## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                               |       | 2024 TX Addit Oddizacion by Code (Cr 1710070  |               | 1        |        |         |       | Overturned on   | Overturned |
|-------------------------------|-------|---|---------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty            | Code  | Description   | Denied reason | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Allergy                       | CUD   | Other   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed                                     |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment  |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)  |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair   |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis   |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same o |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 29883 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle |               | 3        | 0      | 0       | 3     | 0               | 0          |
| Ambulatory Surgical<br>Center | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle |               | 3        | 0      | 0       | 3     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level                            |               | 11       | 0      | 0       | 11    | 0               | 0          |
| Ambulatory Surgical<br>Center | 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately  |               | 3        | 0      | 0       | 3     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or  |               | 4        | 0      | 0       | 4     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or  |               | 4        | 0      | 0       | 4     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or  |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64582 | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array                                       |               | 1        | 0      | 0       | 1     | 0               | 0          |

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|                               |       |   |               |          |        |         |       | Overturned on   | Overturned |
|-------------------------------|-------|---|---------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty            | Code  | Description   | Denied reason | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Ambulatory Surgical<br>Center | 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)  |               | 4        | 0      | 0       | 4     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint                        |               | 4        | 0      | 0       | 4     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separat |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint                            |               | 4        | 0      | 0       | 4     | 0               | 0          |
| Ambulatory Surgical<br>Center | 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately  |               | 3        | 0      | 0       | 3     | 0               | 0          |
| Ambulatory Surgical<br>Center | CUD   | Other   |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Ambulatory Surgical<br>Center | L8680 | Implantable neurostimulator electrode, each   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Anesthesiology                | 64999 | Unlisted procedure, nervous system  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardio<br>Electrophysiology   | 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming   |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Cardiology                    | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiology                    | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete   |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Cardiology                    | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study   |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Cardiology                    | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Cardiology                    | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograp |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Cardiology                    | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study                                 |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Cardiology                    | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete               |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiology                    | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited s |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiology                    | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiology                    | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |               | 1        | 0      | 0       | 1     | 0               | 0          |

Medical and behavioral health prior authorization requests 2024

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|                        |       | 2024 1X Auth Utilization by Code (CP1/10S/S   |               | , ooue,  |        |         |       | Overturned on   | Overturned |
|------------------------|-------|---|---------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty     | Code  | Description   | Denied reason | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Cardiology             | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiology             | 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiology             | C8928 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiology             | C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Cardiology             | C8930 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete               |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited s |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | C8928 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | C8930 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Cardiovascular Disease | CUD   | Inpatient Ancillary Charges   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Chemical Dependency    | CDIP  | Mental Health   |               | 7        | 0      | 0       | 7     | 0               | 0          |
| Chemical Dependency    | CDRT  | Mental Health   |               | 8        | 0      | 0       | 8     | 0               | 0          |
| Chemical Dependency    | S0201 | Partial hospitalization services, less than 24 hours, per diem  |               | 3        | 0      | 0       | 3     | 0               | 0          |
| Dermatology            | CUD   | Other   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Diagnostic Radiology   | CUD   | Other   |               | 1        | 0      | 0       | 1     | 0               | 0          |

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| Provider_Specialty           | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned<br>by an IRO |
|------------------------------|-------|---|----------------------------|----------|--------|---------|-------|----------------------------------|-------------------------|
| Dialysis Center              | CUD   | Other   | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0                                | 0                       |
| Durable Medical<br>Equipment | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu |                            | 3        | 0      | 0       | 3     | 0                                | 0                       |
| Family Practice              | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu |                            | 3        | 0      | 0       | 3     | 0                                | 0                       |
| Family Practice              | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe |                            | 3        | 0      | 0       | 3     | 0                                | 0                       |
| Family Practice              | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe |                            | 3        | 0      | 0       | 3     | 0                                | 0                       |
| Family Practice              | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete   |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study   |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograp |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study                                 |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Family Practice              | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v |                            | 2        | 0      | 0       | 2     | 0                                | 0                       |
| Family Practice              | C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                        |       | 2024 1X Autil Ottitzation by Code (CF1/105/5  |                            |          |        |         |       | Overturned on   | Overturned |
|------------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty     | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Family Practice        | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| General Practice       | CDRT  | Mental Health   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| General Practice       | CUD   | Other   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| General Practice       | DENT  | Other   | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| General Practice       | S9480 | Intensive outpatient psychiatric services, per diem   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 0340U | Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patien |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 71250 | Computed tomography, thorax, diagnostic; without contrast material  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 72192 | Computed tomography, pelvis; without contrast material  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 72193 | Computed tomography, pelvis; with contrast material(s)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 74150 | Computed tomography, abdomen; without contrast material   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 74160 | Computed tomography, abdomen; with contrast material(s)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 74176 | Computed tomography, abdomen and pelvis; without contrast material  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regio |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 76380 | Computed tomography, limited or localized follow-up study   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78813 | Positron emission tomography (PET) imaging; whole body  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78813 | Positron emission tomography (PET) imaging; whole body  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

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|                        |       | 2024 1X Autil Ottitzation by Code (CF1/105/5  | <br>                       |          |        |         |       | Overturned on   | Overturned |
|------------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty     | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Gynecological Oncology | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Gynecological Oncology | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 78813 | Positron emission tomography (PET) imaging; whole body  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hematology/Oncology    | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body               |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 81270 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 81519 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograp |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study                                 |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology    | C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |                            | 1        | 0      | 0       | 1     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

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|                     |       | 2024 1X Auth Utilization by Code (CP1/10S/S   |                            | l Gode,  |        |         |       | Overturned on   | Overturned |
|---------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty  | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Hematology/Oncology | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hematology/Oncology | CUD   | Other   | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| Hepatology          | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Home Health         | CUD   | Other   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Home Infusion       | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Home Infusion       | J2350 | Injection, ocrelizumab, 1 mg  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 20930 | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)                              |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 22612 | Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;            |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 22853 | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 23412 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 23430 | Tenodesis of long tendon of biceps  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital            | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 29822 | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, bi |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital            | 29822 | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, bi | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Hospital            | 29823 | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilag |                            | 1        | 0      | 0       | 1     | 0               | 0          |

Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned by an IRO |
|--------------------|-------|---|----------------------------|----------|--------|---------|-------|----------------------------------|----------------------|
| Hospital           | 29823 | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone,   | Not Medically              | 0        | 1      | 0       | 1     | 0                                | 0                    |
|                    |       | humeral articular cartilage, glenoid bone, glenoid articular cartilag  Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford       | Necessary                  |          |        |         |       |                                  |                      |
| Hospital           | 29824 | procedure)  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separatel |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29875 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0                                | 0                    |
| Hospital           | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0                                | 0                    |
| Hospital           | 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same  |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Hospital           | 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same o |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Hospital           | 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same o | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Hospital           | 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)   |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Hospital           | 29883 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)  |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Hospital           | 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Hospital           | 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart c | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Hospital           | 63005 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral s |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Hospital           | 63012 | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                    |       | 2024 1X Autil Ottitzation by Code (CF1/103/3  |               |          |        |         |       | Overturned on   | Overturned |
|--------------------|-------|---|---------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty | Code  | Description   | Denied reason | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Hospital           | 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,  |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Hospital           | 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, |               | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 63052 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis] |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level                            |               | 2        | 0      | 0       | 2     | 0               | 0          |
| Hospital           | 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 70490 | Computed tomography, soft tissue neck; without contrast material  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 70491 | Computed tomography, soft tissue neck; with contrast material(s)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences                        |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 71250 | Computed tomography, thorax, diagnostic; without contrast material  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing                          |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)  |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences   |               | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)   |               | 2        | 0      | 0       | 2     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health

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|--------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Hospital           | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Hospital           | 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Hospital           | 75574 | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Hospital           | 76380 | Computed tomography, limited or localized follow-up study   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Hospital           | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at re |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete               |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited s |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital           | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Hospital           | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital           | 93462 | Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)                 |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Hospital           | 93462 | Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)                 | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                               |       | 2024 1X Autil Ottuzation by Goud (Of 1710070  |                            |          |        |         |       | Overturned on   | Overturned |
|-------------------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty            | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Hospital                      | C8928 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-<br>time with image documentation (2D), includes M-mode recording, when per |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital                      | C8930 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per     |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Hospital                      | C9757 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of ann     |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Hospital                      | MHIP  | Mental Health   |                            | 15       | 0      | 0       | 15    | 0               | 0          |
| Hospital                      | MHRT  | Mental Health   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Internal Medicine             | J2350 | Injection, ocrelizumab, 1 mg  |                            | 0        | 1      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 1               | 0          |
| Laboratory Diagnostic         | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar                       | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Laboratory Diagnostic         | 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant   | Non-covered<br>Service     | 0        | 2      | 0       | 2     | 0               | 0          |
| Laboratory Diagnostic         | 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant   |                            | 4        | 0      | 0       | 4     | 0               | 0          |
| Laboratory Diagnostic         | 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant   | Non-covered<br>Service     | 0        | 2      | 0       | 2     | 0               | 0          |
| Laboratory Diagnostic         | 81256 | HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | 81270 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant  | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | 81279 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)  | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | 81338 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)                                 | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Laboratory Diagnostic         | CUD   | Genetic Testing   | Non-covered<br>Service     | 0        | 2      | 0       | 2     | 0               | 0          |
| Laboratory Diagnostic         | CUD   | Other   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Laboratory Patient Site       | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Lic Clinical Social<br>Worker | МНОР  | Mental Health   |                            | 2        | 0      | 0       | 2     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                             |       | 2024 1X Autil Ottitzation by Code (CF1/105/5  |                            | l Godo,  |        |         |       | Overturned on   | Overturned |
|-----------------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty          | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Licensed Prof.              |       | ·   |                            |          |        |         |       |                 | ,          |
| Counselor                   | МНОР  | Mental Health   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Mental Health               | CDIP  | Mental Health   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Mental Health               | H0035 | Mental health partial hospitalization, treatment, less than 24 hours  |                            | 5        | 0      | 0       | 5     | 0               | 0          |
| Mental Health               | MHIP  | Mental Health   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Mental Health               | MHRT  | Mental Health   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Mental Health               | S9480 | Intensive outpatient psychiatric services, per diem   |                            | 13       | 0      | 0       | 13    | 0               | 0          |
| Mental Health<br>Counselor  | МНОР  | Mental Health   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Mental Health               | 90867 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical                               |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Psychiatry                  |       | mapping, motor threshold determination, delivery and management   |                            |          |        |         |       |                 |            |
| Mental Health<br>Psychiatry | 90868 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session           |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Mental Health               |       | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-                            |                            | _        | _      | _       |       | _               | _          |
| Psychiatry                  | 90869 | determination with delivery and management  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Mental Health Psychology    | МНОР  | Mental Health   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Midwife                     | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Neurology                   | 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant                         |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Neurology                   | 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Neurology                   | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Neurology                   | J2350 | Injection, ocrelizumab, 1 mg  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Neuropsychology             | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Obstetrics/Gynecology       | 38570 | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Obstetrics/Gynecology       | 38572 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Obstetrics/Gynecology       | 44120 | Enterectomy, resection of small intestine; single resection and anastomosis   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Obstetrics/Gynecology       | 49000 | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Obstetrics/Gynecology       | 58953 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;                |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Obstetrics/Gynecology       | 81479 | Unlisted molecular pathology procedure  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Obstetrics/Gynecology       | E0604 | Breast pump, hospital grade, electric (AC and/or DC), any type  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Oculoplastics               | 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology                    | 71250 | Computed tomography, thorax, diagnostic; without contrast material  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Oncology                    | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s)  |                            | 2        | 0      | 0       | 2     | 0               | 0          |

Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                    |       | 2024 1X Autil Otto201011 By Octob (Of 1710070   |                            | ,        |        |         |       | Overturned on   | Overturned |
|--------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Oncology           | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Oncology           | 72192 | Computed tomography, pelvis; without contrast material  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Oncology           | 72193 | Computed tomography, pelvis; with contrast material(s)  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Oncology           | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 74150 | Computed tomography, abdomen; without contrast material   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 74160 | Computed tomography, abdomen; with contrast material(s)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 74176 | Computed tomography, abdomen and pelvis; without contrast material  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regio |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 76380 | Computed tomography, limited or localized follow-up study   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Oncology           | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)   |                            | 7        | 0      | 0       | 7     | 0               | 0          |
| Oncology           | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Oncology           | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh   |                            | 7        | 0      | 0       | 7     | 0               | 0          |
| Oncology           | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Oncology           | 78813 | Positron emission tomography (PET) imaging; whole body  |                            | 7        | 0      | 0       | 7     | 0               | 0          |
| Oncology           | 78813 | Positron emission tomography (PET) imaging; whole body  | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Oncology           | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, |                            | 7        | 0      | 0       | 7     | 0               | 0          |
| Oncology           | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Oncology           | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  |                            | 7        | 0      | 0       | 7     | 0               | 0          |
| Oncology           | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 2               | 0          |
| Oncology           | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body               |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Oncology           | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body               | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Oncology           | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study   |                            | 1        | 0      | 0       | 1     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                    |       | 2024 TX Autil Othization by Code (CF1/105/5   |                            |          |        |         |       | Overturned on   | Overturned |
|--------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Oncology           | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with     |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograp     |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study                                     |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-<br>time with image documentation (2D), includes M-mode recording, when per |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Oncology           | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Ophthalmology      | CUD   | Other   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Optometry          | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility                                   | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| Optometry          | 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes  | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| Otolaryngology     | 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Otolaryngology     | 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Otolaryngology     | 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling  | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0               | 0          |
| Otolaryngology     | 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Otolaryngology     | 31295 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Otolaryngology     | 31295 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Otolaryngology     | 31298 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Otolaryngology     | 31298 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Otolaryngology     | 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays                        |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Otolaryngology     | 64583 | Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator     |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Otolaryngology     | 70486 | Computed tomography, maxillofacial area; without contrast material  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Otolaryngology     | 70487 | Computed tomography, maxillofacial area; with contrast material(s)  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Otolaryngology     | 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Otolaryngology     | 76380 | Computed tomography, limited or localized follow-up study   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Otolaryngology     | CUD   | Other   |                            | 2        | 0      | 0       | 2     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



| Provider_Specialty   | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned by an IRO |
|----------------------|-------|---|----------------------------|----------|--------|---------|-------|----------------------------------|----------------------|
| Otolaryngology       | S1091 | Stent, noncoronary, temporary, with delivery system (Propel)  | Non-covered<br>Service     | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Pain Maintenance     | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed                                     |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pain Maintenance     | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Pain Maintenance     | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle |                            | 4        | 0      | 0       | 4     | 0                                | 0                    |
| Pain Maintenance     | 64479 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level                        |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pain Maintenance     | 64480 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separat |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Pain Maintenance     | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level                            |                            | 7        | 0      | 0       | 7     | 0                                | 0                    |
| Pain Maintenance     | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level                            | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Pain Maintenance     | 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Pain Maintenance     | 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Pain Maintenance     | 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Pain Maintenance     | 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Pain Maintenance     | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint                        |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pain Maintenance     | 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separat |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Pain Maintenance     | 80305 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Pain Maintenance     | 80307 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pain Maintenance     | CUD   | Other   |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pediatric Cardiology | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete   |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pediatric Cardiology | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study   |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pediatric Cardiology | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Pediatric Cardiology | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograp |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health

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|                                  |       | 2024 1X Auth Othization by Code (CP1/105/3  |                            |          |        |         |       | Overturned on   | Overturned |
|----------------------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty               | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Pediatric Cardiology             | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study                                 |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Pediatric Cardiology             | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete               |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Pediatric Cardiology             | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited s |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Pediatric Cardiology             | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Pediatric Cardiology             | C8921 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete                                   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Pediatric Cardiology             | C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Pediatric<br>Gastroenterology    | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Pediatric<br>Hematology/Oncology | 99221 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Pediatric<br>Hematology/Oncology | CUD   | Other   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Pharmacy                         | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Physical Medicine & Rehab        | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Physical Medicine &<br>Rehab     | G0453 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Podiatry                         | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Podiatry                         | CUD   | DME/Orthotics/Prosthetics   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Podiatry                         | E0747 | Osteogenesis stimulator, electrical, noninvasive, other than spinal applications  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiation Oncology               | 72192 | Computed tomography, pelvis; without contrast material  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiation Oncology               | 72193 | Computed tomography, pelvis; with contrast material(s)  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiation Oncology               | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiation Oncology               | 76380 | Computed tomography, limited or localized follow-up study   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiation Oncology               | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology                        | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|       | 2024 TX Audit Oddizadion by Odde (Of 1710070   |  |  |  |  |   | Overturned on   | Overturned         |
|-------|--|--|--|--|--|---|---|--------------------|
| Code  | Description  | Denied reason  | APPROVED   | DENIED   | PARTIAL  | TOTAL   | Internal Appeal   | by an IRO          |
| 70450 | Computed tomography, head or brain; without contrast material  |  | 9  | 0  | 0  | 9   | 0   | 0                  |
| 70450 | Computed tomography, head or brain; without contrast material  | Not Medically<br>Necessary   | 0  | 2  | 0  | 2   | 0   | 0                  |
| 70460 | Computed tomography, head or brain; with contrast material(s)  |  | 6  | 0  | 0  | 6   | 0   | 0                  |
| 70460 | Computed tomography, head or brain; with contrast material(s)  | Not Medically<br>Necessary   | 0  | 2  | 0  | 2   | 0   | 0                  |
| 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections   |  | 6  | 0  | 0  | 6   | 0   | 0                  |
| 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections   | Not Medically<br>Necessary   | 0  | 2  | 0  | 2   | 0   | 0                  |
| 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material  |  | 2  | 0  | 0  | 2   | 0   | 0                  |
| 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)  |  | 2  | 0  | 0  | 2   | 0   | 0                  |
| 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections |  | 2  | 0  | 0  | 2   | 0   | 0                  |
| 70486 | Computed tomography, maxillofacial area; without contrast material   |  | 10   | 0  | 0  | 10  | 0   | 0                  |
| 70486 | Computed tomography, maxillofacial area; without contrast material   | Not Medically<br>Necessary   | 0  | 1  | 0  | 1   | 0   | 0                  |
| 70487 | Computed tomography, maxillofacial area; with contrast material(s)   |  | 10   | 0  | 0  | 10  | 0   | 0                  |
| 70487 | Computed tomography, maxillofacial area; with contrast material(s)   | Not Medically<br>Necessary   | 0  | 1  | 0  | 1   | 0   | 0                  |
| 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections  |  | 10   | 0  | 0  | 10  | 0   | 0                  |
| 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections  | Not Medically<br>Necessary   | 0  | 1  | 0  | 1   | 0   | 0                  |
| 70490 | Computed tomography, soft tissue neck; without contrast material   |  | 3  | 0  | 0  | 3   | 0   | 0                  |
| 70491 | Computed tomography, soft tissue neck; with contrast material(s)   |  | 3  | 0  | 0  | 3   | 0   | 0                  |
| 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections   |  | 3  | 0  | 0  | 3   | 0   | 0                  |
| 70496 | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing                                |  | 1  | 0  | 0  | 1   | 0   | 0                  |
| 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing                                |  | 1  | 0  | 0  | 1   | 0   | 0                  |
| 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)  | Not Medically<br>Necessary   | 0  | 2  | 0  | 2   | 0   | 0                  |
| 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)   | Not Medically<br>Necessary   | 0  | 1  | 0  | 1   | 0   | 0                  |
| 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences                | Not Medically<br>Necessary   | 0  | 1  | 0  | 1   | 0   | 0                  |
| 70544 | Magnetic resonance angiography, head; without contrast material(s)   |  | 1  | 0  | 0  | 1   | 0   | 0                  |
| 70545 | Magnetic resonance angiography, head; with contrast material(s)  |  | 1  | 0  | 0  | 1   | 0   | 0                  |
| 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences   |  | 1  | 0  | 0  | 1   | 0   | 0                  |
|       | 70450 70450 70450 70460 70460 70470 70470 70480 70481 70482 70486 70487 70487 70488 70490 70491 70492 70496 70542 70543 70544  | 70450 Computed tomography, head or brain; without contrast material 70460 Computed tomography, head or brain; without contrast material(s) 70460 Computed tomography, head or brain; with contrast material(s) 70460 Computed tomography, head or brain; with contrast material(s) 70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections 70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material(s) 70481 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material(s) and further sections 70482 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material(s) and further sections 70486 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material(s) Computed tomography, anxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70487 Computed tomography, maxillofacial area; without contrast material(s) 70488 Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections 70488 Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections 70489 Computed tomography, soft tissue neck; without contrast material, followed by contrast material(s) and further sections 70490 Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections 70491 Computed tomography, soft tissue neck; without contrast material(s), including noncontrast images, if performed, and image postprocessing 70492 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) 70540 Magnetic resonance angio | T0450 Computed tomography, head or brain; without contrast material  70450 Computed tomography, head or brain; without contrast material(s)  70460 Computed tomography, head or brain; with contrast material(s)  70460 Computed tomography, head or brain; with contrast material(s)  70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material  70481 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)  70482 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material(s)  70482 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material(s)  70483 Computed tomography, maxillofacial area; without contrast material  70484 Computed tomography, maxillofacial area; without contrast material  70485 Computed tomography, maxillofacial area; without contrast material(s)  70486 Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections  70488 Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections  70488 Computed tomography, maxillofacial area; without contrast material  70490 Computed tomography, soft tissue neck; without contrast material  70491 Computed tomography, soft tissue neck; without contrast material  70492 Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  70498 Computed tomography, soft tissue neck; without contrast material followed by con | Computed tomography, head or brain; without contrast material  70450 Computed tomography, head or brain; without contrast material  70450 Computed tomography, head or brain; with contrast material(s)  70460 Computed tomography, head or brain; with contrast material(s)  70460 Computed tomography, head or brain; with contrast material(s)  70470 further sections  Computed tomography, head or brain; with contrast material, followed by contrast material(s) and further sections  Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material followed by contrast material, followed by contrast material(s)  70487 Computed tomography, maxillofacial area; with contrast material(s)  704880 Computed tomography, maxillofacial area; with contrast material(s)  704891 Computed tomography, maxillofacial area; with contrast material(s)  70480 Computed tomography, maxillofacial area; without contrast material(s)  70481 Computed tomography, maxillofacial area; with contrast material(s)  70482 Computed tomography, maxillofacial area; without contrast material(s)  70493 Computed tomography, soft tissue neck, without contrast material(s)  70494 Computed tomography, soft tissue neck, without contrast material(s)  70494 Computed tomography, soft tissue neck, without contrast materia | Total   Computed tomography, head or brain; without contrast material   Not Medically   Necessary   Necessary   Not Medically   Necessary   Nece | Total   Computed tomography, head or brain; without contrast material   Not Medically   Not | Total   Computed tomography, head or brain; without contrast material   Not Medically   Necessary   0   2   0   2   2   2   2   2   2   2 | Denied passerption |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                    |       | 2024 17 Autil Oliuzation by Couc (Ol 1710070  |                            |          |        |         |       | Overturned on   | Overturned |
|--------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Radiology          | 70547 | Magnetic resonance angiography, neck; without contrast material(s)  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Radiology          | 70548 | Magnetic resonance angiography, neck; with contrast material(s)   |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Radiology          | 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Radiology          | 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material  |                            | 19       | 0      | 0       | 19    | 0               | 0          |
| Radiology          | 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)  |                            | 18       | 0      | 0       | 18    | 0               | 0          |
| Radiology          | 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences                        |                            | 18       | 0      | 0       | 18    | 0               | 0          |
| Radiology          | 71250 | Computed tomography, thorax, diagnostic; without contrast material  |                            | 15       | 0      | 0       | 15    | 0               | 0          |
| Radiology          | 71250 | Computed tomography, thorax, diagnostic; without contrast material  | Not Medically<br>Necessary | 0        | 5      | 0       | 5     | 0               | 0          |
| Radiology          | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s)  |                            | 13       | 0      | 0       | 13    | 0               | 0          |
| Radiology          | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s)  | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0               | 0          |
| Radiology          | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections   | ,                          | 13       | 0      | 0       | 13    | 0               | 0          |
| Radiology          | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections   | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0               | 0          |
| Radiology          | 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)   |                            | 5        | 0      | 0       | 5     | 0               | 0          |
| Radiology          | 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiology          | 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing                          |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology          | 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)                                      | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiology          | 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiology          | 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) an | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiology          | 72125 | Computed tomography, cervical spine; without contrast material  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Radiology          | 72125 | Computed tomography, cervical spine; without contrast material  | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Radiology          | 72126 | Computed tomography, cervical spine; with contrast material   | ,                          | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology          | 72126 | Computed tomography, cervical spine; with contrast material   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Radiology          | 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections   | ,                          | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology          | 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Radiology          | 72128 | Computed tomography, thoracic spine; without contrast material  |                            | 3        | 0      | 0       | 3     | 0               | 0          |

Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health

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| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned by an IRO |
|--------------------|-------|---|----------------------------|----------|--------|---------|-------|----------------------------------|----------------------|
| Radiology          | 72129 | Computed tomography, thoracic spine; with contrast material   |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Radiology          | 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections   |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Radiology          | 72131 | Computed tomography, lumbar spine; without contrast material  |                            | 4        | 0      | 0       | 4     | 0                                | 0                    |
| Radiology          | 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections   |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Radiology          | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material   |                            | 29       | 0      | 0       | 29    | 0                                | 0                    |
| Radiology          | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material   | Not Medically<br>Necessary | 0        | 8      | 0       | 8     | 1                                | 0                    |
| Radiology          | 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)   |                            | 6        | 0      | 0       | 6     | 0                                | 0                    |
| Radiology          | 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material   |                            | 13       | 0      | 0       | 13    | 0                                | 0                    |
| Radiology          | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)   |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Radiology          | 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material   |                            | 28       | 0      | 0       | 28    | 0                                | 0                    |
| Radiology          | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material   | Not Medically<br>Necessary | 0        | 18     | 0       | 18    | 0                                | 0                    |
| Radiology          | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)   |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Radiology          | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0                                | 0                    |
| Radiology          | 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical |                            | 6        | 0      | 0       | 6     | 0                                | 0                    |
| Radiology          | 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic |                            | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Radiology          | 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar   | ,                          | 4        | 0      | 0       | 4     | 0                                | 0                    |
| Radiology          | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0                                | 0                    |
| Radiology          | 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing                       |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Radiology          | 72192 | Computed tomography, pelvis; without contrast material  |                            | 15       | 0      | 0       | 15    | 0                                | 0                    |

Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



| Provider_Specialty | Code  | Description  | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned<br>by an IRO |
|--------------------|-------|--|----------------------------|----------|--------|---------|-------|----------------------------------|-------------------------|
| Radiology          | 72192 | Computed tomography, pelvis; without contrast material   | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0                                | 0                       |
| Radiology          | 72193 | Computed tomography, pelvis; with contrast material(s)   | recessury                  | 13       | 0      | 0       | 13    | 0                                | 0                       |
| Radiology          | 72193 | Computed tomography, pelvis; with contrast material(s)   | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0                                | 0                       |
| Radiology          | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections  |                            | 2        | 0      | 0       | 2     | 0                                | 0                       |
| Radiology          | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections  | Not Medically<br>Necessary | 0        | 3      | 0       | 3     | 0                                | 0                       |
| Radiology          | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)  |                            | 7        | 0      | 0       | 7     | 0                                | 0                       |
| Radiology          | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)  | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0                                | 0                       |
| Radiology          | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)   |                            | 7        | 0      | 0       | 7     | 0                                | 0                       |
| Radiology          | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)   | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0                                | 0                       |
| Radiology          | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences                            |                            | 7        | 0      | 0       | 7     | 0                                | 0                       |
| Radiology          | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences                            | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0                                | 0                       |
| Radiology          | 73200 | Computed tomography, upper extremity; without contrast material  |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Radiology          | 73201 | Computed tomography, upper extremity; with contrast material(s)  |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Radiology          | 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections   |                            | 1        | 0      | 0       | 1     | 0                                | 0                       |
| Radiology          | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)   |                            | 19       | 0      | 0       | 19    | 0                                | 0                       |
| Radiology          | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)   | Not Medically<br>Necessary | 0        | 11     | 0       | 11    | 0                                | 0                       |
| Radiology          | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)  |                            | 18       | 0      | 0       | 18    | 0                                | 0                       |
| Radiology          | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)  | Not Medically<br>Necessary | 0        | 11     | 0       | 11    | 0                                | 0                       |
| Radiology          | 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences |                            | 4        | 0      | 0       | 4     | 0                                | 0                       |
| Radiology          | 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                       |
| Radiology          | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)  |                            | 24       | 0      | 0       | 24    | 0                                | 0                       |
| Radiology          | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)  | Not Medically<br>Necessary | 0        | 12     | 0       | 12    | 0                                | 0                       |
| Radiology          | 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)   |                            | 4        | 0      | 0       | 4     | 0                                | 0                       |
| Radiology          | 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                       |
| Radiology          | 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences      |                            | 4        | 0      | 0       | 4     | 0                                | 0                       |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                    |       | 2024 TA Audit Oddi Zudott By Odde (Of 1710070   |                            | -        |        |         |       | Overturned on   | Overturned |
|--------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Radiology          | 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences     | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Radiology          | 73700 | Computed tomography, lower extremity; without contrast material   |                            | 4        | 0      | 0       | 4     | 0               | 0          |
| Radiology          | 73701 | Computed tomography, lower extremity; with contrast material(s)   |                            | 4        | 0      | 0       | 4     | 0               | 0          |
| Radiology          | 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections  |                            | 4        | 0      | 0       | 4     | 0               | 0          |
| Radiology          | 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing              |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology          | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)   |                            | 47       | 0      | 0       | 47    | 0               | 0          |
| Radiology          | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)   | Not Medically<br>Necessary | 0        | 13     | 0       | 13    | 0               | 0          |
| Radiology          | 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology          | 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)  | Not Medically<br>Necessary | 0        | 3      | 0       | 3     | 0               | 0          |
| Radiology          | 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology          | 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0               | 0          |
| Radiology          | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  |                            | 48       | 0      | 0       | 48    | 0               | 0          |
| Radiology          | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  | Not Medically<br>Necessary | 0        | 14     | 0       | 14    | 0               | 0          |
| Radiology          | 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology          | 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)  | Not Medically<br>Necessary | 0        | 3      | 0       | 3     | 0               | 0          |
| Radiology          | 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences     |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology          | 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences     | Not Medically<br>Necessary | 0        | 3      | 0       | 3     | 0               | 0          |
| Radiology          | 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s)   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology          | 74150 | Computed tomography, abdomen; without contrast material   |                            | 17       | 0      | 0       | 17    | 0               | 0          |
| Radiology          | 74150 | Computed tomography, abdomen; without contrast material   | Not Medically<br>Necessary | 0        | 8      | 0       | 8     | 0               | 0          |
| Radiology          | 74160 | Computed tomography, abdomen; with contrast material(s)   | -                          | 15       | 0      | 0       | 15    | 0               | 0          |
| Radiology          | 74160 | Computed tomography, abdomen; with contrast material(s)   | Not Medically<br>Necessary | 0        | 8      | 0       | 8     | 0               | 0          |
| Radiology          | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections  |                            | 4        | 0      | 0       | 4     | 0               | 0          |
| Radiology          | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections  | Not Medically<br>Necessary | 0        | 7      | 0       | 7     | 0               | 0          |
| Radiology          | 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing           |                            | 1        | 0      | 0       | 1     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

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| Provider_Specialty | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned by an IRO |
|--------------------|-------|---|----------------------------|----------|--------|---------|-------|----------------------------------|----------------------|
| Radiology          | 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing                                      |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Radiology          | 74176 | Computed tomography, abdomen and pelvis; without contrast material  |                            | 15       | 0      | 0       | 15    | 0                                | 0                    |
| Radiology          | 74176 | Computed tomography, abdomen and pelvis; without contrast material  | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0                                | 0                    |
| Radiology          | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s)  |                            | 15       | 0      | 0       | 15    | 0                                | 0                    |
| Radiology          | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s)  | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0                                | 0                    |
| Radiology          | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regio |                            | 15       | 0      | 0       | 15    | 0                                | 0                    |
| Radiology          | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regio | Not Medically<br>Necessary | 0        | 4      | 0       | 4     | 0                                | 0                    |
| Radiology          | 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)  |                            | 7        | 0      | 0       | 7     | 0                                | 0                    |
| Radiology          | 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)   |                            | 7        | 0      | 0       | 7     | 0                                | 0                    |
| Radiology          | 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences                                     |                            | 7        | 0      | 0       | 7     | 0                                | 0                    |
| Radiology          | 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences                                     | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s)   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Radiology          | 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Radiology          | 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation                                       |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Radiology          | 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation                                       | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium   | Not Medically<br>Necessary | 0        | 3      | 0       | 3     | 0                                | 0                    |
| Radiology          | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Radiology          | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Radiology          | 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                       |       | 2024 TX Autil Ottuzution by Couc (CI 171007C  |                            |          |        |         |       | Overturned on   | Overturned |
|-----------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty    | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Radiology             | 76380 | Computed tomography, limited or localized follow-up study   |                            | 49       | 0      | 0       | 49    | 0               | 0          |
| Radiology             | 76380 | Computed tomography, limited or localized follow-up study   | Not Medically<br>Necessary | 0        | 13     | 0       | 13    | 0               | 0          |
| Radiology             | 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokin |                            | 8        | 0      | 0       | 8     | 0               | 0          |
| Radiology             | 78070 | Parathyroid planar imaging (including subtraction, when performed);   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78071 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization    |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78226 | Hepatobiliary system imaging, including gallbladder when present;   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology             | 78227 | Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed                         |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology             | 78300 | Bone and/or joint imaging; limited area   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78305 | Bone and/or joint imaging; multiple areas   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78306 | Bone and/or joint imaging; whole body   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78315 | Bone and/or joint imaging; 3 phase study  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78320 | Bone &/Or Joint Imaging; Tomographic (Spect)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology             | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh   |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology             | 78813 | Positron emission tomography (PET) imaging; whole body  |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology             | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Radiology             | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  |                            | 3        | 0      | 0       | 3     | 0               | 0          |
| Radiology             | C8900 | Magnetic resonance angiography with contrast, abdomen   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | C8901 | Magnetic resonance angiography without contrast, abdomen  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | C8912 | Magnetic resonance angiography with contrast, lower extremity   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | C8913 | Magnetic resonance angiography without contrast, lower extremity  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Radiology             | C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Rehabilitation Center | 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Rehabilitation Center | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Rehabilitation Center | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)  |                            | 2        | 0      | 0       | 2     | 0               | 0          |

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| Provider_Specialty    | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned by an IRO |
|-----------------------|-------|---|----------------------------|----------|--------|---------|-------|----------------------------------|----------------------|
| Rehabilitation Center | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same o |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63001 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral s |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63015 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 verteb |                            | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Rehabilitation Center | 63016 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 verteb | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63020 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63040 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63045 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63046 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 63048 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 71250 | Computed tomography, thorax, diagnostic; without contrast material  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s)  |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material   |                            | 1        | 0      | 0       | 1     | 0                                | 0                    |

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|       |   |  |  |  |  |  | Overturned on  | Overturned  |
|-------|---|--|--|--|--|--|--|---|
| Code  | Description   | Denied reason  | APPROVED   | DENIED   | PARTIAL  | TOTAL  | Internal Appeal  | by an IRO   |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 72156 | contrast material(s) and further sequences; cervical  |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic                 |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar                   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material;   |  | 2  | 0  | 0  | 2  | 0  | 0   |
| 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging   |  | 2  | 0  | 0  | 2  | 0  | 0   |
| 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;                            |  | 2  | 0  | 0  | 2  | 0  | 0   |
| 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging        |  | 2  | 0  | 0  | 2  | 0  | 0   |
| 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)  |  | 2  | 0  | 0  | 2  | 0  | 0   |
| 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium   | Not Medically<br>Necessary   | 0  | 1  | 0  | 1  | 0  | 0   |
| 76380 | Computed tomography, limited or localized follow-up study   |  | 1  | 0  | 0  | 1  | 0  | 0   |
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu |  | 4  | 0  | 0  | 4  | 0  | 0   |
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | Not Medically<br>Necessary   | 0  | 1  | 0  | 1  | 0  | 0   |
| 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu |  | 7  | 0  | 0  | 7  | 0  | 0   |
|       | 72142 72146 72147 72148 72149 72156 72157 72158 73718 73721 75557 75563 75563 75565 75571 76380 78451   | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)  Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material  72147 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)  72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material  72149 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)  Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical  Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical  Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  73718 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  73718 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)  Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s)  Cardiac magnetic resonance imaging for morphology and function without contrast material;  Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging  Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging  Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging  Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by co | Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with contrast material, followed by contrast material(s) and further sequences; cervical  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging  Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging  Cardi | Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with contrast material (s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; without contrast material (s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; without contrast material (s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material (s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material (s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with contrast material (s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with contrast material (s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material (s) and further sequences; cervical Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  72158  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  73718  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  73721  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  1   73721  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material (s)  1   73722  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material (s)  1   73721  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material (s)  1   73721  Magnetic resonance imaging for morphology and function without contrast material (s)  2   73721  Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress ima | Aganetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with contrast material(s)  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  73718  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  73721  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  1 0  23721  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  1 0  23721  Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  1 0  2 0  2 0  2 0  2 0  2 0  2 0  2 0 | T2142 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical, with contrast material(s)  1 0 0  12146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; without contrast material(s)  1 0 0  12147 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with contrast material(s)  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0 0  1 0 0  1 0 0 0 | Agenetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with contrast material(s)  1 0 0 1  72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; without contrast material(s)  1 0 0 1  72147 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with contrast material(s)  1 0 0 0 1  72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material(s)  1 0 0 0 1  72149 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material(s)  1 0 0 0 1  72150 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with contrast material(s)  1 0 0 0 1  72151 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  1 0 0 0 1  72152 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  72153 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  72154 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  72155 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7216 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7217 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7218 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7219 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7210 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7210 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7211 Magnetic resonance (eg. proton) imaging, spinal canal and contents, without contrast material(s)  7212 Magnetic resonance (eg. proton) imaging, spinal canal and conten | Name   Name |

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| Provider_Specialty    | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned by an IRO |
|-----------------------|-------|---|----------------------------|----------|--------|---------|-------|----------------------------------|----------------------|
| Rehabilitation Center | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated techniqu | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe |                            | 4        | 0      | 0       | 4     | 0                                | 0                    |
| Rehabilitation Center | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe |                            | 4        | 0      | 0       | 4     | 0                                | 0                    |
| Rehabilitation Center | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when pe | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0                                | 0                    |
| Rehabilitation Center | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete   |                            | 10       | 0      | 0       | 10    | 0                                | 0                    |
| Rehabilitation Center | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study   |                            | 10       | 0      | 0       | 10    | 0                                | 0                    |
| Rehabilitation Center | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with |                            | 10       | 0      | 0       | 10    | 0                                | 0                    |
| Rehabilitation Center | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograp |                            | 10       | 0      | 0       | 10    | 0                                | 0                    |
| Rehabilitation Center | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study                                 |                            | 10       | 0      | 0       | 10    | 0                                | 0                    |
| Rehabilitation Center | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete               |                            | 8        | 0      | 0       | 8     | 0                                | 0                    |
| Rehabilitation Center | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited s |                            | 8        | 0      | 0       | 8     | 0                                | 0                    |
| Rehabilitation Center | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)  |                            | 8        | 0      | 0       | 8     | 0                                | 0                    |
| Rehabilitation Center | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |                            | 8        | 0      | 0       | 8     | 0                                | 0                    |
| Rehabilitation Center | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill |                            | 11       | 0      | 0       | 11    | 0                                | 0                    |
| Rehabilitation Center | 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)  |                            | 8        | 0      | 0       | 8     | 0                                | 0                    |
| Rehabilitation Center | C8928 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per |                            | 8        | 0      | 0       | 8     | 0                                | 0                    |

Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health



|                             |       |   | Danied was a               |          |        |         |       | Overturned on   | Overturned |
|-----------------------------|-------|---|----------------------------|----------|--------|---------|-------|-----------------|------------|
| Provider_Specialty          | Code  | Description   | Denied reason              | APPROVED | DENIED | PARTIAL | TOTAL | Internal Appeal | by an IRO  |
| Rehabilitation Center       | C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-<br>time with image documentation (2D), includes M-mode recording, when per |                            | 10       | 0      | 0       | 10    | 0               | 0          |
| Rehabilitation Center       | C8930 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when per     |                            | 8        | 0      | 0       | 8     | 0               | 0          |
| Rheumatology                | J0129 | Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)          |                            | 2        | 0      | 0       | 2     | 0               | 0          |
| Rheumatology                | J1602 | Injection, golimumab, 1 mg, for intravenous use   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Sleep Disorders             | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v     |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Specialist                  | 81479 | Unlisted molecular pathology procedure  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery                     | 19303 | Mastectomy, simple, complete  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery                     | 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Cardio-<br>Thoracic | 33979 | Insertion of ventricular assist device, implantable intracorporeal, single ventricle  | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Surgery General             | 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery General             | 19307 | Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery General             | 36561 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery General             | 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery General             | 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery General             | 93798 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)                                  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Head-Neck           | 14060 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Head-Neck           | 14061 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Head-Neck           | 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Head-Neck           | 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Neuro               | CUD   | Other   |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Orthopedic          | 20985 | Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)                            | Not Medically<br>Necessary | 0        | 2      | 0       | 2     | 0               | 0          |
| Surgery Orthopedic          | 22899 | Unlisted procedure, spine   | Not Medically<br>Necessary | 0        | 1      | 0       | 1     | 0               | 0          |
| Surgery Orthopedic          | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment  |                            | 1        | 0      | 0       | 1     | 0               | 0          |
| Surgery Orthopedic          | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)  |                            | 3        | 0      | 0       | 3     | 0               | 0          |

## Medical and behavioral health prior authorization requests 2024

Legend: color denotes Mental Health

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| Provider_Specialty                | Code  | Description   | Denied reason | APPROVED | DENIED | PARTIAL | TOTAL | Overturned on<br>Internal Appeal | Overturned by an IRO |
|-----------------------------------|-------|---|---------------|----------|--------|---------|-------|----------------------------------|----------------------|
| Surgery Orthopedic                | 29874 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans   | Demica reason | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Surgery Orthopedic                | CUD   | fragmentation, chondral fragmentation) Surgery Musculoskeletal  |               | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Surgery Plastic Reconstructive    |       | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less   |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Surgery Plastic Reconstructive    | 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate  |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Surgery Plastic<br>Reconstructive | 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Surgery Plastic<br>Reconstructive | 19380 | Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision comb |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Surgery Plastic<br>Reconstructive | CUD   | Other   |               | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Surgery Plastic<br>Reconstructive | CUD   | Surgery Breast  |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Surgery Vascular                  | 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated                  |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Surgical Oncology                 | 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);   |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Urology                           | 54360 | Plastic operation on penis to correct angulation  |               | 1        | 0      | 0       | 1     | 0                                | 0                    |
| Urology                           | 72192 | Computed tomography, pelvis; without contrast material  |               | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Urology                           | 72193 | Computed tomography, pelvis; with contrast material(s)  |               | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Urology                           | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections   |               | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Urology                           | 74150 | Computed tomography, abdomen; without contrast material   |               | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Urology                           | 74160 | Computed tomography, abdomen; with contrast material(s)   |               | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Urology                           | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections  |               | 2        | 0      | 0       | 2     | 0                                | 0                    |
| Urology                           | 74176 | Computed tomography, abdomen and pelvis; without contrast material  |               | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Urology                           | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s)  |               | 3        | 0      | 0       | 3     | 0                                | 0                    |
| Urology                           | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regio |               | 3        | 0      | 0       | 3     | 0                                | 0                    |
|                                   |       |   | TOTALS        | 1,509    | 305    | -       | 1,814 | 4                                | 0                    |