Medical and behavioral health prior authorization requests 2022



			Denied				Overturned on Internal	Overturned
Provider_Specialty	Code	Description () () () () () () () () () (reason	APPROVED	DENIED	TOTAL	Appeal	by an IRO
Ambulatory Surgical Center	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	-	1	0	1	0	0
Ambulatory Surgical Center	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural	-	1	0	1	0	0
Ambulatory Surgical Center	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver	-	2	0	2	0	0
Ambulatory Surgical Center	64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	· - 1		0	1	0	0
Ambulatory Surgical Center	64490	Injection(s), Diag/Therapeutic Agent, Paravertebral Facet Joint or Nerves, W Image Guidance, Cerv/Thorac; Sgl Level	-	1	0	1	0	0
Ambulatory Surgical Center	64491	Injection(s), Diag/Therapeutic Agent, Paravertebral Facet Joint or Nerves, W Image Guidance, Cerv/Thorac; Second Level	-	1	0	1	0	0
Ambulatory Surgical Center	64492	Injection(s), Diag/Therapeutic Agent, Paravertebral Facet Joint/Nerves, W Image Guid, Cerv/Thorac; Third and Addl Levels	-	1	0	1	0	0
Ambulatory Surgical Center	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with maging guidance (fluoroscopy or CT) vervical or thoracic, single facet joint		1	0	1	0	0
Ambulatory Surgical Center	CUDT	Other	-	2	0	2	0	0
Ambulatory Surgical Center	L8680	Implt neurostim elctr each	-	1	0	1	0	0
Ambulatory Surgical Center	L8687	Implt nrostm pls gen dua rec	-	2	0	2	0	0
Ambulatory Surgical Center	L8688	Implt nrostm pls gen dua non	-	2	0	2	0	0
Cardiovascular Disease	G0166	Extrnl Counterpulse, Per Tx	-	1	0	1	0	0
Dermatology	CUDT	Other	-	1	0	1	0	0
Diagnostic Radiology	72148	Mri, Lumbar Spine; W/O Contrast	-	1	0	1	0	0
Diagnostic Radiology	CUDT	Other	-	1	0	1	0	0
Durable Medical Equipment	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	-	1	0	1	0	0

Medical and behavioral health prior authorization requests 2022



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Gastroenterology	91110	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, w Phys Interp and Report		1	0	1	0	0
General Practice	CUDT	Other	-	1	0	1	0	0
Hematology/Oncology	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant	-	1	0	1	0	0
Hematology/Oncology	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	-	1	0	1	0	0
Home Health	НН	Home Health Care	-	1	0	1	0	0
Hospital	19301	Mastectomy, partial		1	0	1	0	0
Hospital	CUDT	Other	-	5	0	5	0	0
Hospital	MHIP	Mental Health	-	1	0	1	0	0
Laboratory Patient Site	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant	-	1	0	1	0	0
Laboratory Patient Site	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	-	1	0	1	0	0
Laboratory Patient Site	81270	ak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant		2	0	2	0	0
Laboratory Patient Site	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	2	0	2	0	0
Laboratory Patient Site	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	-	1	0	1	0	0
Laboratory Patient Site	81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul	-	1	0	1	0	0
Mental Health Psychiatry	90867	Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment; Planning	-	1	0	1	0	0
Mental Health Psychiatry	90868	Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment; Delivery And Management, Per Session	-	1	0	1	0	0
Mental Health Psychology	МНОР	Mental Health	-	1	0	1	0	0

Medical and behavioral health prior authorization requests 2022

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Provider_Specialty Code Description		Denied reason	APPROVED	DENIED		Overturned on Internal Appeal	Overturned by an IRO	
Neuro-oncology	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences	-	1	0	1	0	0
Oncology	74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	-	1	0	1	0	0
Otolaryngology	30140	Submucous Resection Turbinate, Partial/Complete, Any Method	-	1	0	1	0	0
Otolaryngology	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	-	1	0	1	0	0
Otolaryngology	31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	-	2	0	2	0	0
Otolaryngology	31298	asal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal - 1		1	0	1	0	0
Pain Maintenance	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural	-	1	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	-	3	0	3	0	0
Pain Maintenance	64490	njection(s), Diag/Therapeutic Agent, Paravertebral Facet Joint or Nerves, W mage Guidance, Cerv/Thorac; Sgl Level		1	0	1	0	0
Pain Maintenance	64491	njection(s), Diag/Therapeutic Agent, Paravertebral Facet Joint or Nerves, W mage Guidance, Cerv/Thorac; Second Level		1	0	1	0	0
Pain Maintenance	64492	Injection(s), Diag/Therapeutic Agent, Paravertebral Facet Joint/Nerves, W Image Guid, Cerv/Thorac; Third and Addl Levels	-	1	0	1	0	0
Pain Maintenance	CUDT	Other	-	2	0	2	0	0
Pain Maintenance	L8680	Implt neurostim elctr each	-	1	0	1	0	0
Physical Therapy	CUDT	Other	Not Medically Necessary	0	1	1	0	0
Radiology	75635	Ct Angio, Abd Aorta & Bilat Iliofem Lowr Extrem Runoff, Radiol S&I, W/O Contrst Matl Follow Contrst	-	1	0	1	0	0

Medical and behavioral health prior authorization requests 2022

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Rheumatology	73223	ri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By ontrast Matl(S) & Further Sequ		1	0	1	0	0
Rheumatology	CUDT	Other	-	2	0	2	0	0
Sleep Disorders	CUDT	Other	Non- covered Service	0	1	1	0	0
Sports Medicine	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl	-	1	0	1	0	0
Surgery Neuro	22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	-	1	0	1	0	0
Surgery Neuro	CUDT	Other	-	1	0	1	0	0
Surgery Orthopedic	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft	-	2	0	2	0	0
Surgery Orthopedic	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl	-	1	0	1	0	0

	APPROVED	DENIED	TOTAL	TOTAL	TOTAL
Totals	71	2	73	0	0