE COMPLETE	PURE HYPERGLYCERIDEMIA	FAMILY PRACTICE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	CARDIOLOGIST	Approved	2		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	SHORTNESS OF BREATH	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	SYNCOPE AND COLLAPSE	CARDIOVASCULAR	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	TACHYCARDIA UNSPECIFIED	FAMILY PRACTICE	Approved	2		0		0
STRESS TTE COMPLETE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Denied	2	Services are not medically necessary	2		0

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STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	CARDIOVASCULAR DISEASE	Approved	2		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	INTERNAL MEDICINE	Denied	2	Services are not medically necessary	2		0
STRESS TTE COMPLETE	Unknown	CARDIOLOGIST	Approved	1		0		0
STRESS TTE COMPLETE	Unknown	CARDIOVASCULAR DISEASE	Approved	3		0		0
STRESS TTE COMPLETE	Unknown	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	UNSPECIFIED ABNORMALITIES OF BREATHING	FAMILY PRACTICE	Approved	1		0		0
STRESS TTE COMPLETE	UNSPECIFIED ATRIAL FLUTTER	CARDIOVASCULAR	Approved	1		0		0
STRESS TTE COMPLETE	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Approved	1		0		0
STRESS TTE COMPLETE	VENTRICULAR PREMATURE DEPOLARIZATION	CARDIOVASCULAR DISEASE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	VENTRICULAR PREMATURE DEPOLARIZATION	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
STRESS TTE COMPLETE	VENTRICULAR TACHYCARDIA	FAMILY PRACTICE	Denied	1	Services are not medically necessary	1		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Gastroenterology	Denied	1	Services are not medically necessary	1		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Pediatric Gastroenterology	Approved	1		0		0
SUCRAID 8,500 UNITS/ML SOLN	SUCRASE-ISOMALTASE DEFICIENCY	Pediatric Gastroenterology	Denied	2	Services are not medically necessary	2		0
SUCTION LIPECTOMY UPR EXTREM	POSTMASTECTOMY LYMPHEDEMA SYNDROME	Facility	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Approved	1		0		0
SUMATRIPTAN SUCC 100 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 50 MG TABLET	HEADACHE	Neurology	Approved	1		0		0
SUMATRIPTAN SUCC 50 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	General Practice	Denied	1	Services are not medically necessary	1		0
SUMATRIPTAN SUCC 50 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SUNOSI 150 MG TABLET	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Family Medicine	Denied	1	Services are not medically necessary	1		0
SUNOSI 150 MG TABLET	SLEEP APNEA, UNSPECIFIED	Family Medicine	Approved	1		0		0
SUPARTZ FX 25 MG/2.5 ML SYR	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Sports Medicine	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Acute myeloblastic leukemia, not having achieved remission	INTERNAL MEDICINE	Approved	1		0		0
SUPPORTIVE THERAPIES	Acute myeloblastic leukemia, not having achieved remission	PATHOLOGY HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Benign neoplasm of thymus	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of esophagus, unspecified	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of frontal lobe	INTERNAL MEDICINE	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of lower lobe, left bronchus or lung	PATHOLOGY HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of lower third of esophagus	ANESTHESIOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of right female breast	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of lower-outer quadrant of right female breast	PATHOLOGY HEMATOLOGY	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
SUPPORTIVE THERAPIES	Malignant neoplasm of overlapping sites of right female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of pancreas, unspecified	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of pancreas, unspecified	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	HEMATOLOGY ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of prostate	UROLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of stomach, unspecified	Other	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified ovary	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified part of unspecified bronchus or lung	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of unspecified site of left female breast	ONCOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of left female breast	INTERNAL MEDICINE	Approved	1		0		0
SUPPORTIVE THERAPIES	Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
SUPPORTIVE THERAPIES	Secondary malignant neoplasm of bone	PATHOLOGY HEMATOLOGY	Denied	1	Services are not medically necessary	1		0
SUPPRELIN LA 50 MG KIT	PRECOCIOUS PUBERTY	Pediatric Endocrinology	Approved	1		0		0
SUPPRELIN LA IMPLANT	PRECOCIOUS PUBERTY	Ancillary	Approved	1		0		0
SURGERY OF BREAST CAPSULE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Ancillary	Approved	5		0		0
SURGERY OF BREAST CAPSULE	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	Facility	Approved	3		0		0
SURGERY OF BREAST CAPSULE	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	Facility	Approved	4		0		0
SURGERY OF BREAST CAPSULE	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	5		0		0
SUSPENSION OF BREAST	DISPROPORTION OF RECONSTRUCTED BREAST	Ancillary	Approved	1		0		0
SUSPENSION OF BREAST	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	Facility	Approved	1		0		0
SUSPENSION OF BREAST	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Facility	Approved	2		0		0
SUTENT	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT EYE	Internal Medicine		0		0	Denied	1
SUTENT 25 MG CAPSULE	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	Hematology	Approved	1		0		0
SUTENT 25 MG CAPSULE	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT EYE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SUTENT 37.5 MG CAPSULE	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	Oncology	Approved	1		0		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Anesthesiology	Denied	1	Services are not medically necessary	1		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Family Medicine	Approved	1		0		0
SYMPROIC 0.2 MG TABLET	DRUG INDUCED CONSTIPATION	Physical Medicine	Approved	1		0		0
SYNAGIS	MANDIBULOFACIAL DYSOSTOSIS	Hospital		0		0	Denied	1
SYNAGIS 100 MG/1 ML VIAL	MANDIBULOFACIAL DYSOSTOSIS	Pediatric Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
SYNAGIS 100 MG/1 ML VIAL	PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM	Physician Assistant	Denied	1	Services are not medically necessary	1		0
SYNAGIS 100 MG/1 ML VIAL	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	Pediatrics	Denied	1	Services are not medically necessary	1		0
SYNAGIS 50 MG/0.5 ML VIAL	OUTCOME OF DELIVERY, UNSPECIFIED	Pediatrics	Denied	1	Services are not medically necessary	1		0

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SYNAGIS 50 MG/0.5 ML VIAL	PRETERM NEWBORN, GESTATIONAL AGE 34 COMPLETED WEEKS	Pediatrics	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Approved	12		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Ancillary	Denied	2	Services are not medically necessary	2		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Family Medicine	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	General Practice	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Approved	4		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Physical Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Rheumatology	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Sports Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Approved	17		0		0
SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Surgery, Orthopedic	Denied	3	Services are not medically necessary	3		0
SYNVISC OR SYNVISC-ONE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	OTHER GENERAL SYMPTOMS AND SIGNS	Ancillary	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Ancillary	Approved	9		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Emergency Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Internal Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Physician Assistant	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	23		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Approved	4		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Emergency Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Internal Medicine	Approved	1		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Rheumatology	Approved	3		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Approved	2		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	20		0		0
SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Denied	4	Services are not medically necessary	4		0
SYNVISC SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Approved	1		0		0
SYNVISC SYRINGE	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
SYNVISC SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	1		0		0
SYNVISC-ONE SYRINGE		Internal Medicine	Approved	1		0		0
SYNVISC-ONE SYRINGE		Surgery, Orthopedic	Approved	1		0		0
SYNVISC-ONE SYRINGE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Internal Medicine	Approved	1		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	Surgery, Orthopedic	Approved	3		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Sports Medicine	Approved	1		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Surgery, Orthopedic	Approved	6		0		0
SYNVISC-ONE SYRINGE	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	Surgery, Orthopedic	Approved	1		0		0
TACLONEX 0.005%-0.064% SUSPENS	GUTTATE PSORIASIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TACLONEX 0.005%-0.064% SUSPENS	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
TACLONEX 0.005%-0.064% SUSPENS	PSORIASIS VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
TACROLIMUS 0.5 MG CAPSULE	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Pediatric Gastroenterology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	AUTOIMMUNE HEPATITIS	Pediatric Gastroenterology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Pediatric Gastroenterology	Approved	1		0		0
TACROLIMUS 1 MG CAPSULE	LIVER TRANSPLANT STATUS	Physician Assistant	Approved	1		0		0
TACROLIMUS 5 MG CAPSULE		Nephrology	Approved	1		0		0
TADALAFIL 10 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 10 MG TABLET	OTHER SECONDARY PULMONARY HYPERTENSION	Pediatric Cardiology	Denied	1	Services are not medically necessary	1		0

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TADALAFIL 2.5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Approved	1		0		0
TADALAFIL 2.5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 2.5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Sports Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	OTHER SECONDARY PULMONARY HYPERTENSION	Pediatric Cardiology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Internal Medicine	Approved	1		0		0
TADALAFIL 20 MG TABLET	PRIMARY PULMONARY HYPERTENSION	Pulmonary Disease	Approved	2		0		0
TADALAFIL 20 MG TABLET	PULMONARY HYPERTENSION DUE TO LUNG DISEASES AND HYPOXIA	Pediatric Cardiology	Approved	1		0		0
TADALAFIL 20 MG TABLET	PULMONARY HYPERTENSION, UNSPECIFIED	Pediatric Cardiology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Family Medicine	Approved	2		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Internal Medicine	Denied	2	Services are not medically necessary	2		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Physician Assistant	Approved	1		0		0
TADALAFIL 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	CR(E)ST SYNDROME	Rheumatology	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	DECREASED LIBIDO	Obstetrics/Gynecology	Denied	2	Services are not medically necessary	2		0
TADALAFIL 5 MG TABLET	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	Urology	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DISORDER	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Approved	2		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Family Medicine	Denied	2	Services are not medically necessary	2		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TADALAFIL 5 MG TABLET	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Urology	Denied	1	Services are not medically necessary	1		0
TAH RAD DISSECT FOR DEBULK	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	2		0		0
TALTZ		Dermatology		0		0	Denied	1
TALTZ	Other psoriasis	Dermatology		0		0	Denied	2
TALTZ	PSORIASIS VULGARIS	Dermatology		0		0	Denied	8
TALTZ	PSORIASIS VULGARIS	Emergency Medicine		0		0	Approved	1
TALTZ	PSORIASIS VULGARIS	Emergency Medicine		0		0	Denied	1
TALTZ 80 MG/ML AUTOINJ (2-PK)	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	OTHER PSORIASIS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	OTHER PSORIASIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (2-PK)	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TALTZ 80 MG/ML AUTOINJ (3-PK)		Rheumatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	OTHER PSORIASIS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJ (3-PK)	PSORIASIS VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
TALTZ 80 MG/ML AUTOINJECTOR	OTHER PSORIASIS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Dermatology	Approved	3		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Dermatology	Denied	7	Services are not medically necessary	7		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
TALTZ 80 MG/ML AUTOINJECTOR	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
TALTZ 80 MG/ML SYRINGE	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Denied	1	Services are not medically necessary	1		0

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TALTZ 80 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	1		0		0
TALTZ 80 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	Ancillary	Approved	1		0		0
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF CEREBRAL MENINGES	Facility	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	Radiology, Diagnostic	Denied	1	Services are not medically necessary	1		0
TARGETED GENOMIC SEQ ANALYS	MALIGNANT NEOPLASM OF LEFT OVARY	Ancillary	Approved	1		0		0
TAZORAC 0.05% CREAM	ACNE VULGARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
TAZORAC 0.05% CREAM	ACNE VULGARIS	Physician Assistant	Denied	2	Services are not medically necessary	2		0
TAZORAC 0.05% GEL	ACNE VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Anesthesiology	Denied	1	Services are not medically necessary	1		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Psychiatry	Approved	1		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Anesthesiology	Approved	1		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Psychiatry	Approved	3		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Anesthesiology	Approved	2		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Family Medicine	Approved	1		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	19		0		0
TCRANIAL MAGN STIM TX DELI	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	4	Services are not medically necessary	4		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Neurology	Approved	10		0		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Physician	Approved	1		0		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Physician Assistant	Approved	1		0		0
TECFIDERA DR 240 MG CAPSULE	MULTIPLE SCLEROSIS	Surgery, Neurological	Approved	2		0		0
TECFIDERA STARTER PACK	MULTIPLE SCLEROSIS	Neurology	Approved	2		0		0
TEFLON OR EQUAL CABLE LINING	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
TELEHEALTH FACILITY FEE	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
TEMOZOLOMIDE 100 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TEMOZOLOMIDE 100 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Neurology	Approved	1		0		0
TEMOZOLOMIDE 140 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TEMOZOLOMIDE 20 MG CAPSULE	MALIGNANT NEOPLASM OF TEMPORAL LOBE	Oncology	Approved	1		0		0
TEMOZOLOMIDE 5 MG CAPSULE	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Internal Medicine	Approved	1		0		0
Tenodesis of long tendon of biceps	ADHESIVE CAPSULITIS OF LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	BICIPITAL TENDINITIS LEFT SHOULDER	SPORTS MEDICINE	Denied	3	Services are not medically necessary	3		0
Tenodesis of long tendon of biceps	BICIPITAL TENDINITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	BICIPITAL TENDINITIS RIGHT SHOULDER	SPORTS MEDICINE	Approved	1		0		0
Tenodesis of long tendon of biceps	BICIPITAL TENDINITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT LT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Tenodesis of long tendon of biceps	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	INCMPL RC TEAR/RUPT RT SHOULDER NOT SPEC TRAUM	SURGERY-ORTHOPEDIC	Denied	1	Services are not medically necessary	1		0
Tenodesis of long tendon of biceps	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	1		0		0

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Tenodesis of long tendon of biceps	OTHER ARTICULAR CARTILAGE DISORDERS RT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	OTHER INSTABILITY LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	OTHER SPRAIN LT SHOULDER JOINT SUBSEQUENT ENCNTR	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	PAIN IN LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Tenodesis of long tendon of biceps	PAIN IN RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Approved	3		0		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Tenodesis of long tendon of biceps	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	SPONTANEOUS RUPTURE OF OTHER TENDONS RT UP ARM	SURGERY-ORTHOPEDIC	Denied	2	Services are not medically necessary	2		0
Tenodesis of long tendon of biceps	STRAIN MUSC TEND ROTATOR CUFF LT SHLDR INIT ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	SURGERY-ORTHOPEDIC	Approved	1		0		0
Tenodesis of long tendon of biceps	SUPERIOR GLENOID LABRUM LESION LT SHOULDER INIT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	SPORTS MEDICINE	Denied	2	Services are not medically necessary	2		0
Tenodesis of long tendon of biceps	UNS INJ MUSC TEND ROTAT CUFF RT SHLDR INIT ENC	ORTHOPEDIC SURGERY	Approved	1		0		0
Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT LT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	3		0		0
Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SPORTS MEDICINE	Approved	1		0		0
Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
Tenodesis of long tendon of biceps	UNS ROT CUFF TEAR/RUPT UNS SHOULDER NOT TRAUMAT	SURGERY-ORTHOPEDIC	Approved	2		0		0
TERM DEV, SPORT/REC/WORK ATT	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
TEST SOCK WRIST DISART/BEL E	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	2	Services are not medically necessary	2		0
Testicular Cancer	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	Other	Approved	1		0		0
TESTOPEL	TESTICULAR HYPOFUNCTION	Urology		0		0	Approved	1
TESTOPEL 75 MG PELLETS		Urology	Denied	1	Services are not medically necessary	1		0
TESTOPEL 75 MG PELLETS	TESTICULAR HYPOFUNCTION	Physician Assistant	Approved	1		0		0
TESTOPEL 75 MG PELLETS	TESTICULAR HYPOFUNCTION	Urology	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE	Other specified abnormal findings of blood chemistry	Internal Medicine		0		0	Denied	1
TESTOSTERONE 1.62% GEL PUMP	GENDER IDENTITY DISORDER, UNSPECIFIED	Reproductive Endocrinology/Infertility	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	3		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	7		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	2		0		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Pediatric Endocrinology	Approved	1		0		0

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TESTOSTERONE 1.62% GEL PUMP	TESTICULAR HYPOFUNCTION	Physician	Approved	4		0		0
TESTOSTERONE 1.62%(1.25 G) PKT	OTHER DISORDERS OF PITUITARY GLAND	Internal Medicine	Approved	1		0		0
TESTOSTERONE 1.62%(1.25 G) PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Emergency Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOSTERONE 1.62%(1.25 G) PKT	TESTICULAR HYPOFUNCTION	Urology	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner Primary Care	Approved	1		0		0
TESTOSTERONE 10 MG GEL PUMP	TESTICULAR HYPOFUNCTION	Surgery, Neurological	Denied	2	Services are not medically necessary	2		0
TESTOSTERONE 12.5 MG/1.25 GRAM	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 25 MG/2.5 GM PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	HYPOPITUITARISM	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	KLINEFELTER SYNDROME, UNSPECIFIED	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	2		0		0
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	3		0		0
TESTOSTERONE 50 MG/5 GRAM GEL	TESTICULAR HYPOFUNCTION	Internal Medicine	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	HYPOACTIVE SEXUAL DESIRE DISORDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	4		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Family Nurse Practitioner	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Infectious Disease	Approved	1		0		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Internal Medicine		0		0	Denied	1
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE 50 MG/5 GRAM PKT	TESTICULAR HYPOFUNCTION	Physician	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	Family Medicine	Approved	1		0		0
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	Urology		0		0	Denied	1
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	Urology	Approved	6		0		0
TESTOSTERONE PELLET 75 MG	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	Ancillary	Approved	1		0		0
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	Urology	Approved	1		0		0
TESTOSTERONE UNDECANOATE 1MG	TESTICULAR HYPOFUNCTION	Urology	Denied	1	Services are not medically necessary	1		0
TEXACORT 2.5% SOLUTION	PSEUDOFOLLICULITIS BARBAE	Dermatology	Denied	1	Services are not medically necessary	1		0
THER SPI PNXR DRG CSF	BENIGN NEOPLASM OF CRANIAL NERVES	Facility	Approved	1		0		0
THER SPI PNXR DRG CSF	MALIGNANT NEOPLASM OF BRAIN STEM	Surgery, Neurological	Approved	1		0		0
THER SPI PNXR DRG CSF	MENINGEAL ADHESIONS (CEREBRAL) (SPINAL)	Other	Approved	1		0		0
THER SPI PNXR DRG CSF	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Facility	Approved	1		0		0
THER/PROPH/DIAG IV INF INIT	UNSPECIFIED ATRIAL FIBRILLATION	Other	Approved	1		0		0
THERAPEUTIC ACTIVITIES	MYELITIS, UNSPECIFIED	Family Medicine	Approved	1		0		0
THERAPEUTIC ACTIVITIES	PAIN IN LEFT FOOT	Physical Therapy	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC ACTIVITIES	PAIN IN RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0

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THERAPEUTIC ACTIVITIES	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	Physical Therapy	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC EXERCISES	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
THERAPEUTIC EXERCISES	LOW BACK PAIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC EXERCISES	OTHER SPECIFIED DISORDERS OF MUSCLE	Family Medicine	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC EXERCISES	PAIN IN LEFT FOOT	Physical Therapy	Denied	2	Services are not medically necessary	2		0
THERAPEUTIC EXERCISES	PAIN IN RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Major depressive disorder, single episode, moderate	Behavioral Health Provider	Approved	1		0		0
THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Major depressv disord, single epsd, sev w/o psych features	Behavioral Health Provider	Approved	2		0		0
THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Provider	Approved	14		0		0
THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Major depressv disorder, recurrent severe w/o psych features	Behavioral Health Provider	Denied	1	Services are not medically necessary	1		0
THERASKIN	NON-PRS CHRONIC ULCER OTH PRT L FOOT LIMITED TO BRKDWN SKIN	Ancillary	Denied	1	Services are not medically necessary	1		0
THIOLA	OTHER DISORDERS OF AMINO-ACID TRANSPORT	Nephrology		0		0	Denied	1
THIOLA 100 MG TABLET	CYSTINURIA	Nephrology	Approved	1		0		0
THIOLA EC 300 MG TABLET	CYSTINURIA	Nephrology	Approved	1		0		0
THIOLA EC 300 MG TABLET	CYSTINURIA	Nephrology	Denied	2	Services are not medically necessary	2		0
THORACOSCOPY BILOBECTOMY	PNEUMOTHORAX, UNSPECIFIED	Facility	Approved	1		0		0
THORACOSCOPY REMOVE CORTEX	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Other	Approved	1		0		0
THORACOSCOPY W/BX INFILTRATE	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Other	Approved	1		0		0
THORACOSCOPY W/BX NODULE	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Other	Approved	1		0		0
THORACOSCOPY W/BX PLEURA	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
THORACOSCOPY W/LOBECTOMY	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	Facility	Approved	1		0		0
THORACOSCOPY W/LOBECTOMY	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	1		0		0
THORACOSCOPY W/LOBECTOMY	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
THORACOSCOPY W/LOBECTOMY	SOLITARY PULMONARY NODULE	Other	Approved	1		0		0
THORACOSCOPY W/MEDIAST EXC	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	Other	Approved	1		0		0
THORACOSCOPY W/MEDIAST EXC	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
THORACOSCOPY W/PLEURODESIS	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
THORACOSCOPY W/PLEURODESIS	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	Other	Approved	1		0		0
THORACOSCOPY W/THYMUS RESECT	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	Facility	Approved	1		0		0
THORACOSCOPY W/WEDGE RESECT	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Other	Approved	1		0		0
THORACOSCOPY W/WEDGE RESECT	SOLITARY PULMONARY NODULE	Other	Approved	2		0		0
THORACOSCOPY WBX SAC	MALIGNANT NEOPLASM OF UNSP PART OF UNSP BRONCHUS OR LUNG	Facility	Approved	1		0		0
THORAX SPINE FUSION	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	Facility	Approved	2		0		0
THORAX SPINE FUSION	FUSION OF SPINE, LUMBAR REGION	Facility	Approved	1		0		0
THORAX SPINE FUSION	MECH COMPL OF INTERNAL ORTH DEVICES, IMPLNT AND GRAFTS, INIT	Facility	Denied	1	Services are not medically necessary	1		0

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THORAX SPINE FUSION	SEPSIS, UNSPECIFIED ORGANISM	Surgery, Orthopedic	Approved	1		0		0
TIB/PER REVASC STNT & ATHER	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	Facility	Approved	1		0		0
TIB/PER REVASC W/TLA	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
TIGLUTIK 50 MG/10 ML SUSP	AMYOTROPHIC LATERAL SCLEROSIS	Neurology	Approved	2		0		0
TIS TRNFR ADDL 30 SQ CM	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
TIS TRNFR ANY 30.1-60 SQ CM	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
TIS TRNFR ANY 30.1-60 SQ CM	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
TIS TRNFR E/N/E/L 10 SQ CM/<	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
TIS TRNFR E/N/E/L 10 SQ CM/<	Basal cell carcinoma of skin of unspecified eyelid, including canthus	Emergency Medicine		0		0	Approved	1
TIS TRNFR E/N/E/L 10 SQ CM/<	BASAL CELL CARCINOMA SKIN/ UNSP EYELID, INCLUDING CANTHUS	Ancillary	Approved	1		0		0
TIS TRNFR E/N/E/L 10 SQ CM/<	BASAL CELL CARCINOMA SKIN/ UNSP EYELID, INCLUDING CANTHUS	Ancillary	Denied	1	Services are not medically necessary	1		0
TIS TRNFR E/N/E/L10.1-30SQCM	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
TIS TRNFR F/C/C/M/N/A/G/H/F	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	Facility	Approved	1		0		0
TIS TRNFR F/C/C/M/N/A/G/H/F	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	2		0		0
TIS TRNFR F/C/C/M/N/A/G/H/F	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	Facility	Denied	1	Services are not medically necessary	1		0
TIS TRNFR F/C/C/M/N/A/G/H/F	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
TLH W/T/O UTERUS OVER 250 G	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Facility	Approved	1		0		0
TLH W/T/O UTERUS OVER 250 G	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	2		0		0
TLH W/T/O UTERUS OVER 250 G	MODERATE CERVICAL DYSPLASIA	Facility	Approved	1		0		0
TOCILIZUMAB INJECTION	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Rheumatology	Approved	1		0		0
TOCILIZUMAB INJECTION	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Infectious Disease	Approved	1		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	5		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	1		0		0
TOCILIZUMAB INJECTION	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
TOPAMAX 100 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Family Medicine	Approved	1		0		0
TOPAMAX 50 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOPAMAX 50 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
TOPIRAMATE 25 MG TABLET	GEN IDIOPATHIC EPILEPSY, NOT INTRACTABLE, W/O STAT EPI	Pediatric Neurology	Approved	1		0		0
TOSYMRA 10 MG NASAL SPRAY	VOMITING, UNSPECIFIED	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TOTAL HIP ARTHROPLASTY	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR, INIT	Facility	Approved	1		0		0
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Other	Approved	1		0		0
TOTAL HIP ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	Surgery, Orthopedic	Approved	1		0		0

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TOTAL HYSTERECTOMY	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	BENIGN ENDOMETRIAL HYPERPLASIA	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	DYSPLASIA OF CERVIX UTERI, UNSPECIFIED	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	Other	Approved	2		0		0
TOTAL HYSTERECTOMY	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	INTRAMURAL LEIOMYOMA OF UTERUS	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Other	Approved	6		0		0
TOTAL HYSTERECTOMY	LEIOMYOMA OF UTERUS, UNSPECIFIED	Other	Denied	1	Services are not medically necessary	1		0
TOTAL HYSTERECTOMY	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	OTHER AND UNSP VENTRAL HERNIA WITH OBSTRUCTION, W/O GANGRENE	Facility	Approved	1		0		0
TOTAL HYSTERECTOMY	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	POSTMENOPAUSAL BLEEDING	Other	Approved	1		0		0
TOTAL HYSTERECTOMY	SUBMUCOUS LEIOMYOMA OF UTERUS	Other	Approved	2		0		0
TOTAL HYSTERECTOMY	UNSP COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	Other	Approved	2		0		0
TOTAL KNEE ARTHROPLASTY	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	Ancillary	Denied	1	Services are not medically necessary	1		0
TOUJEO MAX SOLOSTAR 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TOUJEO MAX SOLOSTR 300 UNIT/ML	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
TOUJEO SOLOSTAR	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Emergency Medicine		0		0	Approved	1
TOUJEO SOLOSTAR 300 UNIT/ML	OTH DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	Physician Assistant	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Nurse Practitioner	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Endocrinology And Metabolism	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	2	Services are not medically necessary	2		0
TOUJEO SOLOSTAR 300 UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 4 MG TABLET	URGE INCONTINENCE	Family Medicine	Approved	1		0		0
TOVIAZ ER 4 MG TABLET	URGE INCONTINENCE	Family Medicine	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 8 MG TABLET	OVERACTIVE BLADDER	Physician	Denied	1	Services are not medically necessary	1		0
TOVIAZ ER 8 MG TABLET	URGE INCONTINENCE	Family Medicine	Approved	1		0		0
TPRNL PLMT BIODEGRDABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	Radiation Oncology	Approved	6		0		0
TPRNL PLMT BIODEGRDABL MATRL	MALIGNANT NEOPLASM OF PROSTATE	Urology	Approved	3		0		0
TRACHEOSTOMA STENT/STUD/BTTN	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	Ancillary	Denied	1	Services are not medically necessary	1		0
TRADJENTA	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Emergency Medicine		0		0	Denied	1
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
TRADJENTA 5 MG TABLET	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRAMADOL HCL 50 MG TABLET	CHRONIC PAIN SYNDROME	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRAMADOL HCL 50 MG TABLET	NEURALGIA AND NEURITIS, UNSPECIFIED	Neurology	Denied	1	Services are not medically necessary	1		0
TRAMADOL HCL 50 MG TABLET	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	Physician	Denied	1	Services are not medically necessary	1		0
TRAMADOL HCL 50 MG TABLET	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0

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TRANSAB ESOPH HIAT HERN RPR	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Family Medicine	Approved	1		0		0
TRANSAB ESOPH HIAT HERN RPR	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	Other	Approved	1		0		0
TRANSCATH CLOSURE OF ASD	ATRIAL SEPTAL DEFECT	Facility	Approved	8		0		0
TRANSCATH CLOSURE OF ASD	ATRIAL SEPTAL DEFECT	Facility	Denied	1	Services are not medically necessary	1		0
TRANSCATH CLOSURE OF ASD	CONGENITAL MALFORMATION OF CARDIAC SEPTUM, UNSPECIFIED	Facility	Approved	1		0		0
TRANSCATH OCCLUSION CNS	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	Facility	Approved	1		0		0
TRANSCATH OCCLUSION CNS	CEREBRAL ANEURYSM, NONRUPTURED	Facility	Approved	1		0		0
TRANSCATH OCCLUSION CNS	NEOPLASM OF UNCRT BEHAV OF AORTIC BODY AND OTH PARAGANGLIA	Other	Approved	1		0		0
TRANSCATH STENT CCA W/EPS	CEREBRAL INFARCTION, UNSPECIFIED	Facility	Approved	1		0		0
TRANSCOCHLEAR APPROACH/SKULL	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	Facility	Approved	1		0		0
TRANSCOCHLEAR APPROACH/SKULL	BENIGN NEOPLASM OF CRANIAL NERVES	Surgery, Neurological	Denied	1	Services are not medically necessary	1		0
TRANSCONDYLAR APPROACH/SKULL	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	Other	Approved	1		0		0
TRANSDERM-SCOP	NAUSEA WITH VOMITING, UNSPECIFIED	Oncology		0		0	Denied	1
TRANSLUM DIL EYE CANAL	PIGMENTARY GLAUCOMA, LEFT EYE, MODERATE STAGE	Ancillary	Denied	1	Services are not medically necessary	1		0
TRANSPLANTATION OF HEART	CARDIOMYOPATHY, UNSPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF HEART	DILATED CARDIOMYOPATHY	Anesthesiology	Approved	1		0		0
TRANSPLANTATION OF HEART	ISCHEMIC CARDIOMYOPATHY	Anesthesiology	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	ACUTE KIDNEY FAILURE, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Facility	Approved	4		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Multi-Specialty Group	Approved	3		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Nephrology	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	Other	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 5	Facility	Approved	4		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, STAGE 5	Multi-Specialty Group	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	CHRONIC KIDNEY DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	Facility	Approved	21		0		0
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	Multi-Specialty Group	Approved	6		0		0
TRANSPLANTATION OF KIDNEY	END STAGE RENAL DISEASE	Other	Approved	2		0		0
TRANSPLANTATION OF KIDNEY	UNSP NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	Facility	Approved	1		0		0
TRANSPLANTATION OF KIDNEY	UNSPECIFIED CIRRHOSIS OF LIVER	Ancillary	Approved	2		0		0
TRANSPLANTATION OF LIVER	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	AUTOIMMUNE HEPATITIS	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	CHOLANGITIS	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	DISEASE OF BILIARY TRACT, UNSPECIFIED	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Facility	Approved	2		0		0
TRANSPLANTATION OF LIVER	LIVER CELL CARCINOMA	Multi-Specialty Group	Approved	1		0		0
TRANSPLANTATION OF LIVER	LIVER DISEASE, UNSPECIFIED	Facility	Approved	2		0		0
TRANSPLANTATION OF LIVER	OTHER CIRRHOSIS OF LIVER	Facility	Approved	5		0		0
TRANSPLANTATION OF LIVER	PRIMARY SCLEROSING CHOLANGITIS	Facility	Approved	1		0		0
TRANSPLANTATION OF LIVER	UNSPECIFIED CIRRHOSIS OF LIVER	Facility	Approved	4		0		0
TRANSPLT ALLO HCT/DONOR	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	Facility	Approved	2		0		0
TRANSPLT ALLO HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	7		0		0

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TRANSPLT ALLO HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Other	Approved	1		0		0
TRANSPLT ALLO HCT/DONOR	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	4		0		0
TRANSPLT ALLO HCT/DONOR	STEM CELLS TRANSPLANT STATUS	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	Facility	Approved	3		0		0
TRANSPLT AUTOL HCT/DONOR	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	4		0		0
TRANSPLT AUTOL HCT/DONOR	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	6		0		0
TRANSPLT AUTOL HCT/DONOR	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Facility	Approved	3		0		0
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA IN RELAPSE	Facility	Approved	5		0		0
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA IN REMISSION	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Facility	Approved	8		0		0
TRANSPLT AUTOL HCT/DONOR	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	Facility	Approved	4		0		0
TRANSPLT AUTOL HCT/DONOR	OTHER HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	Facility	Approved	1		0		0
TRANSPLT AUTOL HCT/DONOR	OTHER NON-FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	Facility	Approved	2		0		0
TRANSPLT AUTOL HCT/DONOR	SEPSIS, UNSPECIFIED ORGANISM	Facility	Approved	1		0		0
TRANSVAGINAL US NON-OB	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
TRANSVAGINAL US OBSTETRIC	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
TREAT CLAVICLE DISLOCATION	DISLOCATION OF R ACROMIOCLAV JT, > 200% DISPLACMNT, INIT	Ancillary	Approved	1		0		0
TREAT CLAVICLE DISLOCATION	FRACTURE OF UNSP PART OF RIGHT CLAVICLE, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT CLAVICLE DISLOCATION	UNSPECIFIED SUBLUXATION OF LEFT SHOULDER JOINT, SUBS ENCNTR	Ancillary	Approved	1		0		0
TREAT ECTOPIC PREGNANCY	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY	Facility	Approved	1		0		0
TREAT ELBOW FRACTURE	POSTERIOR DISLOCATION OF RIGHT RADIAL HEAD, INIT ENCNTR	Facility	Approved	1		0		0
TREAT FRACTURE OF ULNA	COLLES' FRACTURE OF RIGHT RADIUS, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT FRACTURE OF ULNA	DISP FX OF OLECRAN PRO W/O INTARTIC EXTN RIGHT ULNA, INIT	Ancillary	Approved	1		0		0
TREAT FRACTURE OF ULNA	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF RIGHT ULNA, INIT	Ancillary	Approved	1		0		0
TREAT FRACTURE OF ULNA	NONDISPLACED TRANSVERSE FRACTURE OF SHAFT OF LEFT ULNA, INIT	Ancillary	Approved	1		0		0
TREAT FRACTURE OF ULNA	UNSP FRACTURE OF SHAFT OF RIGHT ULNA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT FRACTURE RADIUS/ULNA	OTH FRACTURE OF LOWER END OF RIGHT ULNA, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT FRACTURE RADIUS/ULNA	UNSP FRACTURE OF SHAFT OF RIGHT RADIUS, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT HEEL FRACTURE	DISPLACED INTRAARTICULAR FRACTURE OF RIGHT CALCANEUS, INIT	Ancillary	Approved	1		0		0
TREAT HUMERUS FRACTURE	ANTERIOR DISLOCATION OF RIGHT HUMERUS, INITIAL ENCOUNTER	Facility	Approved	1		0		0
TREAT HUMERUS FRACTURE	OTH DISP FX OF UPPER END OF RIGHT HUMERUS, INIT FOR CLOS FX	Facility	Denied	1	Services are not medically necessary	1		0

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TREAT HUMERUS FRACTURE	UNSP FRACTURE OF SHAFT OF HUMERUS, LEFT ARM, INIT	Facility	Approved	1		0		0
TREAT KNEE FRACTURE	DISP FX OF RIGHT TIBIAL TUBEROSITY, INIT FOR CLOS FX	Ancillary	Approved	1		0		0
TREAT KNEECAP FRACTURE	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS, INIT ENCNTR	Facility	Approved	1		0		0
TREAT LOWER JAW FRACTURE	OTHER CHRONIC OSTEOMYELITIS, OTHER SITE	Facility	Approved	1		0		0
TREAT METACARPAL FRACTURE	PAIN IN RIGHT HAND	Ancillary	Denied	1	Services are not medically necessary	1		0
TREAT MOUTH ROOF FRACTURE	FRACTURE OF NASAL BONES, INITIAL ENCOUNTER FOR OPEN FRACTURE	Ancillary	Approved	1		0		0
TREAT PELVIC RING FRACTURE	FRACTURE OF UNSP PARTS OF LUMBOSACRAL SPINE AND PELVIS, INIT	Facility	Approved	2		0		0
TREAT SPINE FRACTURE	UNSP FRACTURE OF T9-T10 VERTEBRA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREAT THIGH FRACTURE	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INIT	Facility	Approved	1		0		0
TREAT THIGH FRACTURE	FRACTURE OF UNSP PART OF NECK OF RIGHT FEMUR, INIT	Facility	Approved	1		0		0
TREAT THIGH FRACTURE	PAIN IN RIGHT HIP	Other	Approved	1		0		0
TREAT WRIST BONE FRACTURE	PAIN IN RIGHT HAND	Ancillary	Denied	1	Services are not medically necessary	1		0
TREAT WRIST DISLOCATION	UNSP FRACTURE OF THE LOWER END OF LEFT RADIUS, INIT	Facility	Approved	1		0		0
TREATMENT MOUTH ROOF LESION	SNORING	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
TREATMENT OF ANKLE FRACTURE	DISP FX OF LATERAL MALLEOLUS OF RIGHT FIBULA, INIT	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INIT	Pediatrics	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	DISPLACED TRIMALLEOL FX L LOW LEG, INIT FOR OPN FX TYPE I/2	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	OTH FRACTURE OF RIGHT LOWER LEG, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	OTH FX UPR & LOW END R FIBULA, SUBS FOR CLOS FX W ROUTN HEAL	Facility	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, INIT ENCNTR	Ancillary	Approved	1		0		0
TREATMENT OF ANKLE FRACTURE	UNSP FRACTURE OF SHAFT OF RIGHT FIBULA, INIT FOR CLOS FX	Facility	Approved	1		0		0
TREATMENT OF THIGH FRACTURE	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED KNEE	Other	Approved	1		0		0
TREATMENT OF THIGH FRACTURE	UNSP FRACTURE OF LEFT FEMUR, INIT ENCNTR FOR CLOSED FRACTURE	Facility	Approved	1		0		0
TREATMENT OF TIBIA FRACTURE	ANEMIA, UNSPECIFIED	Facility	Approved	1		0		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Gerontological Nurse Practitioner	Approved	1		0		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Internal Medicine	Approved	2		0		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Pulmonary Disease	Approved	1		0		0
TRELEGY ELLIPTA 100-62.5-25	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Registered Nurse	Denied	1	Services are not medically necessary	1		0
TREMFYA	OTHER PSORIASIS	Dermatology		0		0	Denied	1
TREMFYA	Psoriasis vulgaris	Dermatology		0		0	Approved	1
TREMFYA	PSORIASIS VULGARIS	Dermatology		0		0	Denied	1
TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Dermatology	Denied	1	Services are not medically necessary	1		0

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TREMFYA 100 MG/ML INJECTOR	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
TREMFYA 100 MG/ML SYRINGE		Dermatology	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML SYRINGE	OTHER PSORIASIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Approved	4		0		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Dermatology	Denied	3	Services are not medically necessary	3		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS VULGARIS	Physician Assistant	Approved	1		0		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Dermatology	Approved	1		0		0
TREMFYA 100 MG/ML SYRINGE	PSORIASIS, UNSPECIFIED	Physician Assistant	Approved	1		0		0
TRESIBA	Type 1 diabetes mellitus with hyperglycemia	Emergency Medicine		0		0	Approved	1
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Endocrinology And Metabolism	Approved	2		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	Endocrinology And Metabolism	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	Family Medicine	Approved	1		0		0
TRESIBA FLEXTOUCH 200 UNIT/ML	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	Endocrinology And Metabolism	Approved	1		0		0
TRETINOIN	LICHEN PLANOPILARIS	Dermatology		0		0	Denied	2
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Dermatology	Approved	9		0		0
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Family Medicine	Approved	1		0		0
TRETINOIN 0.025% CREAM	ACNE VULGARIS	Internal Medicine	Approved	1		0		0
TRETINOIN 0.025% CREAM	ACNE, UNSPECIFIED	Dermatology	Approved	1		0		0
TRETINOIN 0.025% CREAM	ACNE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRETINOIN 0.025% CREAM	DISORDER OF PIGMENTATION, UNSPECIFIED	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	ENCOUNTER FOR COSMETIC SURGERY	Physician	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	EPIDERMAL CYST	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	LICHEN PLANOPILARIS	Dermatology	Denied	2	Services are not medically necessary	2		0
TRETINOIN 0.025% CREAM	OTH ACUTE SKIN CHANGES DUE TO ULTRAVIOLET RADIATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTH SKIN CHANGES DUE TO CHR EXPSR TO NONIONIZING RADIATION	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	OTHER SEBORRHEIC KERATOSIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.025% CREAM	UNSPECIFIED CONTACT DERMATITIS DUE TO COSMETICS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	ACNE	Obstetrics/Gynecology	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Dermatology	Approved	5		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Physician	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE VULGARIS	Physician Assistant	Approved	1		0		0
TRETINOIN 0.05% CREAM	ACNE, UNSPECIFIED	Family Medicine	Approved	3		0		0
TRETINOIN 0.05% CREAM	ACTINIC KERATOSIS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	OTHER ACNE	Family Medicine	Approved	1		0		0
TRETINOIN 0.05% CREAM	OTHER ATROPHIC DISORDERS OF SKIN	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	OTHER MELANIN HYPERPIGMENTATION	Dermatology	Approved	1		0		0
TRETINOIN 0.05% CREAM	OTHER MELANIN HYPERPIGMENTATION	Dermatology	Denied	2	Services are not medically necessary	2		0
TRETINOIN 0.05% CREAM	OTHER MELANIN HYPERPIGMENTATION	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.05% CREAM	PERSONAL HISTORY OF DISEASES OF THE SKIN, SUBCU	Dermatology	Approved	1		0		0
TRETINOIN 0.05% CREAM	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Dermatology	Approved	1		0		0
TRETINOIN 0.1% CREAM	ACNE VULGARIS	Dermatology	Approved	2		0		0
TRETINOIN 0.1% CREAM	ACTINIC KERATOSIS	Dermatology	Approved	1		0		0
TRETINOIN 0.1% CREAM	ACTINIC KERATOSIS	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN 0.1% CREAM	DERANGEMENT OF UNSP MENISCUS DUE TO OLD TEAR/INJ, LEFT KNEE	Family Medicine	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
TRETINOIN GEL MICRO 0.04% PUMP	SCAR CONDITIONS AND FIBROSIS OF SKIN	Dermatology	Denied	1	Services are not medically necessary	1		0
TRETINOIN GEL MICRO 0.04% TUBE	ACNE, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRETINOIN GEL MICRO 0.1% TUBE	ACNE VULGARIS	Dermatology	Approved	1		0		0
TRETINOIN GEL MICRO 0.1% TUBE	ACNE VULGARIS	Family Medicine	Approved	1		0		0
TRETINOIN GEL MICRO 0.1% TUBE	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	Family Medicine	Denied	1	Services are not medically necessary	1		0
TREXIMET 10-60 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED	Ancillary	Approved	1		0		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	Ancillary	Denied	1	Services are not medically necessary	1		0
TRGT GEN SEQ DNA 324 GENES	MALIGNANT NEOPLASM OF THYMUS	Ancillary	Denied	1	Services are not medically necessary	1		0
TRIAMCINOLONE 0.1% OINTMENT	INTRINSIC (ALLERGIC) ECZEMA	Family Medicine	Approved	1		0		0
TRIAMCINOLONE 0.1% OINTMENT	PSORIASIS, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TRIKAFTA 100/50/75 MG-150 MG	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
TRIKAFTA 100/50/75 MG-150 MG	CYSTIC FIBROSIS, UNSPECIFIED	Pulmonary Disease	Approved	2		0		0
TRIKAFTA 100/50/75 MG-150 MG	CYSTIC FIBROSIS, UNSPECIFIED	Pulmonary Disease	Denied	1	Services are not medically necessary	1		0
TRINTELLIX	Major depressive disorder, recurrent severe without psychotic features	Psychiatry		0		0	Approved	1
TRINTELLIX 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	Psychiatry	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Nurse Practitioner Primary Care	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Physician	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Internal Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	2		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Nurse Practitioner	Approved	1		0		0
TRINTELLIX 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	4		0		0
TRINTELLIX 10 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET		Physician	Approved	1		0		0
TRINTELLIX 20 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	DYSTHYMIC DISORDER	Pediatrics	Approved	1		0		0
TRINTELLIX 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Physician Assistant	Denied	1	Services are not medically necessary	1		0

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TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	Psychiatry	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Pediatrics, Developmental-Behavioral	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	2		0		0
TRINTELLIX 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Psychiatry	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Physician	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 5 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Physician	Approved	1		0		0
TRINTELLIX 5 MG TABLET	BIPOLAR II DISORDER	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Physician	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Family Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Nurse Practitioner	Approved	1		0		0
TRINTELLIX 5 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
TRLUML BALO ANGIOP 1ST VEIN	COMPRESSION OF VEIN	Surgery, Vascular	Approved	1		0		0
TRLUML BALO ANGIOP 1ST VEIN	COMPRESSION OF VEIN	Vascular & Interventional Radiology	Approved	1		0		0
TRLUML BALO ANGIOP ADDL VEIN	COMPRESSION OF VEIN	Surgery, Vascular	Approved	1		0		0
TRLUML BALO ANGIOP ADDL VEIN	COMPRESSION OF VEIN	Vascular & Interventional Radiology	Approved	1		0		0
TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0

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TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
TROKENDI XR 100 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 200 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 25 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Psychiatry	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
TROKENDI XR 50 MG CAPSULE	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
TRUE METRIX GLUCOSE TEST STRIP	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Family Medicine	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Gastroenterology	Denied	2	Services are not medically necessary	2		0
TRULANCE 3 MG TABLET	CHRONIC IDIOPATHIC CONSTIPATION	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
TRULANCE 3 MG TABLET	CONSTIPATION, UNSPECIFIED	Gastroenterology	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Nurse Practitioner	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Family Medicine	Approved	1		0		0
TRULICITY 1.5 MG/0.5 ML PEN	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Physician	Denied	1	Services are not medically necessary	1		0
TRURL DSTRJ PRST8 TISS RF WV	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	6	Services are not medically necessary	6		0
TRURL DSTRJ PRST8 TISS RF WV	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINRY TRACT SYMP	Urology	Denied	1	Services are not medically necessary	1		0
TTE W/DOPPLER COMPLETE	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	Facility	Approved	1		0		0
TTE W/DOPPLER COMPLETE	VENTRICULAR TACHYCARDIA	Radiology	Approved	1		0		0
TUDORZA PRESSAIR 400 MCG INHAL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
TX ATRIAL FIB PULM VEIN ISOL	ATYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	CHRONIC ATRIAL FIBRILLATION	Emergency Medicine	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	OTHER PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	PAROXYSMAL ATRIAL FIBRILLATION	Facility	Approved	10		0		0
TX ATRIAL FIB PULM VEIN ISOL	PERSISTENT ATRIAL FIBRILLATION	Facility	Approved	6		0		0
TX ATRIAL FIB PULM VEIN ISOL	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
TX ATRIAL FIB PULM VEIN ISOL	TYPICAL ATRIAL FLUTTER	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	6		0		0
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Denied	1	Services are not medically necessary	1		0
TX ATRIAL FIB PULM VEIN ISOL	UNSPECIFIED ATRIAL FLUTTER	Facility	Approved	1		0		0
TX ATRIAL FIB PULM VEIN ISOL	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Denied	2	Services are not medically necessary	2		0
TX L/R ATRIAL FIB ADDL	CHRONIC ATRIAL FIBRILLATION	Emergency Medicine	Approved	1		0		0
TX L/R ATRIAL FIB ADDL	PAROXYSMAL ATRIAL FIBRILLATION	Cardiovascular Disease	Approved	1		0		0
TX L/R ATRIAL FIB ADDL	SUPRAVENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
TX L/R ATRIAL FIB ADDL	UNSPECIFIED ATRIAL FIBRILLATION	Facility	Approved	1		0		0
TX L/R ATRIAL FIB ADDL	VENTRICULAR PREMATURE DEPOLARIZATION	Facility	Denied	1	Services are not medically necessary	1		0

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TYKERB 250 MG TABLET	MALIGNANT NEOPLASM OF OVRLP SITES OF LEFT FEMALE BREAST	Surgery, Orthopedic	Approved	1		0		0
UCERIS 2 MG RECTAL FOAM	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
ULTRALIGHTWEIGHT WHEELCHAIR	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	MULTIPLE SCLEROSIS	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	QUADRIPLEGIA, C5-C7 INCOMPLETE	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	SHORT STATURE DUE TO ENDOCRINE DISORDER	Ancillary	Approved	1		0		0
ULTRALIGHTWEIGHT WHEELCHAIR	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
ULTRASOUND THERAPY	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
ULTRASOUND THERAPY	PAIN IN LEFT FOOT	Physical Therapy	Denied	2	Services are not medically necessary	2		0
UMBILICAL ARTERY ECHO	MATERNAL CARE FOR OTH FETAL ABNORMALITY AND DAMAGE, UNSP	Facility	Denied	1	Services are not medically necessary	1		0
UNCLASSIFIED BIOLOGICS	AGE-RELATED OSTEOPOR W CURRENT PATH FRACTURE, SHOULDER	Ancillary	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]	Oncology	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	PSORIASIS VULGARIS	Rheumatology	Approved	1		0		0
UNCLASSIFIED BIOLOGICS	UNSPECIFIED ASTHMA, UNCOMPLICATED	Ancillary	Approved	1		0		0
Unlisted CT procedure (eg, diagnostic, interventional)	HYPERLIPIDEMIA UNSPECIFIED	INTERNAL MEDICINE	Denied	1	Services are not medically necessary	1		0
Unlisted CT procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
UNLISTED E&M SERVICE	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Endocrinology And Metabolism	Approved	4		0		0
UNLISTED E&M SERVICE	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND	Gastroenterology	Approved	1		0		0
UNLISTED E&M SERVICE	MYELITIS, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
UNLISTED MAAA	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Denied	1	Services are not medically necessary	1		0
UNLISTED MAAA	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Oncology	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ABNORMAL ELECTROENCEPHALOGRAM [EEG]	Facility	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	DISORDER OF ADRENAL GLAND, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	EOSINOPHILIA	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	18		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	4	Services are not medically necessary	4		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Approved	7		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF ORGANS OR SYSTEMS	Ancillary	Denied	3	Services are not medically necessary	3		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	6		0		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Approved	1		0		0

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UNLISTED MOLECULAR PATHOLOGY	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	Hematology	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	Oncology	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF PROSTATE	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF RIGHT OVARY	Multi-Specialty Group	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Approved	3		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Ancillary	Approved	2		0		0
UNLISTED MOLECULAR PATHOLOGY	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	MATERNAL CARE FOR (SUSPECTED) CNSL MALFORM IN FETUS, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	MATERNAL CARE FOR CHROMOSOMAL ABNORMALITY IN FETUS, UNSP	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	OTHER ELEVATED WHITE BLOOD CELL COUNT	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	OTHER LONG TERM (CURRENT) DRUG THERAPY	Ancillary	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF COLONIC POLYPS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Approved	12		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Ancillary	Denied	2	Services are not medically necessary	2		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PANCREAS	Ancillary	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	PRURITUS, UNSPECIFIED	Facility	Approved	1		0		0
UNLISTED MOLECULAR PATHOLOGY	SECONDARY POLYCYTHEMIA	Oncology	Denied	1	Services are not medically necessary	1		0
UNLISTED MOLECULAR PATHOLOGY	VENTRICULAR TACHYCARDIA	Facility	Denied	1	Services are not medically necessary	1		0
Unlisted MR procedure (eg, diagnostic, interventional)	LOW BACK PAIN	PHYSICAL MEDICINE & REHABILITATION	Denied	1	Services are not medically necessary	1		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	NEUROSURGERY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF NASAL CAVITY	RADIATION ONCOLOGY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Approved	4		0		0

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Unlisted MR procedure (eg, diagnostic, interventional)	MALIGNANT NEOPLASM OF PROSTATE	RADIATION ONCOLOGY	Denied	1	Services are not medically necessary	1		0
Unlisted MR procedure (eg, diagnostic, interventional)	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	NEUROSURGERY	Approved	1		0		0
Unlisted MR procedure (eg, diagnostic, interventional)	Unknown	UROLOGY	Denied	1	Services are not medically necessary	1		0
UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	FX UNSPECIFIED PART OF BODY OF RIGHT MANDIBLE, SEQUELA	Surgery, Oral And Maxillofacial	Denied	1	Services are not medically necessary	1		0
UPPER EXTREMITY PROSTHES NOS	CONGENITAL ABSENCE OF BOTH FOREARM AND HAND, LEFT UPPER LIMB	Ancillary	Denied	13	Services are not medically necessary	13		0
UPPER GI ENDOSCOPY PERFORMED	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Facility	Approved	1		0		0
UPR/L XTREMITY ART 2 LEVELS	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
UROLOGY SURGERY PROCEDURE	RETRACTILE TESTIS	Ancillary	Approved	1		0		0
USTEKINUMAB SUB CU INJ, 1 MG	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Facility	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Ancillary	Approved	2		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Facility	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	Ancillary	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	Oncology	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Family Nurse Practitioner Primary Care	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
USTEKINUMAB, IV INJECT, 1 MG	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Ancillary	Approved	1		0		0
UTIBRON NEOHALER 27.5-15.6 MCG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Physician Assistant	Approved	1		0		0
UTIBRON NEOHALER 27.5-15.6 MCG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	Physician Assistant	Denied	1	Services are not medically necessary	1		0
UVL PNL 2 SQ FT OR LESS	PSORIASIS VULGARIS	Ancillary	Approved	1		0		0
VAG HYST W/T/O & VAG REPAIR	LEIOMYOMA OF UTERUS, UNSPECIFIED	Facility	Approved	1		0		0
VALCYTE 50 MG/ML SOLUTION		Pediatric Gastroenterology	Denied	1	Services are not medically necessary	1		0
VALCYTE 50 MG/ML SOLUTION	CONGENITAL CYTOMEGALOVIRUS INFECTION	Physician Assistant	Approved	1		0		0
VALCYTE 50 MG/ML SOLUTION	LIVER TRANSPLANT STATUS	Pediatric Gastroenterology	Approved	1		0		0
VANIQA 13.9% CREAM	HIRSUTISM	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
VASC EMBOLIZE/OCCLUDE VENOUS	ARTERIOVENOUS MALFORMATION OF VESSEL OF UPPER LIMB	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	COMPRESSION OF VEIN	Vascular & Interventional Radiology	Denied	1	Services are not medically necessary	1		0
VASC EMBOLIZE/OCCLUDE VENOUS	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSP	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	OTH CONGEN MALFORM OF LOWER LIMB(S), INCLUDING PELVIC GIRDLE	Facility	Approved	1		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	OTH CONGEN MALFORM OF UPPER LIMB(S), INC SHOULDER GIRDLE	Facility	Approved	3		0		0
VASC EMBOLIZE/OCCLUDE VENOUS	PELVIC AND PERINEAL PAIN	Facility	Denied	1	Services are not medically necessary	1		0
VASC GRAFT INTO CARPAL BONE	KIENBOCK'S DISEASE OF ADULTS	Ancillary	Approved	1		0		0

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VASCEPA 1 GM CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Cardiovascular Disease	Denied	1	Services are not medically necessary	1		0
VASCULAR STUDY	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	MALIGNANT NEOPLASM OF RETROPERITONEUM	Other	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF BI LOW EXTREM W OTH COMPLICATIONS	Family Medicine	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF L LOW EXTREM WITH OTHER COMPLICATIONS	Surgery, Thoracic	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	Radiology	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	VARICOSE VEINS OF R LOW EXTREM WITH OTHER COMPLICATIONS	Radiology	Approved	1		0		0
VASCULAR SURGERY PROCEDURE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Facility	Denied	1	Services are not medically necessary	1		0
VASCULAR SURGERY PROCEDURE	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	Surgery, Vascular	Denied	1	Services are not medically necessary	1		0
VASOPNEUMATIC DEVICE THERAPY	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Facility	Approved	1		0		0
VELAGLUCERASE ALFA	GAUCHER DISEASE	Ancillary	Approved	2		0		0
VENCLEXTA STARTING PACK	CHRONIC LYMPHOCYTIC LEUK OF B-CELL TYPE NOT ACHIEVE REMIS	Hematology	Approved	1		0		0
VENCLEXTA STARTING PACK	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE	Hematology	Approved	1		0		0
VENCLEXTA STARTING PACK	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	Oncology	Approved	1		0		0
VENLAFAXINE HCL ER 150 MG CAP		Psychiatry	Denied	1	Services are not medically necessary	1		0
VENLAFAXINE HCL ER 75 MG CAP	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Family Medicine	Approved	1		0		0
VENTOLIN HFA 90 MCG INHALER	ACUTE BRONCHOSPASM	Family Medicine	Approved	1		0		0
VENTOLIN HFA 90 MCG INHALER	COUGH	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	Family Medicine	Approved	1		0		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Approved	1		0		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	Family Medicine	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	2		0		0
VENTOLIN HFA 90 MCG INHALER	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VENTOLIN HFA 90 MCG INHALER	UNSPECIFIED CHRONIC BRONCHITIS	Family Medicine	Denied	1	Services are not medically necessary	1		0
VERZENIO 100 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Internal Medicine	Approved	1		0		0
VERZENIO 150 MG TABLET	MALIG NEOPLM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	Internal Medicine	Approved	1		0		0
VERZENIO 150 MG TABLET	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	Oncology	Approved	1		0		0
VESICARE 10 MG TABLET	URGE INCONTINENCE	Urology	Denied	1	Services are not medically necessary	1		0
VESICARE 5 MG TABLET	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP	Urology	Denied	1	Services are not medically necessary	1		0
VICTOZA 3-PAK 18 MG/3 ML PEN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Family Medicine	Approved	1		0		0
VIIBRYD	Major depressive disorder, recurrent, moderate	Behavioral Nurse		0		0	Approved	1
VIIBRYD 10 MG TABLET	ANXIETY DISORDER, UNSPECIFIED	Internal Medicine	Approved	1		0		0
VIIBRYD 10 MG TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Family Medicine	Approved	1		0		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0

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VIIBRYD 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Psychiatry	Approved	1		0		0
VIIBRYD 10 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	GENERALIZED ANXIETY DISORDER	Psychiatry	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Internal Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Psychiatry	Approved	3		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	Family Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Physician	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Internal Medicine	Denied	2	Services are not medically necessary	2		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	Physician	Approved	1		0		0
VIIBRYD 20 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
VIIBRYD 20 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Physician	Denied	1	Services are not medically necessary	1		0
VIIBRYD 40 MG TABLET	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Family Medicine	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Family Medicine	Approved	2		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	Psychiatry	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	Nurse Practitioner	Approved	1		0		0
VIIBRYD 40 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Nurse	Approved	2		0		0
VIIBRYD 40 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Nurse Practitioner	Approved	1		0		0
VIIBRYD 40 MG TABLET	OTHER SPECIFIED ANXIETY DISORDERS	Family Medicine	Approved	2		0		0
VIMOVO DR 500-20 MG TABLET	PAIN IN UNSPECIFIED FOOT	Podiatry	Denied	1	Services are not medically necessary	1		0
VIMOVO DR 500-20 MG TABLET	PLANTAR FASCIAL FIBROMATOSIS	Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0
VIMPAT 10 MG/ML SOLUTION	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Nurse Practitioner	Approved	1		0		0
VIMPAT 100 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Internal Medicine	Approved	1		0		0
VIMPAT 100 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0

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VIMPAT 100 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PRT SEIZ,NOT NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
VIMPAT 100 MG TABLET	OTHER GENERAL SYMPTOMS AND SIGNS	Neurology	Approved	1		0		0
VIMPAT 100 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	1		0		0
VIMPAT 150 MG TABLET	EPILEPSY, UNSP, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Neurology	Denied	1	Services are not medically necessary	1		0
VIMPAT 150 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Psychiatry	Approved	1		0		0
VIMPAT 200 MG TABLET	EPILEPTIC SEIZ REL TO EXTRN CAUSES, NOT NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
VIMPAT 200 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W STAT EPI	Neurology	Approved	1		0		0
VIMPAT 200 MG TABLET	LOCAL-REL IDIO EPI W SEIZ OF LOC ONSET, NTRCT, W/O STAT EPI	Neurology	Approved	1		0		0
VIMPAT 200 MG TABLET	OTHER SEIZURES	Neurology	Approved	1		0		0
VIMPAT 200 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	1		0		0
VIMPAT 50 MG TABLET	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Pediatric Neurology	Approved	1		0		0
VIMPAT 50 MG TABLET	LOCAL-REL SYMPTC EPI W SIMP PART SEIZ, NOT NTRCT, W STAT EPI	Neurology	Approved	1		0		0
VIMPAT 50 MG TABLET	UNSPECIFIED CONVULSIONS	Neurology	Approved	1		0		0
VIVELLE-DOT 0.1 MG PATCH	SUPRVSN OF PREG RSLT FROM ASSISTED REPRODCTV TECH, FIRST TRI	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
VIVLODEX 10 MG CAPSULE	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VIVLODEX 5 MG CAPSULE	PLANTAR FASCIAL FIBROMATOSIS	Podiatry	Denied	1	Services are not medically necessary	1		0
VOLTAREN 1% GEL	PAIN IN RIGHT SHOULDER	Family Medicine	Approved	1		0		0
VOLTAREN 1% GEL	PAIN IN UNSPECIFIED JOINT	Radiation Oncology	Denied	1	Services are not medically necessary	1		0
VORICONAZOLE 200 MG TABLET	CHRONIC SINUSITIS, UNSPECIFIED	Family Nurse Practitioner	Approved	2		0		0
VRAYLAR	BIPOLAR DISORDER, UNSPECIFIED	Family Medicine		0		0	Approved	1
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE MANIC W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Behavioral Nurse	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Family Medicine	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	BIPOLAR II DISORDER	Behavioral Nurse	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	GENERALIZED ANXIETY DISORDER	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Family Medicine	Approved	1		0		0
VRAYLAR 1.5 MG CAPSULE	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
VRAYLAR 1.5 MG-3 MG PACK	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC	Internal Medicine	Approved	1		0		0
VRAYLAR 1.5 MG-3 MG PACK	BIPOLAR II DISORDER	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VRAYLAR 3 MG CAPSULE		Behavioral Nurse	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	BIPOLAR DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
VRAYLAR 3 MG CAPSULE	BIPOLAR II DISORDER	Internal Medicine	Approved	1		0		0
VRAYLAR 6 MG CAPSULE	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MODERATE	Psychiatry	Approved	1		0		0
VYLEESI 1.75 MG/0.3 ML AUTOINJ	HYPOACTIVE SEXUAL DESIRE DISORDER	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
VYVANSE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine		0		0	Approved	1
Vyvanse	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse		0		0	Approved	1
VYVANSE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry		0		0	Approved	1
VYVANSE 10 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	2	Services are not medically necessary	2		0

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VYVANSE 10 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 10 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 10 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
VYVANSE 10 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	2		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician Assistant	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	2		0		0
VYVANSE 20 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	BINGE EATING DISORDER	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	ORTHOSTATIC HYPOTENSION	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 20 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 20 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 30 MG CAPSULE		Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Behavioral Nurse	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Approved	2		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	2		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	3		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	3		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	2		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician Assistant	Approved	1		0		0
VYVANSE 30 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	2		0		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Emergency Medicine	Approved	1		0		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Nurse Practitioner	Approved	1		0		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	1		0		0
VYVANSE 30 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CAPSULE	BIPOLAR II DISORDER	Behavioral Nurse	Approved	1		0		0
VYVANSE 30 MG CAPSULE	BIPOLAR II DISORDER	Behavioral Nurse	Denied	2	Services are not medically necessary	2		0
VYVANSE 30 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSP	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 30 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	2	Services are not medically necessary	2		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
VYVANSE 30 MG CHEWABLE TABLET	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE		Surgery, Plastic	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Behavioral Nurse	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Nurse Practitioner	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Nurse Practitioner	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	Pediatrics	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	3		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Denied	3	Services are not medically necessary	3		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	2		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Nurse Practitioner	Approved	1		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	2		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician Assistant	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	3		0		0
VYVANSE 40 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	BINGE EATING DISORDER	Gynecology (No OB)	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	2		0		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0
VYVANSE 40 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Psychiatry	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION AND CONCENTRATION DEFICIT	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Physician	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	2		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	2		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	1	Services are not medically necessary	1		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	3		0		0
VYVANSE 50 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	BINGE EATING DISORDER	Psychiatry	Approved	1		0		0
VYVANSE 50 MG CAPSULE	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	Emergency Medicine	Approved	1		0		0
VYVANSE 50 MG CAPSULE	OTH BEHAV/EMOTN DISORD W ONSET USLY OCCUR IN CHLDHD AND ADOL	Internal Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Psychiatry, Child & Adolescent	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM HYPERACTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Behavioral Nurse	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Internal Medicine	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Pediatrics	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Physician	Denied	2	Services are not medically necessary	2		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	1		0		0
VYVANSE 60 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 60 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Approved	1		0		0
VYVANSE 60 MG CHEWABLE TABLET	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Denied	2	Services are not medically necessary	2		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	Psychiatry	Approved	3		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Family Medicine	Approved	2		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Pediatrics	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	Physician	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Medicine	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Family Nurse Practitioner Primary Care	Approved	1		0		0
VYVANSE 70 MG CAPSULE	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE	Psychiatry	Approved	3		0		0
VYVANSE 70 MG CAPSULE	BINGE EATING DISORDER	Family Medicine	Approved	2		0		0
VYVANSE 70 MG CAPSULE	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	Psychiatry	Denied	1	Services are not medically necessary	1		0
VYVANSE 70 MG CAPSULE	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
Vyvanse IF	Attention-deficit hyperactivity disorder, combined type	Psychiatry		0		0	Approved	1
VYZULTA 0.024% OPHTH SOLUTION	GLAUCOMATOUS OPTIC ATROPHY, BILATERAL	Ophthalmology	Denied	1	Services are not medically necessary	1		0
VYZULTA 0.024% OPHTH SOLUTION	OTHER GENERAL SYMPTOMS AND SIGNS	Optometry	Denied	1	Services are not medically necessary	1		0
WAVESENSE PRESTO TEST STRIPS	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Internal Medicine	Denied	1	Services are not medically necessary	1		0
WEDGE BIOPSY OF LIVER	INTRA-ABD AND PELVIC SWELLING, MASS AND LUMP, UNSP SITE	Facility	Approved	1		0		0
WELLBUTRIN XL	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry		0		0	Approved	1
WELLBUTRIN XL 150 MG TABLET	ENCOUNTER FOR SCREENING FOR DEPRESSION	Psychology	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 150 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Psychiatry	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 300 MG TABLET		Family Medicine	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 300 MG TABLET	DYSTHYMIC DISORDER	Psychiatry	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	GENERALIZED ANXIETY DISORDER	Behavioral Nurse	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION	Behavioral Nurse	Denied	1	Services are not medically necessary	1		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Behavioral Nurse	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Behavioral Nurse	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Physician Assistant	Approved	1		0		0
WELLBUTRIN XL 300 MG TABLET	OTHER RECURRENT DEPRESSIVE DISORDERS	Family Medicine	Denied	1	Services are not medically necessary	1		0
WHEELCHAIR MNGMENT TRAINING	FUNCTIONAL QUADRIPLEGIA	Family Medicine	Denied	1	Services are not medically necessary	1		0
WHEELCHAIR MNGMENT TRAINING	MULTIPLE SCLEROSIS	Occupational Therapy	Approved	1		0		0
WHOLE MITOCHONDRIAL GENOME	GENERALIZED IDIOPATHIC EPILEPSY, INTRACTABLE, W/O STAT EPI	Facility	Denied	1	Services are not medically necessary	1		0
WHOLE MITOCHONDRIAL GENOME	METABOLIC DISORDER, UNSPECIFIED	Ancillary	Denied	1	Services are not medically necessary	1		0
WHOLE MITOCHONDRIAL GENOME	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA, BILATERAL	Ancillary	Approved	1		0		0
WOUND PREP F/N/HF/G	BASAL CELL CARCINOMA OF SKIN OF NOSE	Facility	Approved	1		0		0
WOUND PREP TRK/ARM/LEG	UNSPECIFIED OPEN WOUND, LEFT KNEE, SUBSEQUENT ENCOUNTER	Facility	Denied	1	Services are not medically necessary	1		0
XCAPSL CTRC RMVL W/O ECP	PIGMENTARY GLAUCOMA, LEFT EYE, MODERATE STAGE	Ancillary	Denied	1	Services are not medically necessary	1		0
XELJANZ 10 MG TABLET	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Gastroenterology	Approved	1		0		0
XELJANZ 10 MG TABLET	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Nurse Practitioner	Approved	1		0		0
XELJANZ 10 MG TABLET	VITILIGO	Dermatology	Denied	1	Services are not medically necessary	1		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
XELJANZ 5 MG TABLET		Gastroenterology	Approved	1		0		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
XELJANZ 5 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
XELJANZ XR 11 MG TABLET	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Rheumatology	Approved	3		0		0
XELJANZ XR 11 MG TABLET	PSORIATIC SPONDYLITIS	Internal Medicine	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Family Nurse Practitioner	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Rheumatology	Approved	2		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Rheumatology	Approved	1		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Rheumatology	Approved	3		0		0
XELJANZ XR 11 MG TABLET	RHEUMATOID ARTHRITIS, UNSPECIFIED	Rheumatology	Approved	2		0		0
XERESE 5%-1% CREAM	HERPESVIRAL INFECTION, UNSPECIFIED	Physician	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	CHRONIC PANSINUSITIS	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	CHRONIC SINUSITIS, UNSPECIFIED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XHANCE 93 MCG NASAL SPRAY	POLYP OF NASAL CAVITY	Otolaryngology (Ear, Nose, And Throat)	Denied	3	Services are not medically necessary	3		0
XIFAXAN 550 MG TABLET	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Family Medicine	Approved	1		0		0
XIFAXAN 550 MG TABLET	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Family Medicine	Approved	1		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Gastroenterology	Approved	2		0		0
XIFAXAN 550 MG TABLET	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	Physician Assistant	Approved	2		0		0
XIFAXAN 550 MG TABLET	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Gastroenterology	Approved	1		0		0
XIIDRA 5% EYE DROPS	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Optometry	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG VIAL	ALLERGIC RHINITIS DUE TO POLLEN	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
XOLAIR 150 MG VIAL	IDIOPATHIC URTICARIA	Allergy/Immunology	Approved	3		0		0
XOLAIR 150 MG VIAL	IDIOPATHIC URTICARIA	Physician	Approved	1		0		0
XOLAIR 150 MG VIAL	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG VIAL	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG/ML SYRINGE	ALLERGIC RHINITIS DUE TO POLLEN	Otolaryngology (Ear, Nose, And Throat)	Denied	1	Services are not medically necessary	1		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Allergy/Immunology	Approved	11		0		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Allergy/Immunology	Denied	2	Services are not medically necessary	2		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Nurse Practitioner	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	IDIOPATHIC URTICARIA	Physician	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	Otolaryngology (Ear, Nose, And Throat)	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	OTHER URTICARIA	Allergy/Immunology	Approved	1		0		0
XOLAIR 150 MG/ML SYRINGE	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	Allergy/Immunology	Approved	4		0		0
XOPENEX HFA 45 MCG INHALER	COUGH VARIANT ASTHMA	Allergy/Immunology	Denied	1	Services are not medically necessary	1		0
XOPENEX HFA 45 MCG INHALER	OTHER ASTHMA	Family Medicine	Approved	1		0		0
XOPENEX HFA 45 MCG INHALER	UNSPECIFIED ASTHMA, UNCOMPLICATED	Cardiology, Interventional	Denied	1	Services are not medically necessary	1		0
X-RAY EXAM ABDOMEN 1 VIEW	OTHER FECAL ABNORMALITIES	Facility	Denied	1	Services are not medically necessary	1		0
X-RAY EXAM L-S SPINE 2/3 VWS	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Family Medicine	Approved	1		0		0
X-RAY EXAM NECK SPINE 2-3 VW	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Family Medicine	Approved	1		0		0
X-RAY EXAM OF ANKLE	DISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W NONUNION	Internal Medicine	Approved	1		0		0

Procedure Code Description	Diagnosis Code Description	Provider Specialty	UM Decision	Count of UM Decision	UM Denial Reason	Count of UM Denial Reason	Appeal Decision	Count of Appeal Decision
X-RAY EXAM OF FOOT	DISP FX OF BODY OF RIGHT TALUS, SUBS FOR FX W NONUNION	Internal Medicine	Approved	1		0		0
X-RAY EXAM OF FOOT	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Facility	Approved	1		0		0
X-RAY EXAM THORAC SPINE 2VWS	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	Family Medicine	Approved	1		0		0
X-RAY FEMALE GENITAL TRACT	FEMALE INFERTILITY, UNSPECIFIED	Obstetrics/Gynecology	Approved	1		0		0
X-RAY XM SWLNG FUNCJ C+	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	Surgery, Plastic	Approved	1		0		0
XTAMPZA ER 13.5 MG CAPSULE	CHRONIC PAIN SYNDROME	Physician Assistant	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	CHRONIC PAIN SYNDROME	Pain Management	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	CHRONIC PAIN SYNDROME	Physician	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	MYALGIA	Anesthesiology	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Physician Assistant	Approved	1		0		0
XTAMPZA ER 18 MG CAPSULE	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	Family Medicine	Approved	1		0		0
XTAMPZA ER 27 MG CAPSULE	IMPINGEMENT SYNDROME OF SHOULDER	Physical Medicine	Denied	1	Services are not medically necessary	1		0
XTAMPZA ER 27 MG CAPSULE	LOW BACK PAIN	Nurse Practitioner	Approved	1		0		0
XTAMPZA ER 27 MG CAPSULE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Internal Medicine	Approved	3		0		0
XTAMPZA ER 27 MG CAPSULE	OTHER GENERAL SYMPTOMS AND SIGNS	Physical Medicine	Denied	1	Services are not medically necessary	1		0
XTAMPZA ER 27 MG CAPSULE	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	Physical Medicine	Approved	1		0		0
XTAMPZA ER 27 MG CAPSULE	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	Family Nurse Practitioner	Denied	1	Services are not medically necessary	1		0
XTAMPZA ER 36 MG CAPSULE	INTRAHEPATIC BILE DUCT CARCINOMA	Hematology	Denied	1	Services are not medically necessary	1		0
XTAMPZA ER 9 MG CAPSULE	CERVICALGIA	Neurology	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	MALIGNANT NEOPLASM OF UNSP SITE OF RIGHT FEMALE BREAST	Oncology	Approved	1		0		0
XTAMPZA ER 9 MG CAPSULE	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	Oncology	Approved	1		0		0
XYNTHA 500 UNIT KIT	HEREDITARY FACTOR VIII DEFICIENCY	Hematology	Approved	1		0		0
XYNTHA INJ	HEREDITARY FACTOR VIII DEFICIENCY	Ancillary	Approved	2		0		0
XYOSTED	Testicular hypofunction	Urology		0		0	Denied	1
XYOSTED 100 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	OTHER GENERAL SYMPTOMS AND SIGNS	Urology	Denied	1	Services are not medically necessary	1		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TESTICULAR HYPOFUNCTION	Endocrinology And Metabolism	Denied	1	Services are not medically necessary	1		0
XYOSTED 75 MG/0.5 ML AUTO-INJ	TRANSSEXUALISM	Physician	Approved	1		0		0
XYREM	NARCOLEPSY WITHOUT CATAPLEXY	Pulmonary Disease		0		0	Approved	1
XYREM	OTHER FATIGUE	Sleep Medicine		0		0	Denied	1
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY	Pulmonary Disease	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Neurology	Denied	1	Services are not medically necessary	1		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Physician Assistant	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	NARCOLEPSY WITH CATAPLEXY	Sleep Medicine	Approved	1		0		0
XYREM 500 MG/ML ORAL SOLUTION	OTHER FATIGUE	Sleep Medicine	Denied	1	Services are not medically necessary	1		0
ZEJULA 100 MG CAPSULE	MALIGNANT NEOPLASM OF RIGHT OVARY	Nurse Practitioner	Approved	1		0		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Neurology	Denied	1	Services are not medically necessary	1		0
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ZENPEP DR 10,000 UNIT CAPSULE	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Pediatric Pulmonology	Approved	2		0		0
ZENPEP DR 10,000 UNIT CAPSULE	CYSTIC FIBROSIS, UNSPECIFIED	Pediatric Pulmonology	Approved	1		0		0
ZENPEP DR 40,000 UNIT CAPSULE	OTHER CHRONIC PANCREATITIS	Gastroenterology	Approved	1		0		0
ZILRETTA 32 MG VIAL		Surgery, Orthopedic	Denied	1	Services are not medically necessary	1		0

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ZIOPTAN	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology		0		0	Denied	1
ZIOPTAN 0.0015% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Approved	1		0		0
ZIOPTAN 0.0015% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, MILD STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
ZIOPTAN 0.0015% EYE DROPS	PRIMARY OPEN-ANGLE GLAUCOMA, BILATERAL, SEVERE STAGE	Ophthalmology	Denied	1	Services are not medically necessary	1		0
ZIOPTAN 0.0015% EYE DROPS	STEROID RESPONDER, LEFT EYE	Ophthalmology	Approved	1		0		0
ZOHYDRO ER 10 MG CAPSULE	CHRONIC PAIN SYNDROME	Anesthesiology	Approved	1		0		0
ZOLMITRIPTAN 5 MG ODT	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	General Practice	Denied	1	Services are not medically necessary	1		0
ZOLMITRIPTAN 5 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Family Medicine	Denied	1	Services are not medically necessary	1		0
ZOLMITRIPTAN 5 MG TABLET	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
ZOLOFT 100 MG TABLET	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	Physician	Approved	1		0		0
ZOLOFT 100 MG TABLET	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	Psychiatry	Approved	1		0		0
ZOLOFT 50 MG TABLET	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	Psychiatry	Approved	1		0		0
ZOMACTON 10 MG VIAL	HYPOPITUITARISM	Pediatrics	Denied	1	Services are not medically necessary	1		0
ZOMIG 2.5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ZOMIG 2.5 MG NASAL SPRAY	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Physician	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Approved	1		0		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Neurology	Denied	3	Services are not medically necessary	3		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Pediatric Neurology	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Physician Assistant	Denied	1	Services are not medically necessary	1		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Approved	1		0		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Neurology	Denied	2	Services are not medically necessary	2		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Approved	1		0		0
ZOMIG 5 MG NASAL SPRAY	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Internal Medicine	Denied	2	Services are not medically necessary	2		0
ZORVOLEX 35 MG CAPSULE	LOW BACK PAIN	Anesthesiology	Denied	1	Services are not medically necessary	1		0
ZORVOLEX 35 MG CAPSULE	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Neurology	Denied	1	Services are not medically necessary	1		0
ZOVIRAX 5% OINTMENT	HERPESVIRAL INFECTION, UNSPECIFIED	Obstetrics/Gynecology	Denied	1	Services are not medically necessary	1		0
ZYTIGA 500 MG TABLET	MALIGNANT NEOPLASM OF PROSTATE	Oncology	Approved	1		0		0