

Medical Overview by Prior Authorization Approval or Denial 2nd Quarter 2022

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------|-----------|--|---------------|-------------------|
| ABC | Dentistry | 170 | dental caries | Approved | |
| ABC | Dentistry | oo170 | Impacted Teeth | Denied | CMD |
| ABC | Acute Inpatient Facility | J0129 | Autism, Moya Moya Disease, impacted wisdom teeth | Approved | |
| ABC | DME provider | B4161 | dysphagia | Denied | Benefit Exclusion |
| ABC | DME provider | B4161 | Feeding problems | Denied | Benefit Exclusion |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgeon | 43775 | Morbid Obesity/DM | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43755 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43845 | Severe Morbid Obesity | Approved | |
| ABC | Reproductive Endocrinology | 89259 | Oligospermia | Denied | Benefit Exclusion |
| ABC | DME provider | E0748 | Lumbar Radiumopathy | Approved | |
| ABC | Family Practice | E0784 | Type I DM | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------|---|---------------------------------|---------------|-------------------|
| ABC | Infusion Pharmacy | B4155 | Hypoplastic left heart syndrome | Denied | CMD |
| ABC | Infusion therapy | B4161 | Trisomy 21 | Approved | |
| ABC | DME provider | B4160, B4035, B4088, B9002, E0776 | Anoxic encephalopathy | Approved | |
| ABC | Infusion Therapy | B4149, S9343 | Dysphagia | Approved | |
| ABC | Infusion Therapy | B4155, B4034, B4087, B4088 | Dysphagia | Denied | CMD |
| ABC | Infusion Therapy | B4160 | Dysphagia | Approved | |
| ABC | Infusion Therapy | B4153, B4035, B4155 | Pancreatectomy | Approved | |
| ABC | Infusion therapy | B4152 (5176 units), B4035 (365 units), B9002 (12 units) and B4082 (12 units), E0776 | Pharyngeal cancer | Approved | |
| ABC | Infusion Therapy | B4162, B4157 | PKU | Approved | |
| ABC | Infusion therapy | B4152, B4034 | Stage IV RCC with bone mets | Approved | |
| ABC | DME provider | B4035, B9002, E0776, B4081, B4082 | Feeding Difficulties | Approved | |
| ABC | Infusion therapy | B4035, B4155, B4161, B9002 | Dysphagia | Denied | CMD |
| ABC | Infusion Therapy | B4149, B4087, B4088, S9342 | Failure to Thrive | Approved | |
| ABC | DME Provider | B9002, E0776, B4088, G9998, B4035 | Severe Malnutrition | Denied | Benefit Exclusion |
| ABC | Infusion therapy | B4100 | Swallowing difficulties | Denied | Benefit Exclusion |
| ABC | Gastroenterology | 64590 | Gastropresis | Approved | |
| ABC | Obstetrics & Gynecology | 58340 | Female Infertility | Denied | CMD |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Obstetrics & Gynecology | 58340, 74740 | Fertility Testing | Approved | |
| ABC | Acute Inpatient Facility | 88230 | Azoospermia | Approved | |
| ABC | Hospital | 74740 | Infertility | Approved | |
| ABC | Obstetrics & Gynecology | 49320, 58350 | Encounter for fertility testing | Denied | CMD |
| ABC | Obstetrics & Gynecology | 58340 | Infertility | Approved | |
| ABC | Obstetrics & Gynecology | 58340 | Infertility | Approved | |
| ABC | Obstetrics & Gynecology | 58340, 74740 | Infertility | Denied | CMD |
| ABC | Obstetrics & Gynecology | 58340, 74740 | Infertility | Denied | CMD |
| ABC | Obstetrics & Gynecology | Infertility Dx Testing/IUI | Infertility | Approved | |
| ABC | Obstetrics & Gynecology | Infertility testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 76830, 58322, 89260 | Female infertility, unspecified | Denied | CMD |
| ABC | Reproductive Endocrinology | 89320, 89261 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 89320, 89261 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 89320, 89261 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|------------------------|---|---------------|-------------------|
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Denied | CMD |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | OI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 76830 | Infertility Testing | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility-same sex couple | Denied | CMD |
| ABC | Reproductive Endocrinology | 58322, 89260, 89353 | Procreative Management | Denied | CMD |
| ABC | Reproductive Endocrinology | IVF, PGT | Encounter for assisted reproductive fertility procedure cycle | Denied | CMD |
| ABC | Pediatric Medicine | B4155 | Glycogen Storage Disease | Denied | Benefit Exclusion |
| ABC | Oral Surgeon | 21145, 21196, 21110 | Cleft Palate | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breast | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breast | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breast | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breast | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | macromastia | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | macromastia | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 (bilateral) | Macromastia | Approved | |
| ABC | Plastic & Reconstructive Surgery | 19318 | Breast Hypertrophy | Approved | |
| ABC | Plastic & Reconstructive Surgery | 19318 | Hypertrophy of breast | Approved | |
| ABC | Plastic & Reconstructive Surgery | 19318 | Hypertrophy of breast | Approved | |
| ABC | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| ABC | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------------|---------------------------------------|--|---------------|-------------------|
| ABC | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| ABC | Ophthalmologist | J0585 | Blephrospasm | Approved | |
| ABC | Rheumatology | J0129 | RA | Approved | |
| ABC | Pediatrics | J0221 (alglucosidase alfa (Lumizyme)) | Pompe Dx | Approved | |
| ABC | Family Practice | J0585 | Chronic Migraines | Approved | |
| ABC | Gastroenterology | J3380 | Chrons | Approved | |
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| ABC | General Surgery | J0585 | Chronic Anal Fissure | Approved | |
| ABC | Hematology Oncology | J1745 (infliximab) | Crohn's Disease | Approved | |
| ABC | Hematology Oncology | J3241 | Thyroid Eye Disease | Denied | CMD |
| ABC | Hematology/Oncology | Q5119 (Ruxience) | Membranous nephropathy | Approved | |
| ABC | Interventional pain | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Cerebral Palsy | Approved | |
| ABC | Neurology | J0586 | Cervical dystonia | Approved | |
| ABC | Neurology | J0585 (Botox) | Cervico-genic Headaches | Denied | CMD |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 (Botox) | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 (Botox) | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 (Botox) | Chronic Migraines | Approved | |
| ABC | Obstetrics & Gynecology | J3111 (romosozumab aqgg) | Osteoporosis | Denied | CMD |
| ABC | Orthopaedic surgery | J0585 | CP spastic hemiplegia | Approved | |
| ABC | Orthopedic Surgery | J0586 (Dysport) | Syndromic Cerebral Palsy / muscle contractures | Approved | |
| ABC | Rheumatology | J3358 | Crohn's | Approved | |
| ABC | Rheumatology | J1745 (Remicade) | Crohn's Disease | Approved | |
| ABC | Rheumatology | J0129 (Orencia) | Psoriatic Arthritis | Approved | |
| ABC | Rheumatology | Q5104 (infliximab) | Psoriatic Arthritis | Approved | |
| ABC | Rheumatology | J1602 Golimumab (Simponi Aria) | RA | Approved | |
| ABC | Surgeon | J0585 | Migraines | Approved | |
| ABC | Urology | J0585 | OAB | Approved | |
| ABC | Infuion Therapy | Q5104 | Chron's disease | Approved | |
| ABC | Infusion therapy | Q5121 | Chron's disease | Approved | |
| ABC | Orthopaedic surgery | J0585 | Cerebral Palsy Spastic Hemiplegia | Approved | |

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|-----|------------------|-------------------|----------------------|---------------|-------------------|
| ABC | Rheumatology | J0129 | RA | Approved | |
| ABC | Rheumatology | J1602 | Rheumatoid Arthritis | Approved | |
| ABC | Rheumatology | Q5121 | Rheumatoid Arthritis | Approved | |
| ABC | Gastroenterology | J3358 | Chron's disease | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's Disease | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's Dx | Approved | |
| ABC | Gastroenterology | Q5121 | Microscopic Colitis | Approved | |
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's disease | Approved | |
| ABC | Infusion Center | J3380 | Ulcerative Colitis | Denied | CMD |
| ABC | Infusion therapy | J3032 | Chronic Migraines | Approved | |
| ABC | Infusion Therapy | J3032 Vyepi | Chronic Migraines | Denied | CMD |
| ABC | Infusion therapy | J3380 | Chron's disease | Approved | |
| ABC | Infusion therapy | J3262 | Rheumatoid Arthritis | Approved | |
| ABC | Neurology | J0585 | Cervical dystonia | Approved | |
| ABC | Neurology | J0588 | Cervical Dystonia | Approved | |
| ABC | Neurology | J0595 | Cervical dystonia | Approved | |
| ABC | Neurology | J0585 | Chronic Migraine | Approved | |
| ABC | Neurology | J0585 | Chronic migraine | Approved | |
| ABC | Neurology | J0585 | Chronic Migraine | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J3032 | Chronic migraines | Approved | |
| ABC | Neurology | J3032 | Chronic Migraines | Approved | |
| ABC | Neurology | J0588 | Dystonia | Denied | CMD |
| ABC | Neurology | J2323 | MS | Approved | |
| ABC | Neurology | J9312 (rituximab) | NMOS | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|--------------------------------------|-------------------|--|---------------|-------------------|
| ABC | Orthopaedic Surgery | J0586 | CP spastic quadriplegia | Approved | |
| ABC | Orthopedic Surgery | J0585 | Raynaud's syndrome w/o gangrene | Approved | |
| ABC | Pain Management | J0585 | Chronic migraines | Approved | |
| ABC | Pain Management | J0585 | Chronic migraines | Approved | |
| ABC | Pain Management | J0585 | Chronic Migraines | Approved | |
| ABC | Pediatric Gastroenterology | J1745 | Crohn's Disease | Approved | |
| ABC | Pediatric Medicine | J0585 | spastic diplegic Cerebral palsy | Approved | |
| ABC | Pediatric Rheumatology | J1745 | Uveitis | Approved | |
| ABC | Physical Medicine and Rehabilitation | J0585 | Spastic hemiparesis | Approved | |
| ABC | Rheumatology | J1602 | Ankylosing spondylitis | Approved | |
| ABC | Rheumatology | J1745 | Ankylosing Spondylitis | Approved | |
| ABC | Rheumatology | J1602 | Ankylosing spondylitis of unspecified sites in spine | Approved | |
| ABC | Rheumatology | J3380 | Crohn's Disease | Approved | |
| ABC | Rheumatology | J2323 (Tysabri) | Multiple Sclerosis | Denied | CMD |
| ABC | Rheumatology | J0129 | RA | Approved | |
| ABC | Rheumatology | J0129 (Abatacept) | RA | Approved | |
| ABC | Rheumatology | Q5121 | RA | Approved | |
| ABC | Rheumatology | J0129 | Rheumatoid Arthritis | Approved | |
| ABC | Rheumatology | J1745 | Rheumatoid Arthritis | Approved | |
| ABC | Rheumatology | J1602 | Rheumatoid arthritis (RA) | Approved | |
| ABC | Rheumatology | J3262 | Systemic juvenile idiopathic arthritis | Approved | |
| ABC | Rheumatology | Q5104 | Ulcerative Colitis | Approved | |
| ABC | Urology | J0585 | OAB | Approved | |
| ABC | Internal Medicine | Q5104 | Rheumatoid Arthritis | Approved | |
| ABC | Rheumatology | J3380 | Crohns | Approved | |
| ABC | Rheumatology | J1745 | Ulcerative Colitis | Approved | |
| ABC | Plastic and Reconstructive Surgery | 43775 | Morbid Obesity | Denied | CMD |
| ABC | General Surgery | 43886 | Complication of gastric banding | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------|---|--|---------------|-------------------|
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Denied | CMD |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43845 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43886 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 OR 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43774, 43235 | S/P Gastric Banding | Approved | |
| ABC | General Surgery | 43644 | Other obesity d/t excess calories | Denied | CMD |
| ABC | DME Provider | E0747 | Nonunion metatarsal fracture | Approved | |
| ABC | Pulmonology | B4160 | Gastrostomy | Denied | CMD |
| ABC | Infusion Therapy | B4035, B9998, B9998 | Slow Feeding of Newborn | Approved | |
| ABC | DME Provider | B4160, B4087, B9002, B4035 | Dysphagia, feeding difficulty, AML, Trisomy 21 | Approved | |
| ABC | DME Provider | B4161 | Dysphagia, oropharyngeal phase | Denied | CMD |
| ABC | General Surgery | 43647, 64590 | Gastroparesis | Approved | |
| ABC | Reconstructive Urology | 15240, 15241, 53410, 52000, 51102, 14041 | Difficulty urinating | Approved | |
| ABC | Reproductive Endocrinology | 89259 | Encounter for procreative management | Approved | |
| ABC | Reproductive Endocrinology | IVF with PGT | Fertility Preservation | Denied | CMD |
| ABC | Obstetrics and Gynecology | Infertility Dx Testing - approved IUI - denied | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 89320 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 89322 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 5,832,289,260 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 89320, 89261 | Infertility | Denied | Benefit Exclusion |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET - add'l codes | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |

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|-----|------------------------------------|---|--|---------------|-------------------|
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF - approved PGT- denied | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF with PGT | Infertility | Denied | Benefit Exclusion |
| ABC | Reproductive Endocrinology | IVF with PGT | Infertility | Denied | CMD |
| ABC | Reproductive Endocrinology | IVF with PGT | Infertility | Denied | CMD |
| ABC | Reproductive Endocrinology | Ovulation Induction | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Ovulation Induction | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Sperm DNA Fragmentation Assay (89397, 89051, 89261, 88184, 88185) | Infertility | Denied | CMD |
| ABC | Reproductive Endocrinology | diagnostic testing | infertility | Approved | |
| ABC | Reproductive Endocrinology | 89320, 89261 | Infertility Testing | Denied | CMD |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility Testing | Denied | CMD |
| ABC | Obstetrics and Gynecology | Infertility Testing | Infertiltiy | Approved | |
| ABC | General Surgery | 43659, 43631, 43860 | GJ ulcer s/p gastric bypass | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | breast hypertrophy | Approved | |
| ABC | General Surgery | 19318, 15830, 15839 | Macromastia, Excessive skin abdominal wall | Approved | |
| ABC | Ophthalmology | 67904 | Myogenic Ptosis | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | breast hypertrophy | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 (bilateral) | breast hypertrophy | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | macromastia | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | macromastia | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | macromastia | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 (bilateral) | Macromastia | Denied | CMD |
| ABC | Plastic and Reconstructive Surgery | 19318 | Symptomatic Micromastia | Approved | |
| ABC | General Surgery | J0585 | Chronic Migraines | Denied | CMD |
| ABC | Gastroenterology | J1745 | Chron's Disease | Approved | |
| ABC | Rheumatology | Q5104 | Ankylosing Spondylitis | Approved | |
| ABC | Oculoplastic and cosmetic surgery | J0585, 64612 | Blepharospasm | Approved | |
| ABC | Neurology | J0585 | Chonic Migraines | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|-------------------|---------------------|---------------|-------------------|
| ABC | Neurology | J0585 | Chonic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | 1 | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | j0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 (Botox) | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 (Botox) | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 (Botox) | Chronic Migraines | Approved | |
| ABC | Neurology | J0585, J0585-JW, | Chronic Migraines | Approved | |
| ABC | Neurology | Jo585 | Chronic Migraines | Approved | |
| ABC | Nurse Practitioner | J0585 | Chronic Migraines | Approved | |
| ABC | Ophthalmology | J0585 | Chronic Migraines | Approved | |
| ABC | Pediatric neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Plastic and Reconstructive Surgery | J0585 | Chronic Migraines | Denied | CMD |
| Abc | Gastroenterology | J3380 | Crohns Disease | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's Disease | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's Disease | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's Disease | Approved | |
| ABC | Gastroenterology | J3358 | Crohn's Disease | Approved | |
| ABC | Hospital | J1745 | Crohn's Disease | Approved | |
| ABC | Neurology | J0585 | dystonia | Approved | |
| ABC | Neurology | J0585 | Dystonia | Approved | |
| ABC | Dermatology | J0585 | hyperhidrosis | Denied | CMD |
| ABC | Neurology | J0585 | Migraines | Approved | |
| ABC | Neurology | J0585 | Migraines | Approved | |
| ABC | Ophthalmology | J0585 (Botox) | Migraines | Approved | |
| ABC | Nurse Practitioner | J9312 | MS | Approved | |
| ABC | Nurse Practitioner | Q5119 | MS | Approved | |
| ABC | Urology | J0585 | OAB | Approved | |
| ABC | Dermatology | J9312 (rituximab) | Pemphigus Vulgaris | Denied | CMD |
| ABC | Rheumatology | J1745 | Psoriatic Arthritis | Approved | |
| ABC | Rheumatology | Q5121 | Psoriatic Arthritis | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|--------------------------------------|-----------------------|--|---------------|-------------------|
| ABC | Rheumatology | Q5121, 96413, 96415 | Psoriatic Arthritis | Approved | |
| ABC | Internal Medicine | J1745 | RA | Approved | |
| ABC | Rheumatology | J0129 | RA | Approved | |
| ABC | Rheumatology | J1745 | RA | Approved | |
| ABC | Rheumatology | J3262 | RA | Approved | |
| ABC | Rheumatology | J9312 | RA | Approved | |
| ABC | Rheumatology | Q5115 | RA | Approved | |
| ABC | Rheumatology | J1745 (Remicade) | RA/Sarcoidosis | Approved | |
| ABC | Hematology Oncology | Q5115, 96413 | Rheumatoid Arthritis | Approved | |
| ABC | Oncology | Q5104 | Rheumatoid Arthritis | Approved | |
| ABC | Rheumatology | J1602 | Rheumatoid Arthritis | Approved | |
| ABC | Neurology | J2323 (Tysabri) | RRMS | Approved | |
| ABC | Physical Medicine and Rehabilitation | J0586 (Dysport) | RRMS with severe spasticity of lower limbs | Approved | |
| ABC | Hematology Oncology | J3380 (vedolizumab) | Severe Ulcerative Colitis | Approved | |
| ABC | Hematology Oncology | J0791 (Crizanlizumab) | Sickle Cell Disease | Approved | |
| ABC | Rheumatology | J0491 | SLE | Approved | |
| ABC | Physiatrist | J0585 | Spastic Hemiplegia | Approved | |
| ABC | Physical Medicine and Rehabilitation | J0585 | Spastic Hemiplegia | Approved | |
| ABC | Infusion Therapy | J3380 | UC | Approved | |
| ABC | Endocrinology | J3380 | Ulcerative Colitis | Approved | |
| ABC | Gastroenterology | J1745 | Ulcerative Colitis | Approved | |
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| ABC | Pediatric Medicine | J3380 | Ulcerative Colitis | Approved | |
| ABC | Infusion Pharmacy | J1745 (Remicade) | Crohn's Disease | Approved | |
| ABC | Gastroenterology | J3380 | Chrons | Approved | |
| ABC | Dentistry | oo170 | Dental Caries | Approved | |
| ABC | Dentistry | 170 | Malocclusion of teeth | Approved | |
| ABC | General Surgery | 43659, 43239 | Barrett's esophagus | Approved | |
| ABC | General Surgery | 43774 | Complication of Gastric Banding | Approved | |
| ABC | General Surgery | 43774 | Complication of Gastric Banding | Approved | |
| ABC | General Surgery | 43774 | GERD | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Denied | CMD |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------|-----------------------------------|----------------------|---------------|-------------------|
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | Bariatric Hopsital | 43775 | Morbid Obesity | Denied | CMD |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Denied | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Denied | CMD |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775 | Morbid obesity | Approved | |
| ABC | General Surgery | 43845 | Morbid Obesity | Denied | CMD |
| ABC | General Surgery | 43845 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43845 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43845 | Morbid Obesity | Approved | |
| ABC | General Surgery | 43775, 43282, 43235 | Morbid Obesity | Approved | |
| ABC | DME Provider | B4035, B9002, E0776, B4088, B9998 | Dysphagia | Approved | |
| ABC | Infusion Therapy | B4035, B4088 | Feeding difficulties | Approved | |
| ABC | DME Provider | B4155, B4035, S9342, B4088, B4087 | Microcephaly | Approved | |
| ABC | DME Provider | B4035, B9998 | Charge Syndrome | Approved | |
| ABC | DME Provider | B4125, B4087, B4088, B4034 | Dysphagia | Denied | Benefit Exclusion |
| ABC | DME Provider | B4160, B4035, B9002, B4088, B9998 | Failure to Thrive | Denied | CMD |
| ABC | DME Provider | B9998 | Failure to Thrive | Approved | |
| ABC | Reproductive Endocrinology | 89261 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 89322 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 76856, 76857 | Infertility | Approved | |
| ABC | Reproductive Endocrinology | 89320, 89261 | Infertility | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|------------------------|---|---------------|-------------------|
| ABC | Reproductive Endocrinology | 89322 (SA) | Infertility | Approved | |
| ABC | Reproductive Endocrinology | FET | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Inf Dx testing | Infertility | Approved | |
| ABC | Obstetrics and Gynecology | Infertility Dx Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility dx testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Denied | CMD |
| ABC | Reproductive Endocrinology | Infertility Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility Testing | Infertility | Approved | |
| ABC | Reproductive Endocrinology | Infertility testing | Infertility | Approved | |
| ABC | Reproductive Endocrinologist | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinologist | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Denied | CMD |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUIH | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| ABC | Reproductive Endocrinology | OI w/monitoring | Infertility | Approved | |
| ABC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Genetic susceptibility to malignant of breast | Denied | CMD |
| ABC | General Surgery | 19318 | Hypertrophy of Breasts | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breasts | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breasts | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breasts | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318-50 | Hypertrophy of Breasts | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Macromastia | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318 | Macromastia | Approved | |
| ABC | Plastic and Reconstructive Surgery | 19318-50 | Macromastia | Approved | |
| ABC | Rheumatology | Q5103 | ankylosing spondylitis | Approved | |
| ABC | Rheumatology | Q5104 | ankylosing spondylitis | Approved | |
| ABC | Nephrology | J9312 | Antibody Mediated Rejection | Approved | |
| ABC | Rheumatology | J1745, 96413, 96415 | Chrohn's Dx | Approved | |
| ABC | Internal Medicine | J3380 | Chrohn's Dx | Approved | |
| ABC | Anesthesiology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------|--------------------------------|----------------------------|---------------|-------------------|
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585, 64615 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585, 64615 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585, J0585-JW, 64615 | Chronic Migraines | Approved | |
| ABC | Neurology | J0585, J0585-JW, 64615 | Chronic Migraines | Approved | |
| ABC | | J3380 | Chron's | Approved | |
| ABC | Rheumatology | J1745 | Chron's disease | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's | Approved | |
| ABC | Gastroenterology | J3358 | Crohn's | Approved | |
| ABC | Gastroenterology | J1745 | Crohns Disease | Approved | |
| ABC | Gastroenterology | Q5103 | Crohn's disease | Approved | |
| ABC | Ophthalmology | J0588 | hemi-facial spasms | Approved | |
| ABC | Allergy & Immunology | J2357 | Moderate persistant asthma | Approved | |
| ABC | Internal Medicine | J0585, 64616, | Orofacial dystonia, TMJ | Denied | CMD |
| ABC | Rheumatology | J3111 | Osteoporosis | Denied | CMD |
| ABC | Infusion Therapy | J0221 | Pompe Disease | Denied | CMD |
| ABC | Rheumatology | J0129 | RA | Approved | |
| ABC | Rheumatology | Q5104 | RA | Approved | |
| ABC | Rheumatology | Q5115 | RA | Approved | |
| ABC | General Surgery | J0585 | Rectal CA | Approved | |
| ABC | Internal Medicine | J0129 | Rheumatoid arthritis | Approved | |
| ABC | Neurology | Q5119 | RRMS | Approved | |
| ABC | Rheumatology | Q5103, 96413, 96415 | Sarcoidosis | Approved | |
| ABC | Neurology | J0585, 64611, 64612, and 64642 | Sialorosis/Dystonia | Approved | |
| ABC | Rheumatology | J0490, 96413 | SLE | Approved | |
| ABC | Internal Medicine | J0490, 96413, 96415, 96375 | SLE | Approved | |
| ABC | Neurology | J0585, 64616, 95874 | Spasmodic Torticollis | Approved | |
| ABC | Neurology | J0585, J0585-JW, 64615 | Spasmodic Torticollis | Approved | |
| ABC | Gastroenterology | J3358 | Ulcerative Colitis | Approved | |
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------------|-----------------------------------|--|---------------|-------------------|
| ABC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| ABC | Infusion Provider | J3380 | Ulcerative Colitis | Approved | |
| ABC | Rheumatology | J9312 | Wegener's granulomatosis | Approved | |
| ABC | Rheumatology | J9312, 96415, 96413 | Wegener's granulomatosis without renal involvement | Approved | |
| ABC | Rheumatology | J1602 | Ankylosing Spodylitis | Approved | |
| ABC | Gastroenterology | J1745 | Crohn's dx | Approved | |
| ABC | General Surgery | 43644 | Morbid Obesity | Approved | |
| ABC | General Surgery | 64590, 43647 | Gastroparesis | Approved | |
| ABC | Neurology | J0585, J0585-JW, 64615 | Chronic Migraines | Approved | |
| EXC | General Surgery | 43775 | Morbid Obesity | Denied | Benefit Exclusion |
| EXC | Oncology | E0766 | Glioblastoma | Approved | |
| EXC | DME provider | E0470 | OSA | Approved | |
| EXC | Plastic & Reconstructive Surgery | 15200, 19303 | Gender identity disorder of childhood | Denied | CMD |
| EXC | Family Nurse Practitioner | 58340, 74740 | Encounter for procreative management, unspecified | Approved | |
| EXC | Obstetrics & Gynecology | 58340 | Female Infertility | Approved | |
| EXC | Obstetrics & Gynecology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Female Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Induction of ovulation monitoring | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Induction of ovulation monitoring | Infertility | Denied | Benefit Exclusion |
| EXC | Reproductive Endocrinology | Infertility dx testing | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Denied | Benefit Exclusion |
| EXC | Reproductive Endocrinology | Infertility testing/IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|------------------------|--|---------------|-------------------|
| EXC | Reproductive Endocrinology | IVF | infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| EXC | Reproductive Endocrinology | OI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | OI w/timed intercourse | Infertility | Approved | |
| EXC | Reproductive Endocrinology | 89259, 89343 | Infertility Dx Testing | Approved | |
| EXC | Reproductive Endocrinology | 89320, 89261 | Infertility Testing | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility Testing | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Recurrent Pregnancy Loss | Denied | CMD |
| EXC | Plastic and Reconstructive Surgery | 19318 | Macromastia | Approved | |
| EXC | Gastroenterology | J3380 (vedolizumab) | Chrohn's Dx | Approved | |
| EXC | Colorectal Surgery | J0585 (Botox) | Chronic Anal Fissure | Approved | |
| EXC | Gastroenterology | J3380 (vedolizumab) | Crohn's Disease | Approved | |
| EXC | Gastroenterology | J3380 (vedolizumab) | Crohn's Disease | Approved | |
| EXC | Gastroenterology | Q5104 | Crohn's Disease | Denied | CMD |
| EXC | Gastroenterology | J3380 (vedolizumab) | Ulcerative Colitis | Approved | |
| EXC | Internal Medicine | J3380 (vedolizumab) | Crohns Disease | Approved | |
| EXC | Internal Medicine | J3111 (Evenity) | Osteoporosis | Denied | CMD |
| EXC | Neurology | J0585 | Cervical dystonia | Approved | |
| EXC | Neurology | J0585 | Cervical dystonia | Approved | |
| EXC | Neurology | J0588 | Cervical dystonia | Approved | |
| EXC | Neurology | J0585 (Botox) | Chronic Migaines | Approved | |
| EXC | Neurology | J0585 (Botox) | Chronic Migarines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 (Botox) | Chronic Migraines | Approved | |
| EXC | Neurology | Q5104 | Psoriatic Arthritis | Approved | |
| EXC | Ophthalmology | J3241 | Thyroid Eye Disease | Denied | CMD |
| EXC | Plastic and Reconstructive Surgery | J0586 | TMJ | Denied | CMD |
| EXC | Rhematoloty | J3380 (vedolizumab) | Crohn's Disease | Denied | CMD |
| EXC | Rheumatology | J3380 (vedolizumab) | Chrohn's Dx | Approved | |
| EXC | Rheumatology | J9312 (rituximab) | Limited systemic sclerosis / Interstitial lung disease | Denied | CMD |
| EXC | Rheumatology | J1602 | PsA | Approved | |
| EXC | Rheumatology | Q5121 (infliximab) | Psoriatic Arthritis | Approved | |
| EXC | Rheumatology | J1602 | RA | Approved | |
| EXC | Rheumatology | J1745 (Infliximab) | RA | Approved | |
| EXC | Rheumatology | J1745 (Infliximab) | RA | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|---------------------|---------------------|-------------------------------------|---------------|-------------------|
| EXC | Rheumatology | J0129 (Abatacept) | Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | Q5104 | Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | J0490 | SLE | Denied | CMD |
| EXC | Rheumatology | J3380 (vedolizumab) | Ulcerative Colitis | Approved | |
| EXC | Urology | J0585 | OAB | Approved | |
| EXC | Hospital | J0129 | Rheumatoid Arthritis | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Rheumatology | J1602 | Ankylosing spondylitis | Approved | |
| EXC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| EXC | Dermatology | J1745 | Hidradenitis suppurative | Approved | |
| EXC | Family Practice | J0585 | Chronic Migraines | Denied | CMD |
| EXC | Family Practice | J0585 | Chronic Migraines | Approved | |
| EXC | Family Practice | J0585 | Chronic Migraines | Approved | |
| EXC | Gastroenterology | J3380 | Crohns Disease | Approved | |
| EXC | Gastroenterology | J3380 | UC | Approved | |
| EXC | Gastroenterology | Q5103 | Ulcerative Colitis | Denied | CMD |
| EXC | Gastroenterology | J3380 | Crohns Disease | Approved | |
| EXC | Gastroenterology | J3380 | Crohn's disease | Denied | CMD |
| EXC | Hematology Oncology | J3590 | Paroxysmal nocturnal hemoglobinuria | Approved | |
| EXC | Hospital | J3380 | Crohns Disease | Approved | |
| EXC | Hospital | J3111 | Osteoporosis | Denied | X |
| EXC | Hospital | J3111 | Osteoporosis | Denied | x |
| EXC | Infusion Therapy | J1745 | Chron's disease | Approved | |
| EXC | Internal Medicine | J0490 | SLE | Approved | |
| EXC | Neurology | J3590 | Myasthenia Gravis | Approved | |
| EXC | Neurology | J0585 | Bilateral foot dystonia | Approved | |
| EXC | Neurology | J0585 | Cervical dystonia | Approved | |
| EXC | Neurology | J0585, 64615 | Cervical dystonia | Approved | |
| EXC | Neurology | J0588 (Xeomin) | Cervical Dystonia | Approved | |
| EXC | Neurology | J3032 | Chronic Migraine | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------|----------------------------|------------------------------------|---------------|-------------------|
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585, 64615 | Chronic Migraines | Approved | |
| EXC | Neurology | J3032 | Chronic Migraines | Approved | |
| EXC | Neurology | J3032 | Chronic Migraines | Approved | |
| EXC | Neurology | J3032 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 | Dystonia | Approved | |
| EXC | Neurology | J0585 | Intractable migraines | Denied | CMD |
| EXC | Neurology | J9312 | MOG antibody disease | Approved | |
| EXC | Neurology | J2323 | MS | Approved | |
| EXC | Neurology | J2323 | Multiple Sclerosis | Approved | |
| EXC | Neurosurgery | J0585 | Chronic Migraines | Approved | |
| EXC | Oncology | J0129 | Rheumatoid Arthritis | Approved | |
| EXC | Pain Management | J0585 | Chronic Migraines | Approved | |
| EXC | Pulmonology | J3590 Tezspire | Severe Persistent Asthma | Denied | CMD |
| EXC | Rheumatology | Q5121 | Ankylosing spondylitis | Approved | |
| EXC | Rheumatology | J0585 | Crohns Disease | Approved | |
| EXC | Rheumatology | J2323 | Multiple Sclerosis | Approved | |
| EXC | Rheumatology | J2323 | Multiple sclerosis | Approved | |
| EXC | Rheumatology | J1745 | Psoriatic Arthritis | Approved | |
| EXC | Rheumatology | J1745 | RA | Approved | |
| EXC | Rheumatology | Q5104 | RA | Approved | |
| EXC | Rheumatology | J0129 | Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | Q5119 (Ruxience) | Rheumatoid Arthritis | Approved | |
| EXC | Infusion Therapy | J3032 | Chronic Migraines | Denied | CMD |
| EXC | Rheumatology | J1602 | Active ankylosing spondylitis (AS) | Approved | |
| EXC | Reproductive Endocrinology | B9259, 89343 | Oligospermia | Approved | |
| EXC | General Surgery | 43775 | Morbid Obesity | Denied | Benefit Exclusion |
| EXC | DME Provider | B4149, B4035, B9998, B4088 | Functional intestinal disorder | Denied | CMD |
| EXC | Obstetrics and Gynecology | 58340 | Infertility | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|------------------------|---------------------------------------|---------------|-------------------|
| EXC | Obstetrics and Gynecology | 58340 | Infertility | Approved | |
| EXC | Obstetrics and Gynecology | Infertility testing | Infertility | Denied | CMD |
| EXC | Reproductive Endocrinology | 89352 | Infertility | Approved | |
| EXC | Reproductive Endocrinology | 58340, 74740 | Infertility | Approved | |
| EXC | Reproductive Endocrinology | 89320, 89261 | Infertility | Approved | |
| EXC | Reproductive Endocrinology | 89320, 89261 | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Denied | CMD |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Denied | CMD |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| EXC | Reproductive Endocrinology | Infertility testing | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUI with donor sperm | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IUID | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility | Approved | |
| EXC | Reproductive Endocrinology | IVF with donor sperm | Infertility (same-sex marriage) | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Recurrent Pregnancy Loss | Denied | CMD |
| EXC | Plastic and Reconstructive Surgery | 19318 | Gender identity disorder, unspecified | Denied | CMD |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Urology | J0585 | Overactive bladder | Approved | |
| EXC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| EXC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| EXC | Neurology | J0585/64616 | Cervical Dystonia | Approved | |
| EXC | Rheumatology | J0490 | SLE | Approved | |
| EXC | Colorectal Surgery | J0585 | Anal fissure | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|--------------------------------------|---------------------|-----------------------------------|---------------|-------------------|
| EXC | Gastroenterology | Q5104, 96413, 96415 | Chron's Disease | Approved | |
| EXC | Physical Medicine and Rehabilitation | J0585 | CP spasticity | Approved | |
| EXC | Gastroenterology | J3380 | Crohn's Disease | Approved | |
| EXC | Gastroenterology | J3380 | Crohn's Disease | Approved | |
| EXC | Rheumatology | J1745 | Crohn's Dx | Approved | |
| EXC | Hematology Oncology | J1745 (Remicade) | Hidradenitis suppurativa | Approved | |
| EXC | Family Medicine | J0741 | HIV | Approved | |
| EXC | Family Nurse Practitioner | J0741 | HIV | Denied | CMD |
| EXC | Rheumatology | J9310 | Lupus | Denied | CMD |
| EXC | Infusion Pharmacy | J3032 (eptinezumab) | Migraines | Approved | |
| EXC | Neurology | J0585 | Migraines | Approved | |
| EXC | Neurology | J0585 (Botox) | Migraines | Approved | |
| EXC | Hospital | J1300 | Mysathenia Gravis | Denied | CMD |
| EXC | Obstetrics and Gynecology | J0585 | OAB | Approved | |
| EXC | Dermatology | J0585 | Primary axillary hyperhidrosis | Approved | |
| EXC | Rheumatology | J1602 (golimumab) | Psoriatic Arthritis | Approved | |
| EXC | Rheumatology | Q5104 | Psoriatic spondylitis | Approved | |
| EXC | Neurology | Q5104 | RA | Approved | |
| EXC | Rheumatology | J1602 | RA | Approved | |
| EXC | Rheumatology | J9312 | RA | Approved | |
| EXC | Rheumatology | J0129 | Rheumatoid Arthritis | Approved | |
| EXC | Internal Medicine | J0129 (abatacept) | Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | J1602 | Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | J1602 (golimumab) | Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | J9312 | Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | J1602 | Seronegative Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | J1602 | Seropositive Rheumatoid Arthritis | Approved | |
| EXC | Rheumatology | J0491 | SLE | Denied | CMD |
| EXC | Physical Medicine and Rehabilitation | J0585 | Spastic Hemiplegia | Approved | |
| EXC | Gastroenterology | J3380 | Ulcerative Colitis | Approved | |
| EXC | Gastroenterology | Q5103 | Ulcerative Colitis | Approved | |
| EXC | Rheumatology | J3380 | Ulcerative Colitis | Approved | |
| EXC | Rheumatology | J3380 | Ulcerative Colitis | Approved | |
| EXC | Gastroenterology | J1745 | Ulcerative Colitis (UC) | Approved | |
| EXC | Oncology | J9312 | vasculitis | Approved | |
| EXC | Neurology | J0585 | Chonic Migraines | Approved | |
| EXC | Ophthalmology | J0588 | Hemifacial spasm | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|--|--------------------------------------|---------------|--------------------------|
| EXC | Gastroenterology | J3358 | Ulcerative Colitis | Approved | |
| EXC | Gastroenterology | Q5103 | Ulcerative Colitis | Approved | |
| EXC | Gastroenterology | J3380 | Crohn's disease | Approved | |
| EXC | Neurology | J0585 | Hemifacial spasm | Approved | |
| EXC | Neurology | J0585 | Chronic Migraines | Approved | |
| EXC | Neurology | J0585 (Botox) | Chronic migraines, hemifacial spasms | Approved | |
| EXC | Gastroenterology | J3380 (Entyvio) | Pancolitis | Approved | |
| EXC | Reproductive Endocrinology | Infertility Services | Infertility | Denied | CMD |
| EXC | Dentistry | 00170, | Anesthesia | Approved | |
| EXC | General Surgery | 43774 | Bariatric Procedure | Denied | Benefit Exclusion |
| EXC | General Surgery | 43644 | Bariatric Procedure | Approved | |
| EXC | Infusion Provider | B4152 | Enteral Feeds | Denied | Benefit Exclusion |
| EXC | Plastic and Reconstructive Surgery | 19303, 15200, 15201 | Gender Dysphoria | Denied | CMD |
| EXC | Plastic and Reconstructive Surgery | 19303, 19350 | Gender Dysphoria | Denied | CMD |
| EXC | Obstetrics and Gynecology | 58340 | Infertility Services | Approved | |
| EXC | Obstetrics and Gynecology | 76830 | Infertility Services | Denied | Benefit Exclusion |
| EXC | Obstetrics and Gynecology | 58340, 74740 | Infertility Services | Denied | CMD |
| EXC | Obstetrics and Gynecology | 58340, 74740 | Infertility Services | Approved | |
| EXC | Obstetrics and Gynecology | 99212, 76857, 82670, 84144, 58322, 58323 | Infertility Services | Approved | |
| EXC | Obstetrics and Gynecology | Dx Testing | Infertility Services | Approved | |
| EXC | Obstetrics and Gynecology | Dx Testing | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility Services | Approved | |
| EXC | Reproductive Endocrinologist | FET | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | I/O monitoring | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | Infertility Dx Testing | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IUI | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IUIH | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IUIH | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility Services | Denied | No Records ever received |
| EXC | Reproductive Endocrinology | IVF | Infertility Services | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------------|---------------------------|----------------------|---------------|-------------------|
| EXC | Reproductive Endocrinology | IVF | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IVF | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | IVF/PGD Split dermination | Infertility Services | Approved | |
| EXC | Reproductive Endocrinology | FET | Infertility Services | Approved | |
| EXC | Urology | 55400 | Infertility Services | Denied | CMD |
| EXC | Infusion Therapy | J1745 | Specialty Drug | Approved | |
| EXC | Pulmonology | J3590 | Specialty Drug | Denied | CMD |
| EXC | Gastroenterology | J1745, 96413, 96375 | Specialty Drug | Approved | |
| EXC | Family Medicine | J0585 | Specialty Drug | Denied | CMD |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, J0585-JW, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, J0585-JW, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, J0585-JW, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, J0585-JW, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, J0585-JW, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, J0585-JW, 64615 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, J0585-JW, 64615 | Specialty Drug | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|----------------------|----------------------------|----------------|---------------|-------------------|
| EXC | Gastroenterology | J1745 (Remicade) | Specialty Drug | Approved | |
| EXC | Gastroenterology | J1745 | Specialty Drug | Approved | |
| EXC | Infusion Therapy | J1745 | Specialty Drug | Approved | |
| EXC | Gastroenterology | J3380 | Specialty Drug | Approved | |
| EXC | Dermatology | J1745 | Specialty Drug | Approved | |
| EXC | Clinical Geneticist | J1322 | Specialty Drug | Approved | |
| EXC | Neurology | J2323 | Specialty Drug | Approved | |
| EXC | Urology | J0585 | Specialty Drug | Approved | |
| EXC | DME Provider | J1745 | Specialty Drug | Approved | |
| EXC | Infusion Therapy | J0129 | Specialty Drug | Approved | |
| EXC | Rheumatology | J0129, 96413 | Specialty Drug | Approved | |
| EXC | Rheumatology | J9312, 96413, 96415, 96375 | Specialty Drug | Approved | |
| EXC | Rheumatology | Q5104 | Specialty Drug | Approved | |
| EXC | Rheumatology | J0129 | Specialty Drug | Approved | |
| EXC | Rheumatology | J0129 | Specialty Drug | Approved | |
| EXC | Rheumatology | J0129 | Specialty Drug | Approved | |
| EXC | Rheumatology | J1602 | Specialty Drug | Approved | |
| EXC | Rheumatology | J1602, 96413, 96415, 96375 | Specialty Drug | Approved | |
| EXC | Rheumatology | J1602, 96413, 96415, 96375 | Specialty Drug | Approved | |
| EXC | Rheumatology | J2109, 96413, 96415, 96375 | Specialty Drug | Approved | |
| EXC | Rheumatology | J3262 | Specialty Drug | Approved | |
| EXC | Rheumatology | J9312 | Specialty Drug | Approved | |
| EXC | Rheumatology | Q5104 | Specialty Drug | Approved | |
| EXC | Allergy/Immunologist | J3590 | Specialty Drug | Denied | CMD |
| EXC | Gastroenterology | J3358, 96413, 96375 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585 | Specialty Drug | Approved | |
| EXC | Gastroenterology | J3380 | Specialty Drug | Approved | |
| EXC | Gastroenterology | J3380 | Specialty Drug | Approved | |
| EXC | Gastroenterology | J3380 | Specialty Drug | Denied | CMD |
| EXC | Gastroenterology | J3380 | Specialty Drug | Approved | |
| EXC | Gastroenterology | J3380 | Specialty Drug | Approved | |
| EXC | Hospital | Q5104 | Specialty Drug | Approved | |
| EXC | Infusion Therapy | Q5104' | Specialty Drug | Approved | |
| EXC | Urology | J0585 | Specialty Drug | Approved | |
| EXC | Neurology | J0585, 64615 | Specilaty Drug | Approved | |
| EXC | Rheumatology | Q5104, 96413, 96415 | Specilaty Drug | Approved | |