

Medical and Transplant Overview by Prior Authorization Approval or Denial 1st Quarter 2025

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	21044	EXCISION MALIGNANT TUMOR MANDIBLE	Approved	
ABCBS	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ABCBS	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
ABCBS	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Approved	
ABCBS	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	15240	FTH/GF FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM/<	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Approved	
ABCBS	Inpatient	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ABCBS	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
ABCBS	Inpatient	S83.014A	LATERAL DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Approved	
ABCBS	Inpatient	S83.014A	LATERAL DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Inpatient	S83.014A	LATERAL DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	27425	LATERAL RETINACULAR RELEASE OPEN	Approved	
ABCBS	Inpatient	S83.014A	LATERAL DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	29873	ARTHROSCOPY KNEE LATERAL RELEASE	Approved	
ABCBS	Inpatient	S83.014A	LATERAL DLOC OF RIGHT PATELLA INITIAL ENCOUNTER	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	

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ABCBS	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S92.352B	DISP FX OF 5TH METATARSAL BN L FT INI FOR OPN FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	22855	REMOVAL ANTERIOR INSTRUMENTATION	Approved	
ABCBS	Inpatient	S12.9XXA	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R45.1	RESTLESSNESS AND AGITATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EKG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ABCBS	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	O60.03	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R65.10	SIRS OF NON-INFECTIOUS ORIGIN W/O AC ORG DYSF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N49.2	INFLAMMATORY DISORDERS OF SCROTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Inpatient	S06.9X0A	UNSP INTRACRANIAL INJURY W/O LOSS OF CONS INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	S82.252A	DSP COMMNT FRACTURE SHAFT OF LEFT TIBIA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N05.9	UNSP NEPH SYNDROME WITH USP MORPHOLOGIC CHANGES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	

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ABCBS	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E83.51	HYPOCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S82.142A	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D12.0	BENIGN NEOPLASM OF CECUM	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ABCBS	Inpatient	B34.0	ADENOVIRUS INFECTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MAN-IFEST	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
ABCBS	Inpatient	K57.80	DVTRCLI OF INTEST PRT USP W PERF&ABSCS W/O BLEED	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANAS-TOMOSIS	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ABCBS	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ABCBS	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Approved	
ABCBS	Inpatient	C79.63	SECONDARY MALIGNANT NEO OF BILATERAL OVARIES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	
ABCBS	Inpatient	C41.1	MALIGNANT NEOPLASM OF MANDIBLE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	C92.01	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	A09	INFECTIOUS GASTROENTERITIS AND COLITIS USP	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	Approved	
ABCBS	Inpatient	A09	INFECTIOUS GASTROENTERITIS AND COLITIS USP	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J95.830	POSTPROC HEMOR OF RESP SYS ORG FOL RESP SYS PROC	42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	Approved	
ABCBS	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O14.95	UNSP PRE-ECLAMPSIA COMPLICATING THE PUERPERIUM	99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	Approved	
ABCBS	Inpatient	G96.191	PERINEURAL CYST	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	G24.9	DYSTONIA, UNSPECIFIED	61863	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Approved	
ABCBS	Inpatient	G24.9	DYSTONIA, UNSPECIFIED	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	Approved	
ABCBS	Inpatient	G24.9	DYSTONIA, UNSPECIFIED	61864	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	Approved	
ABCBS	Inpatient	G24.9	DYSTONIA, UNSPECIFIED	C1822	Gen, neuro, hf, rechg bat	Approved	
ABCBS	Inpatient	G40.911	EPILEPSY UNSPECIFIED INTRACTABLE WITH STATUS EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G61.0	GUILLAIN-BARRE SYNDROME	H2001	Rehabilitation program 1/2 d	Approved	
ABCBS	Medical Benefit Drug	G43.809	OTHER MIGRAINE NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	

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ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	
ABCBS	Medical Benefit Drug	K50.812	CROHN DIS OF BOTH SMALL AND LG INT W INTEST OBST	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N13.6	PYONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	
ABCBS	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R07.89	OTHER CHEST PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ ILEOPXTS	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BRWA IF PFRMD	Approved	
ABCBS	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C56.9	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Q5006	Hospice in hospice facility	Approved	
ABCBS	Inpatient	R09.81	NASAL CONGESTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M16.51	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ ALGRFT	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	R62.51	FAILURE TO THRIVE (CHILD)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G80.8	OTHER CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	R52	PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K57.20	DVTRCLI OF LG INT W PERF AND ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G40.211	LOC-REL SYMP EPI W CMLPX PRT SEZ NTRCT W STA EPI	61863	STRCTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	

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ABCBS	Inpatient	J93.12	SECONDARY SPONTANEOUS PNEUMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N20.1	CALCULUS OF URETER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	I95.9	HYPOTENSION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Outpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Approved	
ABCBS	Outpatient	C64.1	MALIG NEOP OF RIGHT KIDNEY EXCEPT RENAL PELVIS	A9552	F18 fdg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	L40.53	PSORIATIC SPONDYLITIS	J0717	Certolizumab pegol inj 1mg	Approved	
ABCBS	Inpatient	N20.1	CALCULUS OF URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	C21.0	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S32.020A	WEDGE COMPRSN FX SECOND LUMBAR VERTEBRA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	H53.9	UNSPECIFIED VISUAL DISTURBANCE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D64.89	OTHER SPECIFIED ANEMIAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G44.049	CHRONIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G44.049	CHRONIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	T84.52XA	INFECT/INFLM REAC D/T INT LEFT HIP PROSTH INIT	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	S72.92XA	UNSP FX LEFT FEMUR INIT FOR CLOSED FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Inpatient	R52	PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
ABCBS	Inpatient	R97.1	ELEVATED CANCER ANTIGEN 125 [CA 125]	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	R97.1	ELEVATED CANCER ANTIGEN 125 [CA 125]	38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	Approved	
ABCBS	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	

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ABCBS	Inpatient	G35	MULTIPLE SCLEROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Inpatient	N13.9	OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K31.84	GASTROPARESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J94.2	HEMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	
ABCBS	Inpatient	K59.00	CONSTIPATION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S82.141K	DSP BICOND FX R TIB SUBS FOR CLOS FX W NONUNION	27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	Approved	
ABCBS	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9260	Inj methotrexate sodium 50mg	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	J93.9	PNEUMOTHORAX, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M25.80	OTHER SPECIFIED JOINT DISORDERS USP JOINT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	R06.01	ORTHOPNEA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T84.020A	DLOC OF INTERNAL RIGHT HIP PROSTHESIS INIT	27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACT-BLM	Approved	
ABCBS	Inpatient	T84.020A	DLOC OF INTERNAL RIGHT HIP PROSTHESIS INIT	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
ABCBS	Inpatient	I82.412	ACUTE MBLSM AND THROMBOSIS OF LEFT FEMORAL VEIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	E74.02	POMPE DISEASE	J0221	Lumizyme injection	Approved	
ABCBS	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T50.902A	POISN BY UNSP DRUG/MEDS/BIOLOG SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K75.0	ABSCESS OF LIVER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	51610	NJX RETROGRADE URETHROCSTOGRAPY	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	52000	CYSTOURETHROSCOPY	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	11200	RMVL SKIN TAGS MLT FIBRO TAGS ANY UP TO&INC 15	Approved	

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ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	
ABCBS	Medical Benefit Drug	K50.913	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	O26.899	OTH PREGNANCY RELATED CONDITIONS USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	M96.1	POSTLAMINECTOMY SYNDROME NOT ELSEWHERE CLAS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTR-SPC LUMBR	Approved	
ABCBS	Inpatient	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	Approved	
ABCBS	Inpatient	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	47711	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	Approved	
ABCBS	Inpatient	C7A.8	OTHER MALIGNANT NEUROENDOCRINE TUMORS	47600	CHOLECYSTECTOMY	Approved	
ABCBS	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K31.1	ADULT HYPERTROPHIC PYLORIC STENOSIS	43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	R20.0	ANESTHESIA OF SKIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Inpatient	S82.842A	DISPLACED BIMALLEOL FRACTURE LEFT LOWER LEG INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	R23.0	CYANOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M79.81	NONTRAUMATIC HEMATOMA OF SOFT TISSUE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	

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ABCBS	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Inpatient	E83.52	HYPERCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I82.409	AC MBLSM AND THOMBOS UNSP DEEP VN UNSP LOW EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O14.13	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N20.1	CALCULUS OF URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.9	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	G43.901	MIGRAINE UNSP NOT INTRACT WITH STATUS MIGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K21.9	GASTRO-ESOPHAGEAL REFLUX DIS WITHOUT ESOPHAGITIS	43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	Approved	
ABCBS	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.2	PELVIC AND PERINEAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S12.690A	OTH DISP FX OF 7TH CERV VERT INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I81	PORTAL VEIN THROMBOSIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	

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ABCBS	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9260	Inj methotrexate sodium 50mg	Approved	
ABCBS	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Medical Benefit Drug	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9260	Inj methotrexate sodium 50mg	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9209	Mesna injection	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20680	REMOVAL IMPLANT DEEP	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Inpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	K56.7	ILEUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	S83.105S	UNSPECIFIED DISLOCATION OF LEFT KNEE, SEQUELA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Inpatient	N20.0	CALCULUS OF KIDNEY	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
ABCBS	Inpatient	N20.0	CALCULUS OF KIDNEY	74420	UROGRAPHY RETROGRADE WITH/WO KUB	Approved	
ABCBS	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEMISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C7B.8	OTHER SECONDARY NEUROENDOCRINE TUMORS	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
ABCBS	Inpatient	C7B.8	OTHER SECONDARY NEUROENDOCRINE TUMORS	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
ABCBS	Inpatient	C7B.8	OTHER SECONDARY NEUROENDOCRINE TUMORS	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	
ABCBS	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M33.20	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	K63.5	POLYP OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ABCBS	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Approved	
ABCBS	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	

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ABCBS	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ABCBS	Inpatient	M71.30	OTHER BURSAL CYST, UNSPECIFIED SITE	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T33.521A	SUPERFIC FROSTBITE OF RIGHT HAND INITIAL ECTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Inpatient	J81.0	ACUTE PULMONARY EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ABCBS	Inpatient	K80.51	ST1 BILE DUX W/O CHOLANGITIS OR CHOLECYST W OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	D472	MONOCLONAL GAMMOPATHY	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Outpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	Approved	
ABCBS	Outpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
ABCBS	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	T84.012A	BROKEN INTERNAL RIGHT KNEE PROSTH INITIAL ECTR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Inpatient	I65.23	OCCLUSION AND STENOSIS OF BI CAROTID ARTERIES	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ABCBS	Inpatient	M30.3	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S82.142A	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA INIT	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	
ABCBS	Inpatient	S82.142A	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA INIT	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Approved	
ABCBS	Inpatient	O60.00	PRETERM LABOR WITHOUT DELIVERY USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K56.7	ILEUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	E74.02	POMPE DISEASE	J0219	Inj aval alfa-nqpt 4mg	Approved	
ABCBS	Outpatient	C20	MALIGNANT NEOPLASM OF RECTUM	A9575	Inj gadoterate meglumi 0.1ml	Approved	
ABCBS	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Approved	
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
ABCBS	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	
ABCBS	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	J1602	Golimumab for iv use 1mg	Approved	

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ABCBS	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R04.0	EPISTAXIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R22.41	LOC SWELLING MASS AND LUMP RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Approved	
ABCBS	Inpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M50.10	CERV DISC DIS W RADICULOPATHY UNSP CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
ABCBS	Inpatient	C34.11	MALIG NEOPLASM OF UPPER LOBE RIGHT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPH-DENECTOMY	Approved	
ABCBS	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Approved	
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGU-LATED	Approved	

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ABCBS	Inpatient	M30.3	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A04.72	ENTEROCOLITIS D/T CLOS DIFFICILE X SPCF AS RECUR	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	
ABCBS	Inpatient	S81.802A	USP OPEN WOUND LEFT LOWER LEG INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
ABCBS	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T78.40XA	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	R40.4	TRANSIENT ALTERATION OF AWARENESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M0760	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED SITE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	20926	Tissue grafts, other (eg, paratenon, fat, dermis)	Approved	
ABCBS	Inpatient	N39.3	STRESS INCONTINENCE (FEMALE) (MALE)	57288	SLING OPERATION STRESS INCONTINENCE	Approved	
ABCBS	Inpatient	Z87.898	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	M43.26	FUSION OF SPINE, LUMBAR REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N15.1	RENAL AND PERINEPHRIC ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T84.53XA	INFECT/INFLM REAC DUE TO INT R KNEE PROSTH INIT	27488	RMVL PROSTH TOT KNEE PROSTH MMA WWO INSJ SPACER	Approved	
ABCBS	Outpatient	K70.30	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Approved	
ABCBS	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	
ABCBS	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I99.8	OTHER DISORDER OF CIRCULATORY SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	E87.5	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T84.033A	MECH LOOSENING OF INT LEFT KNEE PROS JOINT INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z90.49	ACQ ABSC OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2329	Inj ublituximab-xiyy, 1 mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	K65.1	PERITONEAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ABCBS	Outpatient	D472	MONOCLONAL GAMMOPATHY	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	J98.59	OTHER DISEASES OF MEDIASTINUM NEC	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI- CATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	R39.15	URGENCY OF URINATION	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUS- CLE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	J0586	Abobotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUN- TER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	J9039	Injection, blinatumomab	Approved	
ABCBS	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C91.01	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T81.30XA	DISRUPTION OF WOUND USP INITIAL ENCOUNTER	29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	Approved	
ABCBS	Inpatient	T81.30XA	DISRUPTION OF WOUND USP INITIAL ENCOUNTER	29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	Approved	
ABCBS	Inpatient	T81.30XA	DISRUPTION OF WOUND USP INITIAL ENCOUNTER	13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	Approved	
ABCBS	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S12.190G	OT DSP FX OF 2ND CRV VERT SB FOR FX W DELAY HEAL	22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	Approved	
ABCBS	Inpatient	S12.190G	OT DSP FX OF 2ND CRV VERT SB FOR FX W DELAY HEAL	22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	Approved	
ABCBS	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	K61.1	RECTAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G97.1	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.0	ACUTE ABDOMEN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	M65.949	UNSP SYNOVITIS/TENOSYNOVITIS, UNSPECIFIED HAND	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S37.019A	MINOR CONTUSION OF USP KIDNEY INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K85.10	BILIARY ACUTE PANCREATITIS W/O NECROSIS OR INFC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	49204	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	Approved	
ABCBS	Inpatient	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	O00.102	LEFT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R06.00	DYSPNEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D75.81	MYELOFIBROSIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R06.03	ACUTE RESPIRATORY DISTRESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G51.0	BELL'S PALSY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R62.51	FAILURE TO THRIVE (CHILD)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R65.21	SEVERE SEPSIS WITH SEPTIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N70.93	SALPINGITIS AND OOPHORITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T17.308A	UNSP FB IN LARYNX CAUSING OTH INJURY INIT ENCNTN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TO 1INTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	L27.0	GEN SKIN ERUPTION D/T RX & MEDS TAKEN INTERNALLY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	S42.111A	DISP FX OF BODY OF SCAP R SHLD INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N30.10	INTERSTITIAL CYSTITIS WITHOUT HEMATURIA	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	S82.222A	DSP TRANS FRACTURE SHAFT OF LEFT TIBIA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.00	ACUTE RESP FAILURE UNSPW HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	G96.198	OTHER DISORDERS OF MENINGES, NEC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J69.0	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	H53.2	DIPLOPIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	N23	UNSPECIFIED RENAL COLIC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	N23	UNSPECIFIED RENAL COLIC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	
ABCBS	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	Approved	
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Approved	
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	Approved	
ABCBS	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	
ABCBS	Medical Benefit Drug	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	
ABCBS	Medical Benefit Drug	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	
ABCBS	Medical Benefit Drug	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	R44.3	HALLUCINATIONS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	L10.0	PEMPHIGUS VULGARIS	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	M95.2	OTHER ACQUIRED DEFORMITY OF HEAD	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
ABCBS	Inpatient	R65.21	SEVERE SEPSIS WITH SEPTIC SHOCK	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1628	Inj., guselkumab, 1 mg	Approved	
ABCBS	Inpatient	G35	MULTIPLE SCLEROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
ABCBS	Inpatient	S82.51XD	DISP FX OF MED MALLEOLUS OF R TIBIA, 7THD	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Inpatient	S82.51XD	DISP FX OF MED MALLEOLUS OF R TIBIA, 7THD	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Approved	
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K85.20	ALC INDUC ACUTE PANCREATITIS W/O NECROSIS OR INF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R06.03	ACUTE RESPIRATORY DISTRESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPSRN NRV ROOT 1 INTR-SPC LUMBR	Approved	
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J2919	Inj, methylpred sod succ 5mg	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	K86.2	CYST OF PANCREAS	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	Approved	
ABCBS	Medical Benefit Drug	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSYP	J0588	Incbotulinumtoxin a	Approved	
ABCBS	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0588	Incbotulinumtoxin a	Approved	
ABCBS	Inpatient	E87.70	FLUID OVERLOAD, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G40.319	GEN IDIOPATHIC EPILEPSY INTRACTABLE W/O STAT EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2930	Methylprednisolone injection	Approved	

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ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J7050	Normal saline solution infus	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q0163	Diphenhydramine hcl 50mg	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Inpatient	M25.561	PAIN IN RIGHT KNEE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G89.4	CHRONIC PAIN SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MAN-IFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU-DICATION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU-DICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU-DICATION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU-DICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU-DICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N70.93	SALPINGITIS AND OOPHORITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPEC-IFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	

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ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S41.112A	LACERATION W/O FB OF LEFT UPPER ARM INIT ENCINTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K65.9	PERITONITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G72.49	OTH INFLAMMATORY AND IMMUNE MYOPATHIES, NEC	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.018	ULCERATIVE PANCOLITIS WITH OTHER COMPLICATION	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S72.352K	DSP COMT FX SHAFT OF L FMR SB FOR CLS FX W NUN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z94.0	KIDNEY TRANSPLANT STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S36.119A	UNSPECIFIED INJURY OF LIVER, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I89.1	LYMPHANGITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	Approved	
ABCBS	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61781	STRTRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I26.09	OTHER PULMON EMBOLISM WITH ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z47.81	ECTR FOR ORTH AFTERCARE FOLLOWING SURGI-CAL AMP	G4033	Skilled nursing facility ss	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ABCBS	Outpatient	K75.81	NONALCOHOLIC STEATOHEPATITIS (NASH)	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	T78.2XXA	ANAPHYLACTIC SHOCK UNSPECIFIED INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	M93.1	KIENBOCK'S DISEASE OF ADULTS	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Approved	
ABCBS	Inpatient	M93.1	KIENBOCK'S DISEASE OF ADULTS	25431	REPAIR NONUNION CARPAL BONE EACH BONE	Approved	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	L88	PYODERMA GANGRENOSUM	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MAN-IFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T84.011A	BROKEN INTERNAL LEFT HIP PROSTH INITIAL ECTR	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
ABCBS	Inpatient	J45.21	MILD INTERMITTENT ASTHMA WITH EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	C91.A0	MATURE B-CELL LUK BURKITT-TYPE NOT ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Outpatient	C91.A0	MATURE B-CELL LUK BURKITT-TYPE NOT ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYO-PRSRV STOR	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	49190	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CYST >30 CM	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	96547	INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	96548	INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	43611	EXC LOCAL MALIGNANT TUMOR STOMACH	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	49255	OMNCT EPIPOLECTOMY RESCJ OMENTUM SPX	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	52332	CYSTO W/INSERT URETERAL STENT	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	Approved	
ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	

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ABCBS	Inpatient	C45.1	MESOTHELIOMA OF PERITONEUM	60545	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	Approved	
ABCBS	Inpatient	S22.49XA	MULTIPLE FX OF RIBS UNSP SIDE INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	F10.231	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	
ABCBS	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Outpatient	N94.6	DYSMENORRHEA, UNSPECIFIED	76830	US TRANSVAGINAL	Approved	
ABCBS	Outpatient	N94.6	DYSMENORRHEA, UNSPECIFIED	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	Approved	
ABCBS	Inpatient	F15.90	OTHER STIMULANT USE, UNSPECIFIED, UNCOMPLICATED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
ABCBS	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K92.0	HEMATEMESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I25.118	ATHSCL HRT DIS OF NATIVE COR ART W OT ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N13.2	HYDRONEPHROSIS W RENAL & URETERAL CALCULOUS OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K59.2	NEUROGENIC BOWEL, NOT ELSEWHERE CLASSIFIED	43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	Approved	

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ABCBS	Inpatient	K59.2	NEUROGENIC BOWEL, NOT ELSEWHERE CLASSIFIED	44799	UNLISTED PROCEDURE SMALL INTESTINE	Approved	
ABCBS	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R04.0	EPISTAXIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	
ABCBS	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I47.19	OTHER SUPRAVENTRICULAR TACHYCARDIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R13.10	DYSPHAGIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K70.9	ALCOHOLIC LIVER DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Inpatient	R06.02	SHORTNESS OF BREATH	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	N18.6	END STAGE RENAL DISEASE	G4033	Skilled nursing facility ss	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	R53.1	WEAKNESS	J2405	Ondansetron hcl injection	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I47.20	VENTRICULAR TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G72.89	OTHER SPECIFIED MYOPATHIES	H2001	Rehabilitation program 1/2 d	Approved	
ABCBS	Inpatient	I70.90	UNSPECIFIED ATHEROSCLEROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T50.902A	POISN BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	80053	COMPREHENSIVE METABOLIC PANEL	Approved	
ABCBS	Inpatient	S32.402A	UNSP FRACTURE LEFT ACETABULUM INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I60.9	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYO- PRSRV STOR	Approved	
ABCBS	Outpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	Approved	
ABCBS	Inpatient	Q05.9	SPINA BIFIDA, UNSPECIFIED	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	15830	EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	Approved	
ABCBS	Inpatient	K56.699	OT INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38720	CERVICAL LYMPHADENECTOMY	Approved	
ABCBS	Inpatient	C73	MALIGNANT NEOPLASM OF THYROID GLAND	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ABCBS	Inpatient	S82.842A	DISPLACED BIMALLEOL FRACTURE LEFT LOWER LEG INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	Approved	
ABCBS	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	Approved	
ABCBS	Inpatient	M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Approved	
ABCBS	Inpatient	D75.81	MYELOFIBROSIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	

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ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COL-ECTOMY	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTO-MOSIS	Approved	
ABCBS	Inpatient	E11.610	TYPE 2 DIAB MEL W DIABETIC NEUROPATHIC ARTHROP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
ABCBS	Inpatient	K57.30	DVRTCLOS OF LG INT W/O PERF OR ABSCESS W/O BLEED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
ABCBS	Inpatient	I48.3	TYPICAL ATRIAL FLUTTER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
ABCBS	Inpatient	J05.0	ACUTE OBSTRUCTIVE LARYNGITIS [CROUP]	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M62.838	OTHER MUSCLE SPASM	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACER-BATION	J9332	Inj efgartigimod 2mg	Approved	
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACER-BATION	J3590	Unclassified biologics	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	R06.02	SHORTNESS OF BREATH	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
ABCBS	Inpatient	D270	BENIGN NEOPLASM OF RIGHT OVARY	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
ABCBS	Inpatient	D270	BENIGN NEOPLASM OF RIGHT OVARY	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	
ABCBS	Inpatient	D270	BENIGN NEOPLASM OF RIGHT OVARY	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O02.0	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	J9029	Instill adstiladrin, tx dose	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	I21.19	STEMI INVOLVING OTH COR ARTERY OF INFERIOR WALL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S37.001A	USP INJURY OF RIGHT KIDNEY INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	52332	CYSTO W/INSERT URETERAL STENT	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/ COLOSTOMY	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9209	Mesna injection	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9260	Inj methotrexate sodium 50mg	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9312	Inj., rituximab, 10 mg	Approved	
ABCBS	Medical Benefit Drug	N04.21	PRIMARY MEMBRANOUS NEPHROPATHY W NEPHROTIC SYND	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	S9379	Hit noc per diem	Approved	
ABCBS	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Inpatient	S82.92XA	UNSP FRACTURE OF LEFT LOWER LEG INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0585	Injection,onabotulinumtoxina	Approved	

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ABCBS	Inpatient	I82.402	AC MBLSM&THOMBOS UNSP DEEP VEINS OF L LOW EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYO-PRSRV STOR	Approved	
ABCBS	Outpatient	C92.10	CHR MLOID LUK BCR/ABL-POSITIVE NOT ACHIEVE REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
ABCBS	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I16.0	HYPERTENSIVE URGENCY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/ RESERVOIR	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANAS-TOMOSIS	Approved	
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
ABCBS	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	T85.848D	PAIN DUE TO OTHER INTERNAL PROSTH DEV/GRFT, SUBS	62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	Approved	
ABCBS	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Inpatient	T84.092D	MECH COMPL OF INT RIGHT KNEE PROSTH SUBS ENCNTN	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Inpatient	N85.8	OTHER SPECIFIED NONINFLAMMATORY DISORD OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	I26.09	OTHER PULMON EMBOLISM WITH ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I26.09	OTHER PULMON EMBOLISM WITH ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J12.9	VIRAL PNEUMONIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTN	20937	AUTOGRAFT SPINE SURGERY MORSELIIZED SEP INCISION	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTN	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTN	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	

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ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTNTR	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTNTR	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
ABCBS	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTNTR	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
ABCBS	Inpatient	M16.51	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ ALGRFT	Approved	
ABCBS	Inpatient	D68.9	COAGULATION DEFECT, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	50242055401	OCREVUS ZUNOVO 920 MG-23,000 SUV, P/F	Approved	
ABCBS	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O42.919	PRETRM PREM ROM USP TIME BT RUP&ONST LAB USP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	D175	BENIGN LIPOMAT NEOPLASM OF INTRA-ABD ORGANS	49905	OMENTAL FLAP INTRA-ABDOMINAL	Approved	
ABCBS	Inpatient	D175	BENIGN LIPOMAT NEOPLASM OF INTRA-ABD ORGANS	43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	Approved	
ABCBS	Inpatient	D175	BENIGN LIPOMAT NEOPLASM OF INTRA-ABD ORGANS	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGU-LATED	Approved	
ABCBS	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPER-CAPNIA	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MIN-UTES	Approved	
ABCBS	Inpatient	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I47.10	SUPRAVENTRICULAR TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S82.409A	UNSP FX SHAFT OF UNSP FIBULA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
ABCBS	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	

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ABCBS	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J1190	Dexrazoxane hcl injection	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Inpatient	I63.512	CRB INFRC D/T USP OCCLS OR STENOS L MID CRB ART	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	T81.30XA	DISRUPTION OF WOUND USP INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M86.172	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	J96.20	AC & CHR RESP FAIL UNSP W HYPOXIA OR HYPERCAPNIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Approved	
ABCBS	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	J8499	Oral prescrip drug non chemo	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
ABCBS	Inpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	Approved	
ABCBS	Inpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	

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ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
ABCBS	Inpatient	O42.912	PRETRM PREM ROM USP TIME BT RUP&ONST LAB 2ND TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S22.080A	WEDGE COMPRSN FRACTURE OF T11-T12 VERTEBRA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	Approved	
ABCBS	Inpatient	O10.919	UNSP PRE-EXISTING HTN COMP PRG UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	S82.251A	DSP COMMNT FRACTURE SHAFT OF RIGHT TIBIA INIT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Inpatient	D12.5	BENIGN NEOPLASM OF SIGMOID COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	O43.022	FETUS-TO-FETUS PLACNTL TRANSF SYND SECOND TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	96547	INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	49187	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5.1-10 CM	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	49255	OMNCT EPIPOLECTOMY RESCJ OMENTUM SPX	Approved	
ABCBS	Inpatient	C18.6	MALIGNANT NEOPLASM OF DESCENDING COLON	96548	INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	Approved	
ABCBS	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	L03.119	CELLULITIS OF UNSPECIFIED PART OF LIMB	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
ABCBS	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	M25.559	PAIN IN UNSPECIFIED HIP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	M00.062	STAPHYLOCOCCAL ARTHRITIS, LEFT KNEE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
ABCBS	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R51.9	HEADACHE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	Approved	
ABCBS	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	S06.9XAA	UNSP INTCRN INJURY WITH LOC STATUS UNKNOWN, INIT	H2001	Rehabilitation program 1/2 d	Approved	
ABCBS	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	J0775	Collagenase, clost hist inj	Approved	
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRO-NEAL	Approved	
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	Approved	
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	Approved	
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	Approved	
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPH-ADEC	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32669	THORACOSCOPY W/SEGMENTECTOMY	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEG-MENTECTOMY	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILAT-ERAL	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32507	THORACOTOMY W/DX WEDGE RESEXN & ANATOM LUNG RESE	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	Approved	
ABCBS	Inpatient	N13.70	VESICoureTERAL-REFLUX, UNSPECIFIED	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Approved	
ABCBS	Inpatient	I42.2	OTHER HYPERTROPHIC CARDIOMYOPATHY	33416	VENTRICULOMYOTOMY-MYECTOMY	Approved	
ABCBS	Inpatient	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	53448	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	Approved	
ABCBS	Inpatient	R0789	OTHER CHEST PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	O23.40	UNSP INFC URINARY TRACT IN PRG UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M16.51	UNILATERAL POST-TRAUMATIC OSTEOARTH RIGHT HIP	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Inpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
ABCBS	Inpatient	O23.40	UNSP INFC URINARY TRACT IN PRG UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R579	SHOCK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
ABCBS	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I82.402	AC MBLSM&THOMBOS UNSP DEEP VEINS OF L LOW EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
ABCBS	Inpatient	O14.95	UNSP PRE-ECLAMPSIA COMPLICATING THE PUERPERIUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	S82.001B	UNSP FX RIGHT PATELLA INIT FOR OPN FXTYPE I/2	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R06.2	WHEEZING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M21.752	UNEQUAL LIMB LENGTH (ACQUIRED), LEFT FEMUR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	D12.6	BENIGN NEOPLASM OF COLON, UNSPECIFIED	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	N18.6	END STAGE RENAL DISEASE	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Inpatient	I44.2	ATRIOVENTRICULAR BLOCK, COMPLETE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	C34.91	MALIG NEOP OF UNSP PART OF RIGHT BRONC OR LUNG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	Q61.3	POLYCYSTIC KIDNEY, UNSPECIFIED	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COL-PURETHRXY	Approved	
ABCBS	Inpatient	N95.0	POSTMENOPAUSAL BLEEDING	57288	SLING OPERATION STRESS INCONTINENCE	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	

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ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	22558	ARTHROD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHROD-ESIS	22830	EXPLORATION SPINAL FUSION	Approved	
ABCBS	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59409	VAGINAL DELIVERY ONLY	Approved	
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.911	MIGRAINE UNSPECIFIED INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.911	MIGRAINE UNSPECIFIED INTRACT WITH STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ABCBS	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	I70.221	ATHSCL NATIVE ART OF EXTRM W REST PAIN RIGHT LEG	97140	MANUAL THERAPY/TQS 1/> REGIONS EACH 15 MINUTES	Approved	
ABCBS	Inpatient	I70.221	ATHSCL NATIVE ART OF EXTRM W REST PAIN RIGHT LEG	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
ABCBS	Inpatient	I70.221	ATHSCL NATIVE ART OF EXTRM W REST PAIN RIGHT LEG	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
ABCBS	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	61781	STRCTC CPT ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	D33.4	BENIGN NEOPLASM OF SPINAL CORD	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
ABCBS	Inpatient	O43.213	PLACENTA ACCRETA, THIRD TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Approved	
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	Z98.1	ARTHRODESIS STATUS	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	T78.2XXA	ANAPHYLACTIC SHOCK UNSPECIFIED INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	M33.20	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Medical Benefit Drug	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	T84.498D	MECH COMPL OF INT ORTH DEV IMPLNT & GRAFTS SUBS	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
ABCBS	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
ABCBS	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ABCBS	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	

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ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/OHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
ABCBS	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	M94.0	CHONDROCALCINUM DEPOSIT SYNDROME (TIETZE)	32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	Approved	
ABCBS	Inpatient	K35.30	AQT APPENDICITIS LOC PERITONITIS, W/O PERF/ GANGR	44970	LAPAROSCOPIC APPENDECTOMY	Approved	
ABCBS	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REG-ULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	I42.1	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	33416	VENTRICULOMYOTOMY-MYECTOMY	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	Q5103	Injection, inflectra	Approved	
ABCBS	Inpatient	K22.3	PERFORATION OF ESOPHAGUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	D86.0	SARCOIDOSIS OF LUNG	S9359	Hit anti-tnf per diem	Approved	
ABCBS	Medical Benefit Drug	D86.0	SARCOIDOSIS OF LUNG	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Medical Benefit Drug	D86.0	SARCOIDOSIS OF LUNG	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	Z96.611	PRESENCE OF RIGHT ARTIFICIAL SHOULDER JOINT	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLE-NOID COMPNT	Approved	

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ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
ABCBS	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPH-DENECTOMY	Approved	
ABCBS	Inpatient	C34.92	MALIG NEOP OF UNSP PART OF LEFT BRONC OR LUNG	32669	THORACOSCOPY W/SEGMENTECTOMY	Approved	
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49618	RPR AA HERNIA RECR > 10 CM NCRC8/STRANGU-LATED	Approved	
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49616	RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGU-LATED	Approved	
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49614	RPR AA HERNIA RECR < 3 CM NCRC8/STRANGU-LATED	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.E19	CHRNC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.E19	CHRNC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	Approved	
ABCBS	Inpatient	K40.90	UNIL ING HRNA W/O OBST OR GANGR X SPCF AS RECUR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ABCBS	Medical Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	Q0138	Ferumoxytol, non-esrd	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9209	Mesna injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9181	Etoposide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J9208	Ifosfamide injection	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	J2506	Inj pegfilgrast ex bio 0.5mg	Approved	
ABCBS	Inpatient	C41.3	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9312	Inj., rituximab, 10 mg	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9370	Vincristine sulfate 1 mg inj	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9260	Inj methotrexate sodium 50mg	Approved	

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ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9075	Inj, cyclophosphamide, nos	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9209	Mesna injection	Approved	
ABCBS	Inpatient	C85.99	NON-HDGKN LYMPH UNSP EXTRANODAL & SOLID ORG SITE	J9000	Doxorubicin hcl injection	Approved	
ABCBS	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	E74.02	POMPE DISEASE	J0221	Lumizyme injection	Approved	
ABCBS	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	C678	MALIG NEOPLASM OF OVERLAPPING SITES OF BLADDER	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETER-ECTOMY	Approved	
ABCBS	Medical Benefit Drug	G43.011	MIGRAINE WITHOUT AURA INTRACT WITH STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Inpatient	S31.103D	USP OPN WND ABD WL R LO Q W/O PEN PERIT CAV SUBS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
ABCBS	Inpatient	S02.413A	LEFORT III FX INITIAL ECTR FOR CLOSED FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	Approved	
ABCBS	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
ABCBS	Inpatient	G50.0	TRIGEMINAL NEURALGIA	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
ABCBS	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
ABCBS	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	13100	REPAIR COMPLEXTRUNK 1.1-2.5 CM	Approved	
ABCBS	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	19380	REVISION OF RECONSTRUCTED BREAST	Approved	
ABCBS	Inpatient	Z90.13	ACQUIRED ABSENCE OF BI BREASTS AND NIPPLES	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
ABCBS	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Approved	
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Approved	
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/ MESH	Approved	
ABCBS	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	J0490	Belimumab injection	Approved	
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
ABCBS	Medical Benefit Drug	M32.10	SYS LUPUS ERYTHEMATOSUS ORGAN OR SYS INVOLV UNSP	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
ABCBS	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Approved	
ABCBS	Inpatient	I48.19	OTHER PERSISTENT ATRIAL FIBRILLATION	J3490	Drugs unclassified injection	Approved	
ABCBS	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	Q43.8	OTHER SPECIFIED CONGENITAL MALFORM OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
ABCBS	Inpatient	R19.06	EPIGASTRIC SWELLING, MASS OR LUMP	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
ABCBS	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	Approved	
ABCBS	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ABCBS	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
ABCBS	Inpatient	C31.0	MALIGNANT NEOPLASM OF MAXILLARY SINUS	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
ABCBS	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
ABCBS	Inpatient	S72.141A	DISPLACED INTROCH FRACTURE OF RIGHT FEMUR INIT	27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	Approved	
ABCBS	Inpatient	S72.141A	DISPLACED INTROCH FRACTURE OF RIGHT FEMUR INIT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Inpatient	E66.813	OBESITY, CLASS 3	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Approved	
ABCBS	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ABCBS	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
ABCBS	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
ABCBS	Inpatient	A08.4	VIRAL INTESTINAL INFECTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Inpatient	N20.1	CALCULUS OF URETER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	E87.5	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
ABCBS	Inpatient	H53.452	OTHER LOCALIZED VISUAL FIELD DEFECT, LEFT EYE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	T81.30XA	DISRUPTION OF WOUND USP INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K55.019	ACUTE ISCHEMIA OF SMALL INTESTINE EXTENT UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	K66.1	HEMOPERITONEUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
ABCBS	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	R10.32	LEFT LOWER QUADRANT PAIN	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
ABCBS	Inpatient	R63.0	ANOREXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0588	Incobotulinumtoxin a	Approved	
ABCBS	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
ABCBS	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
ABCBS	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	J1459	Inj ivig privigen 500 mg	Approved	
ABCBS	Medical Benefit Drug	G43.111	MIGRAINE WITH AURA INTRACT WITH STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.111	MIGRAINE WITH AURA INTRACT WITH STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	K85.80	OTHER ACUTE PANCREATITIS W/O NECROSIS OR INFC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
ABCBS	Inpatient	T84.012A	BROKEN INTERNAL RIGHT KNEE PROSTH INITIAL ECTR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	S9379	Hit noc per diem	Approved	
ABCBS	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	I71.22	ANEURYSM OF THE AORTIC ARCH, WITHOUT RUPTURE	33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	Approved	
ABCBS	Inpatient	I71.22	ANEURYSM OF THE AORTIC ARCH, WITHOUT RUPTURE	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	
ABCBS	Inpatient	I71.22	ANEURYSM OF THE AORTIC ARCH, WITHOUT RUPTURE	33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLC-MT	Approved	
ABCBS	Inpatient	I71.22	ANEURYSM OF THE AORTIC ARCH, WITHOUT RUPTURE	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
ABCBS	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
ABCBS	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
ABCBS	Inpatient	D33.3	BENIGN NEOPLASM OF CRANIAL NERVES	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	Approved	
ABCBS	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	I70.244	ATHSCL NATIVE ART OF L LEG W ULC OF HEEL & MIDFT	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Approved	
ABCBS	Inpatient	I70.244	ATHSCL NATIVE ART OF L LEG W ULC OF HEEL & MIDFT	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Approved	
ABCBS	Inpatient	C18.0	MALIGNANT NEOPLASM OF CECUM	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
ABCBS	Inpatient	E079	DISORDER OF THYROID, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
ABCBS	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
ABCBS	Medical Benefit Drug	G81.14	SPASTIC HMPLG AFFECTING LEFT NONDOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Inpatient	G96.191	PERINEURAL CYST	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Approved	
ABCBS	Inpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	Approved	
ABCBS	Inpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	19303	MASTECTOMY SIMPLE COMPLETE	Approved	
ABCBS	Inpatient	C50.211	MALIG NEOPLM OF UPPER-INNER Q OF R FEM BREAST	S2068	Breast diep or siea flap	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or siea flap	Approved	
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	Approved	
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	21600	EXCISION RIB PARTIAL	Approved	
ABCBS	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19364	BREAST RECONSTRUCTION W/FREE FLAP	Approved	
ABCBS	Outpatient	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J1100	Dexamethasone sodium phos	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	Q5110	Nivestym	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9100	Cytarabine hcl 100 mg inj	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9211	Idarubicin hcl injection	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J9185	Fludarabine phosphate inj	Approved	
ABCBS	Inpatient	C92.00	ACUTE MYELOBLASTIC LUK NOT HAVING ACHIEVE REMIS	J2469	Palonosetron hcl	Approved	
ABCBS	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
ABCBS	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
ABCBS	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
ABCBS	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	
ABCBS	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
ABCBS	Inpatient	C4A.4	MERKEL CELL CARCINOMA OF SCALP AND NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	

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ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1INTRSPC EA ADDL NTRSPC	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	
ABCBS	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
ABCBS	Inpatient	C22.0	LIVER CELL CARCINOMA	76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	Approved	
ABCBS	Inpatient	C22.0	LIVER CELL CARCINOMA	47600	CHOLECYSTECTOMY	Approved	
ABCBS	Inpatient	C22.0	LIVER CELL CARCINOMA	74300	CHOLANGIOGRAPHY&PANCREATOGRAPHY NTRA-OP RS&I	Approved	
ABCBS	Inpatient	C22.0	LIVER CELL CARCINOMA	47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	Approved	
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
ABCBS	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5103	Injection, inflectra	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
ABCBS	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
ABCBS	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	
ABCBS	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
ABCBS	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
ABCBS	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	Approved	
ABCBS	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADEC-TOMY	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
ABCBS	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative

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ABCBS	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	Denied	Administrative
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	Denied	Administrative
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Denied	Administrative
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Denied	Administrative
ABCBS	Outpatient	F84.0	AUTISTIC DISORDER	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	Denied	Administrative
ABCBS	Outpatient	F84.0	AUTISTIC DISORDER	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Denied	Administrative
ABCBS	Outpatient	F84.0	AUTISTIC DISORDER	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	Denied	Administrative
ABCBS	Outpatient	F84.0	AUTISTIC DISORDER	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Denied	Administrative
ABCBS	Inpatient	N13.1	HYDRONEPHROSIS W URETERAL STRICTURE, NEC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1720	Hydrocortisone sodium succ i	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1439	Inj ferric carboxymaltos 1mg	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	42571043345	FAMOTIDINE 40 MG/5 ML SUSP	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1201	Inj. cetirizine hcl 0.5mg	Denied	Administrative
ABCBS	Medical Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J1437	Inj. fe derisomaltose 10 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	J9312	Inj., rituximab, 10 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMPL	J3380	Inj vedolizumab iv 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	J3380	Inj vedolizumab iv 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J9312	Inj., rituximab, 10 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative

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ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M1A.09X0	IDIO CHRONIC GOUT MULTIPLE SITES WITHOUT TOPHUS	J2507	Pegloticase injection	Denied	Administrative
ABCBS	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
ABCBS	Medical Benefit Drug	R25.2	CRAMP AND SPASM	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
ABCBS	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
ABCBS	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Denied	Administrative
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Denied	Administrative
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Denied	Administrative
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Denied	Administrative
ABCBS	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/ RESERVOIR	Denied	Administrative
ABCBS	Medical Benefit Drug	M05.7A	RHEU ARTHRIT W RHEU FCTR OT SIT W/O ORG/SYS INVL	J9312	Inj., rituximab, 10 mg	Denied	CMD
ABCBS	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Denied	CMD
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	CMD
ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	CMD
ABCBS	Inpatient	S61.552A	OPEN BITE OF LEFT WRIST, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J1745	Infliximab not biosimil 10mg	Denied	CMD
ABCBS	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	CMD
ABCBS	Medical Benefit Drug	C78.00	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	J2506	Inj pegfilgrast ex bio 0.5mg	Denied	CMD

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ABCBS	Medical Benefit Drug	G43.809	OTHER MIGRAINE NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22830	EXPLORATION SPINAL FUSION	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	CMD
ABCBS	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Denied	CMD
ABCBS	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTR-SPC CERVC	Denied	CMD
ABCBS	Inpatient	O14.90	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	T84.039A	MECH LOOSENING OF UNSP INT PROSTH JOINT INIT	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Denied	CMD
ABCBS	Inpatient	D43.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	J35.3	HYPERTROPHY OF TONSILS W HYPERTROPHY OF ADENOIDS	42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	Denied	CMD
ABCBS	Inpatient	S82.209A	UNSP FX SHAFT OF UNSP TIBIA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD

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ABCBS	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	CMD
ABCBS	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
ABCBS	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	J3245	Inj., tildrakizumab, 1 mg	Denied	CMD
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
ABCBS	Inpatient	M51.369	OT INTVRT DISC DEGEN LUM W/O LUM BK/LW EXTRM PN	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
ABCBS	Medical Benefit Drug	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	J1300	Eculizumab injection	Partially Denied	Administrative
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
ABCBS	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative

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ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	Administrative
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Administrative
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22830	EXPLORATION SPINAL FUSION	Partially Denied	Administrative
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	Partially Denied	Administrative
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
ABCBS	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Partially Denied	CMD
ABCBS	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Partially Denied	CMD
ABCBS	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
ABCBS	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
ABCBS	Inpatient	M47.14	OTHER SPONDYLS WITH MYELOPATHY THORACIC REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	CMD
ABCBS	Inpatient	E87.6	HYPOKALEMIA	G9685	Acute nursing facility care	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
ABCBS	Inpatient	M47.812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	CMD
ABCBS	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J1745	Infliximab not biosimil 10mg	Partially Denied	CMD

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ABCBS	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J1750	Inj iron dextran	Partially Denied	CMD
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Partially Denied	CMD
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	CMD
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	CMD
ABCBS	Inpatient	M41.125	ADOLESCENT IDIO SCOLIOSIS THORACOLUM REGION	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
ABCBS	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
ABCBS	Inpatient	K81.9	CHOLECYSTITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	S9485	Crisis intervention mental h	Partially Denied	CMD
ABCBS	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	Partially Denied	CMD
ABCBS	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	CMD
ABCBS	Inpatient	S32.001G	STBL BURST FX USP LUM VERT SB FOR FX W DLY HEAL	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	S32.001G	STBL BURST FX USP LUM VERT SB FOR FX W DLY HEAL	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Partially Denied	CMD
ABCBS	Inpatient	S32.001G	STBL BURST FX USP LUM VERT SB FOR FX W DLY HEAL	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	S32.001G	STBL BURST FX USP LUM VERT SB FOR FX W DLY HEAL	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
ABCBS	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	28825	AMPUTATION TOE INTERPHALANGEAL JOINT	Partially Denied	CMD

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
ABCBS	Inpatient	I70.203	UNSP ATHSCL NATIVE ARTERIES OF EXTREM BI LEGS	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Partially Denied	CMD
ABCBS	Inpatient	I70.203	UNSP ATHSCL NATIVE ARTERIES OF EXTREM BI LEGS	35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	Partially Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
ABCBS	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	CMD
ABCBS	Inpatient	S42.402A	UNSP FX LOWER END OF LEFT HMRS INIT FOR CLOS FX	24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	Partially Denied	CMD
ABCBS	Inpatient	S42.402A	UNSP FX LOWER END OF LEFT HMRS INIT FOR CLOS FX	64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	Partially Denied	CMD
ABCBS	Inpatient	S42.402A	UNSP FX LOWER END OF LEFT HMRS INIT FOR CLOS FX	24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	Partially Denied	CMD
ABCBS	Inpatient	S42.402A	UNSP FX LOWER END OF LEFT HMRS INIT FOR CLOS FX	24546	OPENTX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	Partially Denied	CMD
ABCBS	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
ABCBS	Inpatient	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Partially Denied	CMD
ABCBS	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ ALGRFT	Partially Denied	CMD

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ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	CMD
ABCBS	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	CMD
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	I70.202	UNSP ATHSCL NATIVE ARTERIES OF EXTREM LEFT LEG	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	L97.523	NON-PRS CHR ULC OTH PRT LEFT FT W NECROS OF MUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	

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EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Medical Benefit Drug	D67	HEREDITARY FACTOR IX DEFICIENCY	J7201	Factor ix alprolix recomb	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K50.114	CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	C54.1	MALIGNANT NEOPLASM OF ENDOMETRIUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Inpatient	H53.2	DIPLOPIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S22.39XD	FX ONE RIB UNSP SIDE SUBS FOR FX W ROUTN HEAL	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S11.91XA	LACERATION W/O FB OF UNSP PART OF NECK INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.1	MELENA	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Approved	
EXCHNG	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	E875	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I82.411	ACUTE MBLSM AND THROMBOSIS OF RIGHT FEMORAL VEIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z98.891	HISTORY OF UTERINE SCAR FROM PREVIOUS SURGERY	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
EXCHNG	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G72.81	CRITICAL ILLNESS MYOPATHY	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.2	CERVICALGIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Q22.5	EBSTEIN'S ANOMALY	33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	Approved	
EXCHNG	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	Approved	
EXCHNG	Inpatient	R69	ILLNESS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	96413	CHEMOTX ADMIN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	K35.30	AQT APPENDICITIS LOC PERITONITIS, W/O PERF/ GANGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1750	Inj iron dextran	Approved	
EXCHNG	Inpatient	I71.9	AORTIC ANEURYSM OF USP SITE WITHOUT RUP-TURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
EXCHNG	Inpatient	U071	COVID-19	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	P22.0	RESPIRATORY DISTRESS SYNDROME OF NEWBORN	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPEC-IFIED	48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOS-TOMY	Approved	
EXCHNG	Inpatient	M25.551	PAIN IN RIGHT HIP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.1	MELENA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E10.3513	TYPE 1 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J0178	Aflibercept injection	Approved	
EXCHNG	Medical Benefit Drug	E10.3513	TYPE 1 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Approved	
EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTER-SPACE	Approved	

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EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	
EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	
EXCHNG	Inpatient	M50.223	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19380	REVISION OF RECONSTRUCTED BREAST	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Approved	
EXCHNG	Inpatient	Z42.1	ECTR FOR BREAST RECONSTRUCTION FOL MASTECTOMY	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J3301	Triamcinolone acet inj nos	Approved	
EXCHNG	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J0178	Aflibercept injection	Approved	
EXCHNG	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	S36.509D	USP INJURY OF USP PART OF COLON SUBS ENCTR	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E13.10	OTH DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N61.0	MASTITIS WITHOUT ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	R29.810	FACIAL WEAKNESS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E83.51	HYPOCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K83.9	DISEASE OF BILIARY TRACT, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T81.30XA	DISRUPTION OF WOUND USP INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N30.00	ACUTE CYSTITIS WITHOUT HEMATURIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R19.8	OTH SYMP & SIGNS INVOLVING THE DGSTV SYS & ABD	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E74.02	POMPE DISEASE	J0219	Inj aval alfa-nqpt 4mg	Approved	
EXCHNG	Inpatient	K83.09	OTHER CHOLANGITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z01.818	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	Z01.818	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
EXCHNG	Inpatient	Z01.818	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.20	ULCERATIVE PROCTITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	K80.00	CALCULUS OF GALLBLADDER W AC CHOLECYST W/O OBST	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	J20.9	ACUTE BRONCHITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N20.1	CALCULUS OF URETER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.109	MIGRAINE WITH AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	C83.390	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	G40.901	EPILEPSY UNSP NOT INTRACTABLE WITH STATUS EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K35.33	AC APPENDICITIS W PERF LOC PERITON/GANGR, WBSCS	44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	Approved	
EXCHNG	Inpatient	K35.33	AC APPENDICITIS W PERF LOC PERITON/GANGR, WBSCS	44950	APPENDECTOMY	Approved	
EXCHNG	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	E88.89	OTHER SPECIFIED METABOLIC DISORDERS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
EXCHNG	Inpatient	T85.79XA	INF/INFLM REAC D/T OTH INT PROSTH DEV/GRFT INIT	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K35.80	UNSPECIFIED ACUTE APPENDICITIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	Z89.432	ACQUIRED ABSENCE OF LEFT FOOT	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	J0178	Aflibercept injection	Approved	
EXCHNG	Medical Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	Q0138	Ferumoxytol, non-esrd	Approved	
EXCHNG	Inpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J2916	Na ferric gluconate complex	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Inpatient	R91.1	SOLITARY PULMONARY NODULE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.41	FECAL IMPACTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	Approved	
EXCHNG	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
EXCHNG	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	45349	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	Approved	
EXCHNG	Inpatient	R63.1	POLYDIPSIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N30.01	ACUTE CYSTITIS WITH HEMATURIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/ OTH PX	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	C34.90	MALIG NEOP OF UNSP PART OF UNSP BRONC OR LUNG	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Approved	
EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTR-CRNL ART	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	
EXCHNG	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	R63.4	ABNORMAL WEIGHT LOSS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z91.89	OTH PERSONAL RISK FACTORS NOT ELSEWHERE CLAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F15.10	OTHER STIMULANT ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S31.109A	UNSP OPN WND ABD WL UNSP Q W/O PEN PERIT CAV INI	0DQ90ZZ	Repair Duodenum, Open Approach	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R06.00	DYSPNEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	T65.92XA	TOXIC EF OF UNSP SUB INTENTIONAL SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K65.0	GENERALIZED (ACUTE) PERITONITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R4701	APHASIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Q0700	ARNLD-CHIARI SYND W/O SPINA BIFIDA/HYDRO-CEPHALUS	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDUL- LA & CORD	Approved	
EXCHNG	Inpatient	Q0700	ARNLD-CHIARI SYND W/O SPINA BIFIDA/HYDRO-CEPHALUS	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
EXCHNG	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/ PYLORPLSTY	Approved	
EXCHNG	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	

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EXCHNG	Inpatient	K42.0	UMBILICAL HERNIA WITH OBST WITHOUT GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R0789	OTHER CHEST PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.461	CHR OSTEOMYELIT W DRAINING SINUS R TIB & FIBULA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.02	ACUTE RESPIRATORY FAILURE WITH HYPERCAPNIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	J9035	Bevacizumab injection	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E74.02	POMPE DISEASE	J0219	Inj aval alfa-nqpt 4mg	Approved	
EXCHNG	Inpatient	S72.401A	UNSP FX LOW END OF RIGHT FEMUR INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R18.8	OTHER ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R60.0	LOCALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1756	Iron sucrose injection	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
EXCHNG	Inpatient	G95.9	DISEASE OF SPINAL CORD, UNSPECIFIED	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I82.621	AC MBLSM&THROMBOSIS OF DEEP VEINS OF R UP EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
EXCHNG	Inpatient	M79.673	PAIN IN UNSPECIFIED FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
EXCHNG	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	K86.1	OTHER CHRONIC PANCREATITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J0717	Certolizumab pegol inj 1mg	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R60.1	GENERALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T14.91XA	SUICIDE ATTEMPT, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C25.9	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
EXCHNG	Inpatient	T33.821A	SUPERFIC FROSTBITE OF RIGHT FOOT INITIAL ECTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	

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EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M00.852	ARTHRITIS DUE TO OTHER BACTERIA, LEFT HIP	A4223	Infusion supplies w/o pump	Approved	
EXCHNG	Medical Benefit Drug	M00.852	ARTHRITIS DUE TO OTHER BACTERIA, LEFT HIP	J1335	Ertapenem injection	Approved	
EXCHNG	Medical Benefit Drug	M00.852	ARTHRITIS DUE TO OTHER BACTERIA, LEFT HIP	A4305	Drug delivery system >=50 ml	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	E11.3313	TYPE 2 DIAB W MOD NONP RTNOP W MACULAR EDEMA BI	J0177	lnj, aflibercept hd, 1 mg	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K63.1	PERFORATION OF INTESTINE (NONTRAUMATIC)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I61.8	OTHER NONTRAUMATIC INTRACEREBRAL HEMORRHAGE	Q5005	Hospice, inpatient hospital	Approved	
EXCHNG	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Approved	
EXCHNG	Inpatient	N80.00	ENDOMETRIOSIS OF THE UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	
EXCHNG	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	H34.8320	TRIB RTNL VEIN OCLUSN LEFT EYE W MACULAR EDEMA	J2778	Ranibizumab injection	Approved	
EXCHNG	Inpatient	S72.011A	UNSP INTRACAPSULAR FX R FEMUR INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	Z51.89	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	L03.114	CELLULITIS OF LEFT UPPER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M33.10	OTHER DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	J1568	Octagam injection	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	M33.10	OTHER DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	M33.10	OTHER DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	Approved	
EXCHNG	Inpatient	T81.43XA	INFCT FOL PROCEDURE, ORG/SPACE SRG SITE, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Medical Benefit Drug	H35.3221	EXDTVE AGE MCLR DEGN L EYE W ACTV CHRDL NEOVAS	J9035	Bevacizumab injection	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K22.2	ESOPHAGEAL OBSTRUCTION	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/ PYLORPLSTY	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	R57.1	HYPOVOLEMIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3532	TP 2 DIAB W PRLF RTNOP W TRCTN DTCH N-MCLA L EYE	J9035	Bevacizumab injection	Approved	
EXCHNG	Medical Benefit Drug	H30.043	FOCAL CHORIORETIN INFLAM MACU OR PARAMACULAR BI	J9035	Bevacizumab injection	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E83.42	HYPOMAGNESEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.30	ULCERATIVE RECTOSIGMOIDITIS WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R74.01	ELEVATION OF LEVELS OF LIVER TRANSAMINASE LEVELS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICATIONS OF SKIN, SUBCU	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOM-ACH	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOM-ACH	38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/ OTH PX	Approved	
EXCHNG	Inpatient	C49.A2	GASTROINTESTINAL STROMAL TUMOR OF STOM-ACH	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTO-MY	Approved	
EXCHNG	Inpatient	T33.90XA	SUPERFICIAL FROSTBITE OF UNSPECIFIED SITES INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J93.83	OTHER PNEUMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAU-DICATION	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.141A	DISPLACED BICONDYLAR FRACTURE RIGHT TIBIA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K65.0	GENERALIZED (ACUTE) PERITONITIS	99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	Approved	
EXCHNG	Inpatient	I77.74	DISSECTION OF VERTEBRAL ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F19.10	OTHER PSYCHOACTIVE SUBSTANCE ABUSE UN-COMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACER-BATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C64.9	MALIG NEOP OF UNSP KIDNEY EXCEPT RENAL PELVIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3513	TYPE 2 DIAB W PROLIF DIAB RTNOP W MACU EDEMA BI	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1100	Dexamethasone sodium phos	Approved	
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1756	Iron sucrose injection	Approved	
EXCHNG	Inpatient	N49.2	INFLAMMATORY DISORDERS OF SCROTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	C83.390	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSPW HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I61.5	NTRM INTRACEREBRAL HEMORRHAGE INTRAVENTRICULAR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99306	INITIAL NURSING FACILITY CARE HI MDM 50 MINUTES	Approved	
EXCHNG	Inpatient	K57.90	DVRTCLOS INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Approved	
EXCHNG	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.931	ALCOHOL USE, UNSPECIFIED W WITHDRAWAL DELIRIUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	R65.20	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	S32.009A	UNSP FX UNSP LUMBAR VERTEBRA INIT FOR CLOS FX	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R65.10	SIRS OF NON-INFECTIOUS ORIGIN W/O AC ORG DYSF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M33.10	OTHER DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	M33.10	OTHER DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	M33.10	OTHER DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	S9338	Hit immunotherapy diem	Approved	
EXCHNG	Medical Benefit Drug	M33.10	OTHER DERMATOMYOSITIS ORGAN INVOLVEMENT UNSP	J1568	Octagam injection	Approved	
EXCHNG	Medical Benefit Drug	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	J1569	Gammagard liquid injection	Approved	
EXCHNG	Medical Benefit Drug	M33.90	DERMATOPOLYMYOSITIS UNSP ORGAN INVOLV USP	S9338	Hit immunotherapy diem	Approved	
EXCHNG	Inpatient	R11.0	NAUSEA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I82.409	AC MBLSM AND THOMBOS UNSP DEEP VN UNSP LOW EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.0	HEMATEMESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	K74.69	OTHER CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z99.11	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I95.9	HYPOTENSION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K64.9	UNSPECIFIED HEMORRHOIDS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T81.328A	DISRUPT/DEHISC CLOSURE OT INT OP (SURG) WND INIT	21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	Approved	
EXCHNG	Inpatient	K60.30	ANAL FISTULA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.001A	FRACTURE UNSP PART OF NECK OF RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
EXCHNG	Inpatient	I48.11	LONGSTANDING PERSISTENT ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	K26.5	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH PERF	G9685	Acute nursing facility care	Approved	
EXCHNG	Inpatient	F19.939	OTH PSYCHOACT SUB USE UNSP WITH WITHDRAWAL UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMES-TER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	M54.9	DORSALGIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N83.209	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.819	CROHN DIS OF BOTH SMALL AND LG INT W UNSP COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	J9035	Bevacizumab injection	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	T50.901A	POISONING BY UNSP DRUG/MEDS/BIOL SUBST ACC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I31.39	OTHER PERICARDIAL EFFUSION (NONINFLAMMATORY)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.142A	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA INIT	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I49.8	OTHER SPECIFIED CARDIAC ARRHYTHMIAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.32	LEFT LOWER QUADRANT PAIN	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R09.02	HYPOXEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICATIONS OF SKIN, SUBCU	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MAN-IFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N49.3	FOURNIER GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MAN-IFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E83.52	HYPERCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N05.9	UNSP NEPH SYNDROME WITH USP MORPHOLOGIC CHANGES	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R40.4	TRANSIENT ALTERATION OF AWARENESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	Q5103	Injection, inflectra	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	I20.89	OTHER FORMS OF ANGINA PECTORIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K63.5	POLYP OF COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE	Q5010	Hospice home care in hospice	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M00.80	ARTHRITIS DUE TO OTHER BACTERIA USP JOINT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	J3245	Inj., tildrakizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.221	CELLULITIS OF NECK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J0180	Agalsidase beta injection	Approved	
EXCHNG	Medical Benefit Drug	E75.21	FABRY (-ANDERSON) DISEASE	J0180	Agalsidase beta injection	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Approved	

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EXCHNG	Medical Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	J1750	Inj iron dextran	Approved	
EXCHNG	Outpatient	M54.13	RADICULOPATHY, CERVICOTHORACIC REGION	72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
EXCHNG	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
EXCHNG	Inpatient	I25.119	ATHSCL HRT DIS OF NATIVE COR ART W USP ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	C76.2	MALIGNANT NEOPLASM OF ABDOMEN	T2045	Hospice general care	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	H57.12	OCULAR PAIN, LEFT EYE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M51.26	OTHER INTVRT DISC DISPLACEMENT LUMBAR REGION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	L08.9	LOCAL INFECTION THE SKIN AND SUBCU TISSUE UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTR-CRNL ART	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Approved	
EXCHNG	Inpatient	I67.1	CEREBRAL ANEURYSM, NONRUPTURED	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Approved	
EXCHNG	Inpatient	S06.31AA	CONTUS/LAC R CEREBRUM W LOC STAT UNKNOWN, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K80.70	CALCULUS OF GB&BILE DUCT W/O CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/OHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	T84.216A	BREAKDOWN OF INT FIX OF VERTEBRAE INIT	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	E13.10	OTH DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	S82.141A	DISPLACED BICONDYLAR FRACTURE RIGHT TIBIA INIT	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Approved	
EXCHNG	Inpatient	S82.141A	DISPLACED BICONDYLAR FRACTURE RIGHT TIBIA INIT	27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection, onabotulinumtoxinA	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	T50.901A	POISONING BY UNSP DRUG/MEDS/BIOLOG SUBST ACC INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D36.9	BENIGN NEOPLASM, UNSPECIFIED SITE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	T81.49XA	INFECTION FOL A PROCEDURE, OTHER SRG SITE, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K35.32	AC APPENDICITIS PERF LOC PERITON/GANGR W/O ABSCS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	Approved	
EXCHNG	Inpatient	M70.62	TROCHANTERIC BURSITIS, LEFT HIP	29999	UNLISTED PROCEDURE ARTHROSCOPY	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
EXCHNG	Inpatient	T81.49XD	INFECTION FOL A PROCEDURE, OTHER SRG SITE, SUBS	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	K38.8	OTHER SPECIFIED DISEASES OF APPENDIX	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ ILEOPXTS	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F41.1	GENERALIZED ANXIETY DISORDER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F19.939	OTH PSYCHOACT SUB USE UNSP WITH WITHDRAWAL UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1INTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1INTRSPC EACH ADDITIONAL	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	F43.12	POST-TRAUMATIC STRESS DISORDER, CHRONIC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Outpatient	K72.90	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	B02.8	ZOSTER WITH OTHER COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M48.00	SPINAL STENOSIS, SITE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T82.898A	OTH COMPL OF VASCULAR PROSTH DEV/GRFT INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G51.39	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G51.39	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
EXCHNG	Inpatient	K26.5	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH PERF	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Approved	
EXCHNG	Inpatient	A41.01	SEPSIS DUE TO METHICILLIN SUSCEP STAPH AUREUS	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	
EXCHNG	Inpatient	R11.0	NAUSEA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O34.219	MAT CR FOR UNSPTP SCAR FR PREVIOUS CESAREAN DEL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J94.2	HEMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T84.84XA	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I95.2	HYPOTENSION DUE TO DRUGS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	Approved	
EXCHNG	Inpatient	D25.1	INTRAMURAL LEIOMYOMA OF UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Medical Benefit Drug	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W13.2XXA	FALL FROM OUT OF OR THROUGH ROOF INITIAL ECTR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.202A	UNSP FX SHAFT OF LEFT TIBIA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L02.611	CUTANEOUS ABSCESS OF RIGHT FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	

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EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPO-CAMPECTOMY	Approved	
EXCHNG	Medical Benefit Drug	G37.3	AC TRANS MYELITIS IN DEMYELINATING DIS OF CNSL	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Inpatient	L76.82	OTH POSTPROCEDURAL COMPLICATIONS OF SKIN, SUBCU	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	J1575	Hyqvia 100mg immunoglobulin	Approved	
EXCHNG	Medical Benefit Drug	D83.9	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	S9338	Hit immunotherapy diem	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	N63.0	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I62.9	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K75.0	ABSCESS OF LIVER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C57.02	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	58954	BSO W/OMENECTOMY TAH DEBULKING W/LMPH-ADECTOMY	Approved	
EXCHNG	Inpatient	C57.02	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	E0570	Nebulizer with compression	Approved	
EXCHNG	Medical Benefit Drug	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE USP	J7601	Ensifentrine inh 3 mg	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R04.0	EPISTAXIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.119	CELLULITIS OF UNSPECIFIED PART OF LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	H35.051	RETINAL NEOVASCULARIZATION UNSPECIFIED RIGHT EYE	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Medical Benefit Drug	H35.051	RETINAL NEOVASCULARIZATION UNSPECIFIED RIGHT EYE	J0178	Aflibercept injection	Approved	
EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M16.52	UNILATERAL POST-TRAUMATIC OSTEOARTH LEFT HIP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T81.40XA	INFECTION FOLLOWING A PROCEDURE, UNSP, INIT	22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUM-BOSAC	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.10	CROHN DISEASE OF LARGE INTESTINE WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	I65.22	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
EXCHNG	Inpatient	F10.920	ALCOHOL USE UNSPECIFIED WITH INTOXICATION UNCOMP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.10	VOMITING, UNSPECIFIED	99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	S62.626B	DISP FX OF MIDDLE PHLX OF R LITTLE FINGER, 7THB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I62.9	NONTRAUMATIC INTRACRANIAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F12.99	CANNABIS USE UNSP WITH UNSP CANNABIS-INDUCED DIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	
EXCHNG	Inpatient	T85.734S	I/I REACT D/T IMPLNT ELEC NSTIM GENERATOR SQ	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O36.5990	MAT CR FOR OT OR SUSP POR FETL GRTH USP TRI USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z89.612	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R20.2	PARESTHESIA OF SKIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Approved	
EXCHNG	Inpatient	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
EXCHNG	Outpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Inpatient	F41.9	ANXIETY DISORDER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	H43.12	VITREOUS HEMORRHAGE, LEFT EYE	J7999	Compounded drug, noc	Approved	
EXCHNG	Medical Benefit Drug	H43.12	VITREOUS HEMORRHAGE, LEFT EYE	J9035	Bevacizumab injection	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	H43.12	VITREOUS HEMORRHAGE, LEFT EYE	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Inpatient	R40.0	SOMNOLENCE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I20.0	UNSTABLE ANGINA	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	H35.351	CYSTOID MACULAR DEGENERATION, RIGHT EYE	J7312	Dexamethasone intra implant	Approved	
EXCHNG	Medical Benefit Drug	H35.351	CYSTOID MACULAR DEGENERATION, RIGHT EYE	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	S06.6XAA	TRAUM SUBRAC HEM W LOC STAT UNKNOWN, INIT ENCNR	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M79.673	PAIN IN UNSPECIFIED FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J09.X9	FLU D/T IDENT NOVEL FLU A VIRUS W OTH MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N76.4	ABSCESS OF VULVA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J93.9	PNEUMOTHORAX, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E13.10	OTH DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	J81.0	ACUTE PULMONARY EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O21.0	MILD HYPEREMESIS GRAVIDARUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N30.01	ACUTE CYSTITIS WITH HEMATURIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E875	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S11.91XA	LACERATION W/O FB OF UNSP PART OF NECK INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S32.409A	UNSP FRACTURE UNSP ACETABULUM INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K76.1	CHRONIC PASSIVE CONGESTION OF LIVER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.911	ULCERATIVE COLITIS USP WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3213	TYPE 2 DIAB W MILD NONP RTNOP W MACULAR EDEMA BI	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
EXCHNG	Inpatient	M86.171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	C83.390	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	M25.551	PAIN IN RIGHT HIP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	Approved	
EXCHNG	Inpatient	M26.02	MAXILLARY HYPOPLASIA	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	Q5103	Injection, inflectra	Approved	
EXCHNG	Inpatient	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	
EXCHNG	Inpatient	R19.09	OTHER INTRA-ABD AND PELV SWELLING MASS AND LUMP	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	Approved	
EXCHNG	Inpatient	S61.451A	OPEN BITE OF RIGHT HAND, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	Z86.69	PERSONAL HISTORY OF DIS OF NERVOUS SYS&-SENSE ORG	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	O86.12	ENDOMETRITIS FOLLOWING DELIVERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T87.44	INFECTION AMPUTATION STUMP LEFT LOWER EXTREMITY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEURO-GENIC CLAUD	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Q21.12	PATENT FORAMEN OVALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.32	LEFT LOWER QUADRANT PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T50.902A	POISN BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	53500	URETHROLSS TRVG SEC OPN W/CSTO	Approved	
EXCHNG	Inpatient	C7A.1	MAL POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T50.902S	POISN UNSP DRUG/MEDS/BIOL SUBST SLF-HRM SEQUELA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M05.749	RHU RTHRT W RHEU FCTR USP HND W/O ORG/SYS INVOLV	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	S32.000D	WDG COMPRSN FX USP LUM VERT SB FOR FX ROUT HEAL	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	A41.89	OTHER SPECIFIED SEPSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K76.82	HEPATIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	

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EXCHNG	Inpatient	E875	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPER-CAPNIA	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	
EXCHNG	Inpatient	K92.1	MELENA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I82.419	ACUTE MBLSM AND THROMBOSIS OF USP FEMORAL VEIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R74.8	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E875	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Q872	CONG MALFORM SYNDROMES PREDOM INVOLVING LIMBS	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/ COLOSTOMY	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	R06.03	ACUTE RESPIRATORY DISTRESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.311	CELLULITIS OF ABDOMINAL WALL	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	N30.00	ACUTE CYSTITIS WITHOUT HEMATURIA	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I42.0	DILATED CARDIOMYOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	V43.24XA	PERSON OUTSIDE CAR INJ IN COL W VAN NONTRAF INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
EXCHNG	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	Approved	
EXCHNG	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	Approved	
EXCHNG	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.421	CEREB INFRC DUE TO MBLSM OF RIGHT ANT CEREB ART	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.29	OTH ALLERGC & DIETETIC GASTROENTERITIS & COLITIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D06.9	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S06.6X0A	TRAUM SUBRAC HEM W/O LOSS OF CONSCIOUSNESS, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSPW HYPOXIA OR HYPERCAPNIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	I74.9	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E83.42	HYPOMAGNESEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.892B	OTH FX LEFT LOWER LEG INIT FOR OPN FX TYPE I/2	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z93.3	COLOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
EXCHNG	Inpatient	G95.20	UNSPECIFIED CORD COMPRESSION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	N49.2	INFLAMMATORY DISORDERS OF SCROTUM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I12.9	HYP CHR KIDNEY DISEASE W STG 1-4/UNSP CHR KDNY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	H53.2	DIPLOPIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/ STAIR	Approved	

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EXCHNG	Inpatient	D175	BENIGN LIPOMAT NEOPLASM OF INTRA-ABD ORGANS	60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M23.8X2	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/ FIXATION	Approved	
EXCHNG	Inpatient	M23.8X2	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	Approved	
EXCHNG	Inpatient	M23.8X2	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M65.949	UNSP SYNOVITIS/TENOSYNOVITIS, UNSPECIFIED HAND	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/ STAIR	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T50.905A	ADVERSE EFFECT OF UNSP DRUG/MEDS/BIOL SUBST INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K76.7	HEPATORENAL SYNDROME	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	J93.9	PNEUMOTHORAX, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	
EXCHNG	Inpatient	T14.90XA	INJURY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
EXCHNG	Inpatient	T84.020A	DLOC OF INTERNAL RIGHT HIP PROSTHESIS INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I72.9	ANEURYSM OF UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.851A	DISPLACED TRMAL FRACTURE OF RIGHT LOWER LEG INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
EXCHNG	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRTRCT CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	J69.0	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E875	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R0789	OTHER CHEST PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I63.312	CEREB INFRC D/T THOMBOS OF LEFT MIDDLE CEREB ART	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R03.0	ELEVATED BLOOD-PRS READING W/O DIAGNOSIS OF HTN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	16020	DRS&DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	Approved	
EXCHNG	Inpatient	T31.0	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	E11.00	TP 2 DBT W HYPROSM W/O NONKET HYPRGLY-HY-PROS COM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R65.20	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	Approved	
EXCHNG	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
EXCHNG	Medical Benefit Drug	R25.2	CRAMP AND SPASM	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	R25.2	CRAMP AND SPASM	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	R25.2	CRAMP AND SPASM	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	J9035	Bevacizumab injection	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Inpatient	J20.9	ACUTE BRONCHITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R06.00	DYSPNEA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.8	OTHER DYSTONIA	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	N92.6	IRREGULAR MENSTRUATION, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	O14.93	UNSPECIFIED PRE-ECLAMPSIA, THIRD TRIMESTER	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	N18.6	END STAGE RENAL DISEASE	M1187	Pt w/ esrd	Approved	

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EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GAS-TRECTOMY	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACER-BATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	G0378	Hospital observation per hr	Approved	
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
EXCHNG	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z3A.24	24 WEEKS GESTATION OF PREGNANCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I82.419	ACUTE MBLSM AND THROMBOSIS OF USP FEMO-RAL VEIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O00.90	UNSP ECTOPIC PRG W/O INTRAUTERINE PRG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	R60.1	GENERALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	D76.3	OTHER HISTIOCYTOSIS SYNDROMES	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	R65.20	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R60.1	GENERALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	T84.019D	BROKEN INT JOINT PROSTH UNSP SITE SUBS ENCNR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	M25.661	STIFFNESS OF RIGHT KNEE NOT ELSEWHERE CLASSIFIED	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	
EXCHNG	Inpatient	M25.661	STIFFNESS OF RIGHT KNEE NOT ELSEWHERE CLASSIFIED	27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/ POSTERIOR	Approved	
EXCHNG	Inpatient	I61.0	NTRM INTCRBL HEMOR IN HEMISPHERE SUBCORTICAL	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O36.5990	MAT CR FOR OT OR SUSP POR FETL GRTH USP TRI USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	Approved	
EXCHNG	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	64430	INJECTION AA&/STRD PUDENDAL NERVE	Approved	
EXCHNG	Medical Benefit Drug	G58.8	OTHER SPECIFIED MONONEUROPATHIES	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	69990	MICROSURGT TQS REQ USE OPERATING MICROSCOPE	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
EXCHNG	Inpatient	G40.909	EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	Approved	
EXCHNG	Outpatient	C86.50	ANGIMMUNBLASTIC T-CL LYMPH NOT ACHIEVE REMISSION	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R94.39	AB RESULT OF OTHER CARDIOVASC FUNCTION STUDY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	

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EXCHNG	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	J98.4	OTHER DISORDERS OF LUNG	32820	MAJOR RECONSTRUCTION CHEST WALL POST-TRAUMATIC	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T50.902A	POISON BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T50.902A	POISON BY UNSP DRUG/MEDS/BIOL SUBST SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.811	CROHN DIS OF BOTH SM AND LG INT W RECTAL BLEED	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S82.202A	UNSP FX SHAFT OF LEFT TIBIA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T33.829A	SUPERFIC FROSTBITE OF USP FOOT INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G81.11	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	N05.2	UNSP NEPH SYND W DIFFUSE MEMBRANOUS GLOMRLNEPH	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Inpatient	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T83.011A	BREAKDOWN OF INDWELLING URETHRAL CATHETER INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R20.2	PARESTHESIA OF SKIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S30.1XXA	CONTUSION OF ABDOMINAL WALL, INITIAL ENCOUNTER	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	M79.89	OTHER SPECIFIED SOFT TISSUE DISORDERS	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	

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EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	G0378	Hospital observation per hr	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J41.1	MUCOPURULENT CHRONIC BRONCHITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T85.09XA	MECH COMPL OF VENTRICULAR INTCR SHUNT INIT	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.119	CROHN DISEASE OF LARGE INTESTINE WITH UNSP COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R072	PRECORDIAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E83.51	HYPOCALCEMIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	T14.91XA	SUICIDE ATTEMPT, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E83.52	HYPERCALCEMIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	S36.892A	CNTSN OF OTHER INTRA-ABD ORGANS INITIAL ECTR	99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D36.9	BENIGN NEOPLASM, UNSPECIFIED SITE	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
EXCHNG	Inpatient	D36.9	BENIGN NEOPLASM, UNSPECIFIED SITE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
EXCHNG	Inpatient	D36.9	BENIGN NEOPLASM, UNSPECIFIED SITE	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Approved	
EXCHNG	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R09.02	HYPOXEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEMISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	F15.90	OTHER STIMULANT USE, UNSPECIFIED, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R19.8	OTH SYMP & SIGNS INVOLVING THE DGSTV SYS & ABD	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	M79.89	OTHER SPECIFIED SOFT TISSUE DISORDERS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	15842	GRF FACIAL NRV PLYSS FR MUSCLE FLAP MICRO-SURG	Approved	
EXCHNG	Inpatient	C32.9	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	Approved	
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
EXCHNG	Inpatient	G72.81	CRITICAL ILLNESS MYOPATHY	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	C57.02	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	58954	BSO W/OMENTECTOMY TAH DEBULKING W/LMPH-ADECTOMY	Approved	
EXCHNG	Inpatient	C57.02	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	Approved	
EXCHNG	Inpatient	J81.0	ACUTE PULMONARY EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E07.9	DISORDER OF THYROID, UNSPECIFIED	60240	THYROIDECTOMY TOTAL/COMPLETE	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Medical Benefit Drug	E10.3593	TYPE 1 DIAB W PRLF DIAB RTNOP W/O MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Medical Benefit Drug	E10.3593	TYPE 1 DIAB W PRLF DIAB RTNOP W/O MACU EDEMA BI	67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCO-AGULATION	Approved	
EXCHNG	Medical Benefit Drug	E10.3593	TYPE 1 DIAB W PRLF DIAB RTNOP W/O MACU EDEMA BI	J9035	Bevacizumab injection	Approved	
EXCHNG	Inpatient	U07.1	COVID-19	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	F15.90	OTHER STIMULANT USE, UNSPECIFIED, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R65.11	SIRS OF NON-INFECTIOUS ORIGIN W AC ORG DYSF	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	I82.622	AC MBLSM&THROMBOSIS OF DEEP VEINS OF L UP EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Inpatient	I16.9	HYPERTENSIVE CRISIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M25.441	EFFUSION, RIGHT HAND	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G91.0	COMMUNICATING HYDROCEPHALUS	62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Approved	

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EXCHNG	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
EXCHNG	Inpatient	Z43.2	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANAS-TOMOSIS	Approved	
EXCHNG	Inpatient	R65.10	SIRS OF NON-INFECTIOUS ORIGIN W/O AC ORG DYSF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S42.295P	OT NDSP FX OF UP END L HMRS SB FOR FX W MALUNION	20680	REMOVAL IMPLANT DEEP	Approved	
EXCHNG	Inpatient	S42.295P	OT NDSP FX OF UP END L HMRS SB FOR FX W MALUNION	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ ALGRFT	Approved	
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Inpatient	M79.609	PAIN IN UNSPECIFIED LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	C90.00	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ ILEOPXTS	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I50.43	AC ON CHR COMB SYSTOLIC AND DIASTOLIC HRT FAIL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/ STAIR	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Approved	
EXCHNG	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I71.00	DISSECTION OF UNSPECIFIED SITE OF AORTA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T81.40XD	INFECTION FOLLOWING A PROCEDURE, UNSP, SUBS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	V89.2XXA	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z94.4	LIVER TRANSPLANT STATUS	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
EXCHNG	Inpatient	R22.40	LOCALIZED SWELLING MASS AND LUMP USP LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R578	OTHER SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	A04.72	ENTEROCOLITIS D/T CLOS DIFFICILE X SPCF AS RECUR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I50.41	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	O47.00	FLS LAB BEF 37 COMPLETED WEEKS OF GEST UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C50.919	MALIG NEOPLASM OF UNSP SITE OF USP FEMALE BREAST	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M12.551	TRAUMATIC ARTHROPATHY, RIGHT HIP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N15.1	RENAL AND PERINEPHRIC ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	T39.1X2S	POISN BY 4-AMINOPHENOL DERIV SELF-HARM SEQUELA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S32.001A	STABLE BURST FRACTURE UNSP LUMBAR VERTEBRA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R60.0	LOCALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/ LYMPH BX	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADEC-TOMY	Approved	
EXCHNG	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	E10.3593	TYPE 1 DIAB W PRLF DIAB RTNOP W/O MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Medical Benefit Drug	E10.3593	TYPE 1 DIAB W PRLF DIAB RTNOP W/O MACU EDEMA BI	J9035	Bevacizumab injection	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/ PYLORPLSTY	Approved	
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J45.41	MODERATE PERSISTENT ASTHMA WITH EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J98.4	OTHER DISORDERS OF LUNG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3591	TP 2 DIAB W PRLF DIAB RTNOP W/O MCLR EDMA R EYE	J9035	Bevacizumab injection	Approved	
EXCHNG	Medical Benefit Drug	E11.3591	TP 2 DIAB W PRLF DIAB RTNOP W/O MCLR EDMA R EYE	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	N99.81	OTHER INTRAOP COMP OF GENITOURINARY SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K43.0	INCISIONAL HERNIA WITH OBST WITHOUT GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	H50.9	UNSPECIFIED STRABISMUS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	I42.4	ENDOCARDIAL FIBROELASTOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I21.11	STEMI INVOLVING RIGHT CORONARY ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R57.0	CARDIOGENIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	V89.2XXA	PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	H53.2	DIPLOPIA	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	G0453	Cont intraop neuro monitor	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	Approved	
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
EXCHNG	Inpatient	M25.561	PAIN IN RIGHT KNEE	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	O21.0	MILD HYPEREMESIS GRAVIDARUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E13.10	OTH DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	Approved	
EXCHNG	Inpatient	G35	MULTIPLE SCLEROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
EXCHNG	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.119	CELLULITIS OF UNSPECIFIED PART OF LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Approved	
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	Approved	
EXCHNG	Inpatient	K31.84	GASTROPARESIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.29	OTHER ACIDOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M86.10	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED SITE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	S02.92XA	UNSP FRACTURE OF FACIAL BONES, INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F99	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.911	CROHN DISEASE UNSPECIFIED WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	G62.1	ALCOHOLIC POLYNEUROPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F19.939	OTH PSYCHOACT SUB USE UNSP WITH WITHDRAWAL UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/ STAIR	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	S06.5XAA	TRAUM SUBDR HEM W LOC STATUS UNKNOWN INIT ENCNR	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R65.10	SIRS OF NON-INFECTIOUS ORIGIN W/O AC ORG DYSF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T81.329A	DEEP DISRUPT/DEHISC OF OPERATION WOUND, USP INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	S32.19XK	OTH FX SACRUM SUBS ENCNR FOR FX W NON-UNION	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Approved	
EXCHNG	Inpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	83036	HEMOGLOBIN GLYCOSYLATED A1C	Approved	
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
EXCHNG	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C45.9	MESOTHELIOMA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K62.5	HEMORRHAGE OF ANUS AND RECTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S32.10XA	UNSP FRACTURE SACRUM INIT FOR CLOSED FRACTURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
EXCHNG	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E83.42	HYPOMAGNESEMIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E86.0	DEHYDRATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R65.21	SEVERE SEPSIS WITH SEPTIC SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I82.409	AC MBLSM AND THOMBOS UNSP DEEP VN UNSP LOW EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.1	STRIDOR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.5	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G72.81	CRITICAL ILLNESS MYOPATHY	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	Z96.642	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	H2001	Rehabilitation program 1/2 d	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	O14.90	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S42.411A	DISPL SIMPLE SPCND FX W/O NTCND FX R HMRS INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S42.411A	DISPL SIMPLE SPCND FX W/O NTCND FX R HMRS INIT	24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	Approved	
EXCHNG	Inpatient	G72.81	CRITICAL ILLNESS MYOPATHY	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
EXCHNG	Inpatient	Z48.812	ENCNTR FOR SRG AFTCR FOL SURGERY ON THE CIRC SYS	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.81	OTHER MALAISE	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	R09.02	HYPOXEMIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R17	UNSPECIFIED JAUNDICE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R59.1	GENERALIZED ENLARGED LYMPH NODES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K82.9	DISEASE OF GALLBLADDER, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S32.040D	WDG COMPRSN FX 4TH LUM VERT SB FOR FX ROUT HEAL	G4033	Skilled nursing facility ss	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	J81.0	ACUTE PULMONARY EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	N80.03	ADENOMYOSIS OF THE UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
EXCHNG	Inpatient	I50.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Inpatient	D64.9	ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R14.0	ABDOMINAL DISTENSION (GASEOUS)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I82.B19	ACUTE MBLSM AND THROMBOSIS OF USP SUB-CLAV VEIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Z94.0	KIDNEY TRANSPLANT STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.031	CELLULITIS OF RIGHT TOE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M87.051	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Approved	
EXCHNG	Inpatient	M87.051	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	20680	REMOVAL IMPLANT DEEP	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S42.002A	FX UNSP PART OF LEFT CLAVIC INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S06.9XAA	UNSP INTCRN INJURY WITH LOC STATUS UNKNOWN, INIT	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ ILEOPXTS	Approved	
EXCHNG	Inpatient	I16.0	HYPERTENSIVE URGENCY	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I07.1	RHEUMATIC TRICUSPID INSUFFICIENCY	33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	Approved	
EXCHNG	Inpatient	I07.1	RHEUMATIC TRICUSPID INSUFFICIENCY	33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	Approved	
EXCHNG	Inpatient	I07.1	RHEUMATIC TRICUSPID INSUFFICIENCY	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	Approved	
EXCHNG	Inpatient	R53.81	OTHER MALAISE	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	S32.9XXA	FX UNSP PARTS OF LUMBOSACR SPINE AND PELVIS INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Outpatient	K74.69	OTHER CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
EXCHNG	Inpatient	D12.2	BENIGN NEOPLASM OF ASCENDING COLON	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
EXCHNG	Inpatient	K66.8	OTHER SPECIFIED DISORDERS OF PERITONEUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O13.3	GESTATNL HTN W/O SIGNIFICANT PROTEIN THIRD TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	
EXCHNG	Inpatient	G92.8	OTHER TOXIC ENCEPHALOPATHY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R78.89	FINDING OF OTH SUBST NOT NORMALLY FOUND IN BLOOD	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0588	Incobotulinumtoxin a	Approved	
EXCHNG	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
EXCHNG	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Inpatient	S31.109A	UNSP OPN WND ABD WL UNSP Q W/O PEN PERIT CAV INI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.1	MELENA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K12.2	CELLULITIS AND ABSCESS OF MOUTH	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Medical Benefit Drug	L74.512	PRIMARY FOCAL HYPERHIDROSIS, PALMS	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Approved	
EXCHNG	Medical Benefit Drug	L74.512	PRIMARY FOCAL HYPERHIDROSIS, PALMS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
EXCHNG	Inpatient	X83.8XXA	INTENTIONAL SLF-HRM BY OTH SPECIFIED MEANS INIT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	T63.331A	TOXIC EF OF VENOM OF BRN RECLUSE SPIDER ACC INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I71.019	DISSECTION OF THORACIC AORTA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C41.9	MALIG NEOPLASM OF BONE AND ART CARTILAGE UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	G0378	Hospital observation per hr	Approved	
EXCHNG	Inpatient	K43.6	OTH AND UNSP VENTRAL HERNIA WITH OBST W/O GANGR	49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	Approved	
EXCHNG	Inpatient	K43.6	OTH AND UNSP VENTRAL HERNIA WITH OBST W/O GANGR	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	C83.31	DIFSE LG B-CL LYMPH NODES OF HEAD FACE AND NECK	11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	Approved	
EXCHNG	Inpatient	C83.31	DIFSE LG B-CL LYMPH NODES OF HEAD FACE AND NECK	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	Approved	
EXCHNG	Inpatient	C83.31	DIFSE LG B-CL LYMPH NODES OF HEAD FACE AND NECK	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	Approved	
EXCHNG	Inpatient	C83.31	DIFSE LG B-CL LYMPH NODES OF HEAD FACE AND NECK	15842	GRF FACIAL NRV PLYSS FR MUSCLE FLAP MICRO-SURG	Approved	
EXCHNG	Inpatient	C83.31	DIFSE LG B-CL LYMPH NODES OF HEAD FACE AND NECK	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	I61.4	NTRM INTRACEREBRAL HEMORRHAGE IN CEREBELLUM	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R0789	OTHER CHEST PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R00.0	TACHYCARDIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	F10.139	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.92XA	UNSP FX LEFT FEMUR INIT FOR CLOSED FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C44.42	SQUAMOUS CELL CA OF SKIN OF SCALP AND NECK	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	K66.8	OTHER SPECIFIED DISORDERS OF PERITONEUM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	C86.50	ANGIMMUNBLASTIC T-CL LYMPH NOT ACHIEVE REMISSION	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
EXCHNG	Outpatient	C86.50	ANGIMMUNBLASTIC T-CL LYMPH NOT ACHIEVE REMISSION	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ ALGRFT	Approved	
EXCHNG	Inpatient	L03.114	CELLULITIS OF LEFT UPPER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNTN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	H44.113	PANUVEITIS, BILATERAL	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	T68.XXXA	HYPOTHERMIA, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	N61.0	MASTITIS WITHOUT ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.0	NAUSEA	99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	Approved	
EXCHNG	Inpatient	I61.9	NTRM INTRACEREBRAL HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	V86.99XA	OCCUP OF SP OFF-RD MV INJ IN NONTRAF ACC INIT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K65.1	PERITONEAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59409	VAGINAL DELIVERY ONLY	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2323	Natalizumab injection	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1628	Inj., guselkumab, 1 mg	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I07.9	RHEUMATIC TRICUSPID VALVE DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING USP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	K85.20	ALC INDUC ACUTE PANCREATITIS W/O NECROSIS OR INF	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	Approved	
EXCHNG	Inpatient	R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	

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EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
EXCHNG	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
EXCHNG	Inpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R53.81	OTHER MALAISE	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R13.10	DYSPHAGIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEMISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61781	STRTRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
EXCHNG	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	Approved	
EXCHNG	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Approved	
EXCHNG	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	Approved	
EXCHNG	Inpatient	Q75.01	SAGITTAL CRANIOSYNOSTOSIS	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	Approved	
EXCHNG	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Medical Benefit Drug	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E16.2	HYPOGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I20.89	OTHER FORMS OF ANGINA PECTORIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5119	Inj ruxience, 10 mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	A09	INFECTIOUS GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R62.7	ADULT FAILURE TO THRIVE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F11.93	OPIOID USE, UNSPECIFIED WITH WITHDRAWAL	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	R18.8	OTHER ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
EXCHNG	Inpatient	I27.20	PULMONARY HYPERTENSION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Inpatient	K66.8	OTHER SPECIFIED DISORDERS OF PERITONEUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J94.8	OTHER SPECIFIED PLEURAL CONDITIONS	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Approved	
EXCHNG	Inpatient	I82.220	ACUTE MBLSM AND THROMBOSIS OF INFERIOR VENA CAVA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	G4033	Skilled nursing facility ss	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N41.9	INFLAMMATORY DISEASE OF PROSTATE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I89.0	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E03.5	MYXEDEMA COMA	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
EXCHNG	Inpatient	N13.2	HYDRONEPHROSIS W RENAL & URETERAL CALCULOUS OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E44.1	MILD PROTEIN-CALORIE MALNUTRITION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
EXCHNG	Inpatient	K43.6	OTH AND UNSP VENTRAL HERNIA WITH OBST W/O GANGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.5	HYPERKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Inpatient	I96	GANGRENE, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
EXCHNG	Inpatient	M00.9	PYOGENIC ARTHRITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N10	ACUTE PYELONEPHRITIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S72.111A	DISP FX OF GREAT TROCHANTER OF RIGHT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
EXCHNG	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K35.30	AQT APPENDICITIS LOC PERITONITIS, W/O PERF/ GANGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C10.9	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	

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EXCHNG	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R00.2	PALPITATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S22.22XA	FX BODY OF STERNUM INIT FOR CLOSED FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
EXCHNG	Inpatient	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	S32.030A	WEDGE COMPRSN FX THIRD LUMBAR VERTEBRA INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2919	Inj, methylpred sod succ 5mg	Approved	
EXCHNG	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
EXCHNG	Inpatient	D69.6	THROMBOCYTOPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K76.82	HEPATIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	F11.93	OPIOID USE, UNSPECIFIED WITH WITHDRAWAL	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	
EXCHNG	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	J1745	Infliximab not biosimil 10mg	Approved	
EXCHNG	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
EXCHNG	Inpatient	C22.1	INTRAHEPATIC BILE DUCT CARCINOMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
EXCHNG	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACER-BATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	G35	MULTIPLE SCLEROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
EXCHNG	Inpatient	D70.9	NEUTROPENIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	B33.8	OTHER SPECIFIED VIRAL DISEASES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	E87.20	ACIDOSIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
EXCHNG	Inpatient	L02.415	CUTANEOUS ABSCESS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	W18.00XA	STRIKING AGAINST UNSP OBJECT W SB FALL INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/ WA SPX	Approved	
EXCHNG	Inpatient	C15.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/ PYLORPLSTY	Approved	
EXCHNG	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R40.20	UNSPECIFIED COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEMISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R62.7	ADULT FAILURE TO THRIVE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
EXCHNG	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	

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EXCHNG	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	J9312	Inj., rituximab, 10 mg	Approved	
EXCHNG	Inpatient	R31.9	HEMATURIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
EXCHNG	Inpatient	K56.2	VOLVULUS	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
EXCHNG	Inpatient	H54.7	UNSPECIFIED VISUAL LOSS	61781	STRTRCT CPTR ASSTD PX CRANIAL INTRADURAL	Denied	Administrative
EXCHNG	Inpatient	H54.7	UNSPECIFIED VISUAL LOSS	61512	CRNEC TREPH BONE FLAP CRNOT EXC MENINGIO-MA STTL	Denied	Administrative
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Inpatient	L03.113	CELLULITIS OF RIGHT UPPER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Medical Benefit Drug	D86.89	SARCOIDOSIS OF OTHER SITES	Q5115	Inj truxima 10 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.813	CROHN DIS OF BOTH SMALL AND LARGE INT W FISTULA	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Administrative

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EXCHNG	Medical Benefit Drug	H53.2	DIPLOPIA	14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	Denied	Administrative
EXCHNG	Medical Benefit Drug	H53.2	DIPLOPIA	11900	INJECTION INTRALESIONAL UPTO & INCLUD 7 LESIONS	Denied	Administrative
EXCHNG	Medical Benefit Drug	H53.2	DIPLOPIA	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	Administrative
EXCHNG	Medical Benefit Drug	H53.2	DIPLOPIA	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Denied	Administrative
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5119	Inj ruxience, 10 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0588	Incobotulinumtoxin a	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Inpatient	O34.211	MAT CR FOR LOW TRANS SCAR FROM PREV CE-SAREAN DEL	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POST-PARTUM	Denied	Administrative
EXCHNG	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5119	Inj ruxience, 10 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	Q5104	Injection, renflexis	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative

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EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	J1071	Inj testosterone cypionate	Denied	Administrative
EXCHNG	Medical Benefit Drug	M45.6	ANKYLOSING SPONDYLITIS LUMBAR REGION	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M1A.09X1	IDIO CHRONIC GOUT MULTIPLE SITES WITH TOPHUS	J2507	Pegloticase injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	E78.2	MIXED HYPERLIPIDEMIA	J1306	Injection, inclisiran, 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Denied	Administrative
EXCHNG	Medical Benefit Drug	T85.848A	PAIN DUE TO OTHER INTERNAL PROSTH DEV/GRFT, INIT	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	T85.848A	PAIN DUE TO OTHER INTERNAL PROSTH DEV/GRFT, INIT	64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	Denied	Administrative
EXCHNG	Medical Benefit Drug	T85.848A	PAIN DUE TO OTHER INTERNAL PROSTH DEV/GRFT, INIT	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Denied	Administrative
EXCHNG	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	J0585	Injection,onabotulinumtoxina	Denied	Administrative

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EXCHNG	Medical Benefit Drug	G24.5	BLEPHAROSPASM	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	Administrative
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Denied	Administrative
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52000	CYSTOURETHROSCOPY	Denied	Administrative
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52000	CYSTOURETHROSCOPY	Denied	Administrative
EXCHNG	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Denied	Administrative
EXCHNG	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Denied	Administrative
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1602	Golimumab for iv use 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.4	IDIOPATHIC OROFACIAL DYSTONIA	J0588	Incobotulinumtoxin a	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Outpatient	M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	Administrative
EXCHNG	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Denied	Administrative
EXCHNG	Medical Benefit Drug	M80.051D	AGE-REL OSTEOPOR W CRNT PATH FX, R FEMR, 7THD	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
EXCHNG	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Administrative
EXCHNG	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0588	Incobotulinumtoxin a	Denied	Administrative
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ ANKLE FOOT	Denied	Administrative
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Denied	Administrative
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	Denied	Administrative

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EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	Denied	Administrative
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	Denied	Administrative
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	29580	STRAPPING UNNA BOOT	Denied	Administrative
EXCHNG	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	Denied	Administrative
EXCHNG	Medical Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	S0189	Testosterone pellet 75 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION	Denied	Administrative
EXCHNG	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxinA	Denied	Administrative
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERIVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxinA	Denied	Administrative
EXCHNG	Medical Benefit Drug	D50.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS	J2916	Na ferric gluconate complex	Denied	Administrative
EXCHNG	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J9312	Inj., rituximab, 10 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	J1200	Diphenhydramine hcl injectio	Denied	Administrative
EXCHNG	Medical Benefit Drug	C09.9	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	J3490	Drugs unclassified injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	J1306	Injection, inclisiran, 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	J0885	Epoetin alfa, non-esrd	Denied	Administrative
EXCHNG	Medical Benefit Drug	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	J9190	Fluorouracil injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	J0640	Leucovorin calcium injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	J9999	Chemotherapy drug	Denied	Administrative
EXCHNG	Medical Benefit Drug	C16.2	MALIGNANT NEOPLASM OF BODY OF STOMACH	J9263	Oxaliplatin	Denied	Administrative
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	J9035	Bevacizumab injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	E11.3413	TYPE 2 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Denied	Administrative
EXCHNG	Medical Benefit Drug	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	Q5103	Injection, inflectra	Denied	Administrative
EXCHNG	Medical Benefit Drug	E10.3413	TYPE 1 DIAB W SEVERE NONP RTNOP W MACU EDEMA BI	J9035	Bevacizumab injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	E11.3313	TYPE 2 DIAB W MOD NONP RTNOP W MACULAR EDEMA BI	J0177	Inj, aflibercept hd, 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Denied	Administrative

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EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	K31.84	GASTROPARESIS	S9379	Hit noc per diem	Denied	Administrative
EXCHNG	Medical Benefit Drug	K31.84	GASTROPARESIS	J2405	Ondansetron hcl injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	K31.84	GASTROPARESIS	S9351	Hit cont antiemetic diem	Denied	Administrative
EXCHNG	Medical Benefit Drug	K31.84	GASTROPARESIS	S9374	Hit hydra 1 liter diem	Denied	Administrative
EXCHNG	Medical Benefit Drug	K31.84	GASTROPARESIS	J3490	Drugs unclassified injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	K31.84	GASTROPARESIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	Q5106	Inj retacrit non-esrd use	Denied	Administrative
EXCHNG	Medical Benefit Drug	M85.89	OTH DISRD OF BONE DENSITY AND STRUCT MLT SITES	J0897	Denosumab injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Outpatient	L40.53	PSORIATIC SPONDYLITIS	J0717	Certolizumab pegol inj 1mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Denied	Administrative
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	Administrative
EXCHNG	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1745	Infliximab not biosimil 10mg	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
EXCHNG	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
EXCHNG	Medical Benefit Drug	D83.0	COM VAR IMUNODEF W PREDOM ABNLT B-CL NUMS&FUNCTN	J1555	Inj cavitru, 100 mg	Denied	Administrative
EXCHNG	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Administrative
EXCHNG	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	G9685	Acute nursing facility care	Denied	Administrative
EXCHNG	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	Denied	CMD
EXCHNG	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	CMD
EXCHNG	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Denied	CMD
EXCHNG	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	86900	BLOOD TYPING SEROLOGIC ABO	Denied	CMD
EXCHNG	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	86901	BLOOD TYPING SEROLOGIC RH (D)	Denied	CMD
EXCHNG	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	J2916	Na ferric gluconate complex	Denied	CMD

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EXCHNG	Medical Benefit Drug	D64.9	ANEMIA, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Denied	CMD
EXCHNG	Medical Benefit Drug	K50.919	CROHN DISEASE UNSPECIFIED WITH UNSPECIFIED COMP	J1745	Infliximab not biosimil 10mg	Denied	CMD
EXCHNG	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Q0138	Ferumoxytol, non-esrd	Denied	CMD
EXCHNG	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	J1745	Infliximab not biosimil 10mg	Denied	CMD
EXCHNG	Medical Benefit Drug	K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	J3380	Inj vedolizumab iv 1 mg	Denied	CMD
EXCHNG	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	CMD
EXCHNG	Inpatient	Z98.1	ARTHRODESIS STATUS	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Denied	CMD
EXCHNG	Inpatient	Z98.1	ARTHRODESIS STATUS	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Denied	CMD
EXCHNG	Inpatient	Z98.1	ARTHRODESIS STATUS	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Denied	CMD
EXCHNG	Inpatient	Z98.1	ARTHRODESIS STATUS	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Denied	CMD
EXCHNG	Inpatient	Z98.1	ARTHRODESIS STATUS	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	CMD
EXCHNG	Inpatient	Z98.1	ARTHRODESIS STATUS	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Denied	CMD
EXCHNG	Inpatient	Z98.1	ARTHRODESIS STATUS	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Denied	CMD
EXCHNG	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Denied	CMD
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Denied	CMD
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Denied	CMD
EXCHNG	Inpatient	Z93.2	ILEOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0588	Incobotulinumtoxin a	Denied	CMD
EXCHNG	Medical Benefit Drug	G51.39	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Denied	CMD
EXCHNG	Medical Benefit Drug	G51.39	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Denied	CMD

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EXCHNG	Medical Benefit Drug	D50.8	OTHER IRON DEFICIENCY ANEMIAS	Q0138	Ferumoxytol, non-esrd	Denied	CMD
EXCHNG	Inpatient	R34	ANURIA AND OLIGURIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	Denied	CMD
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	J0585	Injection,onabotulinumtoxina	Denied	CMD
EXCHNG	Medical Benefit Drug	L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Denied	CMD
EXCHNG	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REG-ULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	CMD
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	CMD
EXCHNG	Medical Benefit Drug	K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	J1745	Infliximab not biosimil 10mg	Denied	CMD
EXCHNG	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J0897	Denosumab injection	Denied	CMD
EXCHNG	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLI-CATIONS	Q5104	Injection, renflexis	Denied	CMD
EXCHNG	Medical Benefit Drug	M45.0	ANKLSNG SPONDYLITIS OF MULTIPLE SITES IN SPINE	J1745	Infliximab not biosimil 10mg	Denied	CMD
EXCHNG	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	M87.052	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ ALGRFT	Denied	CMD
EXCHNG	Inpatient	J36	PERITONSILLAR ABSCESS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	CMD
EXCHNG	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	E86.0	DEHYDRATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Denied	CMD
EXCHNG	Inpatient	N49.2	INFLAMMATORY DISORDERS OF SCROTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD

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EXCHNG	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	O00.90	UNSP ECTOPIC PRG W/O INTRAUTERINE PRG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	Denied	CMD
EXCHNG	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	L05.91	PILONIDAL CYST WITHOUT ABSCESS	10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	Denied	CMD
EXCHNG	Inpatient	T84.092D	MECH COMPL OF INT RIGHT KNEE PROSTH SUBS ENCNTN	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Denied	CMD
EXCHNG	Inpatient	T84.092D	MECH COMPL OF INT RIGHT KNEE PROSTH SUBS ENCNTN	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Denied	CMD
EXCHNG	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K57.12	DVTRCLI OF SM INT W/O PERF OR ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	J38.02	PARALYSIS OF VOCAL CORDS AND LARYNX, BILATERAL	31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	Denied	CMD
EXCHNG	Inpatient	J38.02	PARALYSIS OF VOCAL CORDS AND LARYNX, BILATERAL	31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	Denied	CMD
EXCHNG	Inpatient	J38.02	PARALYSIS OF VOCAL CORDS AND LARYNX, BILATERAL	31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	Denied	CMD
EXCHNG	Inpatient	M50.222	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	Denied	CMD
EXCHNG	Inpatient	N49.2	INFLAMMATORY DISORDERS OF SCROTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	CMD
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Denied	CMD
EXCHNG	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	Denied	CMD
EXCHNG	Inpatient	C18.7	MALIGNANT NEOPLASM OF SIGMOID COLON	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Denied	CMD

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EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Denied	CMD
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	CMD
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Denied	CMD
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Denied	CMD
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	CMD
EXCHNG	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Denied	CMD
EXCHNG	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	CMD
EXCHNG	Inpatient	F11.93	OPIOID USE, UNSPECIFIED WITH WITHDRAWAL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K44.9	DIAPHRAGMATIC HERNIA WITHOUT OBST OR GANGRENE	43325	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	Denied	CMD
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	CMD
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Denied	CMD
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Denied	CMD
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Denied	CMD
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Denied	CMD
EXCHNG	Inpatient	M47.22	OTHER SPONDYLS WITH RADICULOPATHY CERV REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Denied	CMD
EXCHNG	Inpatient	K62.5	HEMORRHAGE OF ANUS AND RECTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Inpatient	K37	UNSPECIFIED APPENDICITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
EXCHNG	Medical Benefit Drug	H5789	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	J3241	Inj. teprotumumab-trbw 10 mg	Denied	CMD
EXCHNG	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative

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EXCHNG	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Partially Denied	Administrative
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative

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EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M51.362	OT INTVRT DISC DEGEN LUM RGN DISCOG BK&LW XTR PN	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	Partially Denied	Administrative
EXCHNG	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Administrative
EXCHNG	Inpatient	M96.0	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M48.061	SPINAL STENOS LUMBAR REGION W/O NEUROGENIC CLAUD	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative

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EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/ CABG PX	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33523	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 6 VEIN	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Partially Denied	Administrative
EXCHNG	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22848	PELVIC FIXATION OTHER THAN SACRUM	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22849	REINSERTION SPINAL FIXATION DEVICE	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Partially Denied	Administrative
EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	Administrative

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EXCHNG	Inpatient	M48.062	SPINAL STENOS LMBR RG W NEUROGENIC CLAUDICATION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	CMD
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Partially Denied	CMD
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	CMD
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	CMD
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	CMD
EXCHNG	Inpatient	M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Partially Denied	CMD
EXCHNG	Inpatient	M40.30	FLATBACK SYNDROME, SITE UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	CMD
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	CMD
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Partially Denied	CMD

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EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	CMD
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	CMD
EXCHNG	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCMRPN CERVI-CAL 1 SEG	Partially Denied	CMD
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Partially Denied	CMD
EXCHNG	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Partially Denied	CMD
EXCHNG	Inpatient	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTER-SPACE	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	CMD
EXCHNG	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	63090	VCRPEC TRANSPRTL/RPR DCMRPN THRC LMBR/ SAC 1 SEG	Partially Denied	CMD
HA	Inpatient	T14.90XA	INJURY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACER-BATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T75.4XXA	ELECTROCUTION, INITIAL ENCOUNTER	15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D59.30	HEMOLYTIC-UREMIC SYNDROME, UNSPECIFIED	J1300	Eculizumab injection	Approved	
HA	Inpatient	C82.33	FOLICU LYMPHOMA GRADE IIIA INTRA-ABD LYMPH NODES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K83.5	BILIARY CYST	47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	Approved	Met Medical Necessity Criteria
HA	Inpatient	D72.819	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G36.0	NEUROMYELITIS OPTICA [DEVIC]	Q5119	Inj ruxience, 10 mg	Approved	
HA	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	S33.6XXA	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Approved	
HA	Inpatient	L03.211	CELLULITIS OF FACE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D59.5	PAROXYNS NOCTURNAL HEMGLOBURIA [MARFAVA-MICH]	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	
HA	Medical Benefit Drug	K51.211	ULCERATIVE PROCTITIS WITH RECTAL BLEEDING	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Inpatient	Z90.49	ACQ ABSC OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z90.49	ACQ ABSC OF OT SPECIFIED PARTS OF DIGESTIVE TRAC	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	Approved	
HA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J0717	Certolizumab pegol inj 1mg	Approved	
HA	Inpatient	R09.02	HYPOXEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	E29.1	TESTICULAR HYPOFUNCTION	S0189	Testosterone pellet 75 mg	Denied	
HA	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
HA	Medical Benefit Drug	H55.89	OTHER IRREGULAR EYE MOVEMENTS	Q5115	Inj truxima 10 mg	Approved	
HA	Medical Benefit Drug	K51.318	ULCERATIVE RECTOSIGMOIDITIS WITH OTH COMPL	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Outpatient	D472	MONOCLONAL GAMMOPATHY	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	L40.9	PSORIASIS, UNSPECIFIED	J3245	Inj., tildrakizumab, 1 mg	Approved	
HA	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	Q5103	Injection, inflectra	Approved	
HA	Medical Benefit Drug	G80.9	CEREBRAL PALSY, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	R27.0	ATAXIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	Q5006	Hospice in hospice facility	Denied	Administrative: Insufficient Information
HA	Medical Benefit Drug	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICATIONS	J3358	Ustekinumab, iv inject, 1 mg	Approved	
HA	Inpatient	K65.1	PERITONEAL ABSCESS	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	11045	DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Approved	Met Medical Necessity Criteria
HA	Inpatient	I95.9	HYPOTENSION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I38	ENDOCARDITIS, VALVE UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E03.9	HYPOTHYROIDISM, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M84.551A	PATH FX IN NEOPLTC DISEASE RIGHT FEMUR INIT	26992	INCISION BONE CORTEX PELVIS&/HIP JOINT	Approved	Met Medical Necessity Criteria
HA	Inpatient	M84.551A	PATH FX IN NEOPLTC DISEASE RIGHT FEMUR INIT	20700	MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	Approved	Met Medical Necessity Criteria
HA	Inpatient	M84.551A	PATH FX IN NEOPLTC DISEASE RIGHT FEMUR INIT	20680	REMOVAL IMPLANT DEEP	Approved	Met Medical Necessity Criteria

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HA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/ LAM	Approved	Met Medical Necessity Criteria
HA	Inpatient	G96.00	CEREBROSPINAL FLUID LEAK, UNSPECIFIED	69990	MICROSURGT QOS REQ USE OPERATING MICRO-SCOPE	Approved	Met Medical Necessity Criteria
HA	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	R97.1	ELEVATED CANCER ANTIGEN 125 [CA 125]	J1950	Leuprolide acetate /3.75 mg	Denied	
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANAS-TOMOSIS	Approved	Met Medical Necessity Criteria
HA	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	55513099802	EVENITY 210 MG DOSE-2 SYRINGES OUTER, SUV, P/F	Approved	
HA	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.10	BILIARY ACUTE PANCREATITIS W/O NECROSIS OR INFC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Medical Benefit Drug	K50.00	CROHN DISEASE OF SMALL INTESTINE WITHOUT COMP	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	Q5119	Inj ruxience, 10 mg	Approved	
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/ DRUG	Approved	
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Approved	
HA	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Approved	Met Medical Necessity Criteria
HA	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	Met Medical Necessity Criteria
HA	Inpatient	N82.4	OTHER FEMALE INTESTINAL-GENITAL TRACT FISTULAE	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	Met Medical Necessity Criteria

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HA	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxinA	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	G2176	Outpt ed obs w inpt admit	Approved	Administrative Approval
HA	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	C86.30	SUBQ PANNICULITIS-LIKE T-CELL LYMPHOMA NOT REMIS	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYO-PRSRV STOR	Approved	
HA	Outpatient	C86.30	SUBQ PANNICULITIS-LIKE T-CELL LYMPHOMA NOT REMIS	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
HA	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	E11.3511	TYPE 2 DIAB W PRLF DIAB RTNOP W MACU EDEMA R EYE	J2777	Inj, faricimab-svoa, 0.1mg	Approved	
HA	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	Z76.82	AWAITING ORGAN TRANSPLANT STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
HA	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	Q5005	Hospice, inpatient hospital	Approved	Met Medical Necessity Criteria
HA	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
HA	Medical Benefit Drug	D46.Z	OTHER MYELOYDYSPLASTIC SYNDROMES	J0894	Decitabine injection	Approved	
HA	Medical Benefit Drug	D46.Z	OTHER MYELOYDYSPLASTIC SYNDROMES	J1459	Inj ivig privigen 500 mg	Approved	
HA	Medical Benefit Drug	C34.02	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	J9223	Inj. lurbinectedin, 0.1 mg	Approved	
HA	Medical Benefit Drug	C34.02	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	J1100	Dexamethasone sodium phos	Approved	

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HA	Medical Benefit Drug	C34.02	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	J2469	Palonosetron hcl	Approved	
HA	Inpatient	M25.552	PAIN IN LEFT HIP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C50.511	MALIG NEOPLM OF LOW-OUTER Q OF RIGHT FEM BREAST	J9202	Goserelin acetate implant	Approved	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M86.659	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED THIGH	26992	INCISION BONE CORTEX PELVIS&/HIP JOINT	Approved	Met Medical Necessity Criteria
HA	Inpatient	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J18.0	BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM	99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T86.09	OTHER COMPLICATIONS OF BONE MARROW TRANSPLANT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K65.1	PERITONEAL ABSCESS	99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M79.672	PAIN IN LEFT FOOT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Outpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	E83.52	HYPERCALCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHE-SIS INIT	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/AL-GRFT	Approved	Administrative Approval
HA	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHE-SIS INIT	27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCE-DURE	Approved	Administrative Approval
HA	Inpatient	T84.090A	MECH COMPL OF INTERNAL RIGHT HIP PROSTHE-SIS INIT	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Approved	Administrative Approval
HA	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	E88.01	ALPHA-1-ANTITRYPSIN DEFICIENCY	J0256	Alpha 1 proteinase inhibitor	Approved	
HA	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E03.9	HYPOTHYROIDISM, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D59.5	PAROXYS NOCTURNAL HEMGLOBURIA [MARFA-VA-MICH]	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
HA	Medical Benefit Drug	D59.5	PAROXYS NOCTURNAL HEMGLOBURIA [MARFA-VA-MICH]	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
HA	Medical Benefit Drug	D59.5	PAROXYS NOCTURNAL HEMGLOBURIA [MARFA-VA-MICH]	J1303	Inj., ravulizumab-cwvz 10 mg	Approved	
HA	Inpatient	L03.314	CELLULITIS OF GROIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L03.314	CELLULITIS OF GROIN	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L03.314	CELLULITIS OF GROIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R03.0	ELEVATED BLOOD-PRS READING W/O DIAGNOSIS OF HTN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L03.032	CELLULITIS OF LEFT TOE	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	
HA	Inpatient	S01.81XA	LACERATION W/O FB OF OTH PART OF HEAD INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A09	INFECTIOUS GASTROENTERITIS AND COLITIS USP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Denied	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	
HA	Inpatient	L03.032	CELLULITIS OF LEFT TOE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Inpatient	J20.9	ACUTE BRONCHITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	N62	HYPERTROPHY OF BREAST	19318	BREAST REDUCTION	Approved	
HA	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I71.43	INFARENAL ABDOMINAL AORTIC ANEURYSM W/O RUPTURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	O36.4XX1	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 1	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
HA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
HA	Inpatient	S22.089A	UNSP FRACTURE T11-T12 VERTEBRA INIT FOR CLOS FX	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	J3380	Inj vedolizumab iv 1 mg	Approved	
HA	Inpatient	R0782	INTERCOSTAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	V87.7XXA	PERSON INJURED IN COL BETW OTH MTR VEH INIT	99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	Approved	Met Medical Necessity Criteria
HA	Inpatient	N19	UNSPECIFIED KIDNEY FAILURE	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Administrative Approval
HA	Inpatient	S82.402A	UNSP FX SHAFT OF LEFT FIBULA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	
HA	Inpatient	K43.2	INCISIONAL HERNIA WITHOUT OBST OR GANGRENE	49617	RPR AA HERNIA RECR > 10 CM REDUCIBLE	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	E11.628	TYPE 2 DIAB MEL WITH OTHER SKIN COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.033D	MECH LOOSENING OF INT LEFT KNEE PROS JOINT SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMO-GRF/STENT	Approved	Met Medical Necessity Criteria
HA	Inpatient	I35.0	NONRHEUMATIC AORTIC (VALVE) STENOSIS	33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Approved	Met Medical Necessity Criteria
HA	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	Approved	Met Medical Necessity Criteria
HA	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	G95.29	OTHER CORD COMPRESSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.59XA	INFECT/INFLM REAC D/T OTH INT JOINT PROSTH INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	Met Medical Necessity Criteria
HA	Inpatient	I61.5	NTRM INTRACEREBRAL HEMORRHAGE INTRAVEN-TRICULAR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	F10.929	ALCOHOL USE UNSPECIFIED WITH INTOX UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Approved	Met Medical Necessity Criteria
HA	Inpatient	N85.2	HYPERTROPHY OF UTERUS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	

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HA	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.111	CROHN DISEASE OF LARGE INT WITH RECTAL BLEEDING	Q5103	Injection, inflectra	Approved	
HA	Inpatient	R50.81	FEVER PRESENTING WITH CONDITIONS CLAS ELSEWHERE	99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	Approved	Met Medical Necessity Criteria
HA	Inpatient	I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I26.92	SADDLE EMBOLUS PULMON ART W/O AC COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T81.89XA	OTH COMPLICATIONS OF PROCEDURES, NEC, INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
HA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	Approved	Met Medical Necessity Criteria
HA	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	Approved	Met Medical Necessity Criteria
HA	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	C71.1	MALIGNANT NEOPLASM OF FRONTAL LOBE	Q5107	Inj mvasi 10 mg	Approved	
HA	Inpatient	G93.2	BENIGN INTRACRANIAL HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.019	MIGRAINE W/O AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	S72.91XA	UNSP FRACTURE OF RIGHT FEMUR, INIT FOR CLOS FX	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D66	HEREDITARY FACTOR VIII DEFICIENCY	J7192	Factor viii recombinant nos	Approved	
HA	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	Met Medical Necessity Criteria
HA	Inpatient	I65.21	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	69990	MICROSURG TOS REQ USE OPERATING MICROSCOPE	Approved	Met Medical Necessity Criteria
HA	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria

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HA	Inpatient	L03.211	CELLULITIS OF FACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	S72.002A	FRACTURE OF UNSP PART OF NECK OF LEFT FEMUR INIT	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	C71.9	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	Q5103	Injection, inflectra	Approved	
HA	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0597	C-1 esterase, berinert	Approved	
HA	Medical Benefit Drug	D84.1	DEFECTS IN THE COMPLEMENT SYSTEM	J0598	C-1 esterase, cinryze	Approved	
HA	Inpatient	F10.10	ALCOHOL ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I47.29	OTHER VENTRICULAR TACHYCARDIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M43.17	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q51.9	CONGENITAL MALFORM OF UTERUS AND CERVIX USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q51.9	CONGENITAL MALFORM OF UTERUS AND CERVIX USP	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Approved	Met Medical Necessity Criteria
HA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L73.2	HIDRADENITIS SUPPURATIVA	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R07.9	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
HA	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Approved	
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D86.9	SARCOIDOSIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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HA	Inpatient	I71.010	DISSECTION OF ASCENDING AORTA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N80.9	ENDOMETRIOSIS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	S52.002B	UNSP FX UP END OF L ULNA INI FOR OPN FXTYPE I/2	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	S82.852A	DISPLACED TRMAL FRACTURE OF LEFT LOWER LEG INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I20.0	UNSTABLE ANGINA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.80	CROHN DISEASE OF BOTH SMALL AND LG INT W/O COMP	Q5103	Injection, inflectra	Approved	
HA	Inpatient	E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	E43	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Inpatient	I21.9	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R14.0	ABDOMINAL DISTENSION (GASEOUS)	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	S82.301D	USP FX LO END OF RTIB SB FOR CLS FX W ROUT HEAL	20680	REMOVAL IMPLANT DEEP	Approved	Administrative Approval
HA	Inpatient	S82.301D	USP FX LO END OF RTIB SB FOR CLS FX W ROUT HEAL	11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	Approved	Administrative Approval

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HA	Inpatient	S82.301D	USP FX LO END OF RTIB SB FOR CLS FX W ROUT HEAL	27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/ CERCLA	Approved	Administrative Approval
HA	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J96.20	AC & CHR RESP FAIL UNSP W HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Administrative Approval
HA	Inpatient	O10.919	UNSP PRE-EXISTING HTN COMP PRG UNSP TRIMES-TER	59409	VAGINAL DELIVERY ONLY	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Denied	Administrative: Insufficient Information
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Denied	Administrative: Insufficient Information
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Denied	Administrative: Insufficient Information
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Denied	Administrative: Insufficient Information
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	Administrative: Insufficient Information
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	Administrative: Insufficient Information
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Denied	Administrative: Insufficient Information
HA	Inpatient	Q21.3	TETRALOGY OF FALLOT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	Denied	
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/ DRUG	Denied	
HA	Medical Benefit Drug	K86.1	OTHER CHRONIC PANCREATITIS	J1823	Inj. inebilizumab-cdon, 1 mg	Denied	
HA	Inpatient	R53.1	WEAKNESS	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPER-CAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	Met Medical Necessity Criteria
HA	Inpatient	Q04.6	CONGENITAL CEREBRAL CYSTS	62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	I63.30	CEREBRAL INF DUE TO THOMBOS UNSP CEREBRAL ARTERY	J1306	Injection, inclisiran, 1 mg	Approved	
HA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Approved	Met Medical Necessity Criteria
HA	Inpatient	K42.0	UMBILICAL HERNIA WITH OBST WITHOUT GANGRENE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z90.710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1602	Golimumab for iv use 1mg	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	R19.7	DIARRHEA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T14.90XA	INJURY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
HA	Medical Benefit Drug	K60.1	CHRONIC ANAL FISSURE	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I48.92	UNSPECIFIED ATRIAL FLUTTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	S36.13XA	INJURY OF BILE DUCT, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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HA	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	D374	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	Met Medical Necessity Criteria
HA	Inpatient	I20.81	ANGINA PECTORIS WITH CORONARY MICROVASCULAR DYSF	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	95874	NEEDLE EMG GUID W/CHEMODENERVATION	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0587	Inj, rimabotulinumtoxinb	Approved	
HA	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L03.116	CELLULITIS OF LEFT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Denied	
HA	Inpatient	S82.841B	DSP BIML FX R LOW LEG INIT FOR OPN FX TYPE I/2	27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	Approved	Met Medical Necessity Criteria
HA	Inpatient	T14.8XXS	OTHER INJURY OF UNSPECIFIED BODY REGION, SEQUELA	99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj, eptinezumab-jjmr 1 mg	Denied	
HA	Inpatient	I63.22	CRB INFRC D/T USP OCCLS OR STENOS OF BASILAR ART	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	Met Medical Necessity Criteria
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Outpatient	K03.6	DEPOSITS [ACCRETIONS] ON TEETH	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Partially Denied	
HA	Outpatient	K03.6	DEPOSITS [ACCRETIONS] ON TEETH	170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Partially Denied	

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HA	Inpatient	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	S91.001A	USP OPEN WOUND RIGHT ANKLE INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Denied	
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	K56.1	INTUSSUSCEPTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I49.01	VENTRICULAR FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L03.213	PERIORBITAL CELLULITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J43.9	EMPHYSEMA, UNSPECIFIED	32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z93.3	COLOSTOMY STATUS	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Approved	Met Medical Necessity Criteria
HA	Inpatient	D57.00	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N81.2	INCOMPLETE UTEROVAGINAL PROLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0588	Incobotulinumtoxin a	Denied	
HA	Inpatient	N23	UNSPECIFIED RENAL COLIC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N10	ACUTE PYELONEPHRITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	E11.3592	TP 2 DIAB W PRLF DIAB RTNOP W/O MCLR EDMA L EYE	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Approved	
HA	Medical Benefit Drug	E11.3592	TP 2 DIAB W PRLF DIAB RTNOP W/O MCLR EDMA L EYE	J0178	Aflibercept injection	Approved	
HA	Inpatient	I16.0	HYPERTENSIVE URGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	G35	MULTIPLE SCLEROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria

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HA	Inpatient	G51.0	BELL'S PALSY	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N48.6	INDURATION PENIS PLASTICA	J0775	Collagenase, clost hist inj	Approved	
HA	Inpatient	I63.232	CRB INFRC D/T UNSP OCCLS OR STENOS OF L CRTD ART	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	Met Medical Necessity Criteria
HA	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPERCAPNIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M31.30	WEGENER GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Q5119	Inj ruxience, 10 mg	Approved	
HA	Medical Benefit Drug	D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	J1439	Inj ferric carboxymaltos 1mg	Denied	
HA	Inpatient	R93.1	AB FINDINGS ON DX IMAGING OF HEART AND COR CIRC	33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	R93.1	AB FINDINGS ON DX IMAGING OF HEART AND COR CIRC	33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	R93.1	AB FINDINGS ON DX IMAGING OF HEART AND COR CIRC	33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/ WO PATCH	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M47819	SPONDYLS W/O MYELPATH OR RADICULOPATHY SITE UNSP	J1745	Infliximab not biosimil 10mg	Approved	
HA	Inpatient	S76.011A	STRAIN MUSCLE FSC AND TENDON OF RIGHT HIP INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Administrative Approval
HA	Inpatient	S22.41XA	MULTIPLE FX OF RIBS RIGHT SIDE INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	R94.31	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	Met Medical Necessity Criteria
HA	Inpatient	K86.0	ALCOHOL-INDUCED CHRONIC PANCREATITIS	48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	F10.932	ALCOHOL USE, USP W W/DRAVAL W PERCEPTUAL DISTURB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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HA	Inpatient	M02.30	REITER'S DISEASE, UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Medical Benefit Drug	D89.813	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED	J9999	Chemotherapy drug	Denied	
HA	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	G47.10	HYPERMOMNIA, UNSPECIFIED	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Approved	
HA	Outpatient	G47.10	HYPERMOMNIA, UNSPECIFIED	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Approved	
HA	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Medical Benefit Drug	G43.E19	CHRONC MIGRAINE W AURA INTRACTABLE W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	Approved	Administrative Approval
HA	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Outpatient	T84.54XA	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C25.1	MALIGNANT NEOPLASM OF BODY OF PANCREAS	Q5006	Hospice in hospice facility	Approved	Met Medical Necessity Criteria
HA	Outpatient	C81.90	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
HA	Inpatient	F10.939	ALCOHOL USE, UNSPECIFIED WITH WITHDRAWAL, UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Approved	
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J0638	Canakinumab injection	Approved	
HA	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J0129	Abatacept injection	Approved	
HA	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J9210	Inj., emapalumab-lzsg, 1 mg	Approved	
HA	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	Met Medical Necessity Criteria
HA	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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HA	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N19	UNSPECIFIED KIDNEY FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N20.0	CALCULUS OF KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.10	BILIARY ACUTE PANCREATITIS W/O NECROSIS OR INFC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M79.18	MYALGIA, OTHER SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	I82.409	AC MBLSM AND THOMBOS UNSP DEEP VN UNSP LOW EXTRM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K50.012	CROHN DISEASE OF SMALL INTESTINE W INTEST OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	O14.90	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	B34.1	ENTEROVIRUS INFECTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	Z43.3	ENCOUNTER FOR ATTENTION TO COLOSTOMY	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	Partially Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	J39.0	RETROPHARYNGEAL AND PARAPHARYNGEAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J0638	Canakinumab injection	Denied	
HA	Inpatient	O14.90	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M34.82	SYSTEMIC SCLEROSIS WITH MYOPATHY	J3262	Tocilizumab injection	Denied	
HA	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	D76.1	HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J0129	Abatacept injection	Approved	
HA	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J0638	Canakinumab injection	Approved	
HA	Medical Benefit Drug	M08.20	JUV RHEU RTHRT WITH SYSTEMIC ONSET UNSP SITE	J9210	Inj., emapalumab-lzsg, 1 mg	Approved	
HA	Inpatient	I67.5	MOYAMOYA DISEASE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	F29	UNSP PSYCHOSIS NOT D/T A SUB OR KN PHYSIOL COND	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I82.431	AC MBLSM AND THROMBOSIS OF RIGHT POPLITE-AL VEIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0588	Incobotulinumtoxin a	Approved	
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHE-MATOSUS	J0490	Belimumab injection	Approved	
HA	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R52	PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I77.1	STRICTURE OF ARTERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N12	TUBULO-INTERSTIT NEPHRITIS NOT SPCF AS AC OR CHR	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	Approved	
HA	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G82.50	QUADRIPLEGIA, UNSPECIFIED	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUS-CLE	Approved	
HA	Inpatient	R20.8	OTHER DISTURBANCES OF SKIN SENSATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R45.851	SUICIDAL IDEATIONS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Denied	Administrative: Insuffi-cient Information
HA	Inpatient	K86.89	OTHER SPECIFIED DISEASES OF PANCREAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

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HA	Inpatient	S06.341A	TRAUM HEM RIGHT CRB W LOC OF 30 MIN OR LESS INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I63.81	OTH CEREB INFRC D/T OCCLS OR STENOS OF SMALL ART	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M65.949	UNSP SYNOVITIS/TENOSYNOVITIS, UNSPECIFIED HAND	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	
HA	Medical Benefit Drug	M06.00	RHEU ARTHRITIS WITHOUT RHEU FACTOR UNSP SITE	J0717	Certolizumab pegol inj 1mg	Approved	
HA	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.119	MIGRAINE WITH AURA INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Inpatient	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	Met Medical Necessity Criteria
HA	Inpatient	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	S2900	Robotic surgical system	Approved	Met Medical Necessity Criteria
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K92.0	HEMATEMESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	K43.9	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I16.1	HYPERTENSIVE EMERGENCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
HA	Inpatient	R10.0	ACUTE ABDOMEN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	

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HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22855	REMOVAL ANTERIOR INSTRUMENTATION	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22849	REINSERTION SPINAL FIXATION DEVICE	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M54.16	RADICULOPATHY, LUMBAR REGION	22586	ARTHRODESIS PRESACRAL NTRBDY DSC W/IN-STRMJ L5-S1	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
HA	Inpatient	R10.31	RIGHT LOWER QUADRANT PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D59.10	AUTOIMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	J1300	Ecuzumab injection	Approved	
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Denied	Did Not Meet Medical Necessity Criteria
HA	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	S9379	Hit noc per diem	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
HA	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
HA	Inpatient	Z21	ASYMPTOMATIC HUMAN IMMUNODEF VIRUS INFC STATUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K57.12	DVTRCLI OF SM INT W/O PERF OR ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Outpatient	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Approved	

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HA	Inpatient	I38	ENDOCARDITIS, VALVE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T14.8XXA	OTHER INJURY OF UNSP BODY REGION INIT ENCNR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	N32.81	OVERACTIVE BLADDER	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A18.2	TUBERCULOUS PERIPHERAL LYMPHADENOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D89.811	CHRONIC GRAFT-VERSUS-HOST DISEASE	J9999	Chemotherapy drug	Denied	
HA	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J41.0	SIMPLE CHRONIC BRONCHITIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	Z89.511	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	E83.19	OTHER DISORDERS OF IRON METABOLISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Denied	
HA	Outpatient	D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	58573	LAPAROSCOPYTOT HYSTERECTOMY >250 G W/ TUBE/OVAR	Approved	

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HA	Inpatient	R29.898	OTH SYMP&SIGNS INVOLVING THE MUSCULOSKELETAL SYS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	T84.54XA	INFECT/INFLM REAC D/T INT LEFT KNEE PROSTH INIT	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	Approved	
HA	Inpatient	T30.0	BURN OF USP BODY REGION USP DEGREE	16020	DRS&DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	Approved	Met Medical Necessity Criteria
HA	Inpatient	T30.0	BURN OF USP BODY REGION USP DEGREE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J84.01	ALVEOLAR PROTEINOSIS	32997	TOTAL LUNG LAVAGE UNILATERAL	Approved	Administrative Approval
HA	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R55	SYNCOPE AND COLLAPSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Outpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Approved	
HA	Outpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Approved	
HA	Outpatient	C74.90	MALIG NEOPLASM OF UNSP PART OF USP ADRENAL GLAND	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Approved	
HA	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R94.39	AB RESULT OF OTHER CARDIOVASC FUNCTION STUDY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	O11.9	PRE-EXIST HYPERTENSION W PRE-ECLAMPSIA UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	P2P Reconsideration
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	P2P Reconsideration
HA	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	P2P Reconsideration
HA	Inpatient	K31.84	GASTROPARESIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	V29.99XA	RIDER (DRIVER) OF OT MTRCY INJ IN USP TRAF, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	D59.30	HEMOLYTIC-UREMIC SYNDROME, UNSPECIFIED	J1300	Ecilizumab injection	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxinA	Approved	
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0129	Abatacept injection	Approved	
HA	Inpatient	T50.901A	POISONING BY UNSP DRUG/MEDS/BIOLOG SUBST ACC INIT	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R50.9	FEVER, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	Did Not Meet Medical Necessity Criteria
HA	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R65.20	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K57.30	DVRTCLOS OF LG INT W/O PERF OR ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K56.51	INTESTINAL ADH [BANDS] W PARTIAL OBSTRUCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I49.9	CARDIAC ARRHYTHMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C78.7	SEC MALIG NEOP OF LIVER & INTRAHEPATIC BILE DUCT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K35.30	AQT APPENDICITIS LOC PERITONITIS, W/O PERF/GANGR	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95913	NERVE CONDUCTION STUDIES 13/> STUDIES	Approved	Administrative Approval

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1INTRSPC LUMBAR	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	G0453	Cont intraop neuro monitor	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Approved	Administrative Approval
HA	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20937	AUTOGRAFT SPINE SURGERY MORSELIIZED SEP INCISION	Approved	Administrative Approval
HA	Inpatient	R18.8	OTHER ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	C16.0	MALIGNANT NEOPLASM OF CARDIA	43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	Approved	Administrative Approval
HA	Inpatient	J96.00	ACUTE RESP FAILURE UNSPW HYPOXIA OR HYPER-CAPNIA	H2001	Rehabilitation program 1/2 d	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
HA	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
HA	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
HA	Inpatient	R04.2	HEMOPTYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Approved	
HA	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J1602	Golimumab for iv use 1mg	Approved	
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Inpatient	R97.1	ELEVATED CANCER ANTIGEN 125 [CA 125]	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPH-ADENECTOMY	Denied	Administrative: Insufficient Information
HA	Inpatient	R97.1	ELEVATED CANCER ANTIGEN 125 [CA 125]	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Denied	Administrative: Insufficient Information
HA	Inpatient	R97.1	ELEVATED CANCER ANTIGEN 125 [CA 125]	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	Denied	Administrative: Insufficient Information
HA	Inpatient	I24.9	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	A15.9	RESPIRATORY TUBERCULOSIS UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	S82.402A	UNSP FX SHAFT OF LEFT FIBULA INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOX-IA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M62.82	RHABDOMYOLYSIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0587	Inj, rimabotulinumtoxinb	Approved	
HA	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	M62.82	RHABDOMYOLYSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Administrative Approval
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J9312	Inj., rituximab, 10 mg	Denied	
HA	Inpatient	K50.118	CROHN DISEASE OF LARGE INT WITH OTHER COMPL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	U07.1	COVID-19	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Medical Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Denied	
HA	Medical Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	J0175	Inj, donanemab-azbt, 2 mg	Denied	
HA	Medical Benefit Drug	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Denied	
HA	Inpatient	R41.89	OTH SYMP&SIGNS W COGNITIVE FUNCTIONS&AWARENESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
HA	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0490	Belimumab injection	Approved	
HA	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
HA	Inpatient	T84.061D	WEAR OF ART BEARING SFC OF INT PROS L HIP JT SB	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/AL-GRFT	Approved	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20680	REMOVAL IMPLANT DEEP	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/>VRT SE	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	M41.9	SCOLIOSIS, UNSPECIFIED	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Met Medical Necessity Criteria
HA	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	Met Medical Necessity Criteria
OCTAVE	Inpatient	K05.219	AGGRESSIVE PERIODONTITIS LOCALIZED UNSP SEVERITY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T49.1X2A	POISN BY ANTIPRURITICS INTENTIONAL SLF-HRM INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	E75.22	GAUCHER DISEASE	J1786	Imuglucerase injection	Approved	
OCTAVE	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
OCTAVE	Inpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	Approved	
OCTAVE	Inpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
OCTAVE	Inpatient	C18.4	MALIGNANT NEOPLASM OF TRANSVERSE COLON	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
OCTAVE	Inpatient	I60.9	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
OCTAVE	Outpatient	D46.9	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	J96.20	AC & CHR RESP FAIL UNSP W HYPOXIA OR HYPERCAPNIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Inpatient	F32.3	MAJOR DEPRESSV DISORD SING EPSD SEV W PSYCH FEAT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Medical Benefit Drug	N39.41	URGE INCONTINENCE	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	N39.41	URGE INCONTINENCE	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	Approved	
OCTAVE	Inpatient	D41.01	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J3262	Tocilizumab injection	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUC-TURAL	Approved	
OCTAVE	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEM-ISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I74.2	MBSM AND THROMBOSIS OF ART OF THE UPPER EXTREM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.00	ACUTE RESP FAILURE UNSP W HYPOXIA OR HYPER-CAPNIA	G4033	Skilled nursing facility ss	Approved	
OCTAVE	Medical Benefit Drug	K51.50	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	J3380	Inj vedolizumab iv 1 mg	Approved	
OCTAVE	Inpatient	S00.03XA	CONTUSION OF SCALP, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I60.9	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K56.41	FECAL IMPACTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K51.00	ULCERATIVE PANCOLITIS WITHOUT COMPLICA-TIONS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	M31.6	OTHER GIANT CELL ARTERITIS	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
OCTAVE	Inpatient	P0739	PRETERM NEWBORN GESTATNL AGE 36 COMPLET-ED WEEKS	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Approved	
OCTAVE	Inpatient	G40.919	EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Approved	
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M05.9	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR USP	J3262	Tocilizumab injection	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	I72.3	ANEURYSM OF ILIAC ARTERY	34718	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	Approved	
OCTAVE	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	F20.9	SCHIZOPHRENIA, UNSPECIFIED	J2426	Inj, invega sustenna, 1 mg	Approved	
OCTAVE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
OCTAVE	Inpatient	I62.01	NONTRAUMATIC ACUTE SUBDURAL HEMORRHAGE	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E876	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E16.2	HYPOGLYCEMIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	O26.853	SPOTTING COMPLICATING PREGNANCY, THIRD TRIMESTER	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	
OCTAVE	Inpatient	K91.86	RETAINED CHOLELITHIASIS FOL CHOLECYSTECTOMY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T84.012A	BROKEN INTERNAL RIGHT KNEE PROSTH INITIAL ECTR	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
OCTAVE	Inpatient	O09.92	SUPRVSN OF HIGH RISK PRG UNSP SECOND TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Inpatient	I31.4	CARDIAC TAMPONADE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
OCTAVE	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R79.89	OTHER SPECIFIED AB FINDINGS OF BLOOD CHEMISTRY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R10.84	GENERALIZED ABDOMINAL PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Outpatient	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Approved	
OCTAVE	Outpatient	D46.9	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M06.09	RHEU ARTHRITIS W/O RHEU FACTOR MULTIPLE SITES	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
OCTAVE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	69990	MICROSURG TQS REQ USE OPERATING MICRO-SCOPE	Approved	
OCTAVE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	Approved	
OCTAVE	Inpatient	D32.9	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	61781	STRTRCT CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J3262	Tocilizumab injection	Approved	
OCTAVE	Inpatient	K57.32	DVTRCLI OF LG INT W/O PERF OR ABSCESS W/O BLEED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Approved	
OCTAVE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	Q67.6	PECTUS EXCAVATUM	20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	Approved	
OCTAVE	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	99360	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	Approved	
OCTAVE	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	Approved	
OCTAVE	Inpatient	C49.9	MALIGNANT NEOPLASM OF CONN AND SOFT TISSUE UNSP	43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	Approved	
OCTAVE	Inpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	Q5005	Hospice, inpatient hospital	Approved	
OCTAVE	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	F33.9	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	90870	ELECTROCONVULSIVE THERAPY	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	Approved	
OCTAVE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	Approved	
OCTAVE	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	Approved	
OCTAVE	Inpatient	D41.02	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T14.90XA	INJURY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
OCTAVE	Outpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
OCTAVE	Inpatient	N28.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
OCTAVE	Inpatient	C15.4	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	43288	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	O13.3	GESTATNL HTN W/O SIGNIFICANT PROTEIN THIRD TRI	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	
OCTAVE	Medical Benefit Drug	G51.31	CLONIC HEMIFACIAL SPASM, RIGHT	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G51.32	CLONIC HEMIFACIAL SPASM, LEFT	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	J2930	Methylprednisolone injection	Approved	
OCTAVE	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	Q5115	Inj truxima 10 mg	Approved	
OCTAVE	Medical Benefit Drug	I77.82	ANTINEUTROPHILIC CYTOPLASMIC ANTIBODY VASCULITIS	J1200	Diphenhydramine hcl injectio	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Approved	
OCTAVE	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L03.119	CELLULITIS OF UNSPECIFIED PART OF LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M32.19	OTH ORG OR SYS INVOLV IN SYS LUPUS ERYTHEMATOSUS	J0491	Inj anifrolumab-fnia 1mg	Approved	
OCTAVE	Inpatient	N178	OTHER ACUTE KIDNEY FAILURE	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	G06.2	EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Inpatient	M86.9	OSTEOMYELITIS, UNSPECIFIED	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	Approved	
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J3357	Ustekinumab sub cu inj, 1 mg	Approved	
OCTAVE	Inpatient	J21.0	ACUTE BRONCHIOLITIS DUE TO RESP SYNCYTIAL VIRUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Inpatient	R00.2	PALPITATIONS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	C64.2	MALIG NEOP OF LEFT KIDNEY EXCEPT RENAL PELVIS	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Approved	
OCTAVE	Inpatient	C61	MALIGNANT NEOPLASM OF PROSTATE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	1961	ANESTHESIA CESAREAN DELIVERY ONLY	Approved	
OCTAVE	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	R18.8	OTHER ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G93.5	COMPRESSION OF BRAIN	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	Approved	
OCTAVE	Inpatient	I21.19	STEMI INVOLVING OTH COR ARTERY OF INFERIOR WALL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	T84.84XD	PAIN DUE TO INTERNAL ORTH PROSTH DEV/GRFT SUBS	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
OCTAVE	Inpatient	I60.9	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/ CHLD	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICRO-SURG	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.00	ACUTE RESP FAILURE UNSPW HYPOXIA OR HYPERCAPNIA	G4033	Skilled nursing facility ss	Approved	
OCTAVE	Medical Benefit Drug	L40.0	PSORIASIS VULGARIS	J3245	Inj., tildrakizumab, 1 mg	Approved	
OCTAVE	Inpatient	M14.672	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
OCTAVE	Inpatient	E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Inpatient	D49.6	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	61510	CRANIEC TREPINE BONE FLP BRAIN TUMOR SUPRTENTOR	Approved	
OCTAVE	Inpatient	W34.00XA	ACC DISCHARGE FROM UNSP FIREARMS OR GUN INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	M50.03	CERV DISC DISORDER W MYELPATH CERVICOTHOR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Approved	
OCTAVE	Inpatient	M50.03	CERV DISC DISORDER W MYELPATH CERVICOTHOR REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Approved	
OCTAVE	Inpatient	M50.03	CERV DISC DISORDER W MYELPATH CERVICOTHOR REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M50.03	CERV DISC DISORDER W MYELPATH CERVICOTHOR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
OCTAVE	Inpatient	M50.03	CERV DISC DISORDER W MYELPATH CERVICOTHOR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Approved	
OCTAVE	Inpatient	M50.03	CERV DISC DISORDER W MYELPATH CERVICOTHOR REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O09.93	SUPRVSN OF HIGH RISK PRG UNSP THIRD TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	Q5103	Injection, inflectra	Approved	
OCTAVE	Inpatient	K81.0	ACUTE CHOLECYSTITIS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K62.5	HEMORRHAGE OF ANUS AND RECTUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	A9607	Lutetium lu 177 vipivotide	Approved	
OCTAVE	Medical Benefit Drug	C61	MALIGNANT NEOPLASM OF PROSTATE	79101	RP THERAPY INTRAVENOUS ADMINISTRATION	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	Q5115	Inj truxima 10 mg	Approved	
OCTAVE	Inpatient	O14.95	UNSP PRE-ECLAMPSIA COMPLICATING THE PUERPERIUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	D25.0	SUBMUCOUS LEIOMYOMA OF UTERUS	J1950	Leuprolide acetate /3.75 mg	Approved	
OCTAVE	Medical Benefit Drug	D25.0	SUBMUCOUS LEIOMYOMA OF UTERUS	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O60.00	PRETERM LABOR WITHOUT DELIVERY USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J96.21	ACUTE AND CHRONIC RESP FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	J0775	Collagenase, clost hist inj	Approved	
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.11	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R60.1	GENERALIZED EDEMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G40.89	OTHER SEIZURES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E86.0	DEHYDRATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O03.9	COMPLETE OR UNSP SPN ABORTION WITHOUT COMPL	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C7A.019	MALIG CARCINOID TUMOR OF THE SM INT UNSP PORTION	47600	CHOLECYSTECTOMY	Approved	
OCTAVE	Inpatient	C7A.019	MALIG CARCINOID TUMOR OF THE SM INT UNSP PORTION	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Approved	
OCTAVE	Inpatient	C7A.019	MALIG CARCINOID TUMOR OF THE SM INT UNSP PORTION	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	Approved	
OCTAVE	Inpatient	C7A.019	MALIG CARCINOID TUMOR OF THE SM INT UNSP PORTION	49186	OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5 CM OR LESS	Approved	
OCTAVE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REG-ULAR CYC	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R10.13	EPIGASTRIC PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Outpatient	Z94.0	KIDNEY TRANSPLANT STATUS	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHREC-TOMY	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	Q5115	Inj truxima 10 mg	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	J9370	Vincristine sulfate 1 mg inj	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	J2469	Palonosetron hcl	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	J1100	Dexamethasone sodium phos	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	J9073	Inj cyclophosphamd (ingenus)	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	J7512	Prednisone ir or dr oral 1mg	Approved	
OCTAVE	Medical Benefit Drug	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	Approved	
OCTAVE	Medical Benefit Drug	K51.519	LEFT SIDED COLITIS WITH UNSPECIFIED COMP	J3380	Inj vedolizumab iv 1 mg	Approved	
OCTAVE	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Approved	
OCTAVE	Medical Benefit Drug	M05.79	RHU RTHRT W RHEU FCTR MLT SIT W/O ORG/SYS INVOLV	J0717	Certolizumab pegol inj 1mg	Approved	
OCTAVE	Inpatient	C83.32	DIFSE LARGE B-CELL LYMPH INTRATHORAC LYMPH NODES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O36.8190	DECREASED FETAL MOVEMENTS, UNSP TRIMES-TER, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C02.9	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	G4033	Skilled nursing facility ss	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICA-TION	1961	ANESTHESIA CESAREAN DELIVERY ONLY	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Medical Benefit Drug	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Inpatient	J96.91	RESPIRATORY FAILURE, UNSPECIFIED WITH HYPOXIA	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R29.90	USP SYMP AND SIGNS INVOLVING THE NERVOUS SYSTEM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED	55980	INTERSEX SURG FEMALE MALE	Approved	
OCTAVE	Inpatient	K80.50	ST1 BILE DUX W/O CHOLANGITIS/CHOLECYST W/O OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S36.119A	UNSPECIFIED INJURY OF LIVER, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	J94.2	HEMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Approved	
OCTAVE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	
OCTAVE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
OCTAVE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Approved	
OCTAVE	Inpatient	M50.00	CERV DISC DIS WITH MYELPATH UNSP CERV REGION	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	
OCTAVE	Inpatient	R06.03	ACUTE RESPIRATORY DISTRESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Inpatient	L03.90	CELLULITIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O75.82	ONSET LAB 37-39 WEEKS W DEL BY CESAREAN SECTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N80.101	ENDOMETRIOSIS OF RIGHT OVARY, UNSPECIFIED DEPTH	58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	Approved	
OCTAVE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T84.032A	MECH LOOSENING OF INT RIGHT KNEE PROS JOINT INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	Approved	
OCTAVE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
OCTAVE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
OCTAVE	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O09.90	SUPRVSN OF HIGH RISK PRG UNSP UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I63.00	CEREBRAL INF DUE TO THOMBOS UNSP PRECERB ARTERY	99309	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	Approved	
OCTAVE	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	G24.9	DYSTONIA, UNSPECIFIED	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	Approved	
OCTAVE	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	S83.005A	USP DLOC OF LEFT PATELLA INITIAL ENCOUNTER	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
OCTAVE	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Medical Benefit Drug	M06.89	OTHER SPECIFIED RHEU ARTHRITIS MULTIPLE SITES	J1602	Golimumab for iv use 1mg	Approved	
OCTAVE	Inpatient	J10.1	FLU D/T OTH IDENT FLU VIRUS W OTH RESP MAN-IFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59409	VAGINAL DELIVERY ONLY	Approved	
OCTAVE	Inpatient	O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICA-TION	1961	ANESTHESIA CESAREAN DELIVERY ONLY	Approved	
OCTAVE	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C20	MALIGNANT NEOPLASM OF RECTUM	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	Approved	
OCTAVE	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M25.551	PAIN IN RIGHT HIP	20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	Approved	
OCTAVE	Inpatient	M25.551	PAIN IN RIGHT HIP	27030	ARTHROTOMY HIP W/DRAINAGE	Approved	
OCTAVE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T42.4X1A	POISONING BY BENZODIAZEPINES, ACCIDENTAL, INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	U07.1	COVID-19	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O24.119	PRE-EXIST TYPE 2 DIABETES IN PRG UNSP TRIMES-TER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R50.9	FEVER, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E87.6	HYPOKALEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G70.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACER-BATION	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	J9100	Cytarabine hcl 100 mg inj	Approved	
OCTAVE	Inpatient	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTER-SPACE	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVI-CAL 1 SEG	Approved	
OCTAVE	Inpatient	M48.02	SPINAL STENOSIS, CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	E13.10	OTH DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MIN-UTES	Approved	
OCTAVE	Medical Benefit Drug	G43.009	MIGRAINE W/O AURA NOT INTRACT W/O STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	J45.41	MODERATE PERSISTENT ASTHMA WITH EXACER-BATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J93.83	OTHER PNEUMOTHORAX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	I65.21	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Approved	
OCTAVE	Inpatient	K57.92	DVTRCLI INTEST PRT USP W/O PERF/ABSCS W/O BLEED	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Approved	
OCTAVE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	Approved	
OCTAVE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Approved	
OCTAVE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Approved	
OCTAVE	Inpatient	D35.2	BENIGN NEOPLASM OF PITUITARY GLAND	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/ SEPTAL	Approved	
OCTAVE	Inpatient	I63.542	CRB INFRC D/T USP OCCLS OR STENOS L CEREBLR ART	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	Approved	
OCTAVE	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	Approved	
OCTAVE	Inpatient	C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CE-COSTOMY	Approved	
OCTAVE	Inpatient	G20.B2	PARKINSONS DISEASE W DYSKINESIA, W FLUCTUATIONS	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	D57.00	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
OCTAVE	Inpatient	I10	ESSENTIAL (PRIMARY) HYPERTENSION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I46.9	CARDIAC ARREST, CAUSE UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K70.30	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Q5006	Hospice in hospice facility	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.E09	CHRONIC MIGRAINE W AURA NOT NTRCT, W/O STAT MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Inpatient	R19.00	INTRA-ABD & PELV SWELLING MASS & LUMP UNSP SITE	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Approved	
OCTAVE	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Approved	
OCTAVE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
OCTAVE	Inpatient	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R18.8	OTHER ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Approved	

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OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Approved	
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Approved	
OCTAVE	Inpatient	K85.90	ACUTE PANCREATITIS W/O NECROSIS OR INFC UNSP	99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33523	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/ CABG PX	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	Approved	
OCTAVE	Inpatient	D61.818	OTHER PANCYTOPENIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	

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OCTAVE	Inpatient	Z97.8	PRESENCE OF OTHER SPECIFIED DEVICES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	Z96.9	PRESENCE OF FUNCTIONAL IMPLANT, UNSPECIFIED	J0775	Collagenase, clost hist inj	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J3032	Inj. eptinezumab-ijmr 1 mg	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Approved	
OCTAVE	Inpatient	J11.1	FLU DUE TO UNIDENT FLU VIRUS W OTH RESP MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R31.9	HEMATURIA, UNSPECIFIED	50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	Approved	
OCTAVE	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	D73.3	ABSCESS OF SPLEEN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L03.211	CELLULITIS OF FACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Approved	
OCTAVE	Inpatient	K91.89	OTH PSTPR COMP AND DISORDERS OF DGSTV SYS	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	Approved	
OCTAVE	Inpatient	G70.01	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Inpatient	K72.10	CHRONIC HEPATIC FAILURE WITHOUT COMA	Q5006	Hospice in hospice facility	Approved	
OCTAVE	Inpatient	K86.2	CYST OF PANCREAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O60.00	PRETERM LABOR WITHOUT DELIVERY USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I87.1	COMPRESSION OF VEIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	C18.5	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I26.99	OTHER PULMON MBLSM WITHOUT ACUTE COR PULMONALE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	O61.9	FAILED INDUCTION OF LABOR, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K80.20	CALCULUS OF GALLBLADDER W/O CHOLECYST W/O OBST	47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	Approved	
OCTAVE	Inpatient	Z93.3	COLOSTOMY STATUS	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	Approved	
OCTAVE	Outpatient	D47.2	MONOCLONAL GAMMOPATHY	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	32561	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Inpatient	N28.1	CYST OF KIDNEY, ACQUIRED	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G43.709	CHRONIC MIGRN W/O AURA NOT INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	D73.3	ABSCESS OF SPLEEN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I50.9	HEART FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	Z34.90	ENCNTR FOR SUPRVSN OF NORMAL PRG UNSP UNSP TRI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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OCTAVE	Inpatient	N13.2	HYDRONEPHROSIS W RENAL & URETERAL CALCULOUS OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K61.1	RECTAL ABSCESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	K63.5	POLYP OF COLON	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	Approved	
OCTAVE	Inpatient	E13.10	OTH DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N92.1	EXCESS AND FREQUENT MENSTRUATION WITH IRREG CYC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	Z3A.37	37 WEEKS GESTATION OF PREGNANCY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S37.002A	USP INJURY OF LEFT KIDNEY INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L02.91	CUTANEOUS ABSCESS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
OCTAVE	Inpatient	Z93.2	ILEOSTOMY STATUS	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	Approved	
OCTAVE	Inpatient	O10.919	UNSP PRE-EXISTING HTN COMP PRG UNSP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G93.89	OTHER SPECIFIED DISORDERS OF BRAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	F10.239	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
OCTAVE	Inpatient	J44.1	CHR OBSTRUCTIVE PULMON DISEASE W EXACERBATION	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	I95.9	HYPOTENSION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J09.X9	FLU D/T IDENT NOVEL FLU A VIRUS W OTH MANIFEST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Inpatient	I50.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	Approved	
OCTAVE	Inpatient	M54.50	LOW BACK PAIN, UNSPECIFIED	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
OCTAVE	Inpatient	G35	MULTIPLE SCLEROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R73.9	HYPERGLYCEMIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1960	ANESTHESIA VAGINAL DELIVERY ONLY	Approved	
OCTAVE	Inpatient	N13.2	HYDRONEPHROSIS W RENAL & URETERAL CALCULOUS OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S42.352A	DSP COMMNT FX SHAFT OF HUMERUS LEFT ARM INIT	H2001	Rehabilitation program 1/2 d	Approved	
OCTAVE	Inpatient	J45.51	SEVERE PERSISTENT ASTHMA WITH EXACERBATION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R0789	OTHER CHEST PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I85.00	ESOPHAGEAL VARICES WITHOUT BLEEDING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K70.31	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Q5003	Hospice in It/non-skilled nf	Approved	
OCTAVE	Inpatient	J45.902	UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K63.89	OTHER SPECIFIED DISEASES OF INTESTINE	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	Approved	
OCTAVE	Inpatient	F10.931	ALCOHOL USE, UNSPECIFIED W WITHDRAWAL DELIRIUM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Approved	
OCTAVE	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
OCTAVE	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
OCTAVE	Inpatient	M51.16	INTVRT DISC DISORD W RADICULOPATHY LUMBAR REGION	22849	REINSERTION SPINAL FIXATION DEVICE	Approved	
OCTAVE	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	K86.3	PSEUDOCYST OF PANCREAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	D75.81	MYELOFIBROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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OCTAVE	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	Approved	
OCTAVE	Medical Benefit Drug	K60.2	ANAL FISSURE, UNSPECIFIED	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O99.019	ANEMIA COMP PREGNANCY UNSPECIFIED TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.3	ST ELEVATION MYOCARDIAL INFARCTION OF UNSP SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Outpatient	K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	J96.90	RESP FAILURE UNSP UNSP W HYPOXIA OR HYPERCAPNIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Inpatient	Z93.2	ILEOSTOMY STATUS	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	Approved	
OCTAVE	Inpatient	R06.02	SHORTNESS OF BREATH	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	L08.9	LOCAL INFECTION THE SKIN AND SUBCU TISSUE UNSP	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Approved	
OCTAVE	Inpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Approved	
OCTAVE	Inpatient	C79.51	SECONDARY MALIGNANT NEOPLASM OF BONE	22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	J2350	Injection, ocrelizumab, 1 mg	Approved	
OCTAVE	Outpatient	K74.3	PRIMARY BILIARY CIRRHOSIS	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	M14.672	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	Approved	
OCTAVE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	Approved	
OCTAVE	Inpatient	Q65.89	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	Approved	
OCTAVE	Inpatient	S36.039A	UNSPECIFIED LACERAT SPLEEN INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G70.01	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	J9332	Inj efgartigimod 2mg	Approved	
OCTAVE	Medical Benefit Drug	G70.01	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	S9379	Hit noc per diem	Approved	
OCTAVE	Inpatient	I50.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R53.1	WEAKNESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	

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OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	J1306	Injection, inclisiran, 1 mg	Approved	
OCTAVE	Inpatient	C85.10	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E10.10	TYPE 1 DIAB MEL WITH KETOACIDOSIS WITHOUT COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	Approved	
OCTAVE	Inpatient	B33.8	OTHER SPECIFIED VIRAL DISEASES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Inpatient	O60.00	PRETERM LABOR WITHOUT DELIVERY USP TRIMESTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	D89.9	DISORDER INVOLVING THE IMMUNE MECHANISM USP	J1561	Gamunex-c/gammaked	Approved	
OCTAVE	Inpatient	S82.301N	UNSP FX LOW END RTIBIA, 7THN	27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/ CERCLA	Approved	
OCTAVE	Inpatient	C01	NUCL MED CENT NERVOUS SYS PLANAR NUCL MED IMAG	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Outpatient	N18.6	END STAGE RENAL DISEASE	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Approved	
OCTAVE	Medical Benefit Drug	G35	MULTIPLE SCLEROSIS	Q5119	Inj ruxience, 10 mg	Approved	
OCTAVE	Inpatient	R56.9	UNSPECIFIED CONVULSIONS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R20.2	PARESTHESIA OF SKIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C83.30	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O36.8390	MAT CR FOR ABNLT FETL HRT RATE/RHYM USP TRI USP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	C04.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	Q5115	Inj truxima 10 mg	Approved	

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OCTAVE	Medical Benefit Drug	D69.3	IMMUNE THROMBOCYTOPENIC PURPURA	J1200	Diphenhydramine hcl injectio	Approved	
OCTAVE	Inpatient	R578	OTHER SHOCK	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T78.40XA	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	G24.3	SPASMODIC TORTICOLLIS	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G93.40	ENCEPHALOPATHY, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	T84.018A	BROKEN INTERNAL JOINT PROSTHESIS OTHER SITE INIT	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Approved	
OCTAVE	Inpatient	T84.018A	BROKEN INTERNAL JOINT PROSTHESIS OTHER SITE INIT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	S91.332A	PUNCTURE WOUND WITHOUT FB LEFT FOOT INIT ENCNT	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	R18.8	OTHER ASCITES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	J86.9	PYOTHORAX WITHOUT FISTULA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G81.91	HEMIPLEGIA USP AFFECTING RIGHT DOMINANT SIDE	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Approved	
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Approved	
OCTAVE	Inpatient	P28.9	RESPIRATORY CONDITION OF NEWBORN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	E11.10	TYPE 2 DIABETES MELLITUS W KETOACIDOSIS W/O COMA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N13.30	UNSPECIFIED HYDRONEPHROSIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	K94.13	ENTEROSTOMY MALFUNCTION	20102	EXPL PENETRATING WOUND SPX ABDOMEN/ FLANK/BACK	Approved	
OCTAVE	Outpatient	C83.80	OTHER NON-FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Approved	
OCTAVE	Inpatient	O90.89	OTH COMPLICATIONS OF THE PUERPERIUM, NEC	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	Z00.110	HEALTH EXAMINATION FOR NEWBORN UNDER 8 DAYS OLD	99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	Approved	
OCTAVE	Inpatient	S42.021A	DISP FX OF SHAFT OF R CLAVIC INIT FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Medical Benefit Drug	M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	J0491	Inj anifrolumab-fnia 1mg	Approved	

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OCTAVE	Inpatient	G93.41	METABOLIC ENCEPHALOPATHY	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	A41.9	SEPSIS, UNSPECIFIED ORGANISM	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	Approved	
OCTAVE	Inpatient	N92.0	EXCESS AND FREQUENT MENSTRUATION W REGULAR CYC	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Approved	
OCTAVE	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ ARTHRD	Approved	
OCTAVE	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Approved	
OCTAVE	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Approved	
OCTAVE	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Approved	
OCTAVE	Inpatient	M47812	SPONDYLS W/O MYELPATH OR RADICULOPATHY CERV RG	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Approved	
OCTAVE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	I63.9	CEREBRAL INFARCTION, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	O13.3	GESTATNL HTN W/O SIGNIFICANT PROTEIN THIRD TRI	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	Approved	
OCTAVE	Inpatient	D72.829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Approved	
OCTAVE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Denied	Administrative
OCTAVE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	95720	EKG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Denied	Administrative
OCTAVE	Inpatient	G40.219	LOC-REL SYM EPI W CMLPX PR SEZ NTRCT W/O ST EPI	61889	INSERTION SKULL-MNTD CRANIAL NSTIM PG/ RECEIVER	Denied	Administrative
OCTAVE	Inpatient	C91.00	ACUTE LYMPHOBLASTIC LUK NOT HAVING ACHIEVE REMIS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
OCTAVE	Medical Benefit Drug	D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS USP	J0791	Inj crizanlizumab-tmca 5mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	K51.90	ULCERATIVE COLITIS UNSPECIFIED WITHOUT COMP	J2327	Inj risankizumab-rzaa 1 mg	Denied	Administrative
OCTAVE	Inpatient	K28.9	GASTROJEJUNAL ULC USP AS AC / CHR W/O HEM / PERF	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Administrative
OCTAVE	Inpatient	K28.9	GASTROJEJUNAL ULC USP AS AC / CHR W/O HEM / PERF	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Denied	Administrative

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OCTAVE	Medical Benefit Drug	G89.4	CHRONIC PAIN SYNDROME	J0585	Injection,onabotulinumtoxina	Denied	Administrative
OCTAVE	Inpatient	R09.02	HYPOXEMIA	G0378	Hospital observation per hr	Denied	Administrative
OCTAVE	Inpatient	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	J9100	Cytarabine hcl 100 mg inj	Denied	Administrative
OCTAVE	Inpatient	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
OCTAVE	Inpatient	C83.50	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	J9075	Inj, cyclophosphamide, nos	Denied	Administrative
OCTAVE	Inpatient	K20.90	ESOPHAGITIS, UNSPECIFIED WITHOUT BLEEDING	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
OCTAVE	Medical Benefit Drug	M81.0	AGE-RELATED OSTEOPOR W/O CURRENT PTH FRACTURE	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.909	MIGRAINE UNSP NOT INTRACT WITHOUT STATUS MIGR	J0585	Injection,onabotulinumtoxina	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.711	CHRONIC MIGRAINE W/O AURA INTRACT W STATUS MIGR	J3032	Inj. eptinezumab-jjmr 1 mg	Denied	Administrative
OCTAVE	Inpatient	H16.049	MARGINAL CORNEAL ULCER, UNSPECIFIED EYE	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	Denied	Administrative
OCTAVE	Inpatient	H16.049	MARGINAL CORNEAL ULCER, UNSPECIFIED EYE	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	Denied	Administrative
OCTAVE	Medical Benefit Drug	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED	J1745	Infliximab not biosimil 10mg	Denied	Administrative
OCTAVE	Outpatient	R10.2	PELVIC AND PERINEAL PAIN	74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	21600	EXCISION RIB PARTIAL	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2067	Breast "stacked" diep/gap	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	S2068	Breast diep or sea flap	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Denied	Administrative
OCTAVE	Inpatient	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Denied	Administrative
OCTAVE	Outpatient	Z13.820	ENCOUNTER FOR SCREENING FOR OSTEOPOROSIS	77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	Denied	Administrative
OCTAVE	Inpatient	S56.922A	LAC UNSP MUSC/FSC/TEND AT FORARM LV LEFT ARM INI	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	Administrative
OCTAVE	Medical Benefit Drug	K51.011	ULCERATIVE PANCOLITIS WITH RECTAL BLEEDING	J1745	Infliximab not biosimil 10mg	Denied	Administrative

BRANDING NAME	AUTHTYPE	DXCODEID	SHORTDESC	PROCCODEID	PROCSVCDESC	REVIEW OUTCOME	DENIAL REASON
OCTAVE	Medical Benefit Drug	M80.8AXS	OTH OSTEOPOR W CURRENT PATH FX, OTH SITE, SEQ	J3111	Inj. romosozumab-aqqg 1 mg	Denied	Administrative
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Denied	CMD
OCTAVE	Medical Benefit Drug	G43.719	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	J0585	Injection,onabotulinumtoxina	Denied	CMD
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	Denied	CMD
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	J1569	Gammagard liquid injection	Denied	CMD
OCTAVE	Medical Benefit Drug	G61.81	CHRONIC INFLAMMATORY DEMYELINATING POLY-NEURITIS	99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	Denied	CMD
OCTAVE	Inpatient	O36.8190	DECREASED FETAL MOVEMENTS, UNSP TRIMESTER, UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	G40.89	OTHER SEIZURES	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	S82.123A	DSP FX OF LAT CONDYLE OF USPTIB INI FOR CLOS FX	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	M25.511	PAIN IN RIGHT SHOULDER	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	Denied	CMD
OCTAVE	Inpatient	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	R41.82	ALTERED MENTAL STATUS, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	O32.2XX0	MAT CARE FOR TRANSVERSE AND OBLIQUE LIE UNSP	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Medical Benefit Drug	M32.14	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/ DRUG	Denied	CMD
OCTAVE	Medical Benefit Drug	M32.14	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	J0490	Belimumab injection	Denied	CMD
OCTAVE	Inpatient	J12.9	VIRAL PNEUMONIA, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	L03.115	CELLULITIS OF RIGHT LOWER LIMB	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	I16.9	HYPERTENSIVE CRISIS, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	CMD
OCTAVE	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	D62	ACUTE POSTHEMORRHAGIC ANEMIA	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	CMD

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OCTAVE	Inpatient	R079	CHEST PAIN, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K80.80	OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	D64.89	OTHER SPECIFIED ANEMIAS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K31.7	POLYP OF STOMACH AND DUODENUM	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Denied	CMD
OCTAVE	Inpatient	K31.7	POLYP OF STOMACH AND DUODENUM	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Denied	CMD
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Denied	CMD
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Denied	CMD
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	Denied	CMD
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Denied	CMD
OCTAVE	Inpatient	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Denied	CMD
OCTAVE	Inpatient	L03.211	CELLULITIS OF FACE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Medical Benefit Drug	K50.90	CROHN DISEASE UNSPECIFIED WITHOUT COMPLICATIONS	J2327	Inj risankizumab-rzaa 1 mg	Denied	CMD
OCTAVE	Inpatient	R11.10	VOMITING, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	F15.10	OTHER STIMULANT ABUSE, UNCOMPLICATED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	R42	DIZZINESS AND GIDDINESS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K04.7	PERIAPICAL ABSCESS WITHOUT SINUS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K56.600	PARTIAL INTESTINAL OBSTRUCTION UNSP AS TO CAUSE	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	K56.609	USP INTESTNL OBST USP AS TO PRTL VERSUS COM OBST	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	R10.9	UNSPECIFIED ABDOMINAL PAIN	99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	Denied	CMD
OCTAVE	Inpatient	I25.110	ATHSCL HRT DIS NATIVE COR ART W UTSB ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Inpatient	M54.12	RADICULOPATHY, CERVICAL REGION	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Denied	CMD
OCTAVE	Medical Benefit Drug	K50.818	CROHN DIS OF BOTH SMALL AND LG INT W OTH COMPL	J1745	Infliximab not biosimil 10mg	Denied	CMD

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OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33523	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/ CABG PX	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Partially Denied	Administrative
OCTAVE	Inpatient	I25.10	ATHSCL HEART DIS OF NATIVE COR ART W/O ANG PCTRS	33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	Partially Denied	Administrative
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Partially Denied	Administrative
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ ARTHRD	Partially Denied	Administrative
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Partially Denied	Administrative
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Partially Denied	Administrative
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Partially Denied	Administrative
OCTAVE	Inpatient	M47.12	OTHER SPONDYLS WITH MYELOPATHY CERVICAL REGION	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE-LIZED	Partially Denied	Administrative

