

Total Prior Auths	Total PA's approved	Total Denied	PA Time to Dec (days)	Total Appeals	Appeals Overturned	Appels Denied	Appeal Time to Dec (days)
9140	6744	2396	6.18	214	126	88	11.86

Service Type	Decision	Decision Reason	Diagnosis Code	Diagnosis Desc.	CPT/HCPS Code	CPT/HCPCS Desc	Medication Name
Surgical	Approved	Met Medical Necessity	S31.809A	Unspecified open wound of unspecified buttock, initial encounter	11043	DEBRIDEMENT MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS DERMIS AND SUBCUTANEOUSTI SSUE IF PERFORMED); FIRST 20 SQ CM OR LESS	
Surgical	Approved	Met Medical Necessity	L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified	11423	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) SCALP NECK HANDS FEET GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM	

Surgical	Approved	Administrative Approval	L91.0	Hypertrophic scar	11426	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE) SCALP NECK HANDS FEET GENITALIA; EXCISED DIAMETER OVER 4.0 CM
Surgical	Approved	Met Medical Necessity	C44.529	Squamous cell carcinoma of skin of other part of trunk	11606	EXCISION MALIGNANT LESION INCLUDING MARGINS TRUNK ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM
Surgical	Approved	Met Medical Necessity	L60.0	Ingrowing nail	11730	AVULSION OF NAIL PLATE PARTIAL OR COMPLETE SIMPLE; SINGLE

Endocrinology	Approved	Met Medical Necessity	R79.9	Abnormal finding of blood chemistry, unspecified	11980	SUBCUTANEOUS HORMONE PELLETS IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)
Surgical	Approved	Met Medical Necessity	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive	11981	INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
Surgical	Approved	Met Medical Necessity	R52	Pain, unspecified	13101	REPAIR COMPLEX TRUNK; 2.6 CM TO 7.5 CM
Surgical	Denied	Authorization/Access Restrictions	N89.5	Stricture and atresia of vagina	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS

Surgical	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA; DEFECT 30.1 SQ CM TO 60.0SQ CM
Surgical	Approved	Administrative Approval	C50.812	Malignant neoplasm of overlapping sites of left female breast	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA; DEFECT 30.1 SQ CM TO 60.0SQ CM
Surgical	Approved	Met Medical Necessity	I89.0	Lymphedema, not elsewhere classified	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA; DEFECT 30.1 SQ CM TO 60.0SQ CM
Surgical	Approved	Met Medical Necessity	L91.0	Hypertrophic scar	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA; DEFECT 30.1 SQ CM TO 60.0SQ CM

Surgical	Approved	Met Medical Necessity	D48.61	Neoplasm of uncertain behavior of right breast	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA; DEFECT 30.1 SQ CM TO 60.0SQ CM
Surgical	Denied	Cosmetic	L91.0	Hypertrophic scar	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA; DEFECT 30.1 SQ CM TO 60.0SQ CM

Other	Denied	Out of Network	L73.2	Hidradenitis suppurativa	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS BURN ESCHAR OR SCAR (INCLUDING SUBCUTANEOUS TISSUES) OR INCISIONAL RELEASE OF SCAR CONTRACTURE FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR 1 OF BODY AREA OF INFANTS AND C
Surgical	Approved	Met Medical Necessity	C44.529	Squamous cell carcinoma of skin of other part of trunk	15734	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; TRUNK

Surgical	Approved	Met Medical Necessity	H02.831	Dermatochalasis of right upper eyelid	15823	BLEPHAROPLASTY UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID
Surgical	Approved	Met Medical Necessity	L98.7	Excessive and redundant skin and subcutaneous tissue	15830	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN INFRAUMBILICAL PANNICULECTOM Y
Surgical	Approved	Met Medical Necessity	E65	Localized adiposity	15830	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN INFRAUMBILICAL PANNICULECTOM Y

Surgical	Approved	Met Medical Necessity	L30.4	Erythema intertrigo	15830	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN INFRAUMBILICAL PANNICULECTOM	Y
Surgical	Denied	Authorization/Access Restrictions	L30.4	Erythema intertrigo	15830	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN INFRAUMBILICAL PANNICULECTOM	Y
Surgical	Approved	Administrative Approval	L98.7	Excessive and redundant skin and subcutaneous tissue	15830	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN INFRAUMBILICAL PANNICULECTOM	Y

Surgical	Approved	Administrative Approval	Z98.89	Other specified postprocedural states	15836	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ARM
Surgical	Approved	Met Medical Necessity	L30.4	Erythema intertrigo	15836	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ARM
Surgical	Approved	Met Medical Necessity	R63.4	Abnormal weight loss	15839	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHERAREA
Surgical	Approved	Met Medical Necessity	N48.83	Acquired buried penis	15839	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHERAREA

Dermatology	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); OVER 50.0 SQ CM
Burn Care	Approved	Met Medical Necessity	L91.0	Hypertrophic scar	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); OVER 50.0 SQ CM
Medical Care	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); OVER 50.0 SQ CM
Surgical	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); OVER 50.0 SQ CM

Medical Care	Denied	*Non-covered Service	L73.2	Hidradenitis suppurativa	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE); OVER 50.0 SQ CM	
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						MOHS MICROGRAPHIC TECHNIQUE INCLUDING REMOVAL OF ALL GROSS TUMOR SURGICALEXCISIO N OF TISSUE SPECIMENS MAPPING COLOR CODING OF SPECIMENS MICROSCOPICEX AMINATION OF SPECIMENS BY THE SURGEON AND HISTOPATHOLOGI C PREPARATIONINC LUDING ROUTINE STAIN(S) (EG HEMATOXYLIN AND EOSIN TOLUIDINE BLUE) HEAD NECK HANDS FEET	
Dermatology	Approved	Met Medical Necessity	D09.9	Carcinoma in situ, unspecified	17311		
Surgical	Denied	Authorization/Acc ess Restrictions	N62	Hypertrophy of breast	19300	MASTECTOMY FOR GYNECOMASTIA	
Surgical	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified	19303	MASTECTOMY SIMPLE COMPLETE	

Surgical	Approved	Met Medical Necessity	F64.0	Transsexualism	19303	MASTECTOMY SIMPLE COMPLETE	
Surgical	Approved	Met Medical Necessity	Z91.89	Other specified personal risk factors, not elsewhere classified	19303	MASTECTOMY SIMPLE COMPLETE	
Surgical	Approved	Met Medical Necessity	C50.311	Malignant neoplasm of lower inner quadrant of right female breast	19307	MASTECTOMY MODIFIED RADICAL INCLUDING AXILLARY LYMPH NODES WITH OR WITHOUT PECTORALIS MINOR MUSCLE BUT EXCLUDING PECTORALIS MAJOR MUSCLE	
Surgical	Approved	Met Medical Necessity	E65	Localized adiposity	19316	MASTOPEXY	
Surgical	Approved	Met Medical Necessity	N62	Hypertrophy of breast	19318	REDUCTION MAMMAPLASTY	
Surgical	Approved	Met Medical Necessity	M54.2	Cervicalgia	19318	REDUCTION MAMMAPLASTY	
Surgical	Denied	Authorization/Access Restrictions	F64.0	Transsexualism	19318	REDUCTION MAMMAPLASTY	
Surgical	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast	19318	REDUCTION MAMMAPLASTY	

Surgical	Approved	Met Medical Necessity	F64.0	Transsexualism	19318	REDUCTION MAMMAPLASTY	
Surgical	Approved	Met Medical Necessity	N60	BENIGN MAMMARY DYSPLASIA	19318	REDUCTION MAMMAPLASTY	
Surgical	Denied	Authorization/Access Restrictions	N62	Hypertrophy of breast	19318	REDUCTION MAMMAPLASTY	
Surgical	Approved	Met Medical Necessity	Z90.13	Acquired absence of bilateral breasts and nipples	19318	REDUCTION MAMMAPLASTY	
Surgical	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified	19325	MAMMAPLASTY AUGMENTATION; WITH PROSTHETIC IMPLANT	
Surgical	Approved	Met Medical Necessity	F64.0	Transsexualism	19325	MAMMAPLASTY AUGMENTATION; WITH PROSTHETIC IMPLANT	
Surgical	Approved	Peer to Peer Overturned Met Medical Necessity	F64.0	Transsexualism	19325	MAMMAPLASTY AUGMENTATION; WITH PROSTHETIC IMPLANT	
Surgical	Denied	*Non-covered Service	F64.0	Transsexualism	19325	MAMMAPLASTY AUGMENTATION; WITH PROSTHETIC IMPLANT	

Surgical	Approved	Met Medical Necessity	N63.20	Unspecified lump in the left breast, unspecified quadrant	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY MASTECTOMY OR IN RECONSTRUCTIO N
Surgical	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY MASTECTOMY OR IN RECONSTRUCTIO N
Surgical	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY MASTECTOMY OR IN RECONSTRUCTIO N

Surgical	Approved	Met Medical Necessity	N64.4	Mastodynia	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY MASTECTOMY OR IN RECONSTRUCTION	
Surgical	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast	19357	BREAST RECONSTRUCTION IMMEDIATE OR DELAYED WITH TISSUE EXPANDER INCLUDING SUBSEQUENT EXPANSION	
Surgical	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast	19357	BREAST RECONSTRUCTION IMMEDIATE OR DELAYED WITH TISSUE EXPANDER INCLUDING SUBSEQUENT EXPANSION	

Surgical	Approved	Met Medical Necessity	C50.211	Malignant neoplasm of upperinner quadrant of right female breast	19357	BREAST RECONSTRUCTION IMMEDIATE OR DELAYED WITH TISSUE EXPANDER INCLUDING SUBSEQUENT EXPANSION	
Surgical	Approved	Met Medical Necessity	Z90.13	Acquired absence of bilateral breasts and nipples	19357	BREAST RECONSTRUCTION IMMEDIATE OR DELAYED WITH TISSUE EXPANDER INCLUDING SUBSEQUENT EXPANSION	
Surgical	Approved	Met Medical Necessity	Z45.819	Encounter for adjustment or removal of unspecified breast implant	19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	
Surgical	Approved	Met Medical Necessity	Z90.13	Acquired absence of bilateral breasts and nipples	19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	
Other	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast	19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	

Surgical	Approved	Administrative Approval	Z85.3	Personal history of malignant neoplasm of breast	19371	PERIPROSTHETIC CAPSULECTOMY BREAST	
Surgical	Approved	Met Medical Necessity	T85.43XA	Leakage of breast prosthesis and implant, initial encounter	19371	PERIPROSTHETIC CAPSULECTOMY BREAST	
Surgical	Approved	Met Medical Necessity	R92.1	Mammographic calcification found on diagnostic imaging of breast	19380	REVISION OF RECONSTRUCTED BREAST	
Surgical	Approved	Met Medical Necessity	N65.1	Disproportion of reconstructed breast	19380	REVISION OF RECONSTRUCTED BREAST	
Surgical	Approved	Met Medical Necessity	Z98.890	Other specified postprocedural states	19380	REVISION OF RECONSTRUCTED BREAST	
Surgical	Approved	Met Medical Necessity	Z85.3	Personal history of malignant neoplasm of breast	19380	REVISION OF RECONSTRUCTED BREAST	
Surgical	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast	19380	REVISION OF RECONSTRUCTED BREAST	
Surgical	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	N65.1	Disproportion of reconstructed breast	19380	REVISION OF RECONSTRUCTED BREAST	

Surgical	Approved	Met Medical Necessity	Z90.13	Acquired absence of bilateral breasts and nipples	19380	REVISION OF RECONSTRUCTED BREAST
Surgical	Approved	Met Medical Necessity	L02.01	Cutaneous abscess of face	21014	EXCISION TUMOR SOFT TISSUE OF FACE AND SCALP SUBFASCIAL (EG SUBGALEAL INTRAMUSCULAR) ; 2 CM OR GREATER
Oral Surgery	Approved	Met Medical Necessity	K09.0	Developmental odontogenic cysts	21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CURETTAGE
Surgical	Denied	Not Medically Necessary	G51.0	Bell's palsy	21142	RECONSTRUCTION MIDFACE LEFORT I; 2 PIECES SEGMENT MOVEMENT IN ANY DIRECTION WITHOUT BONE GRAFT

Surgical	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD ADVANCEMENT OR ALTERATION WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
Surgical	Approved	Met Medical Necessity	S09.93XA	Unspecified injury of face, initial encounter	21208	OSTEOPLASTY FACIAL BONES; AUGMENTATION (AUTOGRAFT ALLOGRAFT OR PROSTHETIC IMPLANT)
Surgical	Denied	*Non-covered Service	F64.9	Gender identity disorder, unspecified	21209	OSTEOPLASTY FACIAL BONES; REDUCTION
Surgical	Approved	Met Medical Necessity	S01.83XD	Puncture wound without foreign body of other part of head, subsequent encounter	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA SUBPERIOSTEAL IMPLANT; PARTIAL
Medical Care	Approved	Met Medical Necessity	S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION

Surgical	Approved	Met Medical Necessity	S22.41	MULTIPLE FRACTURES OF RIBS RIGHT SIDE	21811	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE
Orthopedic	Approved	Met Medical Necessity	M47.12	Other spondylosis with myelopathy, cervical region	22551	ARTHRODESIS ANTERIOR INTERBODY INCLUDING DISC SPACE PREPARATION DISCECTOMY OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2;

Medical Care	Approved	Met Medical Necessity	M48.02	Spinal stenosis, cervical region	22551	ARTHRODESIS ANTERIOR INTERBODY INCLUDING DISC SPACE PREPARATION DISCECTOMY OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2;
Surgical	Approved	Met Medical Necessity	R22.9	Localized swelling, mass and lump, unspecified	22902	EXCISION TUMOR SOFT TISSUE OF ABDOMINAL WALL SUBCUTANEOUS; LESS THAN 3 CM
Surgical	Approved	Met Medical Necessity	S62.346	NONDSPLC FX BASE 5TH METACARPAL BONE RT HAND	26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION OTHER THAN THUMB; INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH JOINT

MRI Scan	Approved	Met Medical Necessity	Q68.8	Other specified congenital musculoskeletal deformities	27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA
Surgical	Approved	Met Medical Necessity	M87.9	Osteonecrosis, unspecified	27130	ARTHROPLASTY ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
Surgical	Denied	Out of Network	M17.11	Unilateral primary osteoarthritis, right knee	27447	ARTHROPLASTY KNEE CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)

Surgical	Approved	Met Medical Necessity	M67.471	Ganglion, right ankle and foot	27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG CYST OR GANGLION) LEG AND/OR ANKLE
Surgical	Approved	Met Medical Necessity	M76.61	Achilles tendinitis, right leg	27687	GASTROCNEMIUS RECESSION (EG STRAYER PROCEDURE)
Podiatry	Approved	Met Medical Necessity	S82.851A	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture	27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP

Medical Care	Approved	Administrative Approval	M20.41	Other hammer toe(s) (acquired), right foot	28285	CORRECTION HAMMERTOE (EG INTERPHALANGEA L FUSION PARTIAL OR TOTAL PHALANGECTOMY )
Surgical	Denied	Out of Network	M20.12	Hallux valgus (acquired), left foot	28296	Correction hallux valgus (bunionectomy) with sesamoidectomy when performed; with distal metatarsal osteotomy any method
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M20.11	Hallux valgus (acquired), right foot	28297	Correction hallux valgus (bunionectomy) with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis any method

Surgical	Approved	Met Medical Necessity	S43.432	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER	29806	INCISION OF SHOULD JOINT CAPSULE USING AN ENDOSCOPE	
Orthopedic	Approved	Met Medical Necessity	S43.004A	Unspecified dislocation of right shoulder joint, initial encounter	29806	INCISION OF SHOULD JOINT CAPSULE USING AN ENDOSCOPE	
Surgical	Approved	Met Medical Necessity	M25.312	Other instability, left shoulder	29806	INCISION OF SHOULD JOINT CAPSULE USING AN ENDOSCOPE	
Orthopedic	Approved	Administrative Approval	M25.311	Other instability, right shoulder	29806	INCISION OF SHOULD JOINT CAPSULE USING AN ENDOSCOPE	
Surgical	Approved	Met Medical Necessity	S43.432A	Superior glenoid labrum lesion of left shoulder, initial encounter	29807	REPAIR OF SHOULDER SOCKET CARTILAGE USING AN ENDOSCOPE	

Orthopedic	Approved	Administrative Approval	S83.241A	Other tear of medial meniscus, current injury, right knee, initial encounter	29880	ARTHROSCOPY KNEE SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) SAME OR SEPARATE COMPARTMENT(S) WHEN PERFORMED	
Surgical	Approved	Met Medical Necessity	S83.519A	Sprain of anterior cruciate ligament of unspecified knee, initial encounter	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	

Surgical	Approved	Met Medical Necessity	J34.3	Hypertrophy of nasal turbinates	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE PARTIAL OR COMPLETE ANY METHOD
Surgical	Approved	Met Medical Necessity	J34.2	Deviated nasal septum	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE PARTIAL OR COMPLETE ANY METHOD
Surgical	Approved	Met Medical Necessity	M95.0	Acquired deformity of nose	30420	RHINOPLASTY PRIMARY; INCLUDING MAJOR SEPTAL REPAIR
Surgical	Denied	Out of Network	J34.89	Other specified disorders of nose and nasal sinuses	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG SPREADER GRAFTING LATERAL NASAL WALL RECONSTRUCTIO N)

Surgical	Approved	Met Medical Necessity	R09.82	Postnasal drip	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT
Surgical	Approved	Met Medical Necessity	J34.2	Deviated nasal septum	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT
Surgical	Denied	Out of Network	J34.89	Other specified disorders of nose and nasal sinuses	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT

Surgical	Approved	Met Medical Necessity	J34.3	Hypertrophy of nasal turbinates	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT
Surgical	Approved	Met Medical Necessity	J34.89	Other specified disorders of nose and nasal sinuses	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT
Surgical	Approved	Met Medical Necessity	J34.2	Deviated nasal septum	31256	NASAL/SINUS ENDOSCOPY SURGICAL WITH MAXILLARY ANTROSTOMY;
Surgical	Approved	Met Medical Necessity	J32.0	Chronic maxillary sinusitis	31267	NASAL/SINUS ENDOSCOPY SURGICAL WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS

Medical Care	Approved	Met Medical Necessity	T17.308A	Unspecified foreign body in larynx causing other injury, initial encounter	31531	LARYNGOSCOPY DIRECT OPERATIVE WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE OR TELESCOPE
Medical Care	Approved	Met Medical Necessity	R91.1	Solitary pulmonary nodule	31652	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING (EG ASPIRATIONS /BIOPSIES) ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES

Surgical	Approved	Met Medical Necessity	F64.0	Transsexualism	31750	TRACHEOPLASTY; CERVICAL	
Cardiac	Denied	*Non-covered Service	I50.20	Unspecified systolic (congestive) heart failure	33225	Insertion of left lower heart electrode for pacemaker or defibrillator	
Surgical	Approved	Peer to Peer Overturned Met Medical Necessity	I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	35647	BYPASS GRAFT WITH OTHER THAN VEIN; AORTOFEMORAL	

Vascular Surgery	Approved	Met Medical Necessity	183.813	Varicose veins of bilateral lower extremities with pain	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Vascular Surgery	Approved	Met Medical Necessity	183.893	Varicose veins of bilateral lower extremities with other complications	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Medical Care	Approved	Administrative Approval	I83.813	Varicose veins of bilateral lower extremities with pain	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)	
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Other	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36465	INJECTION OF NON- COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)	
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Vascular Surgery	Approved	Met Medical Necessity	183.029	Varicose veins of left lower extremity with ulcer of unspecified site	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Vascular Surgery	Approved	Met Medical Necessity	173.9	Peripheral vascular disease, unspecified	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Surgical	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36465	INJECTION OF NON- COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)	
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Medical Care	Approved	Met Medical Necessity	187.2	Venous insufficiency (chronic) (peripheral)	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Surgical	Approved	Met Medical Necessity	I83.812	Varicose veins of left lower extremity with pain	36465	INJECTION OF NON- COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)	
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Medical Care	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)	
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Vascular Surgery	Approved	Administrative Approval	183.813	Varicose veins of bilateral lower extremities with pain	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Vascular Surgery	Approved	Met Medical Necessity	187.2	Venous insufficiency (chronic) (peripheral)	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Vascular Surgery	Denied	Authorization/Access Restrictions	187.2	Venous insufficiency (chronic) (peripheral)	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
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Medical Care	Approved	Met Medical Necessity	I83.812	Varicose veins of left lower extremity with pain	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN) SAME LEG
Vascular Surgery	Approved	Met Medical Necessity	I83.812	Varicose veins of left lower extremity with pain	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)

Vascular Surgery	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	
Vascular Surgery	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia) same leg	
Other	Approved	Met Medical Necessity	I87.2	Venous insufficiency (chronic) (peripheral)	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia) same leg	
Vascular Surgery	Approved	Met Medical Necessity	I83.10	Varicose veins of unspecified lower extremity with inflammation	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED	

Medical Care	Approved	Met Medical Necessity	I87.2	Venous insufficiency (chronic) (peripheral)	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Medical Care	Approved	Administrative Approval	I83.10	Varicose veins of unspecified lower extremity with inflammation	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Other	Approved	Met Medical Necessity	I87.2	Venous insufficiency (chronic) (peripheral)	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Other	Approved	Met Medical Necessity	I83.12	Varicose veins of left lower extremity with inflammation	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Vascular Surgery	Approved	Met Medical Necessity	I83.029	Varicose veins of left lower extremity with ulcer of unspecified site	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Vascular Surgery	Approved	Met Medical Necessity	I83.11	Varicose veins of right lower extremity with inflammation	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Vascular Surgery	Approved	Met Medical Necessity	I83.21	VARICOSE VEINS RT LOW EXT W/BOTH ULCER & INFLAM	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENC Y; FIRST VEINTREATED
Surgical	Approved	Met Medical Necessity	I87.303	Chronic venous hypertension (idiopathic) without complications of bilateral lower extremity	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENC Y; FIRST VEINTREATED

Surgical	Approved	Met Medical Necessity	I83.10	Varicose veins of unspecified lower extremity with inflammation	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Surgical	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Surgical	Approved	Met Medical Necessity	I87.2	Venous insufficiency (chronic) (peripheral)	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Medical Care	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Vascular Surgery	Approved	Met Medical Necessity	187.323	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Surgical	Approved	Administrative Approval	170.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Vascular Surgery	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Vascular Surgery	Approved	Administrative Approval	I83.813	Varicose veins of bilateral lower extremities with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Vascular Surgery	Approved	Met Medical Necessity	I83.812	Varicose veins of left lower extremity with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Medical Care	Approved	Administrative Approval	I83.813	Varicose veins of bilateral lower extremities with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Other	Approved	Met Medical Necessity	183.813	Varicose veins of bilateral lower extremities with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED
Other	Approved	Met Medical Necessity	183.812	Varicose veins of left lower extremity with pain	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY; FIRST VEINTREATED

Vascular Surgery	Approved	Met Medical Necessity	187.2	Venous insufficiency (chronic) (peripheral)	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER; FIRST VEIN TREATED
Surgical	Approved	Met Medical Necessity	187.2	Venous insufficiency (chronic) (peripheral)	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER; FIRST VEIN TREATED

Medical Care	Approved	Administrative Approval	I87.2	Venous insufficiency (chronic) (peripheral)	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER; FIRST VEIN TREATED
Medical Care	Approved	Met Medical Necessity	I83.813	Varicose veins of bilateral lower extremities with pain	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER; FIRST VEIN TREATED

Vascular Surgery	Approved	Met Medical Necessity	183.893	Varicose veins of bilateral lower extremities with other complications	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER; FIRST VEIN TREATED
Vascular Surgery	Approved	Met Medical Necessity	183.813	Varicose veins of bilateral lower extremities with pain	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER; FIRST VEIN TREATED

Surgical	Approved	Met Medical Necessity	I83.893	Varicose veins of bilateral lower extremities with other complications	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALLIMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER; FIRST VEIN TREATED
Medical Care	Denied	Out of Network	E26.9	Hyperaldosteronism, unspecified	36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING
Medical Care	Denied	Out of Network	E26.09	Other primary hyperaldosteronism	36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING

Vascular Surgery	Approved	Administrative Approval	N18.6	End stage renal disease	36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); NONAUTOGENOUS GRAFT (EG BIOLOGICAL COLLAGEN THERMOPLASTIC GRAFT)
Surgical	Approved	Met Medical Necessity	N18.6	End stage renal disease	36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); NONAUTOGENOUS GRAFT (EG BIOLOGICAL COLLAGEN THERMOPLASTIC GRAFT)

Vascular Surgery	Approved	Met Medical Necessity	N18.6	End stage renal disease	36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S) DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S) INJECTION(S) OF CONTRAST ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE
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Dialysis	Approved	Met Medical Necessity	N18	CHRONIC KIDNEY DISEASE	36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S) DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S) INJECTION(S) OF CONTRAST ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE	
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Medical Care	Approved	Met Medical Necessity	N18.6	End stage renal disease	36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S) DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S) INJECTION(S) OF CONTRAST ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE
Other	Approved	Met Medical Necessity	I83.812	Varicose veins of left lower extremity with pain	37765	STAB PHLEBECTOMY OF VARICOSE VEINS 1 EXTREMITY; 10-20 STAB INCISIONS

Other	Approved	Met Medical Necessity	I87.2	Venous insufficiency (chronic) (peripheral)	37766	STAB PHLEBECTOMY OF VARICOSE VEINS ONE EXTREMITY; MORE THAN 20 INCISIONS
Vascular Surgery	Approved	Met Medical Necessity	I87.2	Venous insufficiency (chronic) (peripheral)	37766	STAB PHLEBECTOMY OF VARICOSE VEINS ONE EXTREMITY; MORE THAN 20 INCISIONS
Surgical	Denied	Out of Network	C92.01	Acute myeloblastic leukemia, in remission	38220	Diagnostic bone marrow; aspiration(s)
Medical Care	Approved	Met Medical Necessity	R59.9	Enlarged lymph nodes, unspecified	38531	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN INGUINOFEMORAL NODE(S)
Oral Surgery	Approved	Met Medical Necessity	M27.40	Unspecified cyst of jaw	40808	BIOPSY VESTIBULE OF MOUTH

Surgical	Approved	Met Medical Necessity	K11.6	Mucocele of salivary gland	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA VESTIBULE OF MOUTH; WITH SIMPLE REPAIR
Oral Surgery	Denied	Out of Network	K02.9	Dental caries, unspecified	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES
Surgical	Approved	Met Medical Necessity	K02.9	Dental caries, unspecified	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES
Surgical	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)	42820	TONSILLECTOMY AND ADENOIDECTOMY ; UNDER AGE 12
Otolaryngology	Approved	Administrative Approval	J35.01	Chronic tonsillitis	42826	TONSILLECTOMY PRIMARY OR SECONDARY; AGE 12 OR OVER

Other	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)	42975	Drug-Induced Sleep Endoscopy, With Dynamic Evaluation Of Velum, Pharynx, Tongue Base, And Larynx For Evaluation Of Sleep-Disordered Breathing, Flexible, Diagnostic
Diagnostic Medical	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)	42975	Drug-Induced Sleep Endoscopy, With Dynamic Evaluation Of Velum, Pharynx, Tongue Base, And Larynx For Evaluation Of Sleep-Disordered Breathing, Flexible, Diagnostic

Diagnostic Medical	Denied	Out of Network	G47.33	Obstructive sleep apnea (adult) (pediatric)	42975	Drug-Induced Sleep Endoscopy, With Dynamic Evaluation Of Velum, Pharynx, Tongue Base, And Larynx For Evaluation Of Sleep-Disordered Breathing, Flexible, Diagnostic
Other	Denied	Out of Network	G47.33	Obstructive sleep apnea (adult) (pediatric)	42975	Drug-Induced Sleep Endoscopy, With Dynamic Evaluation Of Velum, Pharynx, Tongue Base, And Larynx For Evaluation Of Sleep-Disordered Breathing, Flexible, Diagnostic
Gastroenterology	Approved	Administrative Approval	E66.01	Morbid (severe) obesity due to excess calories	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE SLEEVE GASTRECTOMY)

Surgical	Approved	Met Medical Necessity	R19.00	Intraabdominal and pelvic swelling, mass and lump, unspecified site	44204	LAPAROSCOPY SURGICAL; COLECTOMY PARTIAL WITH ANASTOMOSIS
Surgical	Denied	Out of Network	K37	Unspecified appendicitis	44970	LAPAROSCOPY SURGICAL APPENDECTOMY
Medical Care	Approved	Met Medical Necessity	K60.2	Anal fissure, unspecified	45300	PROCTOSIGMOIDOSCOPY RIGID; DIAGNOSTIC WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)

<p>Diagnostic Medical</p>	<p>Approved</p>	<p>Met Medical Necessity</p>	<p>Z12.11</p>	<p>Encounter for screening for malignant neoplasm of colon</p>	<p>45378</p>	<p>COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)</p>	
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Gastrointestinal	Denied	Out of Network	A04.8	Other specified bacterial intestinal infections	45378	COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)
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Gastroenterology	Approved	Administrative Approval	K59.00	Constipation, unspecified	45378	COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)
Surgical	Denied	*Non-covered Service	K62.82	Dysplasia of anus	46607	BIOPSIES OF ANUS WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT USING AN ENDOSCOPE

Surgical	Approved	Met Medical Necessity	K81.0	Acute cholecystitis	47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY PERCUTANEOUS COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS
Surgical	Approved	Administrative Approval	M62.08	Separation of muscle (nontraumatic), other site	49591	RPR AA HRN 1ST < 3 CM RDC
Surgical	Approved	Met Medical Necessity	K43.2	Incisional hernia without obstruction or gangrene	49596	RPR AA HRN 1ST > 10 NCR/STRN

Surgical	Approved	Met Medical Necessity	K40.20	Bilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent	49650	LAPAROSCOPY SURGICAL; REPAIR INITIAL INGUINAL HERNIA
Surgical	Approved	Met Medical Necessity	N28.89	Other specified disorders of kidney and ureter	50543	LAPAROSCOPY SURGICAL; PARTIAL NEPHRECTOMY
Surgical	Approved	Met Medical Necessity	N28.89	Other specified disorders of kidney and ureter	50545	Removal of kidney and lymph nodes using an endoscope
Medical Care	Approved	Met Medical Necessity	N39.0	Urinary tract infection, site not specified	51728	COMPLEX CYSTOMETROGRAM (IE CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE BLADDER VOIDING PRESSURE) ANY TECHNIQUE
Nephrology	Approved	Met Medical Necessity	N39.44	Nocturnal enuresis	51741	COMPLEX UROFLOWMETRY (EG CALIBRATED ELECTRONIC EQUIPMENT)

Diagnostic Medical	Approved	Met Medical Necessity	N39.44	Nocturnal enuresis	51741	COMPLEX UROFLOWMETRY (EG CALIBRATED ELECTRONIC EQUIPMENT)
Other	Denied	*Non-covered Service	Q64.2	Congenital posterior urethral valves	51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND NON-IMAGING
Pharmacy	Approved	Met Medical Necessity	N39.46	Mixed incontinence	52000	CYSTOURETHROS COPY (SEPARATE PROCEDURE)
Pharmacy	Approved	Met Medical Necessity	N32.81	Overactive bladder	52287	CYSTOURETHROS COPY WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER
Pharmacy	Approved	Met Medical Necessity	N39.46	Mixed incontinence	52287	CYSTOURETHROS COPY WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER

Pharmacy	Approved	Met Medical Necessity	R39.15	Urgency of urination	52287	CYSTOURETHROSCOPY WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER
Medical Care	Approved	Administrative Approval	N13.9	Obstructive and reflux uropathy, unspecified	52332	CYSTOURETHROSCOPY WITH INSERTION OF INDWELLING URETERAL STENT (EG GIBBONS OR DOUBLE-J TYPE)
Surgical	Approved	Met Medical Necessity	N20.1	Calculus of ureter	52356	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG GIBBONS OR DOUBLE-J TYPE)

Surgical	Approved	Met Medical Necessity	N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms	52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE INCLUDING CONTROL OF POSTOPERATIVE BLEEDING COMPLETE (VASECTOMY MEATOTOMY CYSTOURETHROSCOPY URETHRAL CALIBRATION AND/OR DILATION AND INTERNAL
Surgical	Approved	Administrative Approval	F64.9	Gender identity disorder, unspecified	53410	URETHROPLASTY ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA
Surgical	Approved	Met Medical Necessity	N47.1	Phimosis	54001	SLITTING OF PREPUCE DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN

Surgical	Approved	Met Medical Necessity	N47.1	Phimosis	54163	REPAIR INCOMPLETE CIRCUMCISION	
Surgical	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate	54405	INSERTION OF MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS INCLUDING PLACEMENT OF PUMP CYLINDERS AND RESERVOIR	
Medical Care	Approved	Administrative Approval	R97.20	Elevated prostate specific antigen [PSA]	55706	BIOPSIES PROSTATE NEEDLE TRANSPERINEAL STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING INCLUDING IMAGING GUIDANCE	

Surgical	Approved	Met Medical Necessity	Z12.4	Encounter for screening for malignant neoplasm of cervix	57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE
Medical Care	Approved	Met Medical Necessity	N92.0	Excessive and frequent menstruation with regular cycle	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)
Surgical	Approved	Administrative Approval	O26.30	Retained intrauterine contraceptive device in pregnancy, unspecified trimester	58558	HYSTEROSCOPY SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY WITH OR WITHOUT D C
Gynecology	Approved	Met Medical Necessity	D25.9	Leiomyoma of uterus, unspecified	58559	HYSTEROSCOPY SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)

Surgical	Approved	Met Medical Necessity	N92.0	Excessive and frequent menstruation with regular cycle	58573	LAPAROSCOPY SURGICAL WITH TOTAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
Abortion	Approved	Met Medical Necessity	O35.8	MATERNAL CARE OTHER FETAL ABNORMALITY & DAMAGE	59841	INDUCED ABORTION BY DILATION AND EVACUATION. 13-20 WEEKS.
Medical Care	Approved	Administrative Approval	D16.9	Benign neoplasm of bone and articular cartilage, unspecified	61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL

Orthopedic	Approved	Administrative Approval	M54.50	Low back pain, unspecified	63030	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE LUMBAR	
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Neurology	Approved	Met Medical Necessity	M48.02	Spinal stenosis, cervical region	63045	LAMINECTOMY FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA AND/OR NERVE ROOTS EG SPINAL OR LATERAL RECESS STENOSIS ) SINGLE VERTEBRAL SEGMENT; CERVICAL
Surgical	Denied	Out of Network	G90.522	Complex regional pain syndrome I of left lower limb	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY EPIDURAL
Surgical	Approved	Met Medical Necessity	M48.061	Spinal stenosis, lumbar region without neurogenic claudication	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY EPIDURAL

Other	Denied	Out of Network	M48.061	Spinal stenosis, lumbar region without neurogenic claudication	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY EPIDURAL
Durable Medical Equipment Purchased	Approved	Administrative Approval	G89.4	Chronic pain syndrome	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES PLATE/PADDLE EPIDURAL
Surgical	Approved	Met Medical Necessity	G89.29	Other chronic pain	63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR OR PULSE GENERATOR OR RECEIVER DIRECT OR INDUCTIVE COUPLING

Medical Care	Denied	Out of Network	M25.561	Pain in right knee	64454	INJECTION(S) ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE WHEN PERFORMED
Orthopedic	Approved	Administrative Approval	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT PARAVERTEBRAL FACET (ZYGAPOPHYSEAL ) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) LUMBAR OR SACRAL; SINGLE LEVEL

Surgical	Approved	Met Medical Necessity	G62.9	Polyneuropathy, unspecified	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR OR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)
Surgical	Denied	Authorization/Access Restrictions	G90.522	Complex regional pain syndrome I of left lower limb	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR OR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)
Surgical	Approved	Met Medical Necessity	N32.81	Overactive bladder	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR OR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE IF PERFORMED

Durable Medical Equipment Purchased	Approved	Administrative Approval	G47.33	Obstructive sleep apnea (adult) (pediatric)	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Pharmacy	Approved	Met Medical Necessity	G24.3	Spasmodic torticollis	64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) EXCLUDING MUSCLES OF THE LARYNX UNILATERAL (EG FOR CERVICAL DYSTONIA SPASMODIC TORTICOLLIS)
Surgical	Approved	Met Medical Necessity	M25.562	Pain in left knee	64624	DESTRUCTION BY NEUROLYTIC AGENT GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE WHEN PERFORMED

Surgical	Approved	Met Medical Necessity	M54.51	Vertebrogenic low back pain	64628	Thermal Destruction Of Intraosseous Basivertebral Nerve, Including All Imaging Guidance; First 2 Vertebral Bodies, Lumbar Or Sacral
Medical Care	Approved	Met Medical Necessity	M54.51	Vertebrogenic low back pain	64628	Thermal Destruction Of Intraosseous Basivertebral Nerve, Including All Imaging Guidance; First 2 Vertebral Bodies, Lumbar Or Sacral
Podiatry	Approved	Met Medical Necessity	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE

Medical Care	Denied	Administrative Denial	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	64635	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL SINGLE FACET JOINT
Other	Denied	*Non-covered Service	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	64635	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL SINGLE FACET JOINT

Anesthesia	Denied	*Non-covered Service	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	64635	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL SINGLE FACET JOINT
Surgical	Denied	*Non-covered Service	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	64635	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL SINGLE FACET JOINT
Pharmacy	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side	64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)

Pharmacy	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side	64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
Surgical	Approved	Met Medical Necessity	G56.01	Carpal tunnel syndrome, right upper limb	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	
Surgical	Approved	Met Medical Necessity	G56.03	Carpal tunnel syndrome, bilateral upper limbs	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	
Ophthalmology	Approved	Met Medical Necessity	H11.051	Peripheral pterygium, progressive, right eye	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	
Other	Approved	Met Medical Necessity	H11.052	Peripheral pterygium, progressive, left eye	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	

Ophthalmology	Approved	Met Medical Necessity	H18.512	Endothelial corneal dystrophy, left eye	65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL
Surgical	Approved	Met Medical Necessity	H18.12	Bullous keratopathy, left eye	65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL
Surgical	Approved	Met Medical Necessity	H16.232	Neurotrophic keratoconjunctivitis, left eye	65778	Insertion of amniotic membrane to eye surface
Surgical	Approved	Met Medical Necessity	Q15.0	Congenital glaucoma	65850	TRABECULOTOMY AB EXTERNO
Ophthalmology	Approved	Met Medical Necessity	H40.053	Ocular hypertension, bilateral	65855	Trabeculoplasty by laser surgery
Ophthalmology	Approved	Met Medical Necessity	H40.1111	Primary openangle glaucoma, right eye, mild stage	65855	Trabeculoplasty by laser surgery
Surgical	Approved	Met Medical Necessity	H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage	65855	Trabeculoplasty by laser surgery
Other	Denied	Out of Network	H40.89	Other specified glaucoma	66180	Creation of shunt to improve eye fluid flow with graft

Surgical	Approved	Met Medical Necessity	H40.89	Other specified glaucoma	66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE WITHOUT EXTRAOCULAR RESERVOIR EXTERNAL APPROACH
Surgical	Approved	Met Medical Necessity	H26.491	Other secondary cataract, right eye	66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG YAG LASER) (ONE OR MORE STAGES)

Ophthalmology	Approved	Administrative Approval	H53.8	Other visual disturbances	66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG YAG LASER) (ONE OR MORE STAGES)
Ophthalmology	Approved	Administrative Approval	H26.492	Other secondary cataract, left eye	66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG YAG LASER) (ONE OR MORE STAGES)

Surgical	Approved	Met Medical Necessity	H18.232	Secondary corneal edema, left eye	66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG YAG LASER) (ONE OR MORE STAGES)
Surgical	Approved	Met Medical Necessity	H25.812	Combined forms of aged related cataract, left eye	66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG PHACOEMULSIFICATION) WITH ASPIRATION
Surgical	Approved	Met Medical Necessity	H27.113	Subluxation of lens, bilateral	66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR FOR DISLOCATED LENS

Surgical	Approved	Administrative Approval	H25.811	Combined forms of age-related cataract, right eye	66982	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF LENS	
Ophthalmology	Approved	Met Medical Necessity	H25.812	Combined forms of age-related cataract, left eye	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)	

Ophthalmology	Approved	Administrative Approval	H25.811	Combined forms of age-related cataract, right eye	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)
Ophthalmology	Approved	Met Medical Necessity	H25.13	Age-related nuclear cataract, bilateral	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)

Ophthalmology	Approved	Met Medical Necessity	H25.12	Agerelated nuclear cataract, left eye	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)
Surgical	Approved	Met Medical Necessity	H25.812	Combined forms of agerelated cataract, left eye	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)

Surgical	Approved	Met Medical Necessity	H25.811	Combined forms of aged related cataract, right eye	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)
Medical Care	Approved	Met Medical Necessity	H25.811	Combined forms of aged related cataract, right eye	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)

Ophthalmology	Approved	Met Medical Necessity	H25.811	Combined forms of aged related cataract, right eye	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)
Surgical	Approved	Met Medical Necessity	H26.003	Unspecified infantile and juvenile cataract, bilateral	66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL

Medical Care	Approved	Met Medical Necessity	E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	
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Surgical	Denied	Out of Network	H33.41	Traction detachment of retina, right eye	67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG PROLIFERATIVE VITREORETINOPAT HY STAGE C-1 OR GREATER DIABETIC TRACTION RETINAL DETACHMENT RETINOPATHY OPPREMATURITY RETINAL TEAR OF GREATER THAN 90 DEGREES) WITH VITRECTOMY ANDMEMBRANE PEELING MAY INCLUDE AIR GAS OR SILICONE OIL TAMPONADE CRYOTHERAPY ENDOLASER PHOTOCOAG
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Surgical	Approved	Met Medical Necessity	H33.42	Traction detachment of retina, left eye	67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG PROLIFERATIVE VITREORETINOPAT HY STAGE C-1 OR GREATER DIABETIC TRACTION RETINAL DETACHMENT RETINOPATHY OPPREMATURITY RETINAL TEAR OF GREATER THAN 90 DEGREES) WITH VITRECTOMY ANDMEMBRANE PEELING MAY INCLUDE AIR GAS OR SILICONE OIL TAMPONADE CRYOTHERAPY ENDOLASER PHOTOCOAG	
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Surgical	Approved	Met Medical Necessity	H33.41	Traction detachment of retina, right eye	67121	REMOVAL OF IMPLANTED MATERIAL POSTERIOR SEGMENT; INTRAOCULAR
Surgical	Approved	Met Medical Necessity	H50.112	Monocular exotropia, left eye	67311	STRABISMUS SURGERY RESECTION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE
Ophthalmology	Approved	Administrative Approval	H50.10	Unspecified exotropia	67312	STRABISMUS SURGERY RESECTION OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES
Medical Care	Approved	Met Medical Necessity	H33.012	Retinal detachment with single break, left eye	67515	Injection of medication or substance into membrane covering eyeball
Medical Care	Approved	Met Medical Necessity	H35.81	Retinal edema	67515	Injection of medication or substance into membrane covering eyeball

Surgical	Approved	Met Medical Necessity	H00.12	Chalazion right lower eyelid	67800	EXCISION OF CHALAZION; SINGLE	
Surgical	Approved	Met Medical Necessity	H00.014	Hordeolum externum left upper eyelid	67800	EXCISION OF CHALAZION; SINGLE	
Surgical	Approved	Met Medical Necessity	H00.14	Chalazion left upper eyelid	67800	EXCISION OF CHALAZION; SINGLE	
Ophthalmology	Approved	Administrative Approval	H00.19	Chalazion unspecified eye, unspecified eyelid	67800	EXCISION OF CHALAZION; SINGLE	
Surgical	Approved	Met Medical Necessity	H00.11	Chalazion right upper eyelid	67805	EXCISION OF CHALAZION; MULTIPLE DIFFERENT LIDS	
Surgical	Approved	Met Medical Necessity	H00.14	Chalazion left upper eyelid	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION SINGLE OR MULTIPLE	

Surgical	Approved	Met Medical Necessity	H00.19	Chalazion unspecified eye, unspecified eyelid	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION SINGLE OR MULTIPLE
Surgical	Approved	Met Medical Necessity	H00.12	Chalazion right lower eyelid	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION SINGLE OR MULTIPLE
Ophthalmology	Approved	Met Medical Necessity	Q10.3	Other congenital malformations of eyelid	67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE

Surgical	Approved	Met Medical Necessity	H02.402	Unspecified ptosis of left eyelid	67903	REPAIR OF BLEPHAROPTOSIS ; (TARSO) LEVATOR RESECTION OR ADVANCEMENT INTERNAL APPROACH
Surgical	Denied	Not Medically Necessary	H02.401	Unspecified ptosis of right eyelid	67904	REPAIR OF BLEPHAROPTOSIS ; (TARSO) LEVATOR RESECTION OR ADVANCEMENT EXTERNAL APPROACH
Surgical	Approved	Met Medical Necessity	H02.401	Unspecified ptosis of right eyelid	67904	REPAIR OF BLEPHAROPTOSIS ; (TARSO) LEVATOR RESECTION OR ADVANCEMENT EXTERNAL APPROACH
Surgical	Approved	Peer to Peer Overturned Met Medical Necessity	H02.413	Mechanical ptosis of bilateral eyelids	67904	REPAIR OF BLEPHAROPTOSIS ; (TARSO) LEVATOR RESECTION OR ADVANCEMENT EXTERNAL APPROACH

Ophthalmology	Approved	Administrative Approval	H02.423	Myogenic ptosis of bilateral eyelids	67904	REPAIR OF BLEPHAROPTOSIS ; (TARSO) LEVATOR RESECTION OR ADVANCEMENT EXTERNAL APPROACH
Ophthalmology	Approved	Met Medical Necessity	H02.403	Unspecified ptosis of bilateral eyelids	67908	Removal of tissue muscle and membrane to correct eyelid drooping or paralysis
Surgical	Approved	Met Medical Necessity	H02.132	Senile ectropion of right lower eyelid	67917	REPAIR OF ECTROPION; EXTENSIVE (EG TARSAL STRIP OPERATIONS)
Ophthalmology	Approved	Met Medical Necessity	H02.01	CICATRICAL ENTROPION OF EYELID	67924	REPAIR OF ENTROPION; EXTENSIVE (EG TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)
Ophthalmology	Approved	Met Medical Necessity	H11.151	Pinguecula, right eye	68110	EXCISION OF LESION CONJUNCTIVA; UP TO 1 CM

Medical Care	Approved	Met Medical Necessity	H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side	69930	COCHLEAR DEVICE IMPLANTATION WITH OR WITHOUT MASTOIDECTOMY
Medical Care	Approved	Met Medical Necessity	H90.5	Unspecified sensorineural hearing loss	69930	COCHLEAR DEVICE IMPLANTATION WITH OR WITHOUT MASTOIDECTOMY
MRI Scan	Approved	Met Medical Necessity	E30.1	Precocious puberty	70552	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)
Diagnostic X-Ray	Denied	*Non-covered Service	R07.9	Chest pain, unspecified	71045	RADIOLOGIC EXAMINATION CHEST; SINGLE VIEW
Diagnostic X-Ray	Denied	*Non-covered Service	J98.11	Atelectasis	71045	RADIOLOGIC EXAMINATION CHEST; SINGLE VIEW
Diagnostic X-Ray	Denied	*Non-covered Service	I50.9	Heart failure, unspecified	71045	RADIOLOGIC EXAMINATION CHEST; SINGLE VIEW

Diagnostic X-Ray	Denied	*Non-covered Service	J90	Pleural effusion, not elsewhere classified	71045	RADIOLOGIC EXAMINATION CHEST; SINGLE VIEW
Diagnostic X-Ray	Denied	Out of Network	R07.9	Chest pain, unspecified	71045	RADIOLOGIC EXAMINATION CHEST; SINGLE VIEW
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	I77.810	Thoracic aortic ectasia	71045	RADIOLOGIC EXAMINATION CHEST; SINGLE VIEW
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	R07.9	Chest pain, unspecified	71046	RADIOLOGIC EXAMINATION CHEST; 2 VIEWS
Diagnostic X-Ray	Denied	*Non-covered Service	I51.7	Cardiomegaly	71046	RADIOLOGIC EXAMINATION CHEST; 2 VIEWS
Diagnostic X-Ray	Denied	*Non-covered Service	R05.9	Cough, unspecified	71046	RADIOLOGIC EXAMINATION CHEST; 2 VIEWS
Diagnostic X-Ray	Denied	*Non-covered Service	I27.20	Pulmonary hypertension, unspecified	71046	RADIOLOGIC EXAMINATION CHEST; 2 VIEWS
Diagnostic X-Ray	Denied	*Non-covered Service	R07.9	Chest pain, unspecified	71046	RADIOLOGIC EXAMINATION CHEST; 2 VIEWS
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	I51.7	Cardiomegaly	71046	RADIOLOGIC EXAMINATION CHEST; 2 VIEWS

Diagnostic X-Ray	Denied	*Non-covered Service	M54.50	Low back pain, unspecified	72100	RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL; 2 OR 3 VIEWS
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	M25.512	Pain in left shoulder	73030	RADIOLOGIC EXAMINATION SHOULDER; COMPLETE MINIMUM OF TWO VIEWS
Diagnostic X-Ray	Denied	*Non-covered Service	W19.XXXA	Unspecified fall, initial encounter	73030	RADIOLOGIC EXAMINATION SHOULDER; COMPLETE MINIMUM OF TWO VIEWS
Diagnostic X-Ray	Denied	*Non-covered Service	M79.631	Pain in right forearm	73090	RADIOLOGIC EXAMINATION; FOREARM TWO VIEWS
Diagnostic Medical	Denied	*Non-covered Service	M25.531	Pain in right wrist	73100	RADIOLOGIC EXAMINATION WRIST; TWO VIEWS
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	M79.642	Pain in left hand	73120	RADIOLOGIC EXAMINATION HAND; TWO VIEWS

Diagnostic X-Ray	Denied	*Non-covered Service	M25.551	Pain in right hip	73501	RADIOLOGIC EXAMINATION HIP UNILATERAL WITH PELVIS WHEN PERFORMED; 1 VIEW	
Diagnostic X-Ray	Denied	*Non-covered Service	M16.12	Unilateral primary osteoarthritis, left hip	73502	RADIOLOGIC EXAMINATION HIP UNILATERAL WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	
Diagnostic X-Ray	Denied	*Non-covered Service	M25.551	Pain in right hip	73502	RADIOLOGIC EXAMINATION HIP UNILATERAL WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	M25.551	Pain in right hip	73551	RADIOLOGIC EXAMINATION FEMUR; 1 VIEW	
Durable Medical Equipment Rental	Denied	Out of Network	M25.561	Pain in right knee	73560	RADIOLOGIC EXAMINATION KNEE; 1 OR 2 VIEWS	
Diagnostic X-Ray	Denied	Out of Network	M19.071	Primary osteoarthritis, right ankle and foot	73620	RADIOLOGIC EXAMINATION FOOT; TWO VIEWS	

Diagnostic X-Ray	Denied	*Non-covered Service	K59.00	Constipation, unspecified	74018	RADIOLOGIC EXAMINATION ABDOMEN; 1 VIEW
Diagnostic X-Ray	Denied	*Non-covered Service	R10.9	Unspecified abdominal pain	74018	RADIOLOGIC EXAMINATION ABDOMEN; 1 VIEW
Diagnostic X-Ray	Denied	Out of Network	R10.9	Unspecified abdominal pain	74018	RADIOLOGIC EXAMINATION ABDOMEN; 1 VIEW
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract	74018	RADIOLOGIC EXAMINATION ABDOMEN; 1 VIEW
Diagnostic X-Ray	Denied	Authorization/Access Restrictions	R07.9	Chest pain, unspecified	74018	RADIOLOGIC EXAMINATION ABDOMEN; 1 VIEW
MRI Scan	Approved	Met Medical Necessity	I42.9	Cardiomyopathy, unspecified	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

MRI Scan	Approved	Met Medical Necessity	Q20.3	Discordant ventriculoarterial connection	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Other	Approved	Met Medical Necessity	E78.2	Mixed hyperlipidemia	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
CT Scan	Approved	Met Medical Necessity	R00.0	Tachycardia, unspecified	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM

CT Scan	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
CT Scan	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
CT Scan	Approved	Administrative Approval	E87.5	Hyperkalemia	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM

CT Scan	Approved	Met Medical Necessity	E78.41	Elevated Lipoprotein(a)	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
CT Scan	Approved	Administrative Approval	E78.5	Hyperlipidemia, unspecified	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
CT Scan	Approved	Administrative Approval	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM

Diagnostic X-Ray	Denied	*Non-covered Service	E04.2	Nontoxic multinodular goiter	76536	ULTRASOUND SOFT TISSUES OF HEAD AND NECK (EG THYROID PARATHYROID PAROTID) REAL TIME WITH IMAGE DOCUMENTATION
Diagnostic X-Ray	Denied	*Non-covered Service	R94.5	Abnormal results of liver function studies	76700	ULTRASOUND ABDOMINAL REAL TIME WITH IMAGE DOCUMENTATION ; COMPLETE
Ultrasound	Approved	Administrative Approval	Z94.0	Kidney transplant status	76770	ULTRASOUND RETROPERITONEAL (EG RENAL AORTA NODES) REAL TIME WITH IMAGEDOCUMENTATION; COMPLETE
Diagnostic X-Ray	Denied	*Non-covered Service	R10.2	Pelvic and perineal pain	76770	ULTRASOUND RETROPERITONEAL (EG RENAL AORTA NODES) REAL TIME WITH IMAGEDOCUMENTATION; COMPLETE

Ultrasound	Approved	Administrative Approval	O09.899	Supervision of other high risk pregnancies, unspecified trimester	76801	ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION FETAL AND MATERNAL EVALUATION FIRST TRIMESTER ( 14 WEEKS 0 DAYS) TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION
Obstetrics	Approved	Met Medical Necessity	O43.029	Fetustofetus placental transfusion syndrome, unspecified trimester	76805	ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION FETAL AND MATERNAL EVALUATION AFTER FIRST TRIMESTER ( OR = 14 WEEKS 0 DAYS) TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION

Other	Approved	Met Medical Necessity	R97.20	Elevated prostate specific antigen [PSA]	76872	ULTRASOUND TRANSRECTAL;	
Diagnostic X-Ray	Approved	Administrative Approval	T76.12XA	Child physical abuse, suspected, initial encounter	77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	
Radiation Therapy	Approved	Met Medical Necessity	C53.0	Malignant neoplasm of endocervix	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	
Oncology	Approved	Met Medical Necessity	C50.812	Malignant neoplasm of overlapping sites of left female breast	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	
Surgical	Approved	Administrative Approval	C54.1	Malignant neoplasm of endometrium	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	
Radiation Therapy	Denied	Out of Network	C79.31	Secondary malignant neoplasm of brain	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	

Radiation Therapy	Approved	Met Medical Necessity	C79.51	Secondary malignant neoplasm of bone	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	
Radiation Therapy	Approved	Administrative Approval	C77.2	Secondary and unspecified malignant neoplasm of intraabdominal lymph nodes	77332	TREATMENT DEVICES DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK SIMPLE BOLUS)	
Medical Care	Approved	Met Medical Necessity	C54.1	Malignant neoplasm of endometrium	77332	TREATMENT DEVICES DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK SIMPLE BOLUS)	
Radiation Therapy	Denied	*Non-covered Service	C61	Malignant neoplasm of prostate	77386	RADIATION THERAPY DELIVERY	
Radiation Therapy	Denied	*Non-covered Service	C16.8	Malignant neoplasm of overlapping sites of stomach	77386	RADIATION THERAPY DELIVERY	
Oncology	Approved	Met Medical Necessity	C71.9	Malignant neoplasm of brain, unspecified	77520	PROTON TREATMENT DELIVERY; SIMPLE WITHOUT COMPENSATION	

Oncology	Denied	*Non-covered Service	C71.9	Malignant neoplasm of brain, unspecified	77525	PROTON TREATMENT DELIVERY; COMPLEX	
Cardiology	Denied	Out of Network	R07.89	Other chest pain	78452	PERFUSION IMAGING TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE ADDITIONAL QUANTIFICATION WHEN PERFORMED); MULTIPLE STUDIES AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC ) AND/OR REDISTRIBUTION AND/OR REST	

Diagnostic Medical	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	
Diagnostic Lab	Denied	*Non-covered Service	I42.0	Dilated cardiomyopathy	81161	Gene analysis (dystrophin)	
Diagnostic Lab	Denied	*Non-covered Service	I50.9	Heart failure, unspecified	81161	Gene analysis (dystrophin)	
Diagnostic Lab	Denied	*Non-covered Service	I42.2	Other hypertrophic cardiomyopathy	81161	Gene analysis (dystrophin)	
Genetics	Denied	*Non-covered Service	I42.1	Obstructive hypertrophic cardiomyopathy	81161	Gene analysis (dystrophin)	

Diagnostic Lab	Approved	Met Medical Necessity	D05.11	Intraductal carcinoma in situ of right breast	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS
Genetics	Approved	Met Medical Necessity	Z80.3	Family history of malignant neoplasm of breast	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS

Diagnostic Lab	Approved	Met Medical Necessity	Z80.3	Family history of malignant neoplasm of breast	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS
Diagnostic Lab	Denied	Out of Network	Z80.0	Family history of malignant neoplasm of digestive organs	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS

Diagnostic Lab	Denied	Out of Network	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS
Diagnostic Lab	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS

Diagnostic Lab	Approved	Administrative Approval	Z00.00	Encounter for general adult medical examination without abnormal findings	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS
Genetics	Denied	Out of Network	C54.1	Malignant neoplasm of endometrium	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS

Diagnostic Lab	Denied	Out of Network	Z80.42	Family history of malignant neoplasm of prostate	81162	BRCA1 BRCA2 (BREAST CANCER 1 AND 2) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS
Diagnostic Lab	Denied	*Non-covered Service	G11.19	Other earlyonset cerebellar ataxia	81178	ATXN1 (ATAXIN 1) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
Diagnostic Lab	Denied	*Non-covered Service	G11.19	Other earlyonset cerebellar ataxia	81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE

Genetics	Denied	*Non-covered Service	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE
Diagnostic Lab	Approved	Administrative Approval	Z32.00	Encounter for pregnancy test, result unknown	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Denied	*Non-covered Service	Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)

Genetics	Denied	*Non-covered Service	Z3A.12	12 weeks of gestation	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Denied	*Non-covered Service	J45.909	Unspecified asthma, uncomplicated	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Denied	*Non-covered Service	O09.529	Supervision of elderly multigravida, unspecified trimester	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Diagnostic Lab	Denied	*Non-covered Service	J45.909	Unspecified asthma, uncomplicated	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)

Genetics	Denied	*Non-covered Service	Z3A.14	14 weeks of gestation	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Approved	Met Medical Necessity	O09.511	Supervision of elderly primigravida, first trimester	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Denied	*Non-covered Service	Z3A.01	less than 8 weeks of gestation	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Diagnostic Lab	Denied	*Non-covered Service	Z34.02	Encounter for supervision of normal first pregnancy, second trimester	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)

Diagnostic Lab	Denied	Not Medically Necessary	N91.0	Primary amenorrhea	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Diagnostic Lab	Denied	*Non-covered Service	F32.9	Major depressive disorder, single episode, unspecified	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Diagnostic Lab	Denied	Authorization/Access Restrictions	Z3A.01	less than 8 weeks of gestation	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Diagnostic Lab	Denied	*Non-covered Service	Z32.00	Encounter for pregnancy test, result unknown	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)

Diagnostic Lab	Denied	*Non-covered Service	Z34.82	Encounter for supervision of other normal pregnancy, second trimester	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Denied	*Non-covered Service	N89.8	Other specified noninflammatory disorders of vagina	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Diagnostic Lab	Approved	Met Medical Necessity	J45.20	Mild intermittent asthma, uncomplicated	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Denied	*Non-covered Service	D57.20	Sicklecell/HbC disease without crisis	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)

Genetics	Denied	*Non-covered Service	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Genetics	Denied	*Non-covered Service	Z32.01	Encounter for pregnancy test, result positive	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
Diagnostic Lab	Denied	*Non-covered Service	K35.32	Acute appendicitis with perforation and localized	81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)

Diagnostic Lab	Approved	Met Medical Necessity	Z32.00	Encounter for pregnancy test, result unknown	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG ACMG/ACOG GUIDELINES)
Diagnostic Lab	Approved	Met Medical Necessity	Z87.51	Personal history of preterm labor	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG ACMG/ACOG GUIDELINES)
Diagnostic Lab	Denied	Out of Network	O09.899	Supervision of other high risk pregnancies, unspecified trimester	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG ACMG/ACOG GUIDELINES)

Diagnostic Lab	Denied	Out of Network	O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother	81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
Genetics	Denied	*Non-covered Service	R47.1	Dysarthria and anarthria	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES

Genetics	Denied	*Non-covered Service	F79	Unspecified intellectual disabilities	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
Genetics	Denied	*Non-covered Service	R94.01	Abnormal electroencephalogram [EEG]	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES

Diagnostic Lab	Denied	*Non-covered Service	O09.522	Supervision of elderly multigravida, second trimester	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
Diagnostic Lab	Denied	*Non-covered Service	O35.BXX0	MAT CARE OTH ABN/DAM FETAL CARDIAC ANOMLY NA/UNS	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES

Diagnostic Lab	Denied	*Non-covered Service	Z15.89	Genetic susceptibility to other disease	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
Diagnostic Lab	Denied	*Non-covered Service	H90.0	Conductive hearing loss, bilateral	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES

Genetics	Denied	*Non-covered Service	I49.01	Ventricular fibrillation	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
Genetics	Denied	*Non-covered Service	O35.9XX0	Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or unspecified	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES

Diagnostic Lab	Denied	*Non-covered Service	O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
Medical Care	Denied	Out of Network	Z34.82	Encounter for supervision of other normal pregnancy, second trimester	81240	F2 (PROTHROMBIN COAGULATION FACTOR II) (EG HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS 20210G A VARIANT

Diagnostic Lab	Denied	*Non-covered Service	O09.891	Supervision of other high risk pregnancies, first trimester	81240	F2 (PROTHROMBIN COAGULATION FACTOR II) (EG HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS 20210G A VARIANT
Diagnostic Lab	Denied	*Non-covered Service	F80.9	Developmental disorder of speech and language, unspecified	81243	FMR1 (FRAGILE X INTELLECTUAL AND DEVELOPMENTAL DISABILITIES 1) (EG FRAGILE X INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES

Diagnostic Lab	Denied	*Non-covered Service	Z3A.12	12 weeks of gestation	81255	HEXA (HEXOSAMINIDASE A ALPHA POLYPEPTIDE) (EG TAY-SACHS DISEASE) GENE ANALYSIS COMMON VARIANTS (EG 1278INSTAC 1421+1G C G269S)
Diagnostic Lab	Denied	Out of Network	Z84.81	Family history of carrier of genetic disease	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg alpha thalassemia Hb Bart hydrops fetalis syndrome HbH disease) gene analysis; common deletions or variant (eg Southeast Asian Thai Filipino Mediterranean alpha3.7 alpha4.2 alpha20.5 Constant Spring)

Diagnostic Lab	Denied	*Requested Information Not Received	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg alpha thalassemia Hb Bart hydrops fetalis syndrome HbH disease) gene analysis; common deletions or variant (eg Southeast Asian Thai Filipino Mediterranean alpha3.7 alpha4.2 alpha20.5 Constant Spring)	
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Diagnostic Lab	Approved	Met Medical Necessity	Z34.01	Encounter for supervision of normal first pregnancy, first trimester	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg alpha thalassemia Hb Bart hydrops fetalis syndrome HbH disease) gene analysis; common deletions or variant (eg Southeast Asian Thai Filipino Mediterranean alpha3.7 alpha4.2 alpha20.5 Constant Spring)	
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Diagnostic Lab	Denied	*Non-covered Service	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg alpha thalassemia Hb Bart hydrops fetalis syndrome HbH disease) gene analysis; common deletions or variant (eg Southeast Asian Thai Filipino Mediterranean alpha3.7 alpha4.2 alpha20.5 Constant Spring)	
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Genetics	Denied	Authorization/Access Restrictions	Z34.81	Encounter for supervision of other normal pregnancy, first trimester	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg alpha thalassemia Hb Bart hydrops fetalis syndrome HbH disease) gene analysis; common deletions or variant (eg Southeast Asian Thai Filipino Mediterranean alpha3.7 alpha4.2 alpha20.5 Constant Spring)	
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Diagnostic Lab	Denied	*Non-covered Service	Z84.81	Family history of carrier of genetic disease	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg alpha thalassemia Hb Bart hydrops fetalis syndrome HbH disease) gene analysis; common deletions or variant (eg Southeast Asian Thai Filipino Mediterranean alpha3.7 alpha4.2 alpha20.5 Constant Spring)	
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Genetics	Denied	*Non-covered Service	O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg alpha thalassemia Hb Bart hydrops fetalis syndrome HbH disease) gene analysis; common deletions or variant (eg Southeast Asian Thai Filipino Mediterranean alpha3.7 alpha4.2 alpha20.5 Constant Spring)
Diagnostic Lab	Denied	*Non-covered Service	G11.19	Other earlyonset cerebellar ataxia	81284	FXN (FRATAXIN) (EG FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES

Genetics	Denied	*Non-covered Service	Z80.8	Family history of malignant neoplasm of other organs or systems	81292	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
Diagnostic Lab	Denied	Out of Network	Z80.0	Family history of malignant neoplasm of digestive organs	81292	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS

Diagnostic Lab	Denied	*Non-covered Service	Z80.3	Family history of malignant neoplasm of breast	81292	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
Diagnostic Lab	Denied	*Non-covered Service	C54.1	Malignant neoplasm of endometrium	81292	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
Genetics	Denied	*Non-covered Service	O28.3	Abnormal ultrasonic finding on antenatal screening of mother	81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS

Medical Care	Denied	Not Medically Necessary	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management	81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG COWDEN SYNDROME PTEN HAMARTOMATUM OR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
Diagnostic Lab	Denied	*Non-covered Service	Z31.440	Encounter of male for testing for genetic disease carrier status for procreative management	81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG COWDEN SYNDROME PTEN HAMARTOMATUM OR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT

Diagnostic Lab	Approved	Met Medical Necessity	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management	81329	SMN1 (SURVIVAL OF MOTOR NEURON 1 TELOMERIC) (EG SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; DOSAGE/DELETION ANALYSIS (EG CARRIER TESTING) INCLUDES SMN2 (SURVIVAL OF MOTOR NEURON 2 CENTROMERIC) ANALYSIS IF PERFORMED
Diagnostic Lab	Approved	Met Medical Necessity	O35.0XX0	Maternal care for (suspected) central nervous system malformation in fetus, not applicable or unspecified	81349	Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number And Loss-Of-Heterozygosity Variants, Low-Pass Sequencing Analysis

Medical Care	Denied	*Non-covered Service	D57.1	Sicklecell disease without crisis	81363	HBB (HEMOGLOBIN SUBUNIT BETA) (EG SICKLE CELL ANEMIA BETA THALASSEMIA HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)
Other	Denied	*Non-covered Service	R71.8	Other abnormality of red blood cells	81364	HBB (HEMOGLOBIN SUBUNIT BETA) (EG SICKLE CELL ANEMIA BETA THALASSEMIA HEMOGLOBINOPATHY); FULL GENE SEQUENCE
Diagnostic Lab	Approved	Administrative Approval	D57.1	Sicklecell disease without crisis	81378	HLA CLASS I AND II TYPING HIGH RESOLUTION (IE ALLELES OR ALLELE GROUPS) HLA-A -B -C AND DRB1
Oral Surgery	Denied	*Non-covered Service	K14.8	Other diseases of tongue	81401	Molecular pathology procedure level 2
Diagnostic Lab	Denied	*Non-covered Service	R73.9	Hyperglycemia, unspecified	81403	Molecular pathology procedure level 4

Diagnostic Lab	Denied	*Non-covered Service	E11.9	Type 2 diabetes mellitus without complications	81404	Molecular pathology procedure level 5	
Diagnostic Lab	Denied	*Non-covered Service	R51.9	Headache, unspecified	81404	Molecular pathology procedure level 5	
Genetics	Denied	*Non-covered Service	R62.52	Short stature (child)	81404	Molecular pathology procedure level 5	
Genetics	Denied	*Non-covered Service	E67.2	MegavitaminB6 syndrome	81404	Molecular pathology procedure level 5	
Diagnostic Lab	Denied	Out of Network	E78.5	Hyperlipidemia, unspecified	81405	Molecular pathology procedure level 6	
Genetics	Denied	*Non-covered Service	M35.7	Hypermobility syndrome	81405	Molecular pathology procedure level 6	
Genetics	Denied	Out of Network	E78.5	Hyperlipidemia, unspecified	81405	Molecular pathology procedure level 6	
Diagnostic Lab	Denied	*Non-covered Service	Q25.6	Stenosis of pulmonary artery	81406	Molecular pathology procedure level 7	
Diagnostic Lab	Denied	*Non-covered Service	Q27.30	Arteriovenous malformation, site unspecified	81406	Molecular pathology procedure level 7	
Genetics	Denied	*Non-covered Service	Q27.9	Congenital malformation of peripheral vascular system, unspecified	81407	Molecular pathology procedure level 8	

Diagnostic Lab	Denied	*Non-covered Service	L81.3	Café au lait spots	81408	Molecular pathology procedure level 9	
Diagnostic Lab	Denied	*Non-covered Service	I71.9	Aortic aneurysm of unspecified site, without rupture	81410	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	
Genetics	Denied	*Non-covered Service	F84.0	Autistic disorder	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Genetics	Denied	*Non-covered Service	F80.9	Developmental disorder of speech and language, unspecified	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Genetics	Denied	*Non-covered Service	R27.0	Ataxia, unspecified	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Diagnostic Lab	Denied	Out of Network	F80.2	Mixed receptive expressive language disorder	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	

Diagnostic Lab	Denied	Out of Network	F84.0	Autistic disorder	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Diagnostic Lab	Denied	Out of Network	E22.8	Other hyperfunction of pituitary gland	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Diagnostic Lab	Denied	*Non-covered Service	R82.998	Other abnormal findings in urine	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Diagnostic Lab	Denied	*Non-covered Service	R62.50	Unspecified lack of expected normal physiological development in childhood	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Diagnostic Lab	Denied	*Non-covered Service	F80.2	Mixed receptiveexpressiv e language disorder	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Diagnostic Lab	Denied	*Non-covered Service	F80.9	Developmental disorder of speech and language, unspecified	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	

Diagnostic Lab	Denied	*Non-covered Service	D70.9	Neutropenia, unspecified	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES
Genetics	Denied	*Non-covered Service	Q17.2	Microtia	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES
Diagnostic Lab	Denied	*Non-covered Service	Q02	Microcephaly	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES
Diagnostic Lab	Denied	*Non-covered Service	Q61.2	Polycystic kidney, adult type	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES
Diagnostic Lab	Denied	*Non-covered Service	R89.8	Other abnormal findings in specimens from other organs, systems and tissues	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES
Diagnostic Lab	Denied	*Non-covered Service	G81.10	Spastic hemiplegia affecting unspecified side	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES

Genetics	Denied	*Non-covered Service	R90.89	Other abnormal findings on diagnostic imaging of central nervous system	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Diagnostic Lab	Denied	*Non-covered Service	E66.9	Obesity, unspecified	81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	
Genetics	Approved	Met Medical Necessity	Z34.81	Encounter for supervision of other normal pregnancy, first trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE	
Diagnostic Lab	Denied	Out of Network	O09.891	Supervision of other high risk pregnancies, first trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE	
Diagnostic Lab	Denied	Out of Network	O09.892	Supervision of other high risk pregnancies, second trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE	

Genetics	Denied	Out of Network	Z34.82	Encounter for supervision of other normal pregnancy, second trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Diagnostic Lab	Denied	Out of Network	O30.031	Twin pregnancy, monochorionic/di amniotic, first trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Diagnostic Lab	Approved	Met Medical Necessity	Z87.51	Personal history of preterm labor	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Genetics	Denied	Out of Network	O09.892	Supervision of other high risk pregnancies, second trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Diagnostic Lab	Denied	*Non-covered Service	Z84.81	Family history of carrier of genetic disease	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE

Diagnostic Lab	Approved	Administrative Approval	Z34.81	Encounter for supervision of other normal pregnancy, first trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Genetics	Approved	Administrative Approval	O09.522	Supervision of elderly multigravida, second trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Diagnostic Lab	Approved	Met Medical Necessity	Z34.81	Encounter for supervision of other normal pregnancy, first trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Genetics	Denied	Out of Network	O09.511	Supervision of elderly primigravida, first trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE
Genetics	Denied	Out of Network	O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester	81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE

Genetics	Denied	*Non-covered Service	R27.0	Ataxia, unspecified	81425	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASE
Diagnostic Lab	Denied	*Non-covered Service	H90.3	Sensorineural hearing loss, bilateral	81430	TEST FOR DETECTING GENES CAUSING HEARING LOSS
Diagnostic Lab	Denied	*Non-covered Service	C50.911	Malignant neoplasm of unspecified site of right female breast	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53

Diagnostic Lab	Denied	*Non-covered Service	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	*Non-covered Service	Z85.3	Personal history of malignant neoplasm of breast	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	*Non-covered Service	C61	Malignant neoplasm of prostate	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	Out of Network	C56.9	Malignant neoplasm of unspecified ovary	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	*Non-covered Service	Z80.9	Family history of malignant neoplasm, unspecified	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	*Non-covered Service	Z80.3	Family history of malignant neoplasm of breast	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Genetics	Denied	*Non-covered Service	Z80.41	Family history of malignant neoplasm of ovary	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	*Non-covered Service	Z80.42	Family history of malignant neoplasm of prostate	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	*Non-covered Service	C57.9	Malignant neoplasm of female genital organ, unspecified	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	Administrative Denial	C18.1	Malignant neoplasm of appendix	81432	Hereditary breast cancer-related disorders (eg hereditary breast cancer hereditary ovarian cancer hereditary endometrial cancer); genomic sequence analysis panel must include sequencing of at least 10 genes always including BRCA1 BRCA2 CDH1 MLH1 MSH2 MSH6 PALB2 PTEN STK11 and TP53	
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Diagnostic Lab	Denied	*Non-covered Service	C54.8	Malignant neoplasm of overlapping sites of corpus uteri	81435	Hereditary colon cancer disorders (eg Lynch syndrome PTEN hamartoma syndrome Cowden syndrome familial adenomatosis polyposis); genomic sequence analysis panel must include sequencing of at least 10 genes including APC BMPR1A CDH1 MLH1 MSH2 MSH6 MUTYH PTEN SMAD4 and STK11	
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Genetics	Denied	*Non-covered Service	C20	Malignant neoplasm of rectum	81435	Hereditary colon cancer disorders (eg Lynch syndrome PTEN hamartoma syndrome Cowden syndrome familial adenomatosis polyposis); genomic sequence analysis panel must include sequencing of at least 10 genes including APC BMP1A CDH1 MLH1 MSH2 MSH6 MUTYH PTEN SMAD4 and STK11	
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Genetics	Denied	*Non-covered Service	I42.0	Dilated cardiomyopathy	81439	Hereditary cardiomyopathy (eg hypertrophic cardiomyopathy dilated cardiomyopathy arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel must include sequencing of at least 5 cardiomyopathy- related genes (eg DSG2 MYBPC3 MYH7 PKP2 TTN)	
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Diagnostic Lab	Denied	*Non-covered Service	Q87.40	Marfan's syndrome, unspecified	81439	Hereditary cardiomyopathy (eg hypertrophic cardiomyopathy dilated cardiomyopathy arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel must include sequencing of at least 5 cardiomyopathy-related genes (eg DSG2 MYBPC3 MYH7 PKP2 TTN)	
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Diagnostic Lab	Denied	*Non-covered Service	I42.0	Dilated cardiomyopathy	81439	Hereditary cardiomyopathy (eg hypertrophic cardiomyopathy dilated cardiomyopathy arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel must include sequencing of at least 5 cardiomyopathy-related genes (eg DSG2 MYBPC3 MYH7 PKP2 TTN)	
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Diagnostic Lab	Denied	*Non-covered Service	142.8	Other cardiomyopathies	81439	Hereditary cardiomyopathy (eg hypertrophic cardiomyopathy dilated cardiomyopathy arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel must include sequencing of at least 5 cardiomyopathy-related genes (eg DSG2 MYBPC3 MYH7 PKP2 TTN)	
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Diagnostic Lab	Denied	*Non-covered Service	O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother	81443	M FOR SEVERE INHERITED CONDITIONS (EG CYSTIC FIBROSIS ASHKENAZI JEWISH-ASSOCIATED DISORDERS EG BLOOM SYNDROME CANAVAN DISEASE FANCONI ANEMIA TYPE C MUCOLIPIDOSIS TYPE VI GAUCHER DISEASE TAY-SACHS DISEASE BETA HEMOGLOBINOPATHIES PHENYLKETONURIA GALACTOSEMIA) GENOMIC SEQUENCE ANALYSIS PANEL	
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Diagnostic Lab	Denied	*Non-covered Service	Z34.02	Encounter for supervision of normal first pregnancy, second trimester	81443	M FOR SEVERE INHERITED CONDITIONS (EG CYSTIC FIBROSIS ASHKENAZI JEWISH-ASSOCIATED DISORDERS EG BLOOM SYNDROME CANAVAN DISEASE FANCONI ANEMIA TYPE C MUCOLIPIDOSIS TYPE VI GAUCHER DISEASE TAY-SACHS DISEASE BETA HEMOGLOBINOPATHIES PHENYLKETONURIA GALACTOSEMIA) GENOMIC SEQUENCE ANALYSIS PANEL	
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Diagnostic Lab	Denied	*Non-covered Service	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management	81443	M FOR SEVERE INHERITED CONDITIONS (EG CYSTIC FIBROSIS ASHKENAZI JEWISH-ASSOCIATED DISORDERS EG BLOOM SYNDROME CANAVAN DISEASE FANCONI ANEMIA TYPE C MUCOLIPIDOSIS TYPE VI GAUCHER DISEASE TAY-SACHS DISEASE BETA HEMOGLOBINOPATHIES PHENYLKETONURIA GALACTOSEMIA) GENOMIC SEQUENCE ANALYSIS PANEL	
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Genetics	Denied	*Non-covered Service	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management	81443	M FOR SEVERE INHERITED CONDITIONS (EG CYSTIC FIBROSIS ASHKENAZI JEWISH-ASSOCIATED DISORDERS EG BLOOM SYNDROME CANAVAN DISEASE FANCONI ANEMIA TYPE C MUCOLIPIDOSIS TYPE VI GAUCHER DISEASE TAY-SACHS DISEASE BETA HEMOGLOBINOPATHIES PHENYLKETONURIA GALACTOSEMIA) GENOMIC SEQUENCE ANALYSIS PANEL	
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Genetics	Denied	*Non-covered Service	O30.031	Twin pregnancy, monochorionic/di amniotic, first trimester	81443	M FOR SEVERE INHERITED CONDITIONS (EG CYSTIC FIBROSIS ASHKENAZI JEWISH-ASSOCIATED DISORDERS EG BLOOM SYNDROME CANAVAN DISEASE FANCONI ANEMIA TYPE C MUCOLIPIDOSIS TYPE VI GAUCHER DISEASE TAY-SACHS DISEASE BETA HEMOGLOBINOPATHIES PHENYLKETONURIA GALACTOSEMIA) GENOMIC SEQUENCE ANALYSIS PANEL	
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Genetics	Denied	*Non-covered Service	Z13.71	Encounter for nonprocreative screening for genetic disease carrier status	81443	M FOR SEVERE INHERITED CONDITIONS (EG CYSTIC FIBROSIS ASHKENAZI JEWISH-ASSOCIATED DISORDERS EG BLOOM SYNDROME CANAVAN DISEASE FANCONI ANEMIA TYPE C MUCOLIPIDOSIS TYPE VI GAUCHER DISEASE TAY-SACHS DISEASE BETA HEMOGLOBINOPATHIES PHENYLKETONURIA GALACTOSEMIA) GENOMIC SEQUENCE ANALYSIS PANEL	
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Diagnostic Lab	Denied	*Non-covered Service	G11.19	Other earlyonset cerebellar ataxia	81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG CHARCOT-MARIE-TOOTH SPASTIC PARAPLEGIA) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG BSCL2 GJB1 MFN2 MPZ REEP1 SPAST SPG11 SPTLC1)
Genetics	Denied	Out of Network	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	81455	TEST FOR DETECTING GENES ASSOCIATED WITH CANCER
Diagnostic Lab	Approved	Met Medical Necessity	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

Diagnostic Lab	Approved	Met Medical Necessity	Z31.440	Encounter of male for testing for genetic disease carrier status for procreative management	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Genetics	Approved	Met Medical Necessity	Z31.440	Encounter of male for testing for genetic disease carrier status for procreative management	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Approved	Met Medical Necessity	Q28.8	Other specified congenital malformations of circulatory system	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Denied	Out of Network	D50.9	Iron deficiency anemia, unspecified	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Genetics	Denied	Out of Network	C50.912	Malignant neoplasm of unspecified site of left female breast	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Genetics	Denied	Out of Network	P09.1	Abnormal findings on neonatal screening for inborn	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Genetics	Denied	Out of Network	C18.9	Malignant neoplasm of colon, unspecified	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	

Diagnostic Lab	Denied	Out of Network	D23.9	Other benign neoplasm of skin, unspecified	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Denied	Out of Network	Z31.440	Encounter of male for testing for genetic disease carrier status for procreative management	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Denied	Not on the Fee Schedule	C18.3	Malignant neoplasm of hepatic flexure	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Denied	Out of Network	K86.3	Pseudocyst of pancreas	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Genetics	Denied	Out of Network	Z84.89	Family history of other specified conditions	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Denied	Out of Network	R01.1	Cardiac murmur, unspecified	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Approved	Administrative Approval	I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	

Genetics	Approved	Met Medical Necessity	Z13.79	Encounter for other screening for genetic and chromosomal anomalies	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Genetics	Denied	Out of Network	D32.0	Benign neoplasm of cerebral meninges	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Denied	Out of Network	Z15.89	Genetic susceptibility to other disease	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Diagnostic Lab	Denied	Out of Network	C21.1	Malignant neoplasm of anal canal	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Genetics	Denied	Out of Network	Z31.440	Encounter of male for testing for genetic disease carrier status for procreative management	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	

Diagnostic Lab	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast	81518	ONCOLOGY (BREAST) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	
Genetics	Denied	Out of Network	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	81519	TEST FOR DETECTING GENES ASSOCIATED WITH BREAST CANCER	

Other	Denied	Out of Network	C61	Malignant neoplasm of prostate	81542	ONCOLOGY (PROSTATE) MRNA MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS METASTASIS RISK SCORE	
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Genetics	Denied	Out of Network	C61	Malignant neoplasm of prostate	81542	ONCOLOGY (PROSTATE) MRNA MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS METASTASIS RISK SCORE	
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Diagnostic Lab	Denied	Out of Network	C61	Malignant neoplasm of prostate	81542	ONCOLOGY (PROSTATE) MRNA MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS METASTASIS RISK SCORE	
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	82247	BILIRUBIN; TOTAL	
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	82465	CHOLESTEROL SERUM OR WHOLE BLOOD TOTAL	
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	

Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	84484	TROPONIN QUANTITATIVE	
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	85025	BLOOD COUNT; COMPLETE (CBC) AUTOMATED (HGB HCT RBC WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	85610	PROTHROMBIN TIME;	
Neuropsychological Testing	Approved	Court Ordered Evaluation	Z04.6	Encounter for general psychiatric examination, requested by authority	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	
Neuropsychological Testing	Approved	Met Medical Necessity	Z04.6	Encounter for general psychiatric examination, requested by authority	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	
Psychotherapy	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	

Neuropsychological Testing	Approved	Met Medical Necessity	F84.0	Autistic disorder	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	
Psychological Testing	Denied	Out of Network	F41.1	Generalized anxiety disorder	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	
Mental Health	Denied	Out of Network	F41.1	Generalized anxiety disorder	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	
Psychotherapy	Denied	Out of Network	F43.12	Posttraumatic stress disorder, chronic	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	
Psychotherapy	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	
Psychotherapy	Denied	*Non-covered Service	F33.2	Major depressive disorder, recurrent severe without psychotic features	90832	Psychotherapy 30 minutes with patient	
Mental Health	Approved	Met Medical Necessity	F43.10	Posttraumatic stress disorder, unspecified	90833	Psychotherapy 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	

Psychotherapy	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder	90834	Psychotherapy 45 minutes with patient
Psychotherapy	Denied	Out of Network	F41.1	Generalized anxiety disorder	90834	Psychotherapy 45 minutes with patient
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F31.32	Bipolar disorder, current episode depressed, moderate	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)
Mental Health	Denied	*Non-covered Service	F33.2	Major depressive disorder, recurrent severe without psychotic features	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL INCLUDING CORTICAL MAPPING MOTOR THRESHOLD DETERMINATION DELIVERY AND MANAGEMENT
Medical Care	Approved	Administrative Approval	N18.6	End stage renal disease	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT

Dialysis	Approved	Administrative Approval	N18.6	End stage renal disease	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT	
Dialysis	Approved	Met Medical Necessity	N18.6	End stage renal disease	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT	
Dialysis	Denied	Out of Network	N18.6	End stage renal disease	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT	
Dialysis	Partially Approved	Authorization/Access Restrictions	N18.6	End stage renal disease	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT	
Medical Care	Approved	Met Medical Necessity	N18.6	End stage renal disease	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT	
Audiology	Denied	Out of Network	S00.419A	Abrasion of unspecified ear, initial encounter	92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	

Medical Care	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Speech Therapy	Approved	Administrative Approval	F80.2	Mixed receptive expressive language disorder	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Speech Therapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL

Speech Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Speech Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Physical Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL

Speech Therapy	Approved	State Mandate	F91.9	Conduct disorder, unspecified	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Occupational Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Speech Therapy	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL

Speech Therapy	Approved	Met Medical Necessity	R62.50	Unspecified lack of expected normal physiological development in childhood	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Speech Therapy	Approved	Met Medical Necessity	F80.2	Mixed receptiveexpressiv e language disorder	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Occupational Therapy	Approved	Met Medical Necessity	F80.2	Mixed receptiveexpressiv e language disorder	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL

Speech Therapy	Approved	Met Medical Necessity	F80.9	Developmental disorder of speech and language, unspecified	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Speech Therapy	Denied	Out of Network	F80.9	Developmental disorder of speech and language, unspecified	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Speech Therapy	Approved	Administrative Approval	F84.0	Autistic disorder	92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL

Speech Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	92508	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP TWO OR MORE INDIVIDUALS
Speech Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development	92508	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP TWO OR MORE INDIVIDUALS

Speech Therapy	Approved	Administrative Approval	F80.2	Mixed receptive/expressive language disorder	92521	EVALUATION OF SPEECH FLUENCY (EG STUTTERING CLUTTERING)
Speech Therapy	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION PHONOLOGICAL PROCESS APRAXIA DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG RECEPTIVE AND EXPRESSIVE LANGUAGE)

Speech Therapy	Approved	Administrative Approval	R62.50	Unspecified lack of expected normal physiological development in childhood	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION PHONOLOGICAL PROCESS APRAXIA DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG RECEPTIVE AND EXPRESSIVE LANGUAGE)	
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Occupational Therapy	Approved	Administrative Approval	F80.9	Developmental disorder of speech and language, unspecified	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION PHONOLOGICAL PROCESS APRAXIA DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG RECEPTIVE AND EXPRESSIVE LANGUAGE)
Speech Therapy	Approved	Met Medical Necessity	R63.30	Feeding difficulties, unspecified	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING
Speech Therapy	Approved	Met Medical Necessity	F80.2	Mixed receptive expressive language disorder	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING

Medical Care	Approved	Met Medical Necessity	R63.8	Other symptoms and signs concerning food and fluid intake	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	
Home Health Care	Denied	Not on the Fee Schedule	F84.0	Autistic disorder	92606	Therapy service for use of nonspeech-generating device with programming	
Other	Denied	*Non-covered Service	F84.0	Autistic disorder	92606	Therapy service for use of nonspeech-generating device with programming	
Speech Therapy	Approved	Met Medical Necessity	R62.50	Unspecified lack of expected normal physiological development in childhood	92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	
Other	Denied	*Non-covered Service	R13.10	Dysphagia, unspecified	92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	

Audiology	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral	92626	EVALUATION OF HEARING FUNCTION TO DETERMINE CANDIDACY FOR OR POSTOPERATIVE STATUS OF SURGICALLY IMPLANTED HEARING DEVICE; FIRST HOUR
Audiology	Denied	Out of Network	Z01.110	Encounter for hearing examination following failed hearing screening	92652	EVALUATION OF BRAIN RESPONSE TO SOUND FOR DETERMINATION OF HEARING THRESHOLD WITH INTERPRETATION AND REPORT
Diagnostic X-Ray	Denied	*Non-covered Service	R07.9	Chest pain, unspecified	93005	ELECTROCARDIOGRAM ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT

Diagnostic X-Ray	Denied	Authorization/Access Restrictions	J98.11	Atelectasis	93005	ELECTROCARDIOGRAM ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT
Cardiac	Denied	Out of Network	R07.9	Chest pain, unspecified	93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING AND/OR PHARMACOLOGICAL STRESS; SUPERVISION ONLY WITHOUT INTERPRETATION AND REPORT

Cardiac	Approved	Met Medical Necessity	R00.2	Palpitations	93228	EXTERNAL MOBILE CARDIOVASCULA R TELEMETRY WITH ELECTROCARDIO GRAPHIC RECORDING CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OFACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED ANDPATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTERFOR UP TO 30 DA	
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Other	Approved	Met Medical Necessity	I48.91	Unspecified atrial fibrillation	93245	HEART RHYTHM RECORDING ANALYSIS INTERPRETATION AND REPORT OF CONTINUOUS EXTERNAL EKG OVER MORE THAN 1 WEEK UP TO 1 WEEKS
Other	Approved	Administrative Approval	Z01.810	Encounter for preprocedural cardiovascular examination	93306	ECHOCARDIOGRAPHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING WHEN PERFORMED COMPLETE WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY

Diagnostic Medical	Denied	Out of Network	Z01.810	Encounter for preprocedural cardiovascular examination	93306	ECHOCARDIOGRA PHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M- MODE RECORDING WHEN PERFORMED COMPLETE WITH SPECTRAL DOPPLERECHOC ARDIOGRAPHY AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRA PHY	
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Medical Care	Denied	Out of Network	R94.31	Abnormal electrocardiogram [ECG] [EKG]	93306	ECHOCARDIOGRAPHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING WHEN PERFORMED COMPLETE WITH SPECTRAL DOPPLERECHOCARDIOGRAPHY AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY
Surgical	Denied	*Non-covered Service	Q21.12	PATENT FORAMEN OVALE	93355	INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION

Surgical	Denied	*Non-covered Service	Q21.10	ATRIAL SEPTAL DEFECT UNSPECIFIED	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE FONTAN FENESTRATION ATRIAL SEPTAL DEFECT) WITH IMPLANT
Cardiac Rehabilitation	Approved	Met Medical Necessity	Z95.1	Presence of aortocoronary bypass graft	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)

Cardiac Rehabilitation	Approved	Met Medical Necessity	Z95.5	Presence of coronary angioplasty implant and graft	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)
Cardiac Rehabilitation	Approved	Administrative Approval	Z98.890	Other specified postprocedural states	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)

Cardiac Rehabilitation	Approved	Administrative Approval	Z95.5	Presence of coronary angioplasty implant and graft	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)
Cardiac Rehabilitation	Approved	Met Medical Necessity	I50.22	Chronic systolic (congestive) heart failure	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)

Cardiac Rehabilitation	Approved	Met Medical Necessity	I21.4	NonST elevation (NSTEMI) myocardial infarction	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)
Cardiac Rehabilitation	Approved	Met Medical Necessity	Z95.2	Presence of prosthetic heart valve	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)

Cardiac Rehabilitation	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)
Cardiac Rehabilitation	Approved	Met Medical Necessity	Z94.1	Heart transplant status	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)

Cardiac Rehabilitation	Approved	Administrative Approval	I50.22	Chronic systolic (congestive) heart failure	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENTCARD IAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)
Other	Denied	Authorization/Access Restrictions	M79.89	Other specified soft tissue disorders	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY
Diagnostic Medical	Denied	Out of Network	I82.622	Acute embolism and thrombosis of deep veins of left upper extremity	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY

Pulmonary Rehabilitation	Approved	Administrative Approval	D86.9	Sarcoidosis, unspecified	94625	Physician Or Other Qualified Health Care Professional Services For Outpatient Pulmonary Rehabilitation; Without Continuous Oximetry Monitoring (Per Session)
Pulmonary Rehabilitation	Approved	Administrative Approval	J84.10	Pulmonary fibrosis, unspecified	94625	Physician Or Other Qualified Health Care Professional Services For Outpatient Pulmonary Rehabilitation; Without Continuous Oximetry Monitoring (Per Session)
Other	Approved	Met Medical Necessity	L23.9	Allergic contact dermatitis, unspecified cause	95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)

Surgical	Approved	Met Medical Necessity	L23.9	Allergic contact dermatitis, unspecified cause	95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	
Medical Care	Denied	*Non-covered Service	Z88.0	Allergy status to penicillin	95076	Ingestion challenge test (sequential and incremental ingestion of test items eg food drug or other substance); initial 120 minutes of testing	
Other	Approved	Met Medical Necessity	R62.50	Unspecified lack of expected normal physiological development in childhood	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	

Other	Approved	Met Medical Necessity	Q16.5	Congenital malformation of inner ear	95700	ELECTROENCEPHALOGRAPHY (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Other	Approved	Met Medical Necessity	G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus	95700	ELECTROENCEPH ALOGRAM (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Other	Approved	Met Medical Necessity	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus	95700	ELECTROENCEPHALOGRAPHY (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Medical Care	Denied	Out of Network	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	95700	ELECTROENCEPH ALOGRAM (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS
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Medical Care	Denied	Out of Network	R56.9	Unspecified convulsions	95700	ELECTROENCEPHALOGRAPHY (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Neuropsychological Testing	Denied	Out of Network	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	95700	ELECTROENCEPHALOGRAPHY (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Medical Care	Denied	Out of Network	G40.919	Epilepsy, unspecified, intractable, without status epilepticus	95700	ELECTROENCEPH ALOGRAM (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Medical Care	Denied	Out of Network	G40.219	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus	95700	ELECTROENCEPHALOGRAPHY (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS
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Other	Denied	Out of Network	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	95700	ELECTROENCEPH ALOGRAM (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Other	Denied	Out of Network	R56.9	Unspecified convulsions	95700	ELECTROENCEPH ALOGRAM (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS	
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Medical Care	Denied	Out of Network	G40.209	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus	95700	ELECTROENCEPHALOGRAPHY (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS
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Medical Care	Approved	Administrative Approval	R56.9	Unspecified convulsions	95720	ELECTROENCEPH ALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION EACH INCREMENT OF GREATER THAN 12 HOURS UP TO 26 HOURS OF EEG RECORDING INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	
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Pulmonary	Approved	Met Medical Necessity	E66.3	Overweight	95800	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING; HEART RATE OXYGEN SATURATION RESPIRATORY ANALYSIS (EG BY AIRFLOW OR PERIPHERAL ARTERIAL TONE) AND SLEEPTIME
Other	Denied	Out of Network	G47.33	Obstructive sleep apnea (adult) (pediatric)	95806	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING OF HEART RATE OXYGEN SATURATION RESPIRATORY AIRFLOW AND RESPIRATORY EFFORT (EG THORACOABDOMINAL MOVEMENT)

Other	Denied	Out of Network	G47.30	Sleep apnea, unspecified	95806	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING OF HEART RATE OXYGEN SATURATION RESPIRATORY AIRFLOW AND RESPIRATORY EFFORT (EG THORACOABDOMI NAL MOVEMENT)
Other	Denied	Out of Network	R06.81	Apnea, not elsewhere classified	95806	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING OF HEART RATE OXYGEN SATURATION RESPIRATORY AIRFLOW AND RESPIRATORY EFFORT (EG THORACOABDOMI NAL MOVEMENT)

Medical Care	Denied	Out of Network	E66.01	Morbid (severe) obesity due to excess calories	95806	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING OF HEART RATE OXYGEN SATURATION RESPIRATORY AIRFLOW AND RESPIRATORY EFFORT (EG THORACOABDOMI NAL MOVEMENT)
Other	Denied	Out of Network	R29.818	Other symptoms and signs involving the nervous system	95806	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING OF HEART RATE OXYGEN SATURATION RESPIRATORY AIRFLOW AND RESPIRATORY EFFORT (EG THORACOABDOMI NAL MOVEMENT)

Other	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP ATTENDED BY A TECHNOLOGIST
Other	Approved	Met Medical Necessity	E87	OTH D/O OF FLUID ELECTROLYTE & ACID-BASE BALANCE	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP ATTENDED BY A TECHNOLOGIST
Other	Approved	Administrative Approval	G47.33	Obstructive sleep apnea (adult) (pediatric)	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 VENTILATION ATTENDED BY A TECHNOLOGIST

Neurology	Denied	*Non-covered Service	M79.2	Neuralgia and neuritis, unspecified	95860	NEEDLE ELECTROMYOGRAPHY; 1 EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS
Pharmacy	Approved	Met Medical Necessity	G24.3	Spasmodic torticollis	95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LISTSEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Pharmacy	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LISTSEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Neuropsychological Testing	Approved	Met Medical Necessity	S06.0X0A	Concussion without loss of consciousness, initial encounter	96113	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR LANGUAGE COGNITIVE LEVEL SOCIAL MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT; EACH ADDITIONAL 30	
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Medical Care	Approved	Administrative Approval	G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Psychological Testing	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Approved	Met Medical Necessity	Z87.898	Personal history of other specified conditions	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Approved	Met Medical Necessity	R41.89	Other symptoms and signs involving cognitive functions and awareness	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour

Neurology	Approved	Met Medical Necessity	R56.9	Unspecified convulsions	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Approved	Administrative Approval	R56.9	Unspecified convulsions	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Denied	Out of Network	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Approved	Met Medical Necessity	S06.0X0A	Concussion without loss of consciousness, initial encounter	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour

Neuropsychological Testing	Approved	Administrative Approval	I10	Essential (primary) hypertension	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Approved	Met Medical Necessity	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Approved	Met Medical Necessity	Q85.01	Neurofibromatosis, type 1	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour
Neuropsychological Testing	Approved	Met Medical Necessity	G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour

Neuropsychological Testing	Approved	Administrative Approval	G35	Multiple sclerosis	96116	Neurobehavioral status examination interpretation and report by psychologist or physician per hour	
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Neuropsychological Testing	Approved	Met Medical Necessity	R41.840	Attention and concentration deficit	96121	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING REASONING AND JUDGMENT EG ACQUIRED KNOWLEDGE ATTENTION LANGUAGE MEMORY PLANNING AND PROBLEM SOLVING AND VISUAL SPATIAL ABILITIES ) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETIN	
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Neuropsychological Testing	Approved	Met Medical Necessity	F84.0	Autistic disorder	96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR	
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Psychological Testing	Approved	Met Medical Necessity	F84.0	Autistic disorder	96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR	
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Psychotherapy	Approved	Met Medical Necessity	F84	PERVASIVE DEVELOPMENTAL DISORDERS	96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR	
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Neuropsychological Testing	Approved	Met Medical Necessity	F43.1	POST-TRAUMATIC STRESS DISORDER PTSD	96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR	
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Neuropsychological Testing	Approved	Met Medical Necessity	G96.9	Disorder of central nervous system, unspecified	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S)	
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Neuropsychological Testing	Approved	Met Medical Necessity	S06.0X0A	Concussion without loss of consciousness, initial encounter	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S)	
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Neurology	Approved	Met Medical Necessity	G96.9	Disorder of central nervous system, unspecified	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S)	
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Neuropsychological Testing	Approved	Met Medical Necessity	G37.81	MYLN OLGODNDRCYT GLYCPRTN ANTBDY DZ	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S)	
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Neuropsychological Testing	Approved	Met Medical Necessity	G35	Multiple sclerosis	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S)	
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Neuropsychological Testing	Approved	Administrative Approval	F32.1	Major depressive disorder, single episode, moderate	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S)	
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Neuropsychological Testing	Approved	Met Medical Necessity	F84.0	Autistic disorder	96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TWO OR MORE TESTS ANY METHOD; FIRST 30 MINUTES	
Neuropsychological Testing	Approved	Met Medical Necessity	F43.23	Adjustment disorder with mixed anxiety and depressed mood	96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TWO OR MORE TESTS ANY METHOD; FIRST 30 MINUTES	

Physical Therapy	Approved	Met Medical Necessity	Q07.00	ArnoldChiari syndrome without spina bifida or hydrocephalus	96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG DEPRESSION INVENTORY) FOR THE BENEFIT OF THE PATIENT WITH SCORING AND DOCUMENTATION PER STANDARDIZED INSTRUMENT
Medical Care	Approved	Administrative Approval	D57.419	Sicklecell thalassemia, unspecified, with crisis	96360	INTRAVENOUS INFUSION HYDRATION; INITIAL 31 MINUTES TO 1 HOUR
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	96365	INTRAVENOUS INFUSION FOR THERAPY PROPHYLAXIS OR DIAGNOSIS (SPECIFY SUBSTANCEOR DRUG); INITIAL UP TO 1 HOUR

Pharmacy	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate	96372	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);SUBCUTANEOUS OR INTRAMUSCULAR
Other	Denied	*Non-covered Service	L57.0	Actinic keratosis	96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s) per day

Medical Care	Denied	*Non-covered Service	C44.92	Squamous cell carcinoma of skin, unspecified	96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s) per day
Other	Approved	Met Medical Necessity	L80	Vitiligo	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)
Dermatology	Approved	Met Medical Necessity	L40.8	Other psoriasis	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B
Medical Care	Approved	Administrative Approval	L20.89	Other atopic dermatitis	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B

Other	Approved	Met Medical Necessity	M25.462	Effusion, left knee	97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS
Physical Therapy	Approved	Met Medical Necessity	M25.462	Effusion, left knee	97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS
Other	Approved	Met Medical Necessity	R26.89	Other abnormalities of gait and mobility	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Other	Approved	Met Medical Necessity	M25.561	Pain in right knee	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Physical Therapy	Approved	Met Medical Necessity	M54.12	Radiculopathy, cervical region	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Physical Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Speech Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Speech Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Denied	Not Medically Necessary	M79.606	Pain in leg, unspecified	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Other	Approved	Met Medical Necessity	M54.2	Cervicalgia	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Denied	Not Medically Necessary	M25.562	Pain in left knee	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Medical Care	Approved	Met Medical Necessity	M25.511	Pain in right shoulder	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Approved	Met Medical Necessity	M54.2	Cervicalgia	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Occupational Therapy	Approved	Met Medical Necessity	M13.0	Polyarthritis, unspecified	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Approved	Met Medical Necessity	M25.552	Pain in left hip	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Physical Therapy	Approved	Met Medical Necessity	R26.89	Other abnormalities of gait and mobility	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Approved	Met Medical Necessity	M25.512	Pain in left shoulder	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Physical Therapy	Approved	Met Medical Necessity	S34.109D	Unspecified injury to unspecified level of lumbar spinal cord, subsequent encounter	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Approved	Met Medical Necessity	G82.22	Paraplegia, incomplete	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Physical Therapy	Approved	Administrative Approval	R26.89	Other abnormalities of gait and mobility	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY

Physical Therapy	Approved	Met Medical Necessity	G20	Parkinson's disease	97110	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY-DCBS ONLY- DCBS ONLY
Other	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	97113	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES
Physical Therapy	Approved	Met Medical Necessity	M13.0	Polyarthritis, unspecified	97116	THERAPEUTIC PROCEDURE ONE OR MORE AREAS EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

Psychological Testing	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Psychotherapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Neuropsychologic al Testing	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Medical Care	Approved	Administrative Approval	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Neuropsychologic al Testing	Approved	Administrative Approval	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Medical Care	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Other	Approved	Administrative Approval	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Other	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Cognitive Therapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Medical Care	Partially Approved	Quantity over Limit	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Speech Therapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Occupational Therapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Mental Health	Approved	Met Medical Necessity	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Medical Care	Denied	Does not meet NCD/LCD Criteria	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO
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Psychotherapy	Partially Approved	Does not meet NCD/LCD Criteria	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO- FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Neuropsychological Testing	Partially Approved	Does not meet NCD/LCD Criteria	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS	
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Cognitive Therapy	Approved	Administrative Approval	F84.0	Autistic disorder	97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CA REGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIO	
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Neuropsychologic al Testing	Approved	Met Medical Necessity	F84.0	Autistic disorder	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES	
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Cognitive Therapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	F84.0	Autistic disorder	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES	
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Cognitive Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES	
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Speech Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES	
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Cognitive Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES	
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Psychotherapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES	
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Physical Therapy	Approved	Met Medical Necessity	G04.81	Other encephalitis and encephalomyelitis	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING BODY STRUCTURES AND FUNCTIONS ACTIVITY	
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Physical Therapy	Approved	Met Medical Necessity	S43.004	UNSPECIFIED DISLOCATION OF RIGHT SHOULDER JOINT	97162	PHYSICAL THERAPY EVALUATION MODERATE COMPLEXITY REQUIRING THESE COMPONENTS A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWI	
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Physical Therapy	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEXITY REQUIRING THESE COMPONENTS A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWIN	
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Physical Therapy	Approved	Met Medical Necessity	M54.12	Radiculopathy, cervical region	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEXITY REQUIRING THESE COMPONENTS A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWIN	
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Nutritionist	Approved	Met Medical Necessity	R63.30	Feeding difficulties, unspecified	97165	<p>OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE RELAT</p>	
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Physical Therapy	Approved	Met Medical Necessity	Q07.00	ArnoldChiari syndrome without spina bifida or hydrocephalus	97165	<p>OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE RELAT</p>	
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Occupational Therapy	Approved	Met Medical Necessity	R63.39	Other feeding difficulties	97165	<p>OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE RELAT</p>	
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Occupational Therapy	Approved	Met Medical Necessity	R63.8	Other symptoms and signs concerning food and fluid intake	97165	OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1- 3 PERFORMANCE DEFICITS (IE RELAT	
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Occupational Therapy	Approved	Met Medical Necessity	R63.30	Feeding difficulties, unspecified	97165	OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1- 3 PERFORMANCE DEFICITS (IE RELAT	
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Occupational Therapy	Approved	Administrative Approval	R62.50	Unspecified lack of expected normal physiological development in childhood	97165	<p>OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE RELAT</p>	
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Other	Approved	Met Medical Necessity	M25.641	Stiffness of right hand, not elsewhere classified	97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE REQUIRING THESE COMPONENTS AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE; AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CONDITION OR ENVIRONMENT THAT AFFECT FUTURE INTERVENTIONS AND/OR GOA	
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Occupational Therapy	Approved	Administrative Approval	R63.30	Feeding difficulties, unspecified	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES
Medical Care	Approved	Met Medical Necessity	F89	Unspecified disorder of psychological development	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES

Occupational Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMICACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES
Speech Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMICACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES

Occupational Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES
Physical Therapy	Approved	Met Medical Necessity	R62.0	Delayed milestone in childhood	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES

Medical Care	Approved	Met Medical Necessity	F84.0	Autistic disorder	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES
Occupational Therapy	Approved	Met Medical Necessity	R27.8	Other lack of coordination	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES

Occupational Therapy	Approved	Met Medical Necessity	M25.641	Stiffness of right hand, not elsewhere classified	97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES
Medical Care	Approved	Met Medical Necessity	F84.0	Autistic disorder	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON-ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES

Orthopedic	Approved	Met Medical Necessity	M21.40	Flat foot [pes planus] (acquired), unspecified foot	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Medical Care	Approved	Administrative Approval	F84.0	Autistic disorder	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREEXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON-ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Other	Approved	Met Medical Necessity	Q93.88	Other microdeletions	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Other	Approved	Met Medical Necessity	Z00.121	Encounter for routine child health examination with abnormal findings	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREEXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON-ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Home Health Care	Approved	Administrative Approval	G80.3	Athetoid cerebral palsy	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Other	Approved	Administrative Approval	G24.9	Dystonia, unspecified	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Other	Approved	Administrative Approval	G25.9	Extrapyramidal and movement disorder, unspecified	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREEXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON-ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	Q04.6	Congenital cerebral cysts	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Occupational Therapy	Approved	Met Medical Necessity	F84.0	Autistic disorder	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Medically Related Transportation	Approved	Met Medical Necessity	Q04.9	Congenital malformation of brain, unspecified	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES
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Medical Care	Approved	Met Medical Necessity	Q93.59	Other deletions of part of a chromosome	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Physical Therapy	Approved	Met Medical Necessity	F88	Other disorders of psychological development	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	F88	Other disorders of psychological development	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREEXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON-ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Cognitive Therapy	Denied	Authorization/Access Restrictions	F84.0	Autistic disorder	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON- ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Speech Therapy	Approved	Administrative Approval	F80.9	Developmental disorder of speech and language, unspecified	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG TO RESTORE AUGMENT OR COMPENSATE FOREEXISTING FUNCTION OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY) DIRECT ONE-ON-ONE CONTACT WITH WRITTEN REPORT EACH 15 MINUTES	
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Other	Approved	Met Medical Necessity	G80.1	Spastic diplegic cerebral palsy	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	R29.898	Other symptoms and signs involving the musculoskeletal system	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	R13.10	Dysphagia, unspecified	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	Q66.30	Other congenital varus deformities of feet, unspe	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES
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Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q04.6	Congenital cerebral cysts	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES	
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Other	Approved	Met Medical Necessity	S92.353A	Displaced fracture of fifth metatarsal bone, unspecified foot, initial encounter for closed fracture	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES	
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Other	Approved	Met Medical Necessity	M21.40	Flat foot [pes planus] (acquired), unspecified foot	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	Q93.59	Other deletions of part of a chromosome	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES	
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Medical Care	Approved	Met Medical Necessity	G54.0	Brachial plexus disorders	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND/OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES
Nutritionist	Approved	Met Medical Necessity	E66.812	OBESITY CLASS 2	97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES

Physical Therapy	Approved	Met Medical Necessity	F81.9	Developmental disorder of scholastic skills, unspecified	97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Approved	Administrative Approval	R63.30	Feeding difficulties, unspecified	97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES

Nutritionist	Approved	Administrative Approval	E10.9	Type 1 diabetes mellitus without complications	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Approved	Met Medical Necessity	O24.113	Preexisting type 2 diabetes mellitus, in pregnancy, third trimester	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Approved	Met Medical Necessity	Z68.54	Body mass index [BMI] pediatric, greater than or	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES

Medical Care	Approved	Administrative Approval	E11.9	Type 2 diabetes mellitus without complications	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Other	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Approved	Met Medical Necessity	O24.112	Preexisting type 2 diabetes mellitus, in pregnancy, second trimester	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES

Nutritionist	Approved	Administrative Approval	E11.9	Type 2 diabetes mellitus without complications	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Approved	Met Medical Necessity	E66.01	Morbid (severe) obesity due to excess calories	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Approved	Administrative Approval	O24.112	Preexisting type 2 diabetes mellitus, in pregnancy, second trimester	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES

Nutritionist	Approved	Met Medical Necessity	O24.119	Preexisting type 2 diabetes mellitus, in pregnancy, unspecified trimester	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Medical Care	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Nutritionist	Denied	Out of Network	E66.9	Obesity, unspecified	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES

Home Health Care	Approved	Administrative Approval	E11.9	Type 2 diabetes mellitus without complications	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
Orthopedic	Approved	Met Medical Necessity	M25.9	Joint disorder, unspecified	99024	POSTOPERATIVE FOLLOW-UP VISIT NORMALLY INCLUDED IN THE SURGICAL PACKAGE TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) RELATED TO THE ORIGINAL PROCEDURE

Nephrology	Approved	Administrative Approval	N18.6	End stage renal disease	99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGIC	
Medical Care	Denied	*Non-covered Service	S41.131A	Puncture wound without foreign body of right upper arm, initial encounter	99201	New patient office or other outpatient visit, typically 10 minutes	

Podiatry	Denied	Out of Network	L97.522	Nonpressure chronic ulcer of other part of left foot with fat layer exposed	99203	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 30-44 MINUTES
Medical Care	Denied	Out of Network	S52.501D	Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing	99203	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 30-44 MINUTES
Mental Health	Denied	Out of Network	F32.2	Major depressive disorder, single episode, severe without psychotic features	99203	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 30-44 MINUTES
Medical Care	Denied	Out of Network	H40.1133	Primary openangle glaucoma, bilateral, severe stage	99204	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 45-59 MINUTES
Medical Care	Approved	Met Medical Necessity	O09.899	Supervision of other high risk pregnancies, unspecified trimester	99204	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 45-59 MINUTES
Medical Care	Denied	Out of Network	H47.013	Ischemic optic neuropathy, bilateral	99204	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 45-59 MINUTES

Medical Care	Approved	Met Medical Necessity	S62.601D	Fracture of unspecified phalanx of left index finger, subsequent encounter for fracture with routine healing	99205	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 60-74 MINUTES
Psychiatric Treatment Partial Hospitalization	Denied	Out of Network	F31.9	Bipolar disorder, unspecified	99205	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 60-74 MINUTES
Other	Denied	Out of Network	G89.29	Other chronic pain	99205	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 60-74 MINUTES
Medical Care	Approved	Met Medical Necessity	R60.9	Edema, unspecified	99205	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 60-74 MINUTES
Psychotherapy	Approved	Met Medical Necessity	F42.9	Obsessive compulsive disorder, unspecified	99205	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 60-74 MINUTES
Medical Care	Approved	Met Medical Necessity	L98.9	Disorder of the skin and subcutaneous tissue, unspecified	99205	NEW PATIENT OUTPATIENT VISIT TOTAL TIME 60-74 MINUTES

Medical Care	Approved	Met Medical Necessity	L97.412	Nonpressure chronic ulcer of right heel and midfoot with fat layer exposed	99212	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 10-19 MINUTES	
Neurology	Denied	Out of Network	S06.9X0A	Unspecified intracranial injury without loss of consciousness, initial encounter	99213	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 20-29 MINUTES	
Podiatry	Denied	Out of Network	L97.522	Nonpressure chronic ulcer of other part of left foot with fat layer exposed	99213	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 20-29 MINUTES	
Medical Care	Denied	Out of Network	S51.019A	Laceration without foreign body of unspecified elbow, initial encounter	99213	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 20-29 MINUTES	
Obstetrics	Denied	Out of Network	O09.899	Supervision of other high risk pregnancies, unspecified trimester	99213	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 20-29 MINUTES	
Other	Denied	Out of Network	R68.89	Other general symptoms and signs	99213	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 20-29 MINUTES	

Obstetrics	Approved	Met Medical Necessity	Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester	99214	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 30-39 MINUTES
Psychotherapy	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder	99214	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 30-39 MINUTES
Mental Health	Denied	Out of Network	F31.9	Bipolar disorder, unspecified	99214	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 30-39 MINUTES
Mental Health	Denied	PA requirements not met	F33.1	Major depressive disorder, recurrent, moderate	99214	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 30-39 MINUTES
Psychotherapy	Denied	Out of Network	F41.1	Generalized anxiety disorder	99214	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 30-39 MINUTES
Psychotherapy	Denied	Out of Network	F33.1	Major depressive disorder, recurrent, moderate	99215	ESTABLISHED PATIENT OUTPATIENT VISIT TOTAL TIME 40-54 MINUTES

Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	99235	Observation or inpatient hospital care for the evaluation and management of a patient including admission and discharge on the same date which requires these 3 key components A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of ca
Consultation	Denied	Out of Network	G44.309	Posttraumatic headache, unspecified, not intractable	99244	Patient office consultation typically 60 minutes
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]	99324	New patient assisted living visit typically 20 minutes
Medical Care	Denied	Out of Network	I48.0	Paroxysmal atrial fibrillation	99347	Established patient home visit typically 15 minutes

Medical Care	Approved	Administrative Approval	J18.8	Other pneumonia, unspecified organism	99496	Transitional care management services highly complexity requiring face-to-face visits within 7 days of discharge
Other	Approved	Met Medical Necessity	M86.171	Other acute osteomyelitis, right ankle and foot	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);
Other	Approved	Met Medical Necessity	O21.1	Hyperemesis gravidarum with metabolic disturbance	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);
Other	Approved	Met Medical Necessity	A53.9	Syphilis, unspecified	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);
Medical Care	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);

Pharmacy	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);
Pharmacy	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);
Pharmacy PBM	Approved	Met Medical Necessity	K51.90	Ulcerative colitis, unspecified, without complications	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);
Pharmacy PBM	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);
Medical Care	Approved	Met Medical Necessity	A41.9	Sepsis, unspecified organism	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS);

Pharmacy PBM	Approved	Met Medical Necessity	K51.90	Ulcerative colitis, unspecified, without complications	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Pharmacy PBM	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Pharmacy	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Genetics	Denied	*Non-covered Service	C92.01	Acute myeloblastic leukemia, in remission	0046U	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG ACUTE MYELOID LEUKEMIA) INTERNAL TANDEM DUPLICATION (ITD) VARIANTS QUANTITATIVE

Diagnostic Lab	Denied	*Non-covered Service	Z94.1	Heart transplant status	0087U	CARDIOLOGY (HEART TRANSPLANT) MRNA GENE EXPRESSION PROFILING BY MICROARRAY OF 1283 GENES TRANSPLANT BIOPSY TISSUE ALLOGRAFT REJECTION AND INJURY ALGORITHM REPORTED AS A PROBABILITY SCORE
Diagnostic Lab	Denied	*Non-covered Service	C56.2	Malignant neoplasm of left ovary	0172U	DNA GENE ANALYSIS (BRCA1 DNA REPAIR ASSOCIATED AND BRCA2 DNA REPAIR ASSOCIATED) FOR DETECTION OF MUTATIONS ASSOCIATED WITH BREAST CANCER

Diagnostic Lab	Denied	Out of Network	C18.9	Malignant neoplasm of colon, unspecified	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN NEOPLASM CELL- FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES INTERROGATION FOR SEQUENCE VARIANTS GENE COPY NUMBER AMPLIFICATIONS AND GENE REARRANGEMENT S	
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Diagnostic Lab	Denied	Out of Network	C50.911	Malignant neoplasm of unspecified site of right female breast	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN NEOPLASM CELL- FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES INTERROGATION FOR SEQUENCE VARIANTS GENE COPY NUMBER AMPLIFICATIONS AND GENE REARRANGEMENT S	
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Genetics	Denied	Out of Network	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN NEOPLASM CELL- FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES INTERROGATION FOR SEQUENCE VARIANTS GENE COPY NUMBER AMPLIFICATIONS AND GENE REARRANGEMENT S	
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Diagnostic Lab	Denied	Out of Network	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN NEOPLASM CELL-FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES INTERROGATION FOR SEQUENCE VARIANTS GENE COPY NUMBER AMPLIFICATIONS AND GENE REARRANGEMENT S	
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Diagnostic Lab	Denied	Out of Network	C76.0	Malignant neoplasm of head, face and neck	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN NEOPLASM CELL- FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES INTERROGATION FOR SEQUENCE VARIANTS GENE COPY NUMBER AMPLIFICATIONS AND GENE REARRANGEMENT S	
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Diagnostic Lab	Approved	Met Medical Necessity	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN NEOPLASM CELL- FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES INTERROGATION FOR SEQUENCE VARIANTS GENE COPY NUMBER AMPLIFICATIONS AND GENE REARRANGEMENT S	
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Diagnostic Lab	Denied	Administrative Denial	C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN NEOPLASM CELL-FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES INTERROGATION FOR SEQUENCE VARIANTS GENE COPY NUMBER AMPLIFICATIONS AND GENE REARRANGEMENTS	
Genetics	Denied	*Non-covered Service	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	0326U	TRGT GEN SEQ ALYS PNL 83+	
Diagnostic Lab	Denied	*Non-covered Service	C18.7	Malignant neoplasm of sigmoid colon	0326U	TRGT GEN SEQ ALYS PNL 83+	
Diagnostic Lab	Denied	*Non-covered Service	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	0326U	TRGT GEN SEQ ALYS PNL 83+	

Diagnostic Lab	Denied	*Non-covered Service	C18.0	Malignant neoplasm of cecum	0326U	TRGT GEN SEQ ALYS PNL 83+	
Genetics	Denied	*Non-covered Service	C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	0326U	TRGT GEN SEQ ALYS PNL 83+	
Medical Care	Denied	*Non-covered Service	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	0326U	TRGT GEN SEQ ALYS PNL 83+	
Diagnostic Lab	Denied	Out of Network	C16.8	Malignant neoplasm of overlapping sites of stomach	0340U	ONC PAN CA ALYS MRD PLASMA	
Diagnostic Lab	Denied	Out of Network	C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	0340U	ONC PAN CA ALYS MRD PLASMA	
Genetics	Denied	Out of Network	C19	Malignant neoplasm of rectosigmoid junction	0340U	ONC PAN CA ALYS MRD PLASMA	
Oncology	Denied	Out of Network	C18.0	Malignant neoplasm of cecum	0340U	ONC PAN CA ALYS MRD PLASMA	
Oncology	Denied	Out of Network	C21.1	Malignant neoplasm of anal canal	0340U	ONC PAN CA ALYS MRD PLASMA	

Oncology	Denied	Out of Network	C56.9	Malignant neoplasm of unspecified ovary	0340U	ONC PAN CA ALYS MRD PLASMA	
Diagnostic Lab	Denied	Out of Network	C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	0340U	ONC PAN CA ALYS MRD PLASMA	
Genetics	Denied	Out of Network	C16.2	Malignant neoplasm of body of stomach	0340U	ONC PAN CA ALYS MRD PLASMA	
Diagnostic Lab	Denied	Out of Network	C19	Malignant neoplasm of rectosigmoid junction	0340U	ONC PAN CA ALYS MRD PLASMA	
Diagnostic Lab	Denied	Out of Network	C20	Malignant neoplasm of rectum	0340U	ONC PAN CA ALYS MRD PLASMA	
Genetics	Denied	Out of Network	C18.2	Malignant neoplasm of ascending colon	0340U	ONC PAN CA ALYS MRD PLASMA	
Diagnostic Lab	Denied	Out of Network	C18.9	Malignant neoplasm of colon, unspecified	0340U	ONC PAN CA ALYS MRD PLASMA	
Pharmacy	Denied	Administrative Denial	H18.623	Keratoconus, unstable, bilateral	0402T	COLLAGEN CROSS-LINKING TREATMENT OF DISEASE OF CORNEA	

Medical Care	Denied	*Non-covered Service	N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms	0421T	Transurethral waterjet ablation of prostate including control of post-operative bleeding including ultrasound guidance complete (vasectomy meatotomy cystourethroscopy urethral calibration and/or dilation and internal urethrotomy are included when performed)
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Surgical	Denied	Administrative Denial	N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms	0421T	Transurethral waterjet ablation of prostate including control of post-operative bleeding including ultrasound guidance complete (vasectomy meatotomy cystourethroscopy urethral calibration and/or dilation and internal urethrotomy are included when performed)
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Medical Care	Approved	Administrative Approval	N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms	0421T	Transurethral waterjet ablation of prostate including control of post-operative bleeding including ultrasound guidance complete (vasectomy meatotomy cystourethroscopy urethral calibration and/or dilation and internal urethrotomy are included when performed)	
Oral Surgery	Approved	Met Medical Necessity	K08.409	Partial loss of teeth, unspecified cause, unspecified class	D6010	surgical placement of implant body: endosteal implant	
Anesthesia	Approved	Met Medical Necessity	K02.9	Dental caries, unspecified	D7230	removal of impacted tooth – partially bony	
Surgical	Approved	Met Medical Necessity	K02.9	Dental caries, unspecified	D7230	removal of impacted tooth – partially bony	
Surgical	Approved	Met Medical Necessity	K13.0	Diseases of lips	D7473	removal of torus mandibularis	

Other	Approved	Met Medical Necessity	M27.0	Developmental disorders of jaws	D7473	removal of torus mandibularis	
Substance Use Disorder	Approved	Met Medical Necessity	F10.20	Alcohol dependence, uncomplicated			
Home Health Care	Approved	Met Medical Necessity	S22.42XD	Multiple fractures of ribs, left side, subsequent encounter for fracture with routine healing			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Pharmacy PBM	Approved	Administrative Approval	F11.99	Opioid use, unspecified with unspecified opioidinduced disorder			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Substance Use Disorder	Approved	Met Medical Necessity	F10.23	ALCOHOL DEPENDENCE WITH WITHDRAWAL			
Psychotherapy	Approved	Met Medical Necessity	F43.12	Posttraumatic stress disorder, chronic			

Medical Care	Approved	Met Medical Necessity	C49.9	Malignant neoplasm of connective and soft tissue, unspecified			
Pharmacy PBM	Approved	Administrative Approval	F11.20	Opioid dependence, uncomplicated			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Pharmacy	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			
Psychotherapy	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M21.6X1	Other acquired deformities of right foot			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R06.09	Other forms of dyspnea			
Substance Use Disorder	Approved	Met Medical Necessity	F12.20	Cannabis dependence, uncomplicated			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			
Home Health Care	Approved	Met Medical Necessity	Z47.1	Aftercare following joint replacement surgery			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q67.3	Plagiocephaly			

Home Health Care	Approved	Met Medical Necessity	O16.9	Unspecified maternal hypertension, unspecified trimester			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M21.40	Flat foot [pes planus] (acquired), unspecified foot			
Durable Medical Equipment Purchased	Approved	Administrative Approval	S88.112D	Complete traumatic amputation at level between knee and ankle, left lower leg, subsequent encounter			
Substance Use Disorder	Approved	Met Medical Necessity	F11.23	Opioid dependence with withdrawal			
Home Health Care	Approved	Met Medical Necessity	L02.611	Cutaneous abscess of right foot			
Substance Use Disorder	Approved	Met Medical Necessity	F11.20	Opioid dependence, uncomplicated			
Home Health Care	Approved	Met Medical Necessity	Z48.812	Encounter for surgical aftercare following surgery on the circulatory system			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I63.9	Cerebral infarction, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S92.009A	Unspecified fracture of unspecified calcaneus, initial encounter for closed fracture			
Home Health Care	Approved	Met Medical Necessity	Z48.3	Aftercare following surgery for neoplasm			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.512	Acquired absence of left leg below knee			
Home Health Care	Approved	Met Medical Necessity	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.511	Acquired absence of right leg below knee			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S81.802A	Unspecified open wound, left lower leg, initial encounter			
Home Health Care	Approved	Met Medical Necessity	Z47.89	Encounter for other orthopedic aftercare			

Home Health Care	Approved	Met Medical Necessity	C11.9	Malignant neoplasm of nasopharynx, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z95.811	Presence of heart assist device			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I63.9	Cerebral infarction, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	C22.0	Liver cell carcinoma			
Substance Use Disorder	Approved	Met Medical Necessity	F14.20	Cocaine dependence, uncomplicated			
Substance Use Disorder	Approved	Met Medical Necessity	F16.20	Hallucinogen dependence, uncomplicated			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M24.572	Contracture, left ankle			
Nutritionist	Approved	Met Medical Necessity	Q39.3	Congenital stenosis and stricture of esophagus			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R26.2	Difficulty in walking, not elsewhere classified			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	S68.411A	Complete traumatic amputation of right hand at wrist level, initial encounter			
Home Health Care	Approved	Met Medical Necessity	J44.9	Chronic obstructive pulmonary disease, unspecified			
Psychotherapy	Approved	Administrative Approval	F32.3	Major depressive disorder, single episode, severe with psychotic features			
Psychotherapy	Approved	Administrative Approval	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features			
Durable Medical Equipment Purchased	Approved	Administrative Approval	H90.3	Sensorineural hearing loss, bilateral			
Durable Medical Equipment Rental	Approved	Administrative Approval	S92.009A	Unspecified fracture of unspecified calcaneus, initial encounter for closed fracture			

Home Health Care	Approved	Met Medical Necessity	I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J45.51	Severe persistent asthma with (acute) exacerbation			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.611	Acquired absence of right leg above knee			
Home Health Care	Approved	Met Medical Necessity	M00.811	Arthritis due to other bacteria, right shoulder			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M47.897	Other spondylosis, lumbosacral region			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z98.1	Arthrodesis status			
Home Health Care	Approved	Met Medical Necessity	Z47.81	Encounter for orthopedic aftercare following surgical amputation			
Mental Health	Approved	Met Medical Necessity	F43.12	Posttraumatic stress disorder, chronic			
Durable Medical Equipment Rental	Approved	Court Ordered Evaluation	R33.9	Retention of urine, unspecified			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	M50.20	Other cervical disc displacement, unspecified cervical region			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q39.3	Congenital stenosis and stricture of esophagus			
Home Health Care	Approved	Met Medical Necessity	Q39.3	Congenital stenosis and stricture of esophagus			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits			
Hospice	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.432	Acquired absence of left foot			
Substance Use Disorder	Approved	Met Medical Necessity	F15.20	Other stimulant dependence, uncomplicated			
Substance Use Disorder	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	L97.519	Nonpressure chronic ulcer of other part of right foot with unspecified severity			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S83.281A	Other tear of lateral meniscus, current injury, right knee, initial encounter			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral			
Gynecology	Approved	Met Medical Necessity	D25.9	Leiomyoma of uterus, unspecified			
Home Health Care	Approved	Met Medical Necessity	O24.119	Preexisting type 2 diabetes mellitus, in pregnancy, unspecified trimester			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			
Home Health Care	Approved	Met Medical Necessity	A41.9	Sepsis, unspecified organism			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	S72.322A	Displaced transverse fracture of shaft of left femur, initial encounter for closed fracture			
Hospice	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R33.9	Retention of urine, unspecified			
Home Health Care	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q66.221	Congenital metatarsus adductus, right foot			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M62.81	Muscle weakness (generalized)			
Home Health Care	Approved	Met Medical Necessity	I63.412	Cerebral infarction due to embolism of left middle cerebral artery			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	T25.011A	Burn of unspecified degree of right ankle, initial encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S91.301A	Unspecified open wound, right foot, initial encounter			
Home Health Care	Approved	Met Medical Necessity	O24.4	GESTATIONAL DIABETES MELLITUS			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	N18.9	Chronic kidney disease, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M54.16	Radiculopathy, lumbar region			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M47.896	Other spondylosis, lumbar region			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R53.1	Weakness			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Q87.0	Congenital malformation syndromes predominantly affecting facial appearance			
Home Health Care	Approved	Met Medical Necessity	M25.371	Other instability, right ankle			
Home Health Care	Approved	Met Medical Necessity	O14.9	UNSPECIFIED PRE-ECLAMPSIA			

Home Health Care	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure			
Home Health Care	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Pharmacy PBM	Approved	Met Medical Necessity	I89.0	Lymphedema, not elsewhere classified			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Court Ordered Evaluation	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			MOUNJARO
Pharmacy PBM	Denied	PA requirements not met	R73.03	Prediabetes			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	E66.9	Obesity, unspecified			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	J30.1	Allergic rhinitis due to pollen			AZELASTINE
Pharmacy PBM	Approved	Met Medical Necessity	S82.89	OTHER FRACTURES OF LOWER LEG			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			FREESTYLE LIBRE
Pharmacy PBM	Denied	PA requirements not met	E66.01	Morbid (severe) obesity due to excess calories			ZEPBOUND

Pharmacy PBM	Denied	PA requirements not met	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			UBRELVY
Pharmacy PBM	Denied	PA requirements not met	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication			TRULICITY
Pharmacy PBM	Denied	PA requirements not met	E30.1	Precocious puberty			SUPPRELIN LA 50 MG KIT SINGLE USE histrelin acetate
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			MOUNJARO
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	E66.01	Morbid (severe) obesity due to excess calories			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	R42	Dizziness and giddiness			MECLOFENAMATE 50 MG CAPSULE meclufenamate sodium
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			TRESIBA FLEXTOUCH

Pharmacy PBM	Approved	Met Medical Necessity	C18	MALIGNANT NEOPLASM OF COLON			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C18	MALIGNANT NEOPLASM OF COLON			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	C18	MALIGNANT NEOPLASM OF COLON			OXYCONTIN ER 20 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms			VRAYLAR
Pharmacy PBM	Denied	PA requirements not met	F31.12	Bipolar disorder, current episode manic without psychotic features, moderate			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	J45.998	Other asthma			ALBUTEROL HFA
Pharmacy PBM	Denied	PA requirements not met	E66.9	Obesity, unspecified			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	D57.00	HbSS disease with crisis, unspecified			MORPHINE SULF ER 30 MG TABLET morphine sulfates

Pharmacy PBM	Approved	Met Medical Necessity	D57.00	HbSS disease with crisis, unspecified			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	D57.0	HB-SS DISEASE WITH CRISIS			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			TRULICITY
Pharmacy PBM	Denied	Non Formulary	K64.9	Unspecified hemorrhoids			EPIFOAM FOAM
Durable Medical Equipment Purchased	Approved	Administrative Approval	H90.6	Mixed conductive and sensorineural hearing loss, bilateral			
Durable Medical Equipment Rental	Approved	Administrative Approval	I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z89.512	Acquired absence of left leg below knee			
Durable Medical Equipment Purchased	Approved	Administrative Approval	H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side			

Hospice	Approved	Administrative Approval	C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis			
Medical Care	Approved	Administrative Approval	F33.2	Major depressive disorder, recurrent severe without psychotic features			
Medical Care	Approved	Administrative Approval	O16.9	Unspecified maternal hypertension, unspecified trimester			
Medical Care	Approved	Administrative Approval	F43.12	Posttraumatic stress disorder, chronic			
Physical Therapy	Approved	Administrative Approval	J96.1	CHRONIC RESPIRATORY FAILURE			
Mental Health	Approved	Administrative Approval	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms			
Hospice	Approved	Administrative Approval	C61	Malignant neoplasm of prostate			
Medical Care	Approved	Administrative Approval	R63.4	Abnormal weight loss			

Durable Medical Equipment Purchased	Approved	Administrative Approval	F88	Other disorders of psychological development			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M24.572	Contracture, left ankle			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M24.575	Contracture, left foot			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M25.371	Other instability, right ankle			
Detox	Approved	Administrative Approval	F11.23	Opioid dependence with withdrawal			
Durable Medical Equipment Purchased	Approved	Administrative Approval	T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter			
Home Health Care	Approved	Administrative Approval	L89.154	Pressure ulcer of sacral region, stage 4			
Durable Medical Equipment Purchased	Approved	Administrative Approval	R09.02	Hypoxemia			
Durable Medical Equipment Rental	Approved	Administrative Approval	I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg			

Durable Medical Equipment Purchased	Approved	Administrative Approval	L85.3	Xerosis cutis			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M21.6X1	Other acquired deformities of right foot			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M21.70	Unequal limb length (acquired), unspecified site			
Durable Medical Equipment Rental	Approved	Administrative Approval	E10.65	Type 1 diabetes mellitus with hyperglycemia			
Durable Medical Equipment Purchased	Approved	Administrative Approval	L89.150	Pressure ulcer of sacral region, unstageable			
Durable Medical Equipment Purchased	Approved	Administrative Approval	G60.9	Hereditary and idiopathic neuropathy, unspecified			
Medical Care	Approved	Met Medical Necessity	O16.9	Unspecified maternal hypertension, unspecified trimester			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z99.3	Dependence on wheelchair			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M79.7	Fibromyalgia			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z89.511	Acquired absence of right leg below knee			

Durable Medical Equipment Purchased	Approved	Administrative Approval	E11.9	Type 2 diabetes mellitus without complications			
Durable Medical Equipment Purchased	Approved	Administrative Approval	E11.65	Type 2 diabetes mellitus with hyperglycemia			
Durable Medical Equipment Rental	Approved	Administrative Approval	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Home Health Care	Approved	Administrative Approval	Z48.812	Encounter for surgical aftercare following surgery on the circulatory system			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M25.461	Effusion, right knee			
Durable Medical Equipment Purchased	Approved	Administrative Approval	I96	Gangrene, not elsewhere classified			
Durable Medical Equipment Rental	Approved	Administrative Approval	T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter			
Durable Medical Equipment Purchased	Approved	Administrative Approval	L97.319	Nonpressure chronic ulcer of right ankle with unspecified severity			

Medical Care	Approved	Met Medical Necessity	E11.69	Type 2 diabetes mellitus with other specified complication			
Medical Care	Approved	Administrative Approval	J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia			
Durable Medical Equipment Rental	Approved	Administrative Approval	I25.2	Old myocardial infarction			
Medical Care	Approved	Administrative Approval	D63.0	Anemia in neoplastic disease			
Physical Medicine	Approved	Administrative Approval	S42.392D	Other fracture of shaft of left humerus, subsequent encounter for fracture with routine healing			
Physical Therapy	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			
Medical Care	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			
Private Duty Nursing	Approved	Sandata Verification	I10	Essential (primary) hypertension			

Durable Medical Equipment Purchased	Approved	Administrative Approval	S81.809A	Unspecified open wound, unspecified lower leg, initial encounter			
Occupational Therapy	Approved	Administrative Approval	M47.812	Spondylosis without myelopathy or radiculopathy, cervical region			
Physical Therapy	Approved	Administrative Approval	I10	Essential (primary) hypertension			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M40.04	Postural kyphosis, thoracic region			
Durable Medical Equipment Rental	Approved	Administrative Approval	J44.9	Chronic obstructive pulmonary disease, unspecified			
Medical Care	Approved	Administrative Approval	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M72.2	Plantar fascial fibromatosis			

Medical Care	Approved	Administrative Approval	F32.2	Major depressive disorder, single episode, severe without psychotic features			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Q05.9	Spina bifida, unspecified			
Physical Therapy	Approved	Met Medical Necessity	B20	Human immunodeficiency virus [HIV] disease			
Durable Medical Equipment Rental	Approved	Administrative Approval	I49.01	Ventricular fibrillation			
Durable Medical Equipment Purchased	Approved	Administrative Approval	R26.2	Difficulty in walking, not elsewhere classified			
Durable Medical Equipment Purchased	Approved	Administrative Approval	I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side			
Home Health Care	Approved	Administrative Approval	I11.0	Hypertensive heart disease with heart failure			
Home Health Care	Approved	Met Medical Necessity	I47.29	OTHER VENTRICULAR TACHYCARDIA			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z95.811	Presence of heart assist device			

Home Health Care	Approved	Administrative Approval	J44.9	Chronic obstructive pulmonary disease, unspecified			
Home Health Care	Approved	Administrative Approval	E11.9	Type 2 diabetes mellitus without complications			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z93.3	Colostomy status			
Private Duty Nursing	Approved	Administrative Approval	E78.00	Pure hypercholesterolemia, unspecified			
Detox	Approved	Administrative Approval	F10.20	Alcohol dependence, uncomplicated			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M41.124	Adolescent idiopathic scoliosis, thoracic region			
Hospice	Approved	Met Medical Necessity	C74.00	Malignant neoplasm of cortex of unspecified adrenal gland			
Durable Medical Equipment Purchased	Approved	Administrative Approval	R26.9	Unspecified abnormalities of gait and mobility			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q87.0	Congenital malformation syndromes predominantly affecting facial appearance			
Durable Medical Equipment Rental	Approved	Administrative Approval	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation			
Medical Care	Approved	Met Medical Necessity	F43.12	Posttraumatic stress disorder, chronic			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side			
Home Health Care	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			
Durable Medical Equipment Purchased	Approved	Administrative Approval	G82.50	Quadriplegia, unspecified			
Other	Approved	Met Medical Necessity	G93.1	Anoxic brain damage, not elsewhere classified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M24.574	Contracture, right foot			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M17.12	Unilateral primary osteoarthritis, left knee			
Other	Approved	Met Medical Necessity	O21.1	Hyperemesis gravidarum with metabolic disturbance			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	L30.4	Erythema intertrigo			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M62.838	Other muscle spasm			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G82.20	Paraplegia, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z86.711	Personal history of pulmonary embolism			
Home Health Care	Approved	Administrative Approval	T83.022A	Displacement of nephrostomy catheter, initial encounter			
Home Health Care	Approved	Administrative Approval	S82.891D	Other fracture of right lower leg, subsequent encounter for closed fracture with routine healing			

Home Health Care	Approved	Met Medical Necessity	I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side			
Home Health Care	Approved	Administrative Approval	T81.31XD	Disruption of external operation (surgical) wound, not elsewhere classified, subsequent encounter			
Home Health Care	Approved	Administrative Approval	I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity			
Home Health Care	Approved	Administrative Approval	I50.9	Heart failure, unspecified			
Home Health Care	Approved	Met Medical Necessity	I27.20	Pulmonary hypertension, unspecified			
Home Health Care	Approved	Met Medical Necessity	Z48.815	Encounter for surgical aftercare following surgery on the digestive system			
Durable Medical Equipment Rental	Approved	Administrative Approval	L89.622	Pressure ulcer of left heel, stage 2			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M14.672	CharcÃ´t's joint, left ankle and foot			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	M41.125	Adolescent idiopathic scoliosis, thoracolumbar region			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z98.890	Other specified postprocedural states			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z96.643	Presence of artificial hip joint, bilateral			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	L89.622	Pressure ulcer of left heel, stage 2			
Other	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G61.0	GuillainBarre syndrome			
Home Health Care	Approved	Met Medical Necessity	F11.20	Opioid dependence, uncomplicated			
Detox	Approved	Met Medical Necessity	F10.20	Alcohol dependence, uncomplicated			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I67.9	Cerebrovascular disease, unspecified			

Other	Approved	Met Medical Necessity	T86.828	Other complications of skin graft (allograft) (autograft)			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R32	Unspecified urinary incontinence			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S83.512	SPRAIN ANTERIOR CRUCIATE LIGAMENT LEFT KNEE			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M79.5	Residual foreign body in soft tissue			
Durable Medical Equipment Purchased	Approved	Administrative Approval	S82.892A	Other fracture of left lower leg, initial encounter for closed fracture			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J44.9	Chronic obstructive pulmonary disease, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I25.2	Old myocardial infarction			

Durable Medical Equipment Purchased	Approved	Administrative Approval	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G91.9	Hydrocephalus, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G80.1	Spastic diplegic cerebral palsy			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E43	Unspecified severe protein-calorie malnutrition			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I21.4	NonST elevation (NSTEMI) myocardial infarction			
Surgical	Approved	Met Medical Necessity	Q67.3	Plagiocephaly			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z89.511	Acquired absence of right leg below knee			
Substance Use Disorder	Approved	Administrative Approval	F10.10	Alcohol abuse, uncomplicated			
Other	Approved	Met Medical Necessity	I50.20	Unspecified systolic (congestive) heart failure			
Other	Approved	Met Medical Necessity	O16.9	Unspecified maternal hypertension, unspecified trimester			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q66.52	Congenital pes planus, left foot			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G96.9	Disorder of central nervous system, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M62.81	Muscle weakness (generalized)			
Home Health Care	Approved	Met Medical Necessity	K22.3	Perforation of esophagus			
Medical Care	Approved	Met Medical Necessity	O14.9	UNSPECIFIED PRE-ECLAMPSIA			
Other	Approved	Met Medical Necessity	H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G81.90	Hemiplegia, unspecified affecting unspecified side			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	M54.16	Radiculopathy, lumbar region			
Other	Approved	Met Medical Necessity	I96	Gangrene, not elsewhere classified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z95.811	Presence of heart assist device			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M25.511	Pain in right shoulder			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg			
Hospice	Approved	Met Medical Necessity	C56	MALIGNANT NEOPLASM OF OVARY			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits			
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features			

Other	Approved	Met Medical Necessity	F33.2	Major depressive disorder, recurrent severe without psychotic features			
Other	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R26.2	Difficulty in walking, not elsewhere classified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	N18.1	Chronic kidney disease, stage 1			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z86.69	Personal history of other diseases of the nervous system and sense organs			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	L97.909	Nonpressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M72.2	Plantar fascial fibromatosis			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	M79.5	Residual foreign body in soft tissue			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M24.571	Contracture, right ankle			
Other	Approved	Met Medical Necessity	O21.0	Mild hyperemesis gravidarum			
Physical Therapy	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M21.611	Bunion of right foot			
Home Health Care	Approved	Met Medical Necessity	K59.00	Constipation, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z47.81	Encounter for orthopedic aftercare following surgical amputation			
Home Health Care	Approved	Met Medical Necessity	S42.202A	Unspecified fracture of upper end of left humerus, initial encounter for closed fracture			
Home Health Care	Approved	Met Medical Necessity	C45.0	Mesothelioma of pleura			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I42.0	Dilated cardiomyopathy			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z99.3	Dependence on wheelchair			

Other	Approved	Met Medical Necessity	O14.90	Unspecified preeclampsia, unspecified trimester			
Private Duty Nursing	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			
Private Duty Nursing	Approved	Met Medical Necessity	Z93.1	Gastrostomy status			
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F32.3	Major depressive disorder, single episode, severe with psychotic features			
Home Health Care	Approved	Met Medical Necessity	Q99.9	Chromosomal abnormality, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R26.89	Other abnormalities of gait and mobility			
Substance Use Disorder	Approved	Administrative Approval	F10.23	ALCOHOL DEPENDENCE WITH WITHDRAWAL			

Other	Approved	Administrative Approval	O16.9	Unspecified maternal hypertension, unspecified trimester			
Private Duty Nursing	Approved	Met Medical Necessity	Q91.2	Trisomy 18, translocation			
Home Health Care	Approved	Met Medical Necessity	I11.0	Hypertensive heart disease with heart failure			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R29.898	Other symptoms and signs involving the musculoskeletal system			
Home Health Care	Approved	Met Medical Necessity	I50.9	Heart failure, unspecified			
Other	Approved	Met Medical Necessity	F43.12	Posttraumatic stress disorder, chronic			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R63.30	Feeding difficulties, unspecified			
Other	Approved	Met Medical Necessity	F33.1	Major depressive disorder, recurrent, moderate			
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F33.2	Major depressive disorder, recurrent severe without psychotic features			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.62XA	Displaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture			
Home Health Care	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			
Home Health Care	Approved	Met Medical Necessity	M54.31	Sciatica, right side			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M25.561	Pain in right knee			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C25.0	Malignant neoplasm of head of pancreas			
Home Health Care	Approved	Met Medical Necessity	S91.301D	Unspecified open wound, right foot, subsequent encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	N18.6	End stage renal disease			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I89.0	Lymphedema, not elsewhere classified			

Private Duty Nursing	Approved	Met Medical Necessity	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation			
Home Health Care	Approved	Met Medical Necessity	Z45.2	Encounter for adjustment and management of vascular access device			
Home Health Care	Approved	Met Medical Necessity	I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side			
Medical Care	Approved	Met Medical Necessity	O24.119	Preexisting type 2 diabetes mellitus, in pregnancy, unspecified trimester			
Physical Therapy	Approved	Met Medical Necessity	Z47.1	Aftercare following joint replacement surgery			
Pharmacy PBM	Denied	PA requirements not met	M54.2	Cervicalgia			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	Z68.41	Body mass index [BMI]40.044.9, adult			WEGOVY

Pharmacy PBM	Denied	PA requirements not met	E66.811	OBESITY CLASS 1		ZEPBOUND
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia		REXULTI
Pharmacy PBM	Denied	Authorization/Access Restrictions	I82.4	ACUTE EMBOLISM & THROMBOSIS DEEP VEINS LOW EXTRM		XARELTO
Pharmacy PBM	Denied	PA requirements not met	F10.20	Alcohol dependence, uncomplicated		CHLORDIAZEPOXIDE 25 MG CAPSULE chlordiazepoxide HCl
Pharmacy PBM	Approved	Met Medical Necessity	Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]		APRETUDE ER
Pharmacy PBM	Approved	Met Medical Necessity	E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene		OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	L70.0	Acne vulgaris		AZELAIC ACID
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications		MOUNJARO

Pharmacy PBM	Approved	Met Medical Necessity	F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features			QUETIAPINE ER
Pharmacy PBM	Denied	Non Formulary	F31.9	Bipolar disorder, unspecified			ABILIFY MAINTENANCE ER
Pharmacy PBM	Denied	Non Formulary	G24.01	Drug induced subacute dyskinesia			AUSTEDO XR TITRATION
Home Health Care	Approved	Sandata Verification	B20	Human immunodeficiency virus [HIV] disease			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R26.9	Unspecified abnormalities of gait and mobility			
Home Health Care	Approved	Met Medical Necessity	S21.101D	Unspecified open wound of right front wall of thorax without penetration into thoracic cavity, subsequent encounter			
Pharmacy	Approved	Met Medical Necessity	N32.81	Overactive bladder			
Home Health Care	Approved	Administrative Approval	F31.1	BIPOLAR D/O CURRENT EPISODIC MANIC W/O PSYCHOTIC FEATURE			

Home Health Care	Approved	Met Medical Necessity	B20	Human immunodeficiency virus [HIV] disease			
Home Health Care	Approved	Met Medical Necessity	J81.1	Chronic pulmonary edema			
Home Health Care	Approved	Administrative Approval	E78.5	Hyperlipidemia, unspecified			
Home Health Care	Approved	Met Medical Necessity	M79.7	Fibromyalgia			
Pharmacy PBM	Approved	Met Medical Necessity	F25.9	Schizoaffective disorder, unspecified			ABILIFY MAINTENANCE
Pharmacy PBM	Approved	Met Medical Necessity	E84.9	Cystic fibrosis, unspecified			DEKAS PLUS CHEWABLE TABLET
Pharmacy PBM	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region			JOURNAVX
Home Health Care	Approved	Met Medical Necessity	K13.0	Diseases of lips			
Pharmacy PBM	Approved	Met Medical Necessity	F11.20	Opioid dependence, uncomplicated			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z43.0	Encounter for attention to tracheostomy			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z48.3	Aftercare following surgery for neoplasm			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Q67.3	Plagiocephaly			
Home Health Care	Approved	Met Medical Necessity	K22.2	Esophageal obstruction			
Home Health Care	Approved	Met Medical Necessity	A41.8	OTHER SPECIFIED SEPSIS			
Obstetrics	Approved	Met Medical Necessity	O24.119	Preexisting type 2 diabetes mellitus, in pregnancy, unspecified trimester			
Home Health Care	Approved	Met Medical Necessity	F44.5	Conversion disorder with seizures or convulsions			
Home Health Care	Approved	Met Medical Necessity	T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter			
Home Health Care	Approved	Met Medical Necessity	G71.11	Myotonic muscular dystrophy			
Consultation	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified			

Consultation	Approved	State Mandate	F89	Unspecified disorder of psychological development			
Cognitive Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified			
Occupational Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development			
Occupational Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified			
Speech Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified			
Cognitive Therapy	Approved	State Mandate	F89	Unspecified disorder of psychological development			
Physical Therapy	Approved	State Mandate	F81.9	Developmental disorder of scholastic skills, unspecified			
Pharmacy PBM	Approved	Met Medical Necessity	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma			BASAGLAR

Pharmacy PBM	Approved	Met Medical Necessity	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma			INSULIN LISPRO
Pharmacy	Approved	Met Medical Necessity	K50.10	Crohn's disease of large intestine without complications			
Pharmacy PBM	Approved	Met Medical Necessity	K59.00	Constipation, unspecified			MOTEGRITY
Pharmacy PBM	Approved	Met Medical Necessity	C25.9	Malignant neoplasm of pancreas, unspecified			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	M47.893	Other spondylosis, cervicothoracic region			TRAMADOL HCL
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.9	Obesity, unspecified			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	L74.510	Primary focal hyperhidrosis, axilla			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	F11.20	Opioid dependence, uncomplicated			SUBOXONE
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			OZEMPIC

Pharmacy PBM	Denied	PA requirements not met	F90.1	Attention deficit hyperactivity disorder, predominantly hyperactive type			QELBREE ER
Pharmacy PBM	Approved	Met Medical Necessity	L20.89	Other atopic dermatitis			EUCRISA
Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			COSENTYX SENSOREADY
Pharmacy PBM	Approved	Met Medical Necessity	L70.0	Acne vulgaris			AZELAIC ACID
Pharmacy PBM	Denied	PA requirements not met	E66.09	Other obesity due to excess calories			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	F11.10	Opioid abuse, uncomplicated			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Pharmacy PBM	Denied	PA requirements not met	R73.03	Prediabetes			RYBELSUS
Pharmacy PBM	Approved	Met Medical Necessity	F42.9	Obsessive compulsive disorder, unspecified			SERTRALINE
Pharmacy PBM	Approved	Met Medical Necessity	G89.29	Other chronic pain			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	K59.04	Chronic idiopathic constipation			LINZESS
Pharmacy PBM	Approved	Met Medical Necessity	N18.4	Chronic kidney disease, stage 4 (severe)			FERROUS SULF EC 325 MG TABLET U-D, OUTER ferrous sulfate

Pharmacy PBM	Approved	Met Medical Necessity	M34.9	Systemic sclerosis, unspecified			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non Formulary	F41.9	Anxiety disorder, unspecified			QUETIAPINE ER
Pharmacy PBM	Approved	Met Medical Necessity	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			JANUMET 50-1,000 MG TABLET F/C sitagliptin phosphate/metformin HCl
Pharmacy PBM	Denied	Non Formulary	E84.0	Cystic fibrosis with pulmonary manifestations			CREON DR
Pharmacy PBM	Approved	Met Medical Necessity	K50.819	Crohn's disease of both small and large intestine with unspecified complications			RINVOQ ER
Pharmacy	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A

Pharmacy PBM	Approved	Met Medical Necessity	G43.009	Migraine without aura, not intractable, without status migrainosus			UBRELVY
Pharmacy PBM	Approved	Met Medical Necessity	R68.89	Other general symptoms and signs			POMALYST
Pharmacy PBM	Denied	Quantity over Limit	E11.9	Type 2 diabetes mellitus without complications			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			KISQALI
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			BIMZELX
Pharmacy PBM	Approved	Met Medical Necessity	C20	Malignant neoplasm of rectum			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	K51.90	Ulcerative colitis, unspecified, without complications			RINVOQ ER
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			MORPHINE SULFATE 30 MG TABLET morphine sulfate

Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	F31.60	Bipolar disorder, current episode mixed, unspecified			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			ZOLPIDEM TARTER
Pharmacy PBM	Approved	Met Medical Necessity	E10.65	Type 1 diabetes mellitus with hyperglycemia			INPEN
Pharmacy PBM	Approved	Met Medical Necessity	N48.6	Induration penis plastica			XIAFLEX 0.9 MG VIAL SUV, W/DILUENT collagenase Clostridium histolyticum
Pharmacy PBM	Approved	Met Medical Necessity	M54.16	Radiculopathy, lumbar region			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	F11.21	Opioid dependence, in remission			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Pharmacy PBM	Denied	PA requirements not met	E11.65	Type 2 diabetes mellitus with hyperglycemia			MOUNJARO

Pharmacy PBM	Approved	Met Medical Necessity	R22.1	Localized swelling, mass and lump, neck			FENTANYL
Pharmacy PBM	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Quantity over Limit	G43.909	Migraine, unspecified, not intractable, without status migrainosus			BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP butalbital/acetaminophen/caffeine/codeine phosphate
Pharmacy PBM	Approved	Met Medical Necessity	C85.90	NonHodgkin lymphoma, unspecified, unspecified site			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	PA requirements not met	E66.9	Obesity, unspecified			MOUNJARO
Pharmacy	Approved	Met Medical Necessity	G43.711	Chronic migraine without aura, intractable, with status migrainosus			
Pharmacy PBM	Denied	Non Formulary	G43.E09	CHR MIGR W AURA NOT INTRACT W/O SM			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	L40.9	Psoriasis, unspecified			TALTZ

Pharmacy PBM	Approved	Met Medical Necessity	C90.0	MULTIPLE MYELOMA			MORPHINE SULF ER 15 MG TABLET morphine sulfate
Pharmacy PBM	Denied	Refill too soon	M54.16	Radiculopathy, lumbar region			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	E11.0	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	E11.10	Type 2 diabetes mellitus with ketoacidosis without coma			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	C18.9	Malignant neoplasm of colon, unspecified			LONSURF
Pharmacy PBM	Approved	Met Medical Necessity	H40.1131	Primary openangle glaucoma, bilateral, mild stage			IYUZEH
Pharmacy PBM	Approved	Met Medical Necessity	I50.84	End stage heart failure			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	F11.90	Opioid use, unspecified, uncomplicated			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl

Pharmacy PBM	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			DUPIXENT
Pharmacy PBM	Approved	Met Medical Necessity	D50.9	Iron deficiency anemia, unspecified			INJECTAFER
Gynecology	Approved	Met Medical Necessity	M79.18	Myalgia, other site			
Pharmacy PBM	Denied	PA requirements not met	R73.03	Prediabetes			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	R23.2	Flushing			VEOZAH
Pharmacy PBM	Approved	Met Medical Necessity	F41.3	Other mixed anxiety disorders			CLONAZEPAM
Pharmacy PBM	Denied	Non Formulary	F31.31	Bipolar disorder, current episode depressed, mild			ABILIFY MAINTENANCE
Pharmacy PBM	Approved	Met Medical Necessity	D86.9	Sarcoidosis, unspecified			ADULT ROBITUSSIN COUGH
Pharmacy PBM	Approved	Met Medical Necessity	F43.10	Posttraumatic stress disorder, unspecified			LURASIDONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	M79.2	Neuralgia and neuritis, unspecified			TRAMADOL HCL
Pharmacy PBM	Denied	*Non-covered Service	K50.818	Crohn's disease of both small and large intestine with other complication			SKYRIZI
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications			JARDIANCE
Pharmacy PBM	Approved	Met Medical Necessity	S01.83XA	Puncture wound without foreign body of other part of head, initial encounter			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			STEGLATRO
Pharmacy PBM	Approved	Met Medical Necessity	M46.86	Other specified inflammatory spondylopathies, lumbar region			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	K51.818	Other ulcerative colitis with other complication			ZYMFENTRA
Pharmacy PBM	Approved	Met Medical Necessity	M16.11	Unilateral primary osteoarthritis, right hip			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate

Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attention deficit hyperactivity disorder, unspecified type			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	Z98.1	Arthrodesis status			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	R73.03	Prediabetes			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	E11.69	Type 2 diabetes mellitus with other specified complication			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			VYVANSE
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			VYVANSE 50 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			REYVOW
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			MOUNJARO

Pharmacy PBM	Approved	Met Medical Necessity	D57.0	HB-SS DISEASE WITH CRISIS			OXYCODONE HCL (IR) 30 MG TAB oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	N95.1	Menopausal and female climacteric states			VEOZAH
Pharmacy PBM	Approved	Met Medical Necessity	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features			LURASIDONE HCL
Pharmacy PBM	Denied	PA requirements not met	F07	PERSONALITY & BEHAVIORAL D/O DUE TO PHYSIO COND			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	M54.40	Lumbago with sciatica, unspecified side			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	H16.232	Neurotrophic keratoconjunctivitis, left eye			OXERVATE
Pharmacy PBM	Approved	Met Medical Necessity	B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere			LIKMEZ

Pharmacy PBM	Approved	Met Medical Necessity	C25.0	Malignant neoplasm of head of pancreas			MORPHINE SULF ER
Pharmacy PBM	Approved	Met Medical Necessity	M79.609	Pain in unspecified limb			TRAMADOL HCL 50 MG TABLET F/C tramadol HCl
Pharmacy PBM	Approved	Met Medical Necessity	F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence			ADDERALL
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			SEGLUROMET
Pharmacy PBM	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminoph en
Pharmacy PBM	Denied	PA requirements not met	R21	Rash and other nonspecific skin eruption			AZELAIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	C15.9	Malignant neoplasm of esophagus, unspecified			SUCRALFATE
Pharmacy PBM	Approved	Met Medical Necessity	J45.50	Severe persistent asthma, uncomplicated			XOLAIR

Pharmacy PBM	Denied	PA requirements not met	J44.89	OTH SPEC CHR OBSTRUCTV PULMONARY DZ			DUPIXENT
Pharmacy PBM	Approved	Met Medical Necessity	L40.50	Arthropathic psoriasis, unspecified			COSENTYX
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			JANUMET XR
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.812	OBESITY CLASS 2			CONTRACE ER
Pharmacy PBM	Denied	Non Formulary	N95.2	Postmenopausal atrophic vaginitis			IMVEXXY
Pharmacy PBM	Approved	Met Medical Necessity	G40.219	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus			XCOPRI
Pharmacy PBM	Approved	Met Medical Necessity	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			LURASIDONE HCL

Pharmacy PBM	Denied	PA requirements not met	J33.0	Polyp of nasal cavity			DUPIXENT
Pharmacy PBM	Denied	PA requirements not met	E11.69	Type 2 diabetes mellitus with other specified complication			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	J30.2	Other seasonal allergic rhinitis			CETIRIZINE HCL 5 MG CHEW TAB CHILDREN'S, OUTER, U-D cetirizine HCl
Pharmacy PBM	Denied	Non Formulary	F31.0	Bipolar disorder, current episode hypomanic			ABILIFY ASIMTUFII
Pharmacy PBM	Approved	Met Medical Necessity	F90.2	Attention deficit hyperactivity disorder, combined type			LISDEXAMFETAMINE
Pharmacy PBM	Denied	PA requirements not met	F31.0	Bipolar disorder, current episode hypomanic			LURASIDONE HCL
Pharmacy PBM	Denied	Non Formulary	H16.223	Keratoconjunctivitis sicca, not specified as Sjögren's, bilateral			MIEBO
Pharmacy PBM	Approved	Met Medical Necessity	S63.639A	Sprain of interphalangeal joint of unspecified finger, initial encounter			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	K86.1	Other chronic pancreatitis			CREON DR
Pharmacy PBM	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			ADDERALL
Pharmacy PBM	Approved	Met Medical Necessity	D66	Hereditary factor VIII deficiency			KOVALTRY
Pharmacy PBM	Approved	Met Medical Necessity	E10.65	Type 1 diabetes mellitus with hyperglycemia			DEXCOM G
Pharmacy PBM	Approved	Met Medical Necessity	G89.18	Other acute postprocedural pain			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	K64.9	Unspecified hemorrhoids			HYDROCORTISON E AC
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attentiondeficit hyperactivity disorder, unspecified type			ABILIFY MAINTENANCE
Pharmacy PBM	Denied	Non Formulary	G47.33	Obstructive sleep apnea (adult) (pediatric)			ZEPBOUND
Pharmacy PBM	Denied	Non Formulary	G43.011	Migraine without aura, intractable, with status migrainosus			ELETRIPTAN HBR
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attentiondeficit hyperactivity disorder, predominantly inattentive type			JORNAY PM

Pharmacy PBM	Approved	Met Medical Necessity	G24.01	Drug induced subacute dyskinesia			INGREZZA
Pharmacy PBM	Approved	Met Medical Necessity	S21.331S	Puncture wound without foreign body of right front wall of thorax with penetration into thoracic cavity, sequela			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			COSENTYX UNOREADY
Pharmacy PBM	Approved	Met Medical Necessity	G35	Multiple sclerosis			MAYZENT
Pharmacy PBM	Denied	Non Formulary	G43.109	Migraine with aura, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			NUBEQA
Pharmacy PBM	Approved	Met Medical Necessity	F33.1	Major depressive disorder, recurrent, moderate			LURASIDONE HCL

Pharmacy PBM	Denied	Non Formulary	F33.2	Major depressive disorder, recurrent severe without psychotic features			QUETIAPINE ER
Pharmacy PBM	Approved	Met Medical Necessity	S82.854A	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for closed fracture			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	B07.9	Viral wart, unspecified			SALICYLIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	J33.0	Polyp of nasal cavity			DUPIXENT
Pharmacy PBM	Approved	Met Medical Necessity	C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland			MORPHINE SULF ER 30 MG TABLET morphine sulfate
Pharmacy PBM	Approved	Met Medical Necessity	C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attention deficit hyperactivity disorder, unspecified type			ADDERALL XR 10 MG CAPSULE dextroamphetamine sulfate

Pharmacy	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.3	Overweight			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	M16.12	Unilateral primary osteoarthritis, left hip			OXAYDO
Pharmacy PBM	Denied	Quantity over Limit	R41.3	Other amnesia			DONEPEZIL HCL
Pharmacy PBM	Denied	Non Formulary	Z12.11	Encounter for screening for malignant neoplasm of colon			SUPREP BOWEL PREP
Pharmacy PBM	Approved	Met Medical Necessity	G40.822	Epileptic spasms, not intractable, without status epilepticus			ACTHAR GEL
Pharmacy PBM	Denied	PA requirements not met	G43.909	Migraine, unspecified, not intractable, without status migrainosus			UBRELVY
Pharmacy PBM	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)			MODAFINIL
Pharmacy PBM	Approved	Court Ordered Evaluation	M54.50	Low back pain, unspecified			TRAMADOL HCL 50 MG TABLET F/C tramadol HCl

Pharmacy PBM	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	B18.2	Chronic viral hepatitis C			MAVYRET
Pharmacy PBM	Approved	Met Medical Necessity	C49.9	Malignant neoplasm of connective and soft tissue, unspecified			VITRAKVI
Pharmacy PBM	Denied	Non Formulary	G43.909	Migraine, unspecified, not intractable, without status migrainosus			AIMOVIG
Pharmacy PBM	Denied	Non Formulary	E66.01	Morbid (severe) obesity due to excess calories			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	L20.89	Other atopic dermatitis			DUPIXENT
Pharmacy PBM	Approved	Met Medical Necessity	L20.9	Atopic dermatitis, unspecified			DUPIXENT
Pharmacy PBM	Approved	Met Medical Necessity	G35	Multiple sclerosis			OCREVUS
Pharmacy PBM	Denied	PA requirements not met	Z68.43	Body mass index [BMI] 50.059.9, adult			MOUNJARO

Pharmacy PBM	Denied	Non Formulary	L85.1	Acquired keratosis [keratoderma] palmaris et plantaris			UREA
Pharmacy PBM	Approved	Met Medical Necessity	A59.01	Trichomonal vulvovaginitis			METRONIDAZOLE 500 MG/100 ML SINGLE USE metronidazole in sodium chloride
Pharmacy PBM	Approved	Met Medical Necessity	C81	HODGKIN LYMPHOMA			
Pharmacy PBM	Approved	Met Medical Necessity	C81	HODGKIN LYMPHOMA			ADCETRIS
Pharmacy PBM	Denied	Non Formulary	F64.9	Gender identity disorder, unspecified			PREMARIN
Pharmacy PBM	Denied	Quantity over Limit	I27.20	Pulmonary hypertension, unspecified			ADEMPAS
Pharmacy PBM	Denied	Quantity over Limit	I27.20	Pulmonary hypertension, unspecified			OPSUMIT
Pharmacy PBM	Denied	Quantity over Limit	I27.20	Pulmonary hypertension, unspecified			UPTRAVI
Pharmacy PBM	Denied	Non Formulary	B18.2	Chronic viral hepatitis C			MAVYRET
Pharmacy PBM	Approved	Met Medical Necessity	I69.398	Other sequelae of cerebral infarction			OXYCONTIN ER 10 MG TABLET REFORMULATED oxycodone HCl

Pharmacy PBM	Approved	Met Medical Necessity	Z94.0	Kidney transplant status			OXYCONTIN ER 10 MG TABLET 2X10, U-D oxycodone HCl
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.9	Obesity, unspecified			OZEMPIC
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.01	Morbid (severe) obesity due to excess calories			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	E87.0	Hyperosmolality and hypernatremia			DEXTROSE 5%-0.45% NA CL IV SOLN SINGLE USE dextrose 5 % and 0.45 % sodium chloride
Pharmacy PBM	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			CAPLYTA
Pharmacy PBM	Denied	Non Formulary	G47.00	Insomnia, unspecified			ZOLPIDEM TART
Pharmacy PBM	Denied	Non Formulary	C90.00	Multiple myeloma not having achieved remission			REVLIMID
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.12	ACQUIRED ABSENCE OF WRIST			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	F80.2	Mixed receptiveexpressiv e language disorder			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.211	Acquired absence of right upper limb below elbow			
Pharmacy PBM	Denied	PA requirements not met	E66.811	OBESITY CLASS 1			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	Z94.4	Liver transplant status			LEVOCARNITINE
Pharmacy PBM	Approved	Met Medical Necessity	L40.50	Arthropathic psoriasis, unspecified			COSENTYX SENSOREADY
Pharmacy PBM	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	M51.36	Other intervertebral disc degeneration, lumbar region			GABAPENTIN
Pharmacy PBM	Denied	Non Formulary	G40	EPILEPSY AND RECURRENT SEIZURES			DIVALPROEX DR 125 MG CAP SPRNK divalproex sodium
Pharmacy PBM	Approved	Met Medical Necessity	J45.20	Mild intermittent asthma, uncomplicated			ALBUTEROL HFA
Home Health Care	Approved	Met Medical Necessity	F81.9	Developmental disorder of scholastic skills, unspecified			
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			DESVENLAFAXINE SUCCNT ER
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			INVEGA TRINZA

Pharmacy PBM	Approved	Met Medical Necessity	E66	OVERWEIGHT AND OBESITY			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	A49.8	Other bacterial infections of unspecified site			BAXDELA
Pharmacy PBM	Approved	Met Medical Necessity	E83.39	Other disorders of phosphorus metabolism			XPHOZAH
Pharmacy PBM	Approved	Met Medical Necessity	G43.0	MIGRAINE WITHOUT AURA			AIMOVIG
Pharmacy PBM	Denied	PA requirements not met	M54.12	Radiculopathy, cervical region			OXYCODONE-ACETAMINOPHEN
Home Health Care	Approved	Sandata Verification	E11.9	Type 2 diabetes mellitus without complications			
Home Health Care	Approved	Sandata Verification	I62.9	Nontraumatic intracranial hemorrhage, unspecified			
Home Health Care	Approved	Sandata Verification	I73.9	Peripheral vascular disease, unspecified			
Home Health Care	Approved	Sandata Verification	G44.209	Tensiontype headache, unspecified, not intractable			
Home Health Care	Approved	Administrative Approval	I10	Essential (primary) hypertension			

Durable Medical Equipment Rental	Approved	Administrative Approval	J10.1	Influenza due to other identified influenza virus with other respiratory manifestations			
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			CHLORTHALIDONE
Pharmacy PBM	Approved	Met Medical Necessity	G40	EPILEPSY AND RECURRENT SEIZURES			OXCARBAZEPINE
Pharmacy PBM	Denied	PA requirements not met	E78.1	Pure hyperglyceridemia			ICOSAPENT ETHYL
Pharmacy PBM	Approved	Met Medical Necessity	I27.20	Pulmonary hypertension, unspecified			SILDENAFIL
Pharmacy PBM	Denied	PA requirements not met	M72.2	Plantar fascial fibromatosis			OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	PA requirements not met	E88.819	INSULIN RESISTANCE UNSPECIFIED			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	Z79.01	Long term (current) use of anticoagulants			ELIQUIS

Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			JANUMET 50-1,000 MG TABLET F/C sitagliptin phosphate/metformin HCl
Pharmacy PBM	Denied	Refill too soon	E11.69	Type 2 diabetes mellitus with other specified complication			LANTUS 100 UNIT/ML VIAL MUV insulin glargine, human recombinant analog
Pharmacy PBM	Denied	*Requested Information Not Received	E11.9	Type 2 diabetes mellitus without complications			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	L74.510	Primary focal hyperhidrosis, axilla			SOFDRA
Pharmacy PBM	Approved	Met Medical Necessity	L02.612	Cutaneous abscess of left foot			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	R69	Illness, unspecified			DEXCOM G
Pharmacy PBM	Denied	Non Formulary	R05.9	Cough, unspecified			ROBITUSSIN HONEY MAX DM
Pharmacy PBM	Approved	Met Medical Necessity	M43.10	Spondylolisthesis, site unspecified			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	M79.7	Fibromyalgia			FLUVOXAMINE ER
Pharmacy PBM	Approved	Met Medical Necessity	F43.1	POST-TRAUMATIC STRESS DISORDER PTSD			QUETIAPINE FUMARATE

Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			QELBREE ER
Pharmacy PBM	Approved	Met Medical Necessity	E84.0	Cystic fibrosis with pulmonary manifestations			COLISTIMETHATE
Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			TREMFYA
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I21.4	NonST elevation (NSTEMI) myocardial infarction			
Pharmacy PBM	Approved	Met Medical Necessity	J06.9	Acute upper respiratory infection, unspecified			GUAIFEN-CODEINE 100-10 MG/5 ML codeine phosphate/guaifenesin
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			TRULICITY
Durable Medical Equipment Rental	Approved	Administrative Approval	S82.141D	Displaced bicondylar fracture of right tibia, subsequent encounter for closed fracture with routine healing			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M20.12	Hallux valgus (acquired), left foot			

Physical Therapy	Approved	Met Medical Necessity	S82.62XA	Displaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture			
Home Health Care	Approved	Administrative Approval	S72.001S	Fracture of unspecified part of neck of right femur, sequela			
Home Health Care	Approved	Administrative Approval	M48.04	Spinal stenosis, thoracic region			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	T87.89	Other complications of amputation stump			
Home Health Care	Approved	Administrative Approval	Z47.1	Aftercare following joint replacement surgery			
Home Health Care	Approved	Administrative Approval	I63.412	Cerebral infarction due to embolism of left middle cerebral artery			
Durable Medical Equipment Rental	Approved	Administrative Approval	S72.302A	Unspecified fracture of shaft of left femur, initial encounter for closed fracture			

Durable Medical Equipment Rental	Approved	Administrative Approval	S32.9XXA	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture			
Home Health Care	Approved	Administrative Approval	S82.62XA	Displaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture			
Durable Medical Equipment Rental	Approved	Administrative Approval	S06.9XAA	UNSPECIFIED INTRACRANIAL INJURY LOC UNKNOWN INIT			
Durable Medical Equipment Rental	Approved	Administrative Approval	E66.01	Morbid (severe) obesity due to excess calories			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Q05.9	Spina bifida, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	T81.31XA	Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter			
Other	Approved	Administrative Approval	Z95.811	Presence of heart assist device			

Home Health Care	Approved	Met Medical Necessity	B95.1	Streptococcus, group B, as the cause of diseases classified elsewhere			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M21.41	Flat foot [pes planus] (acquired), right foot			
Durable Medical Equipment Purchased	Approved	Administrative Approval	N37	Urethral disorders in diseases classified elsewhere			
Physical Therapy	Approved	Administrative Approval	M48.02	Spinal stenosis, cervical region			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R53.1	Weakness			
Physical Therapy	Approved	Administrative Approval	E87.6	Hypokalemia			
Physical Therapy	Approved	Administrative Approval	Z48.812	Encounter for surgical aftercare following surgery on the circulatory system			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M17.0	Bilateral primary osteoarthritis of knee			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M25.612	Stiffness of left shoulder, not elsewhere classified			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.201A	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture			
Physical Therapy	Approved	Administrative Approval	Z47.89	Encounter for other orthopedic aftercare			
Physical Therapy	Approved	Administrative Approval	Z47.1	Aftercare following joint replacement surgery			
Physical Therapy	Approved	Administrative Approval	J45.99	OTHER ASTHMA			
Physical Therapy	Approved	Met Medical Necessity	C18.9	Malignant neoplasm of colon, unspecified			
Home Health Care	Approved	Met Medical Necessity	G80.9	Cerebral palsy, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S83.232A	Complex tear of medial meniscus, current injury, left knee, initial encounter			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E10.69	Type 1 diabetes mellitus with other specified complication			

Home Health Care	Approved	Administrative Approval	B95.1	Streptococcus, group B, as the cause of diseases classified elsewhere			
Home Health Care	Approved	Administrative Approval	F20.9	Schizophrenia, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.309A	Unspecified fracture of lower end of unspecified tibia, initial encounter for closed fracture			
Home Health Care	Approved	Met Medical Necessity	K92.2	Gastrointestinal hemorrhage, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S83.511A	Sprain of anterior cruciate ligament of right knee, initial encounter			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S82.122A	Displaced fracture of lateral condyle of left tibia, initial encounter for closed fracture			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R29.898	Other symptoms and signs involving the musculoskeletal system			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M51.36	Other intervertebral disc degeneration, lumbar region			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J96.12	Chronic respiratory failure with hypercapnia			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E66.813	OBESITY CLASS 3			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J96.01	Acute respiratory failure with hypoxia			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.092A	Other fracture of left patella, initial encounter for closed fracture			
Physical Therapy	Approved	Met Medical Necessity	Z47.89	Encounter for other orthopedic aftercare			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M24.571	Contracture, right ankle			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I26.99	Other pulmonary embolism without acute cor pulmonale			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G71.00	Muscular dystrophy, unspecified			
Orthopedic	Approved	Met Medical Necessity	Z98.1	Arthrodesis status			

Other	Approved	Met Medical Necessity	Z45.2	Encounter for adjustment and management of vascular access device			
Other	Approved	Met Medical Necessity	Z48.3	Aftercare following surgery for neoplasm			
Home Health Care	Approved	Met Medical Necessity	T81.49XA	Infection following a procedure, other surgical si			
Physical Therapy	Approved	Met Medical Necessity	I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side			
Physical Therapy	Approved	Met Medical Necessity	Z89.612	Acquired absence of left leg above knee			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G90.09	Other idiopathic peripheral autonomic neuropathy			
Physical Therapy	Approved	Met Medical Necessity	K59.0	CONSTIPATION			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G96.9	Disorder of central nervous system, unspecified			
Home Health Care	Approved	Met Medical Necessity	L03.313	Cellulitis of chest wall			

Other	Approved	Met Medical Necessity	F32.2	Major depressive disorder, single episode, severe without psychotic features			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M17.11	Unilateral primary osteoarthritis, right knee			
Home Health Care	Approved	Administrative Approval	I63.9	Cerebral infarction, unspecified			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z98.1	Arthrodesis status			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z94.5	Skin transplant status			
Durable Medical Equipment Purchased	Approved	Administrative Approval	S31.819D	Unspecified open wound of right buttock, subsequent encounter			
Durable Medical Equipment Purchased	Approved	Administrative Approval	I83.019	Varicose veins of right lower extremity with ulcer of unspecified site			
Durable Medical Equipment Rental	Approved	Administrative Approval	P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks			

Durable Medical Equipment Rental	Approved	Administrative Approval	R27.8	Other lack of coordination			
Durable Medical Equipment Purchased	Approved	Administrative Approval	I63.9	Cerebral infarction, unspecified			
Durable Medical Equipment Purchased	Approved	Administrative Approval	S89.92XA	Unspecified injury of left lower leg, initial encounter			
Durable Medical Equipment Rental	Approved	Administrative Approval	S82.62XA	Displaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture			
Durable Medical Equipment Purchased	Approved	Administrative Approval	E43	Unspecified severe protein-calorie malnutrition			
Durable Medical Equipment Rental	Approved	Administrative Approval	T79.9XXA	Unspecified early complication of trauma, initial encounter			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S31.000A	Unspecified open wound of lower back and pelvis without penetration into retroperitoneum, initial encounter			
Durable Medical Equipment Purchased	Approved	Administrative Approval	R33.9	Retention of urine, unspecified			

Durable Medical Equipment Rental	Approved	Administrative Approval	S91.301A	Unspecified open wound, right foot, initial encounter			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z68.51	Body mass index [BMI] pediatric, less than 5th pe			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M21.372	Foot drop, left foot			
Durable Medical Equipment Purchased	Approved	Administrative Approval	T87.89	Other complications of amputation stump			
Home Health Care	Approved	Administrative Approval	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			
Home Health Care	Approved	Administrative Approval	O24.119	Preexisting type 2 diabetes mellitus, in pregnancy, unspecified trimester			
Home Health Care	Approved	Administrative Approval	K31.89	Other diseases of stomach and duodenum			
Durable Medical Equipment Rental	Approved	Administrative Approval	I89.0	Lymphedema, not elsewhere classified			
Home Health Care	Approved	Administrative Approval	I15.9	Secondary hypertension, unspecified			

Substance Use Disorder	Approved	Administrative Approval	F14.20	Cocaine dependence, uncomplicated			
Mental Health	Approved	Administrative Approval	F29	Unspecified psychosis not due to a substance or known physiological condition			
Pharmacy PBM	Approved	Met Medical Necessity	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast			VERZENIO
Pharmacy PBM	Denied	PA requirements not met	E11.65	Type 2 diabetes mellitus with hyperglycemia			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	G43.019	Migraine without aura, intractable, without status migrainosus			UBRELVY
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z98.890	Other specified postprocedural states			

Pharmacy PBM	Denied	PA requirements not met	S42.471A	Displaced transcondylar fracture of right humerus, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Durable Medical Equipment Purchased	Denied	*Non-covered Service	E66.01	Morbid (severe) obesity due to excess calories			
Pharmacy PBM	Denied	Non Formulary	G82.22	Paraplegia, incomplete			LIDOCAINE
Pharmacy PBM	Denied	PA requirements not met	F90.9	Attention deficit hyperactivity disorder, unspecified type			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	G40.89	Other seizures			VALTOCO
Pharmacy PBM	Denied	PA requirements not met	E66.09	Other obesity due to excess calories			WEGOVY
Pharmacy PBM	Denied	Non Formulary	K50.00	Crohn's disease of small intestine without complications			SKYRIZI
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F31.81	Bipolar II disorder			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M06.9	Rheumatoid arthritis, unspecified			
Durable Medical Equipment Purchased	Denied	*Non-covered Service	L65.8	Other specified nonscarring hair loss			

Pharmacy	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			LUPRON DEPOT
Pharmacy PBM	Denied	Non Formulary	E29.1	Testicular hypofunction			AVEED
Pharmacy PBM	Denied	Non Formulary	K21.9	Gastroesophageal reflux disease without esophagitis			VOQUEZNA
Durable Medical Equipment Purchased	Denied	Out of Network	I63.9	Cerebral infarction, unspecified			
Pharmacy PBM	Denied	Refill too soon	E11.69	Type 2 diabetes mellitus with other specified complication			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	J45.40	Moderate persistent asthma, uncomplicated			ALBUTEROL HFA
Pharmacy PBM	Denied	PA requirements not met	E11.10	Type 2 diabetes mellitus with ketoacidosis without coma			ZEPBOUND
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R13.10	Dysphagia, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M54.42	Lumbago with sciatica, left side			

Pharmacy PBM	Denied	Non Formulary	K50.80	Crohn's disease of both small and large intestine without complications			SKYRIZI
Pharmacy PBM	Denied	PA requirements not met	F90.2	Attention deficit hyperactivity disorder, combined type			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	F31.32	Bipolar disorder, current episode depressed, moderate			VRAYLAR
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	P94.2	Congenital hypotonia			
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F29	Unspecified psychosis not due to a substance or known physiological condition			
Pharmacy PBM	Denied	PA requirements not met	C61	Malignant neoplasm of prostate			GABAPENTIN ER
Pharmacy PBM	Approved	Met Medical Necessity	E84.0	Cystic fibrosis with pulmonary manifestations			CAYSTON 75 MG INHAL SOLUTION P/F, ARGININE/Faztreonam lysine
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I27.20	Pulmonary hypertension, unspecified			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I62.9	Nontraumatic intracranial hemorrhage, unspecified			
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			ABILIFY ASIMTUFII
Pharmacy PBM	Approved	Met Medical Necessity	D57.20	Sicklecell/HbC disease without crisis			OXYCONTIN ER 20 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	G24.01	Drug induced subacute dyskinesia			AUSTEDO
Pharmacy PBM	Approved	Met Medical Necessity	S92.009A	Unspecified fracture of unspecified calcaneus, initial encounter for closed fracture			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	PA requirements not met	E66.812	OBESITY CLASS 2			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	Z20.89	Contact with and (suspected) exposure to other communicable diseases			IVERMECTIN
Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			YESINTEK
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			VRAYLAR
Pharmacy PBM	Denied	Non Formulary	L40.0	Psoriasis vulgaris			CORDRAN

Pharmacy PBM	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			ALBUTEROL HFA
Durable Medical Equipment Purchased	Denied	Not Medically Necessary	M79.673	Pain in unspecified foot			
Private Duty Nursing	Denied	Administrative Denial	E11.65	Type 2 diabetes mellitus with hyperglycemia			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side			
Pharmacy PBM	Denied	Non Formulary	F25.9	Schizoaffective disorder, unspecified			COBENFY
Pharmacy PBM	Approved	Met Medical Necessity	M32.9	Systemic lupus erythematosus, unspecified			BENLYSTA
Pharmacy PBM	Denied	Quantity over Limit	G43.009	Migraine without aura, not intractable, without status migrainosus			SUMATRIPTAN SUCC 50 MG TABLET U-D sumatriptan succinate
Durable Medical Equipment Purchased	Partially Approved	Authorization/Access Restrictions	R33.9	Retention of urine, unspecified			

Durable Medical Equipment Rental	Partially Approved	Authorization/Access Restrictions	J44.9	Chronic obstructive pulmonary disease, unspecified			
Pharmacy PBM	Approved	Met Medical Necessity	G61.81	Chronic inflammatory demyelinating polyneuritis			VYVGART HYTRULO
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G95.20	Unspecified cord compression			
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			UZEDY ER
Pharmacy PBM	Denied	Administrative Denial	E66.9	Obesity, unspecified			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site			ACTEMRA
Pharmacy PBM	Denied	Non Formulary	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			REPATHA
Pharmacy PBM	Approved	Met Medical Necessity	F31.32	Bipolar disorder, current episode depressed, moderate			CAPLYTA
Pharmacy PBM	Denied	PA requirements not met	D56.1	Beta thalassemia			PYRUKYND

Audiology	Denied	Authorization/Access Restrictions	H93.12	Tinnitus, left ear			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	H90.A12	Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side			
Pharmacy PBM	Denied	Non Formulary	N18.6	End stage renal disease			PARSABIV
Pharmacy PBM	Denied	Brand Not Medically Necessary	F90.9	Attention deficit hyperactivity disorder, unspecified type			ADDERALL XR 20 MG CAPSULE dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate
Pharmacy PBM	Approved	Met Medical Necessity	F51.01	Primary insomnia			ZOLPIDEM TARTER
Pharmacy PBM	Approved	Met Medical Necessity	M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site			METHOTREXATE 50 MG/2 ML VIAL OUTER methotrexate sodium
Pharmacy PBM	Denied	PA requirements not met	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			LISDEXAMFETAMINE
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.01	Morbid (severe) obesity due to excess calories			PHENTERMINE

Pharmacy PBM	Denied	PA requirements not met	L80	Vitiligo			OPZELURA
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E10	TYPE 1 DIABETES MELLITUS			
Pharmacy PBM	Denied	Non Formulary	L71.8	Other rosacea			IVERMECTIN
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	R54	Agerelated physical debility			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S06.36AD	TRAUMATIC HEMORRH CEREBRUM UNS LOC UNKNOWN SUB			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	J44.9	Chronic obstructive pulmonary disease, unspecified			
Pharmacy PBM	Denied	PA requirements not met	L20.89	Other atopic dermatitis			DUPIXENT
Durable Medical Equipment Rental	Denied	Out of Network	M24.561	Contracture, right knee			
Pharmacy PBM	Approved	Met Medical Necessity	I34.1	Nonrheumatic mitral (valve) prolapse			ENALAPRIL
Pharmacy PBM	Approved	Met Medical Necessity	S82.142A	Displaced bicondylar fracture of left tibia, initial encounter for closed fracture			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate

Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	Z68.32	Body mass index [BMI] 32.032.9, adult			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	S02.651A	Fracture of angle of right mandible, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye			BEVACIZUMAB
Pharmacy PBM	Approved	Met Medical Necessity	K20.0	Eosinophilic esophagitis			DUPIXENT
Pharmacy PBM	Denied	Non Formulary	E11.21	Type 2 diabetes mellitus with diabetic nephropathy			ROSUVASTATIN-EZETIMIBE
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			TRULICITY
Durable Medical Equipment Purchased	Denied	Out of Network	H90.3	Sensorineural hearing loss, bilateral			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	F84.0	Autistic disorder			

Pharmacy PBM	Approved	Met Medical Necessity	S42.309A	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	M48.062	Spinal stenosis, lumbar region with neurogenic claudication			OXYCODONE-ACETAMINOPHEN
Durable Medical Equipment Purchased	Denied	*Non-covered Service	M62.81	Muscle weakness (generalized)			
Pharmacy PBM	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			UBRELVY
Pharmacy	Approved	Met Medical Necessity	G35	Multiple sclerosis			OCREVUS
Pharmacy PBM	Approved	Met Medical Necessity	E30.1	Precocious puberty			FENSOLVI
Pharmacy PBM	Denied	PA requirements not met	E66.01	Morbid (severe) obesity due to excess calories			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			TRAMADOL HCL

Durable Medical Equipment Rental	Approved	Met Medical Necessity	M87.059	Idiopathic aseptic necrosis of unspecified femur			
Pharmacy PBM	Denied	PA requirements not met	G89.4	Chronic pain syndrome			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	F31.9	Bipolar disorder, unspecified			QUETIAPINE ER
Pharmacy PBM	Approved	Met Medical Necessity	E11.621	Type 2 diabetes mellitus with foot ulcer			SANTYL
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			UZEDY ER
Pharmacy PBM	Denied	PA requirements not met	I50.22	Chronic systolic (congestive) heart failure			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	J44.9	Chronic obstructive pulmonary disease, unspecified			ALBUTEROL HFA
Pharmacy PBM	Denied	*Non-covered Service	F41.1	Generalized anxiety disorder			LOMAIRA
Pharmacy PBM	Approved	Met Medical Necessity	C92.00	Acute myeloblastic leukemia, not having achieved remission			ONUREG
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M21.371	Foot drop, right foot			

Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			STELARA 45 MG/0.5 ML SYRINGE SUV, P/F ustekinumab
Pharmacy PBM	Approved	Met Medical Necessity	L20.84	Intrinsic (allergic) eczema			DUPIXENT
Durable Medical Equipment Purchased	Denied	*Non-covered Service	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attentiondeficit hyperactivity disorder, unspecified type			ADDERALL
Other	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			
Pharmacy	Approved	Met Medical Necessity	C90	MULTIPLE MYELOMA & MALIG PLASMA CELL NEOPLASMS			
Pharmacy	Approved	Met Medical Necessity	C90	MULTIPLE MYELOMA & MALIG PLASMA CELL NEOPLASMS			DARZALEX
Neurology	Approved	Met Medical Necessity	G43	MIGRAINE			
Neurology	Approved	Met Medical Necessity	G35	Multiple sclerosis			
Pharmacy	Denied	Non Formulary	H04.123	Dry eye syndrome of bilateral lacrimal glands			MIEBO

Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			HADLIMA
Pharmacy PBM	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus			UBRELVY
Pharmacy PBM	Approved	Met Medical Necessity	J45.90	UNSPECIFIED ASTHMA			ALBUTEROL HFA
Pharmacy PBM	Approved	Met Medical Necessity	N18.6	End stage renal disease			XPHOZAH
Durable Medical Equipment Purchased	Denied	Out of Network	I89.0	Lymphedema, not elsewhere classified			
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	M47.896	Other spondylosis, lumbar region			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S89.91XA	Unspecified injury of right lower leg, initial encounter			
Pharmacy PBM	Denied	PA requirements not met	M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Durable Medical Equipment Purchased	Denied	*Non-covered Service	G71.11	Myotonic muscular dystrophy			
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.813	OBESITY CLASS 3			MOUNJARO

Pharmacy	Approved	Met Medical Necessity	K50.80	Crohn's disease of both small and large intestine without complications			
Pharmacy	Approved	Met Medical Necessity	K50.80	Crohn's disease of both small and large intestine without complications			AVSOLA
Pharmacy PBM	Approved	Met Medical Necessity	F31.62	Bipolar disorder, current episode mixed, moderate			REXULTI
Durable Medical Equipment Rental	Approved	Met Medical Necessity	T84.090D	Other mechanical complication of internal right hip prosthesis, subsequent encounter			
Medical Care	Denied	*Requested Information Not Received	E43	Unspecified severe protein-calorie malnutrition			
Genetics	Denied	*Non-covered Service	O09.522	Supervision of elderly multigravida, second trimester			
Pharmacy	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			

Pharmacy	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast		JUBBONTI
Pharmacy	Approved	Met Medical Necessity	E05.0	THYROTOXICOSIS WITH DIFFUSE GOITER		
Pharmacy PBM	Approved	Met Medical Necessity	L71.0	Perioral dermatitis		AZELAIC ACID
Pharmacy PBM	Denied	PA requirements not met	E11.69	Type 2 diabetes mellitus with other specified complication		MOUNJARO
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.891A	Other fracture of right lower leg, initial encounter for closed fracture		
Pharmacy PBM	Approved	Met Medical Necessity	Z30.011	Encounter for initial prescription of contraceptive pills		XULANE
Pharmacy PBM	Denied	Non Formulary	F20.9	Schizophrenia, unspecified		ABILIFY MAINTENANCE
Durable Medical Equipment Rental	Approved	Met Medical Necessity	E66.2	Morbid (severe) obesity with alveolar hypoventilation		

Pharmacy PBM	Approved	Met Medical Necessity	G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus			EPIDIOLEX
Durable Medical Equipment Purchased	Denied	Out of Network	E10.65	Type 1 diabetes mellitus with hyperglycemia			
Pharmacy PBM	Approved	Met Medical Necessity	E70.0	Classical phenylketonuria			PALYNZIQ
Pharmacy PBM	Denied	Non Formulary	N18.4	Chronic kidney disease, stage 4 (severe)			SEVELAMER HCL
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S71.111A	Laceration without foreign body, right thigh, initial encounter			
Pharmacy PBM	Approved	Met Medical Necessity	C7A.00	Malignant carcinoid tumor of unspecified site			OXYCONTIN ER 10 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			METFORMIN HCL 500 MG TABLET F/C metformin HCl
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M72.2	Plantar fascial fibromatosis			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J81.1	Chronic pulmonary edema			

Pharmacy PBM	Denied	Non Formulary	M19.90	Unspecified osteoarthritis, unspecified site			ACTEMRA
Durable Medical Equipment Rental	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy	Approved	Met Medical Necessity	H31.322	Choroidal rupture, left eye			CIMERLI
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	A04.8	Other specified bacterial intestinal infections			VOQUEZNA DUAL PAK
Pharmacy PBM	Approved	Met Medical Necessity	C7A.1	Malignant poorly differentiated neuroendocrine tumors			OXYCONTIN ER 40 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Administrative Approval	Z94.4	Liver transplant status			ENVARBUS XR
Pharmacy PBM	Approved	Met Medical Necessity	M19.039	Primary osteoarthritis, unspecified wrist			TRAMADOL HCL
Durable Medical Equipment Purchased	Denied	Not Medically Necessary	I50.21	Acute systolic (congestive) heart failure			
Pharmacy PBM	Approved	Met Medical Necessity	M25.562	Pain in left knee			DICLOFENAC SODIUM
Pharmacy PBM	Approved	Met Medical Necessity	F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features			VRAYLAR

Durable Medical Equipment Purchased	Approved	Peer to Peer Overturned Met Medical Necessity	I63.9	Cerebral infarction, unspecified			
Mental Health	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			
Mental Health	Approved	Met Medical Necessity	F32.3	Major depressive disorder, single episode, severe with psychotic features			
Audiology	Approved	Met Medical Necessity	H90.6	Mixed conductive and sensorineural hearing loss, bilateral			
Audiology	Denied	Not Medically Necessary	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy PBM	Approved	Met Medical Necessity	L97.519	Nonpressure chronic ulcer of other part of right foot with unspecified severity			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F84.0	Autistic disorder			LYRICA CR
Pharmacy PBM	Denied	PA requirements not met	E11.2	TYPE 2 DIABETES MELLITUS W/KIDNEY COMPLICATIONS			RYBELSUS
Pharmacy PBM	Denied	Non Formulary	G20.A1	PARK DZ W/O DYSKINESIA OR FLUCTUATN			PRAMIPEXOLE ER

Pharmacy	Denied	Not Medically Necessary	H57.89	Other specified disorders of eye and adnexa			TEPEZZA
Pharmacy PBM	Denied	PA requirements not met	E11.65	Type 2 diabetes mellitus with hyperglycemia			TRULICITY
Durable Medical Equipment Purchased	Denied	*Non-covered Service	M54.10	Radiculopathy, site unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I67.9	Cerebrovascular disease, unspecified			
Other	Denied	Not Medically Necessary	H90.3	Sensorineural hearing loss, bilateral			
Mental Health	Approved	Met Medical Necessity	F42.9	Obsessive compulsive disorder, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	B20	Human immunodeficiency virus [HIV] disease			
Pharmacy PBM	Approved	Met Medical Necessity	E10.65	Type 1 diabetes mellitus with hyperglycemia			NOVOLOG 100 UNIT/ML VIAL MUV insulin aspart
Durable Medical Equipment Purchased	Denied	Out of Network	I97.2	Postmastectomy lymphedema syndrome			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	E84.0	Cystic fibrosis with pulmonary manifestations			

Genetics	Denied	*Non-covered Service	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management			
Pharmacy PBM	Approved	Met Medical Necessity	E10.65	Type 1 diabetes mellitus with hyperglycemia			OMNIPOD
Pharmacy PBM	Approved	Met Medical Necessity	N95.1	Menopausal and female climacteric states			VEOZAH
Pharmacy PBM	Approved	Met Medical Necessity	F33	MAJOR DEPRESSIVE DISORDER RECURRENT			FLUOXETINE HCL
Pharmacy PBM	Denied	PA requirements not met	G89.29	Other chronic pain			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	K08.89	Other specified disorders of teeth and supporting structures			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Other	Approved	Met Medical Necessity	F82	Specific developmental disorder of motor function			

Pharmacy PBM	Approved	Met Medical Necessity	L50.1	Idiopathic urticaria			RHAPSIDO
Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			SELARSDI
Pharmacy	Approved	Met Medical Necessity	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			
Home Health Care	Approved	Met Medical Necessity	R65.10	Systemic inflammatory response syndrome (SIRS) of noninfectious origin without acute organ dysfunction			
Pharmacy PBM	Denied	Non Formulary	B35.1	Tinea unguium			JUBLIA
Pharmacy PBM	Denied	PA requirements not met	M54.50	Low back pain, unspecified			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	L40.8	Other psoriasis			COSENTYX SENSOREADY
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.9	Obesity, unspecified			ZEPBOUND

Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			NOVOLOG 100 UNIT/ML FLEXPEN SINGLE USE insulin aspart
Pharmacy	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side			
Pharmacy	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			MORPHINE SULF ER
Pharmacy PBM	Denied	Non Formulary	D84.1	Defects in the complement system			EKTERLY
Pharmacy PBM	Denied	PA requirements not met	G47.30	Sleep apnea, unspecified			ZEPBOUND
Pharmacy	Approved	Met Medical Necessity	G24.3	Spasmodic torticollis			
Pharmacy	Approved	Met Medical Necessity	G24.3	Spasmodic torticollis			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S42.309A	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	M19.071	Primary osteoarthritis, right ankle and foot			
Pharmacy PBM	Approved	Met Medical Necessity	J44.9	Chronic obstructive pulmonary disease, unspecified			DUPIXENT
Home Health Care	Approved	Met Medical Necessity	Z93.1	Gastrostomy status			
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			HYDROCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	S91.301A	Unspecified open wound, right foot, initial encounter			OXYCODONE HCL
Pharmacy PBM	Denied	Non Formulary	E29.1	Testicular hypofunction			XYOSTED
Pharmacy PBM	Denied	PA requirements not met	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			OZEMPIC
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R10.9	Unspecified abdominal pain			
Durable Medical Equipment Rental	Denied	Out of Network	I89.0	Lymphedema, not elsewhere classified			
Mental Health	Approved	Peer to Peer Overturned Met Medical Necessity	F32.A	Depression, unspecified			

Pharmacy PBM	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified			ICOSAPENT ETHYL
Pharmacy PBM	Denied	PA requirements not met	G47.33	Obstructive sleep apnea (adult) (pediatric)			ZEPBOUND
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	N31.9	Neuromuscular dysfunction of bladder, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R29.3	Abnormal posture			
Pharmacy PBM	Denied	Non Formulary	F43.24	Adjustment disorder with disturbance of conduct			RISPERIDONE
Pharmacy PBM	Approved	Met Medical Necessity	S62.231	OTH DSPLCD FX BASE 1ST METACARPAL BONE RT HAND			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M48.061	Spinal stenosis, lumbar region without neurogenic claudication			
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			ENALAPRIL

Pharmacy PBM	Denied	PA requirements not met	F90	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS			VYVANSE
Medical Care	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy	Approved	Met Medical Necessity	D25.9	Leiomyoma of uterus, unspecified			LUPRON DEPOT
Pharmacy PBM	Denied	Non Formulary	J02.9	Acute pharyngitis, unspecified			SUCRALFATE
Mental Health	Approved	Met Medical Necessity	F33.2	Major depressive disorder, recurrent severe without psychotic features			
Durable Medical Equipment Rental	Denied	*Requested Information Not Received	I89.0	Lymphedema, not elsewhere classified			
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			RYBELSUS
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.01	Morbid (severe) obesity due to excess calories			ZEPBOUND
Mental Health	Approved	Met Medical Necessity	F32.A	Depression, unspecified			
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			RYBELSUS

Durable Medical Equipment Rental	Approved	Met Medical Necessity	J18.9	Pneumonia, unspecified organism			
Durable Medical Equipment Rental	Denied	*Requested Information Not Received	S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture			
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	B34.9	Viral infection, unspecified			12HR NASAL DECONGEST ER 120 MG pseudoephedrine HCl
Pharmacy PBM	Approved	Met Medical Necessity	Z48.816	Encounter for surgical aftercare following surgery on the genitourinary system			HYDROCODONE- ACETAMINOPHEN 5-325 MG TABLET hydrocodone bitartrate/acetami nophen
Pharmacy PBM	Approved	Met Medical Necessity	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features			VENLAFAXINE HCL ER

Pharmacy PBM	Approved	Met Medical Necessity	G40.802	Other epilepsy, not intractable, without status epilepticus			VALTOCO
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			MORPHINE SULFATE IR 15 MG TAB morphine sulfate
Pharmacy PBM	Denied	PA requirements not met	E66.01	Morbid (severe) obesity due to excess calories			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified			REPATHA
Pharmacy PBM	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			NOVOLOG 100 UNIT/ML VIAL MUV insulin aspart
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	R63.5	Abnormal weight gain			WEGOVY

Pharmacy	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			CARVYKTI INFUSION BAG-CASSETTE
Pharmacy PBM	Approved	Met Medical Necessity	M47.897	Other spondylosis, lumbosacral region			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	F88	Other disorders of psychological development			
Medical Care	Approved	Met Medical Necessity	G35	Multiple sclerosis			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M25.262	Flail joint, left knee			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G82.21	Paraplegia, complete			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z74.09	Other reduced mobility			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S82.142A	Displaced bicondylar fracture of left tibia, initial encounter for closed fracture			
Home Health Care	Approved	Met Medical Necessity	O21.1	Hyperemesis gravidarum with metabolic disturbance			
Substance Use Disorder	Approved	Met Medical Necessity	F10	ALCOHOL RELATED DISORDERS			

Home Health Care	Approved	Met Medical Necessity	N18.30	Chronic kidney disease, stage 3 unspecified			
Cancer Treatment	Approved	Met Medical Necessity	C22.0	Liver cell carcinoma			
Other	Approved	Met Medical Necessity	G82.22	Paraplegia, incomplete			
Podiatry	Approved	Met Medical Necessity	E11.621	Type 2 diabetes mellitus with foot ulcer			
Home Health Care	Approved	Met Medical Necessity	S91.301A	Unspecified open wound, right foot, initial encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G62.9	Polyneuropathy, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R09.02	Hypoxemia			
Home Health Care	Approved	Met Medical Necessity	L89.154	Pressure ulcer of sacral region, stage 4			
Home Health Care	Approved	Met Medical Necessity	I63.9	Cerebral infarction, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z93.1	Gastrostomy status			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R27.8	Other lack of coordination			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M21.372	Foot drop, left foot			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	I50.9	Heart failure, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	J45.901	Unspecified asthma with (acute) exacerbation			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q79.60	EhlersDanlos syndrome, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S22.079A	Unspecified fracture of T9T10 vertebra, initial encounter for closed fracture			
Home Health Care	Approved	Met Medical Necessity	D64.9	Anemia, unspecified			
Pharmacy PBM	Approved	Met Medical Necessity	H16.223	Keratoconjunctivitis sicca, not specified as Sjögren's, bilateral			MIEBO
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z96.642	Presence of left artificial hip joint			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I96	Gangrene, not elsewhere classified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M54.6	Pain in thoracic spine			

Physical Therapy	Approved	Met Medical Necessity	M35.00	Sicca syndrome, unspecified			
Home Health Care	Approved	Met Medical Necessity	I69.398	Other sequelae of cerebral infarction			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M25.562	Pain in left knee			
Obstetrics	Approved	Met Medical Necessity	O16.9	Unspecified maternal hypertension, unspecified trimester			
Medical Care	Approved	Met Medical Necessity	O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled			
Substance Use Disorder	Approved	Met Medical Necessity	F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder			
Home Health Care	Approved	Met Medical Necessity	M16.11	Unilateral primary osteoarthritis, right hip			
Home Health Care	Approved	Met Medical Necessity	T81.89	OTHER COMPLICATIONS OF PROCEDURES NEC			
Cardiac	Approved	Met Medical Necessity	O14.90	Unspecified preeclampsia, unspecified trimester			

Pharmacy	Approved	Met Medical Necessity	C81	HODGKIN LYMPHOMA			
Pharmacy	Approved	Met Medical Necessity	C81	HODGKIN LYMPHOMA			ADCETRIS
Pharmacy PBM	Denied	Non Formulary	F25.0	Schizoaffective disorder, bipolar type			ABILIFY ASIMTUFI
Pharmacy PBM	Approved	Met Medical Necessity	Z94.4	Liver transplant status			KATERZIA
Pharmacy PBM	Denied	PA requirements not met	G89.4	Chronic pain syndrome			OXYCODONE HCL
Pharmacy PBM	Denied	PA requirements not met	F20.0	Paranoid schizophrenia			LYBALVI
Durable Medical Equipment Purchased	Approved	Administrative Approval	L73.2	Hidradenitis suppurativa			
Durable Medical Equipment Rental	Approved	Administrative Approval	E11.621	Type 2 diabetes mellitus with foot ulcer			
Home Health Care	Approved	Administrative Approval	J15.9	Unspecified bacterial pneumonia			
Obstetrics	Approved	Administrative Approval	O16.9	Unspecified maternal hypertension, unspecified trimester			
Durable Medical Equipment Rental	Approved	Administrative Approval	T82.110A	Breakdown (mechanical) of cardiac electrode, initial encounter			

Substance Use Disorder	Approved	Administrative Approval	F11.20	Opioid dependence, uncomplicated			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified			
Durable Medical Equipment Purchased	Approved	Administrative Approval	R27.8	Other lack of coordination			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J96.11	Chronic respiratory failure with hypoxia			
Substance Use Disorder	Approved	Administrative Approval	F16.20	Hallucinogen dependence, uncomplicated			
Home Health Care	Approved	Met Medical Necessity	T81.31XD	Disruption of external operation (surgical) wound, not elsewhere classified, subsequent encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J10.1	Influenza due to other identified influenza virus with other respiratory manifestations			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z93.1	Gastrostomy status			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G81.90	Hemiplegia, unspecified affecting unspecified side			
Cognitive Therapy	Approved	Met Medical Necessity	F43.11	Posttraumatic stress disorder, acute			
Substance Use Disorder	Approved	Administrative Approval	F11.23	Opioid dependence with withdrawal			
Substance Use Disorder	Approved	Administrative Approval	F12.20	Cannabis dependence, uncomplicated			
Home Health Care	Approved	Met Medical Necessity	M79.10	Myalgia, unspecified site			
Substance Use Disorder	Approved	Met Medical Necessity	F16.12	HALLUCINOGEN ABUSE WITH INTOXICATION			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	W19.XXXA	Unspecified fall, initial encounter			
Home Health Care	Approved	Met Medical Necessity	H54.8	Legal blindness, as defined in USA			

Home Health Care	Approved	Met Medical Necessity	Z48.811	Encounter for surgical aftercare following surgery on the nervous system			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			
Substance Use Disorder	Approved	Met Medical Necessity	F15.23	Other stimulant dependence with withdrawal			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture			
Mental Health	Approved	Met Medical Necessity	F33.0	Major depressive disorder, recurrent, mild			
Physical Therapy	Approved	Met Medical Necessity	A41.9	Sepsis, unspecified organism			
Home Health Care	Approved	Met Medical Necessity	S92.002A	Unspecified fracture of left calcaneus, initial encounter for closed fracture			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S89.91XA	Unspecified injury of right lower leg, initial encounter			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	S83.004A	Unspecified dislocation of right patella, initial encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R60.0	Localized edema			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M76.822	Posterior tibial tendinitis, left leg			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M43.26	Fusion of spine, lumbar region			
Alcoholism Treatment	Approved	Met Medical Necessity	F14.20	Cocaine dependence, uncomplicated			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M19.072	Primary osteoarthritis, left ankle and foot			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S86.811A	Strain of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M20.5X2	Other deformities of toe(s) (acquired), left foot			
Home Health Care	Approved	Met Medical Necessity	E11.628	Type 2 diabetes mellitus with other skin complications			
Physical Therapy	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	C32.9	Malignant neoplasm of larynx, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	E66.01	Morbid (severe) obesity due to excess calories			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	T82.110A	Breakdown (mechanical) of cardiac electrode, initial encounter			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G93.89	Other specified disorders of brain			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G89.29	Other chronic pain			
Home Health Care	Approved	Administrative Approval	F20.1	Disorganized schizophrenia			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z47.89	Encounter for other orthopedic aftercare			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z09	Encounter for followup examination after completed treatment for conditions other than malignant neoplasm			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	E11.621	Type 2 diabetes mellitus with foot ulcer			

Home Health Care	Approved	Met Medical Necessity	I69.120	Aphasia following nontraumatic intracerebral hemorrhage			
Physical Therapy	Approved	Met Medical Necessity	I50.9	Heart failure, unspecified			
Home Health Care	Approved	Met Medical Necessity	A41.81	Sepsis due to Enterococcus			
Home Health Care	Approved	Met Medical Necessity	C84.65	Anaplastic large cell lymphoma, ALKpositive, lymph nodes of inguinal region and lower limb			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S32.9XXA	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	R29.6	Repeated falls			
Durable Medical Equipment Rental	Denied	Out of Network	S62.115A	Nondisplaced fracture of triquetrum [cuneiform] bone, left wrist, initial encounter for closed fracture			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			
Home Health Care	Approved	Met Medical Necessity	F31.81	Bipolar II disorder			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Q68.8	Other specified congenital musculoskeletal deformities			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M25.561	Pain in right knee			
Physical Therapy	Approved	Met Medical Necessity	S82.841E	Displaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with routine healing			
Physical Therapy	Approved	Met Medical Necessity	J30.9	Allergic rhinitis, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M67.02	Short Achilles tendon (acquired), left ankle			
Home Health Care	Approved	Met Medical Necessity	M79.672	Pain in left foot			

Physical Therapy	Approved	Met Medical Necessity	I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side			
Home Health Care	Approved	Met Medical Necessity	I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	C71.9	Malignant neoplasm of brain, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			
Home Health Care	Approved	Met Medical Necessity	E66.01	Morbid (severe) obesity due to excess calories			
Medical Care	Approved	Met Medical Necessity	K20.0	Eosinophilic esophagitis			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Q79.60	EhlersDanlos syndrome, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G83.9	Paralytic syndrome, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G82.2	PARAPLEGIA			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.151A	Displaced fracture of right tibial tuberosity, initial encounter for closed fracture			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	F80.9	Developmental disorder of speech and language, unspecified			
Home Health Care	Approved	Met Medical Necessity	L89.150	Pressure ulcer of sacral region, unstageable			
Physical Therapy	Approved	Met Medical Necessity	J90	Pleural effusion, not elsewhere classified			
Substance Use Disorder	Approved	Met Medical Necessity	F16.10	Hallucinogen abuse, uncomplicated			
Medical Care	Approved	Met Medical Necessity	O14.90	Unspecified preeclampsia, unspecified trimester			
Physical Therapy	Approved	Met Medical Necessity	M79.10	Myalgia, unspecified site			
Substance Use Disorder	Approved	Met Medical Necessity	F14.23	Cocaine dependence with withdrawal			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M24.522	Contracture, left elbow			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G80.9	Cerebral palsy, unspecified			
Home Health Care	Approved	Met Medical Necessity	M10.9	Gout, unspecified			
Substance Use Disorder	Approved	Met Medical Necessity	F10.21	Alcohol dependence, in remission			
Home Health Care	Approved	Met Medical Necessity	S01.01XD	Laceration without foreign body of scalp, subsequent encounter			
Home Health Care	Approved	Met Medical Necessity	T81.31XA	Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M48.00	Spinal stenosis, site unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	J18.9	Pneumonia, unspecified organism			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M17.9	Osteoarthritis of knee, unspecified			

Home Health Care	Approved	Met Medical Necessity	S81.801A	Unspecified open wound, right lower leg, initial encounter			
Physical Therapy	Approved	Met Medical Necessity	S82.201A	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	F80.1	Expressive language disorder			
Home Health Care	Approved	Met Medical Necessity	K80.01	Calculus of gallbladder with acute cholecystitis with obstruction			
Home Health Care	Approved	Met Medical Necessity	I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease			
Home Health Care	Approved	Met Medical Necessity	Z96.641	Presence of right artificial hip joint			

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M75.101	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic			
Home Health Care	Approved	Met Medical Necessity	C34.00	Malignant neoplasm of unspecified main bronchus			
Home Health Care	Approved	Met Medical Necessity	R26.9	Unspecified abnormalities of gait and mobility			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S72.402A	Unspecified fracture of lower end of left femur, initial encounter for closed fracture			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q93.59	Other deletions of part of a chromosome			
Home Health Care	Approved	Met Medical Necessity	M10.072	Idiopathic gout, left ankle and foot			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture			
Home Health Care	Approved	Met Medical Necessity	G93.41	Metabolic encephalopathy			

Home Health Care	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M17.11	Unilateral primary osteoarthritis, right knee			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M17.12	Unilateral primary osteoarthritis, left knee			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M25.369	Other instability, unspecified knee			
Home Health Care	Approved	Met Medical Necessity	T87.44	Infection of amputation stump, left lower extremity			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M20.5X1	Other deformities of toe(s) (acquired), right foot			
Home Health Care	Approved	Met Medical Necessity	K56.690	Other partial intestinal obstruction			
Home Health Care	Approved	Met Medical Necessity	I45.81	Long QT syndrome			

Hospice	Approved	Met Medical Necessity	C18.9	Malignant neoplasm of colon, unspecified			
Home Health Care	Approved	Met Medical Necessity	I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.001A	Unspecified fracture of right patella, initial encounter for closed fracture			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z89.22	ACQUIRED ABSENCE OF UPPER LIMB ABOVE ELBOW			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M20.11	Hallux valgus (acquired), right foot			
Home Health Care	Approved	Met Medical Necessity	E51.9	Thiamine deficiency, unspecified			

Substance Use Disorder	Approved	Met Medical Necessity	F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated			
Home Health Care	Approved	Met Medical Necessity	S81.801D	Unspecified open wound, right lower leg, subsequent encounter			
Pharmacy PBM	Approved	Court Ordered Evaluation	E10.9	Type 1 diabetes mellitus without complications			JANUMET XR
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			SAXAGLIPTIN HCL
Pharmacy PBM	Approved	Met Medical Necessity	M06.9	Rheumatoid arthritis, unspecified			KEVZARA
Home Health Care	Approved	Sandata Verification	N18.6	End stage renal disease			
Home Health Care	Approved	Sandata Verification	M48.07	Spinal stenosis, lumbosacral region			
Home Health Care	Approved	Sandata Verification	F25.0	Schizoaffective disorder, bipolar type			
Home Health Care	Approved	Sandata Verification	I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery			

Home Health Care	Approved	Sandata Verification	G82.20	Paraplegia, unspecified			
Home Health Care	Approved	Sandata Verification	J45.909	Unspecified asthma, uncomplicated			
Home Health Care	Approved	Sandata Verification	R26.2	Difficulty in walking, not elsewhere classified			
Home Health Care	Approved	Sandata Verification	F41.8	Other specified anxiety disorders			
Home Health Care	Approved	Sandata Verification	I10	Essential (primary) hypertension			
Home Health Care	Approved	Sandata Verification	R73.03	Prediabetes			
Home Health Care	Approved	Sandata Verification	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms			
Home Health Care	Approved	Sandata Verification	F20.9	Schizophrenia, unspecified			
Home Health Care	Approved	Sandata Verification	C50.812	Malignant neoplasm of overlapping sites of left female breast			
Home Health Care	Approved	Sandata Verification	Z91.81	History of falling			

Home Health Care	Approved	Sandata Verification	S22.059D	Unspecified fracture of T5T6 vertebra, subsequent encounter for fracture with routine healing			
Home Health Care	Approved	Sandata Verification	Z12.4	Encounter for screening for malignant neoplasm of cervix			
Home Health Care	Approved	Sandata Verification	I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical			
Home Health Care	Approved	Sandata Verification	R41.0	Disorientation, unspecified			
Home Health Care	Approved	Sandata Verification	M54.5	Low back pain			
Home Health Care	Approved	Sandata Verification	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			
Home Health Care	Approved	Sandata Verification	I67.9	Cerebrovascular disease, unspecified			
Home Health Care	Approved	Sandata Verification	J45.20	Mild intermittent asthma, uncomplicated			

Home Health Care	Approved	Sandata Verification	M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic			
Home Health Care	Approved	Sandata Verification	W19.XXXA	Unspecified fall, initial encounter			
Home Health Care	Approved	Sandata Verification	F29	Unspecified psychosis not due to a substance or known physiological condition			
Home Health Care	Approved	Sandata Verification	F33.1	Major depressive disorder, recurrent, moderate			
Home Health Care	Approved	Sandata Verification	I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side			
Home Health Care	Approved	Sandata Verification	J47.9	Bronchiectasis, uncomplicated			
Home Health Care	Approved	Sandata Verification	Q79.60	EhlersDanlos syndrome, unspecified			
Home Health Care	Approved	Sandata Verification	T81.9XXA	Unspecified complication of procedure, initial encounter			

Home Health Care	Approved	Sandata Verification	J44.9	Chronic obstructive pulmonary disease, unspecified			
Home Health Care	Approved	Sandata Verification	F41.9	Anxiety disorder, unspecified			
Home Health Care	Approved	Sandata Verification	M25.562	Pain in left knee			
Home Health Care	Approved	Sandata Verification	R11.2	Nausea with vomiting, unspecified			
Home Health Care	Approved	Sandata Verification	I87.2	Venous insufficiency (chronic) (peripheral)			
Home Health Care	Approved	Sandata Verification	G89.29	Other chronic pain			
Home Health Care	Approved	Sandata Verification	Z00.01	Encounter for general adult medical examination with abnormal findings			
Home Health Care	Approved	Sandata Verification	M10.9	Gout, unspecified			
Home Health Care	Approved	Sandata Verification	R06.9	Unspecified abnormalities of breathing			
Home Health Care	Approved	Sandata Verification	I63.9	Cerebral infarction, unspecified			

Home Health Care	Approved	Sandata Verification	Z87.39	Personal history of other diseases of the musculoskeletal system and connective tissue			
Home Health Care	Approved	Sandata Verification	J18.9	Pneumonia, unspecified organism			
Home Health Care	Approved	Sandata Verification	F25	SCHIZOAFFECTIVE DISORDERS			
Home Health Care	Approved	Sandata Verification	E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene			
Home Health Care	Approved	Sandata Verification	J98.11	Atelectasis			
Home Health Care	Approved	Sandata Verification	R06.02	Shortness of breath			
Home Health Care	Approved	Sandata Verification	M19.90	Unspecified osteoarthritis, unspecified site			
Home Health Care	Approved	Sandata Verification	Z74.09	Other reduced mobility			
Home Health Care	Approved	Sandata Verification	C18.9	Malignant neoplasm of colon, unspecified			

Home Health Care	Approved	Sandata Verification	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			
Home Health Care	Approved	Sandata Verification	E11.69	Type 2 diabetes mellitus with other specified complication			
Home Health Care	Approved	Sandata Verification	F32.A	Depression, unspecified			
Home Health Care	Approved	Sandata Verification	H54.61	Unqualified visual loss, right eye, normal vision left eye			
Home Health Care	Approved	Sandata Verification	Z89.512	Acquired absence of left leg below knee			
Home Health Care	Approved	Sandata Verification	C61	Malignant neoplasm of prostate			
Home Health Care	Approved	Sandata Verification	N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms			
Home Health Care	Approved	Sandata Verification	E87.70	Fluid overload, unspecified			
Home Health Care	Approved	Sandata Verification	G81.11	Spastic hemiplegia affecting right dominant side			
Home Health Care	Approved	Sandata Verification	M54.42	Lumbago with sciatica, left side			

Home Health Care	Approved	Sandata Verification	E78.5	Hyperlipidemia, unspecified			
Home Health Care	Approved	Sandata Verification	M25.552	Pain in left hip			
Home Health Care	Approved	Sandata Verification	M25.561	Pain in right knee			
Home Health Care	Approved	Sandata Verification	J96.01	Acute respiratory failure with hypoxia			
Home Health Care	Approved	Sandata Verification	J84.9	Interstitial pulmonary disease, unspecified			
Home Health Care	Approved	Sandata Verification	F25.9	Schizoaffective disorder, unspecified			
Home Health Care	Approved	Sandata Verification	C71.9	Malignant neoplasm of brain, unspecified			
Home Health Care	Approved	Sandata Verification	G95.20	Unspecified cord compression			
Home Health Care	Approved	Sandata Verification	S83	DISLOCATION & SPRAIN JOINTS & LIGAMENTS OF KNEE			
Home Health Care	Approved	Sandata Verification	M24.542	Contracture, left hand			
Home Health Care	Approved	Sandata Verification	M06.9	Rheumatoid arthritis, unspecified			

Home Health Care	Approved	Sandata Verification	F32.9	Major depressive disorder, single episode, unspecified			
Home Health Care	Approved	Administrative Approval	G30.9	Alzheimer's disease, unspecified			
Home Health Care	Approved	Sandata Verification	I50.9	Heart failure, unspecified			
Home Health Care	Approved	Sandata Verification	M54.41	Lumbago with sciatica, right side			
Home Health Care	Approved	Sandata Verification	M62.81	Muscle weakness (generalized)			
Home Health Care	Approved	Administrative Approval	J44	OTHER CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
Home Health Care	Approved	Sandata Verification	L03.90	Cellulitis, unspecified			
Home Health Care	Approved	Sandata Verification	I50.23	Acute on chronic systolic (congestive) heart failure			
Home Health Care	Approved	Sandata Verification	A53.9	Syphilis, unspecified			
Home Health Care	Approved	Sandata Verification	M25.511	Pain in right shoulder			
Home Health Care	Approved	Sandata Verification	M48.02	Spinal stenosis, cervical region			
Home Health Care	Approved	Sandata Verification	I50.3	DIASTOLIC CONGESTIVE HEART FAILURE			

Home Health Care	Approved	Sandata Verification	Z03.89	Encounter for observation for other suspected diseases and conditions ruled out			
Home Health Care	Approved	Sandata Verification	Z86.718	Personal history of other venous thrombosis and embolism			
Home Health Care	Approved	Sandata Verification	E10.69	Type 1 diabetes mellitus with other specified complication			
Home Health Care	Approved	Sandata Verification	D64.9	Anemia, unspecified			
Home Health Care	Approved	Sandata Verification	G35	Multiple sclerosis			
Home Health Care	Approved	Sandata Verification	R29.6	Repeated falls			
Home Health Care	Approved	Sandata Verification	E11.8	Type 2 diabetes mellitus with unspecified complications			
Home Health Care	Approved	Sandata Verification	N18.30	Chronic kidney disease, stage 3 unspecified			
Home Health Care	Approved	Sandata Verification	S06.9XAA	UNSPECIFIED INTRACRANIAL INJURY LOC UNKNOWN INIT			

Home Health Care	Approved	Sandata Verification	S72.009A	Fracture of unspecified part of neck of unspecified femur, initial encounter for closed fracture			
Home Health Care	Approved	Sandata Verification	M35.0	Sjogren syndrome			
Home Health Care	Approved	Sandata Verification	I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side			
Home Health Care	Approved	Sandata Verification	I50.810	Right heart failure, unspecified			
Home Health Care	Approved	Sandata Verification	Z47.1	Aftercare following joint replacement surgery			
Home Health Care	Approved	Sandata Verification	S88.119A	Complete traumatic amputation at level between knee and ankle, unspecified lower leg, initial encounter			
Home Health Care	Approved	Sandata Verification	R01.1	Cardiac murmur, unspecified			

Home Health Care	Approved	Sandata Verification	I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease			
Home Health Care	Approved	Sandata Verification	H54.7	Unspecified visual loss			
Home Health Care	Approved	Sandata Verification	H92.03	Otalgia, bilateral			
Home Health Care	Approved	Sandata Verification	J96.02	Acute respiratory failure with hypercapnia			
Home Health Care	Approved	Sandata Verification	R56.9	Unspecified convulsions			
Home Health Care	Approved	Sandata Verification	E78.00	Pure hypercholesterolemia, unspecified			
Home Health Care	Approved	Sandata Verification	K65.1	Peritoneal abscess			
Home Health Care	Approved	Sandata Verification	R41.82	Altered mental status, unspecified			
Home Health Care	Approved	Sandata Verification	J45.901	Unspecified asthma with (acute) exacerbation			

Home Health Care	Approved	Sandata Verification	G61.81	Chronic inflammatory demyelinating polyneuritis			
Home Health Care	Approved	Sandata Verification	C34.90	Malignant neoplasm of unspecified part of bronchus or lung			
Home Health Care	Approved	Sandata Verification	F31.9	Bipolar disorder, unspecified			
Home Health Care	Approved	Sandata Verification	M87.00	Idiopathic aseptic necrosis of unspecified bone			
Home Health Care	Approved	Sandata Verification	R39.9	Unspecified symptoms and signs involving the genitourinary system			
Home Health Care	Approved	Sandata Verification	G90.50	Complex regional pain syndrome I, unspecified			
Home Health Care	Approved	Sandata Verification	J30.9	Allergic rhinitis, unspecified			
Home Health Care	Approved	Sandata Verification	E66.9	Obesity, unspecified			
Home Health Care	Approved	Sandata Verification	I67.82	Cerebral ischemia			
Home Health Care	Approved	Sandata Verification	M79.622	Pain in left upper arm			
Home Health Care	Approved	Sandata Verification	H54.8	Legal blindness, as defined in USA			

Home Health Care	Approved	Sandata Verification	Z79.4	Long term (current) use of insulin			
Home Health Care	Approved	Sandata Verification	I25.84	Coronary atherosclerosis due to calcified coronary lesion			
Home Health Care	Approved	Sandata Verification	M46.96	Unspecified inflammatory spondylopathy, lumbar region			
Home Health Care	Approved	Sandata Verification	C85.90	NonHodgkin lymphoma, unspecified, unspecified site			
Home Health Care	Approved	Administrative Approval	C50.211	Malignant neoplasm of upperinner quadrant of right female breast			
Mental Health	Approved	Sandata Verification	D64.9	Anemia, unspecified			
Home Health Care	Approved	Sandata Verification	E46	Unspecified proteincalorie malnutrition			
Home Health Care	Approved	Sandata Verification	F10.24	Alcohol dependence with alcoholinduced mood disorder			
Home Health Care	Approved	Sandata Verification	J84.10	Pulmonary fibrosis, unspecified			

Home Health Care	Approved	Administrative Approval	J47.9	Bronchiectasis, uncomplicated			
Home Health Care	Approved	Sandata Verification	S06.330D	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, subsequent encounter			
Home Health Care	Approved	Sandata Verification	M43.2	FUSION OF SPINE			
Home Health Care	Approved	Sandata Verification	M25.5	PAIN IN JOINT			
Home Health Care	Approved	Sandata Verification	B00.9	Herpesviral infection, unspecified			
Home Health Care	Approved	Sandata Verification	C16.9	Malignant neoplasm of stomach, unspecified			
Home Health Care	Approved	Sandata Verification	K74.60	Unspecified cirrhosis of liver			
Home Health Care	Approved	Sandata Verification	C34.00	Malignant neoplasm of unspecified main bronchus			
Home Health Care	Approved	Sandata Verification	M15.0	Primary generalized (osteo)arthritis			
Home Health Care	Approved	Sandata Verification	E78.0	Pure hypercholesterolemia			

Home Health Care	Approved	Sandata Verification	G25.5	Other chorea			
Home Health Care	Approved	Sandata Verification	F43.10	Posttraumatic stress disorder, unspecified			
Home Health Care	Approved	Administrative Approval	G35	Multiple sclerosis			
Home Health Care	Approved	Sandata Verification	M79.18	Myalgia, other site			
Home Health Care	Approved	Sandata Verification	R13.10	Dysphagia, unspecified			
Home Health Care	Approved	Sandata Verification	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation			
Home Health Care	Approved	Sandata Verification	M25.50	Pain in unspecified joint			
Home Health Care	Approved	Sandata Verification	E53.9	Vitamin B deficiency, unspecified			
Home Health Care	Approved	Sandata Verification	F11.20	Opioid dependence, uncomplicated			
Home Health Care	Approved	Sandata Verification	J90	Pleural effusion, not elsewhere classified			
Home Health Care	Approved	Sandata Verification	L02.31	Cutaneous abscess of buttock			

Home Health Care	Approved	Sandata Verification	E55.9	Vitamin D deficiency, unspecified			
Home Health Care	Approved	Sandata Verification	M51.26	Other intervertebral disc displacement, lumbar region			
Home Health Care	Approved	Sandata Verification	G12.1	Other inherited spinal muscular atrophy			
Home Health Care	Approved	Sandata Verification	I61.4	Nontraumatic intracerebral hemorrhage in cerebellum			
Home Health Care	Approved	Sandata Verification	I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease			
Home Health Care	Approved	Sandata Verification	S82.851D	Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing			

Home Health Care	Approved	Sandata Verification	A60	ANOGENITAL HERPESVIRAL INFECTIONS			
Home Health Care	Approved	Sandata Verification	E56.9	Vitamin deficiency, unspecified			
Home Health Care	Approved	Sandata Verification	G93.49	Other encephalopathy			
Mental Health	Approved	Met Medical Necessity	F16.20	Hallucinogen dependence, uncomplicated			
Mental Health	Approved	Met Medical Necessity	F10.20	Alcohol dependence, uncomplicated			
Mental Health	Approved	Met Medical Necessity	F16.10	Hallucinogen abuse, uncomplicated			
Mental Health	Approved	Met Medical Necessity	F11.20	Opioid dependence, uncomplicated			
Other	Approved	Met Medical Necessity	F14.23	Cocaine dependence with withdrawal			
Pharmacy PBM	Approved	Met Medical Necessity	K50.00	Crohn's disease of small intestine without complications			SKYRIZI
Durable Medical Equipment Rental	Approved	Met Medical Necessity	F88	Other disorders of psychological development			
Pharmacy PBM	Approved	Met Medical Necessity	M04.8	Other autoimmune inflammatory syndromes			METHADONE HCL 10 MG TABLET methadone HCl

Pharmacy PBM	Approved	Met Medical Necessity	C83.30	Diffuse large Bcell lymphoma, unspecified site			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			COSENTYX SENSOREADY
Pharmacy PBM	Denied	PA requirements not met	M54.16	Radiculopathy, lumbar region			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	F11.29	Opioid dependence with unspecified opioidinduced disorder			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	N48.6	Induration penis plastica			CIALIS 10 MG TABLET tadalafil
Rheumatology	Approved	Met Medical Necessity	L93.0	Discoid lupus erythematosus			
Pharmacy PBM	Approved	Met Medical Necessity	D57.00	HbSS disease with crisis, unspecified			OXYCODONE HCL (IR) 15 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	L85.1	Acquired keratosis [keratoderma] palmaris et plantaris			UREA
Pharmacy PBM	Approved	Met Medical Necessity	S86.011A	Strain of right Achilles tendon, initial encounter			OXYCODONE-ACETAMINOPHEN

Pharmacy PBM	Denied	PA requirements not met	Z98.890	Other specified postprocedural states			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F31.32	Bipolar disorder, current episode depressed, moderate			AUVELITY ER
Pharmacy PBM	Approved	Administrative Approval	E27.40	Unspecified adrenocortical insufficiency			SOLU-CORTEF 100 MG VIAL P/F hydrocortisone sodium succinate
Pharmacy PBM	Approved	Met Medical Necessity	F25.0	Schizoaffective disorder, bipolar type			ABILIFY MAINTENA ER
Pharmacy PBM	Approved	Met Medical Necessity	G43.019	Migraine without aura, intractable, without status migrainosus			UBRELVY
Pharmacy PBM	Denied	PA requirements not met	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	L08.9	Local infection of the skin and subcutaneous tissue, unspecified			IVERMECTIN
Pharmacy PBM	Approved	Met Medical Necessity	Z94.0	Kidney transplant status			MYCOPHENOLIC ACID DR

Pharmacy PBM	Approved	Met Medical Necessity	M54.9	Dorsalgia, unspecified			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	L80	Vitiligo			OPZELURA
Pharmacy PBM	Denied	PA requirements not met	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUMET 50-500 MG TABLET F/C sitagliptin phosphate/metformin HCl
Pharmacy PBM	Approved	Met Medical Necessity	H40.1131	Primary openangle glaucoma, bilateral, mild stage			VYZULTA
Pharmacy PBM	Approved	Met Medical Necessity	L40.50	Arthropathic psoriasis, unspecified			ENBREL
Pharmacy PBM	Approved	Met Medical Necessity	M45.AB	Non-radiographic axial spondyloarthritis of multip			CDV HYRIMOZ
Pharmacy PBM	Approved	Met Medical Necessity	K26.3	Acute duodenal ulcer without hemorrhage or perforation			SUCRALFATE
Pharmacy PBM	Denied	PA requirements not met	M54.42	Lumbago with sciatica, left side			OXYCODONE HCL (IR) 5 MG CAP oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified			DELESTROGEN 100 MG/5 ML VIAL IN OIL, MUV estradiol valerate

Pharmacy PBM	Approved	Met Medical Necessity	M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			PIQRAY
Pharmacy PBM	Approved	Met Medical Necessity	C22.0	Liver cell carcinoma			BUPRENORPHINE
Pharmacy PBM	Denied	Non Formulary	M17.0	Bilateral primary osteoarthritis of knee			EUFLEXXA
Pharmacy PBM	Approved	Met Medical Necessity	C18.9	Malignant neoplasm of colon, unspecified			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	Z94.0	Kidney transplant status			ENVARUSUS XR
Pharmacy PBM	Denied	Non Formulary	F41.1	Generalized anxiety disorder			QUETIAPINE ER
Pharmacy PBM	Approved	Met Medical Necessity	E27.40	Unspecified adrenocortical insufficiency			SOLU-CORTEF 100 MG VIAL P/F hydrocortisone sodium succinate
Pharmacy PBM	Denied	PA requirements not met	E11.8	Type 2 diabetes mellitus with unspecified complications			OZEMPIC

Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	G47.33	Obstructive sleep apnea (adult) (pediatric)		ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	D50.9	Iron deficiency anemia, unspecified		FERROUS SULF EC 325 MG TABLET ferrous sulfate
Pharmacy PBM	Approved	Met Medical Necessity	N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms		TADALAFIL
Pharmacy PBM	Approved	Met Medical Necessity	M25.569	Pain in unspecified knee		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	G43.719	Chronic migraine without aura, intractable, without status migrainosus		UBRELVY
Pharmacy PBM	Approved	Met Medical Necessity	I27.0	Primary pulmonary hypertension		TYVASO DPI
Pharmacy PBM	Approved	Met Medical Necessity	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy		TRULICITY
Pharmacy PBM	Denied	Non Formulary	E10.9	Type 1 diabetes mellitus without complications		BASAGLAR
Pharmacy PBM	Approved	Met Medical Necessity	F41.9	Anxiety disorder, unspecified		VILAZODONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	I27.21	Secondary pulmonary arterial hypertension			SILDENAFIL
Pharmacy PBM	Denied	Non Formulary	E03.9	Hypothyroidism, unspecified			TIROSINT
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			OXYCONTIN ER 10 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	K59.04	Chronic idiopathic constipation			MOTEGRITY
Pharmacy PBM	Denied	PA requirements not met	G89.29	Other chronic pain			TRAMADOL HCL 50 MG TABLET F/C tramadol HCl
Pharmacy PBM	Approved	Met Medical Necessity	S62.315A	Displaced fracture of base of fourth metacarpal bone, left hand, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.811	OBESITY CLASS 1			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	G60.9	Hereditary and idiopathic neuropathy, unspecified			NEURONTIN 300 MG CAPSULE gabapentin
Pharmacy PBM	Approved	Met Medical Necessity	M47.892	Other spondylosis, cervical region			OXYCODONE HCL

Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			INSULIN LISPRO
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	R73.03	Prediabetes			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features			LURASIDONE HCL
Pharmacy PBM	Denied	Brand Not Medically Necessary	R10.2	Pelvic and perineal pain			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			JANUVIA 100 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Denied	Quantity over Limit	I89.0	Lymphedema, not elsewhere classified			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence			QELBREE ER

Pharmacy PBM	Approved	Met Medical Necessity	I50.20	Unspecified systolic (congestive) heart failure			ENTRESTO
Pharmacy PBM	Denied	Non Formulary	F64.9	Gender identity disorder, unspecified			TESTOSTERONE
Pharmacy PBM	Denied	Non Formulary	L70.0	Acne vulgaris			DAPSONE
Pharmacy PBM	Approved	Met Medical Necessity	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus			XCOPRI
Pharmacy PBM	Approved	Met Medical Necessity	C90.02	Multiple myeloma in relapse			OXYCONTIN ER 10 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	M45.9	Ankylosing spondylitis of unspecified sites in spine			RINVOQ ER
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	H90.3	Sensorineural hearing loss, bilateral			

Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			JANUVIA 100 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Denied	PA requirements not met	F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence			LISDEXAMFETAMINE
Pharmacy PBM	Denied	PA requirements not met	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung			ULTOMIRIS
Pharmacy PBM	Denied	PA requirements not met	G43.909	Migraine, unspecified, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Denied	Non Formulary	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication			STEGLATRO
Pharmacy PBM	Denied	PA requirements not met	B35.3	Tinea pedis			ECONAZOLE NITRATE
Pharmacy PBM	Approved	Met Medical Necessity	E71.19	Other disorders of branchedchain aminoacid metabolism			LEVOCARNITINE

Pharmacy PBM	Denied	Non Formulary	K50.012	Crohn's disease of small intestine with intestinal obstruction			SKYRIZI
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	J45.30	Mild persistent asthma, uncomplicated			FLUTICASONE PROP
Pharmacy PBM	Approved	Met Medical Necessity	F90.2	Attentiondeficit hyperactivity disorder, combined type			VYVANSE 50 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			CAPLYTA
Pharmacy PBM	Approved	Met Medical Necessity	M54.16	Radiculopathy, lumbar region			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	K50.90	Crohn's disease, unspecified, without complications			RINVOQ ER
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			FLUTICASONE-SALMETEROL
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			FENTANYL 75 MCG/HR PATCH OUTER fentanyl
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			MORPHINE SULFATE IR

Pharmacy PBM	Approved	Met Medical Necessity	M25.561	Pain in right knee			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	G89.18	Other acute postprocedural pain			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	PA requirements not met	M13.80	Other specified arthritis, unspecified site			ENBREL
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			VYVANSE 40 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Denied	PA requirements not met	E78.1	Pure hyperglycemia			MOUNJARO
Pharmacy PBM	Denied	PA requirements not met	L90.5	Scar conditions and fibrosis of skin			AZELAIC ACID
Pharmacy PBM	Denied	Non Formulary	F90.2	Attention deficit hyperactivity disorder, combined type			ADDERALL XR

Pharmacy PBM	Approved	Met Medical Necessity	S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F33.1	Major depressive disorder, recurrent, moderate			VILAZODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			XTANDI
Pharmacy PBM	Approved	Met Medical Necessity	R10.2	Pelvic and perineal pain			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F31.31	Bipolar disorder, current episode depressed, mild			CAPLYTA
Pharmacy PBM	Approved	Met Medical Necessity	S83.241A	Other tear of medial meniscus, current injury, right knee, initial encounter			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	G24.01	Drug induced subacute dyskinesia			AUSTEDO XR TITR
Pharmacy PBM	Denied	Brand Not Medically Necessary	F20.0	Paranoid schizophrenia			LYBALVI
Pharmacy PBM	Approved	Met Medical Necessity	L84	Corns and callosities			UREA

Pharmacy PBM	Approved	Met Medical Necessity	E13.9	Other specified diabetes mellitus without complications		JARDIANCE
Pharmacy PBM	Approved	Met Medical Necessity	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features		ABILIFY MAINTENANCE
Pharmacy PBM	Denied	PA requirements not met	J45.50	Severe persistent asthma, uncomplicated		ALBUTEROL HFA
Pharmacy PBM	Denied	PA requirements not met	E66.9	Obesity, unspecified		JANUMET 50-1,000 MG TABLET F/C sitagliptin phosphate/metformin HCl
Pharmacy PBM	Denied	PA requirements not met	L40.9	Psoriasis, unspecified		SKYRIZI
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications		JANUVIA 50 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Approved	Met Medical Necessity	I89.0	Lymphedema, not elsewhere classified		ACETAMINOPHEN-COD #
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications		NOVOLOG 100 UNIT/ML VIAL MUV insulin aspart

Pharmacy PBM	Denied	Non Formulary	F64.9	Gender identity disorder, unspecified			XYOSTED
Pharmacy PBM	Approved	Met Medical Necessity	U07.1	COVID19			PAXLOVID
Pharmacy PBM	Approved	Met Medical Necessity	M47.891	Other spondylosis, occipitoatlantal region			HYDROCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	N18.30	Chronic kidney disease, stage 3 unspecified			KERENDIA
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	M06.9	Rheumatoid arthritis, unspecified			ENBREL
Pharmacy PBM	Approved	Met Medical Necessity	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms			INVEGA SUSTENNA 156 MG/ML SYRG SUV paliperidone palmitate
Pharmacy PBM	Denied	Quantity over Limit	J45.901	Unspecified asthma with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	Z68.43	Body mass index [BMI] 50.059.9, adult			VICTOZA 2-PAK 18 MG/3 ML PEN SDV liraglutide

Pharmacy PBM	Approved	Met Medical Necessity	M62.830	Muscle spasm of back			MORPHINE SULF 10 MG/5 ML SOLN morphine sulfate
Pharmacy PBM	Denied	Non Formulary	F90.2	Attention deficit hyperactivity disorder, combined type			QUILLIVANT XR
Pharmacy PBM	Approved	Met Medical Necessity	F10.20	Alcohol dependence, uncomplicated			VIVITROL
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	R73.03	Prediabetes			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	Q84.6	Other congenital malformations of nails			CICLOPIROX
Pharmacy	Approved	Met Medical Necessity	D21.9	Benign neoplasm of connective and other soft tissue, unspecified			LUPRON DEPOT
Pharmacy PBM	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			STELARA 90 MG/ML SYRINGE SUV, P/F ustekinumab

Pharmacy PBM	Denied	Non Formulary	F31.12	Bipolar disorder, current episode manic without psychotic features, moderate			LAMOTRIGINE ER
Pharmacy PBM	Approved	Met Medical Necessity	Q24.5	Malformation of coronary vessels			ENALAPRIL
Pharmacy PBM	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	K59.00	Constipation, unspecified			METAMUCIL SUGAR-FREE POWDER ORANGE FLAVOR psyllium husk
Pharmacy PBM	Approved	Met Medical Necessity	C53.9	Malignant neoplasm of cervix uteri, unspecified			KEYTRUDA
Pharmacy PBM	Denied	PA requirements not met	C79.89	Secondary malignant neoplasm of other specified sites			OXYCODONE HCL
Pharmacy PBM	Denied	Non Formulary	R25.2	Cramp and spasm			ELFOLATE
Pharmacy PBM	Denied	Non Formulary	G35	Multiple sclerosis			CARISOPRODOL
Pharmacy PBM	Denied	PA requirements not met	G35	Multiple sclerosis			TRAMADOL HCL

Pharmacy PBM	Denied	Non Formulary	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			EMGALITY
Pharmacy PBM	Denied	PA requirements not met	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			SERTRALINE
Pharmacy PBM	Approved	Met Medical Necessity	C92.10	Chronic myeloid leukemia, BCR/ABL positive, not having achieved remission			SPRYCEL 100 MG TABLET F/C dasatinib
Pharmacy PBM	Denied	PA requirements not met	M48.061	Spinal stenosis, lumbar region without neurogenic claudication			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	E10.65	Type 1 diabetes mellitus with hyperglycemia			GVOKE HYPOPEN
Pharmacy PBM	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus			METOPROLOL TARTRATE
Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			AFREZZA

Pharmacy PBM	Approved	Met Medical Necessity	M00.871	Arthritis due to other bacteria, right ankle and foot			NAPROXEN
Pharmacy PBM	Denied	Non Formulary	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features			CAPLYTA
Pharmacy PBM	Denied	PA requirements not met	L71.9	Rosacea, unspecified			AZELAIC ACID
Pharmacy PBM	Denied	Non Formulary	L73.2	Hidradenitis suppurativa			BIMZELX
Pharmacy PBM	Approved	Met Medical Necessity	R61	Generalized hyperhidrosis			QBREXZA
Pharmacy PBM	Approved	Met Medical Necessity	Z12.11	Encounter for screening for malignant neoplasm of colon			SUPREP BOWEL PREP
Pharmacy PBM	Approved	Met Medical Necessity	F43.12	Posttraumatic stress disorder, chronic			CLONAZEPAM
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attentiondeficit hyperactivity disorder, unspecified type			VYVANSE 40 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Approved	Met Medical Necessity	L20.9	Atopic dermatitis, unspecified			RINVOQ ER
Pharmacy PBM	Approved		F20.9	Schizophrenia, unspecified			LYBALVI

Pharmacy PBM	Denied	Non Formulary	F31.62	Bipolar disorder, current episode mixed, moderate			ABILIFY MAINTENANCE
Pharmacy PBM	Denied	Non Formulary	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	M25.569	Pain in unspecified knee			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	L81.1	Chloasma			AZELAIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	K21.9	Gastroesophageal reflux disease without esophagitis			PANTOPRAZOLE SOD DR 40 MG TAB F/C pantoprazole sodium
Pharmacy PBM	Approved	Met Medical Necessity	E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral			
Pharmacy PBM	Approved	Met Medical Necessity	E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral			EYLEA HD

Pharmacy PBM	Denied	PA requirements not met	M16.11	Unilateral primary osteoarthritis, right hip			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCL
Pharmacy PBM	Denied	PA requirements not met	M06.9	Rheumatoid arthritis, unspecified			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	E27.1	Primary adrenocortical insufficiency			SOLU-CORTEF 100 MG ACT-O-VIAL INNER,SDV, P/F hydrocortisone sodium succinate/PF
Pharmacy PBM	Denied	PA requirements not met	E11.21	Type 2 diabetes mellitus with diabetic nephropathy			TRULICITY
Pharmacy PBM	Denied	Non Formulary	F90.9	Attentiondeficit hyperactivity disorder, unspecified type			QUILLIVANT XR
Pharmacy PBM	Approved	Met Medical Necessity	C76.0	Malignant neoplasm of head, face and neck			OXYCODONE HCL
Pharmacy PBM	Denied	Non Formulary	E78.00	Pure hypercholesterolemia, unspecified			PITAVASTATIN
Durable Medical Equipment Rental	Denied	Out of Network	F80.1	Expressive language disorder			

Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			MORPHINE SULF ER 15 MG TABLET morphine sulfate
Pharmacy PBM	Approved	Met Medical Necessity	H20.021	Recurrent acute iridocyclitis, right eye			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.813	OBESITY CLASS 3			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	M17.11	Unilateral primary osteoarthritis, right knee			VISCO
Pharmacy PBM	Denied	PA requirements not met	S72.91XA	Unspecified fracture of right femur, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Court Ordered Evaluation	C18.9	Malignant neoplasm of colon, unspecified			FENTANYL
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			HYDROCHLOROTHIAZIDE 25 MG TAB hydrochlorothiazide

Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			REVLIMID 10 MG CAPSULE lenalidomide
Pharmacy PBM	Approved	Met Medical Necessity	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication			OZEMPIC
Pharmacy	Approved	Met Medical Necessity	N39.46	Mixed incontinence			
Pharmacy	Approved	Met Medical Necessity	N39.46	Mixed incontinence			BOTOX
Pharmacy	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			
Pharmacy	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			ZOMETA
Pharmacy PBM	Denied	PA requirements not met	F34.9	Persistent mood [affective] disorder, unspecified			LURASIDONE HCL
Pharmacy PBM	Denied	Non Formulary	M47.892	Other spondylosis, cervical region			ARTHRITIS PAIN RELIEVER

Pharmacy PBM	Approved	Met Medical Necessity	D57.00	HbSS disease with crisis, unspecified			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	Z94.0	Kidney transplant status			TACROLIMUS
Pharmacy PBM	Approved	Met Medical Necessity	M46.28	Osteomyelitis of vertebra, sacral and sacrococcygeal region			VANCOMYCIN
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			ALPRAZOLAM 2 MG TABLET alprazolam
Pharmacy PBM	Denied	Refill too soon	F41.1	Generalized anxiety disorder			TRAZODONE
Pharmacy PBM	Denied	Non Formulary	K59.04	Chronic idiopathic constipation			TRULANCE
Pharmacy PBM	Denied	PA requirements not met	S66.222A	Laceration of extensor muscle, fascia and tendon of left thumb at wrist and hand level, initial encounter			HYDROCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms			TADALAFIL

Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			STELARA 90 MG/ML SYRINGE SUV, P/F ustekinumab
Pharmacy PBM	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			NUCALA
Pharmacy PBM	Denied	PA requirements not met	G89.4	Chronic pain syndrome			OXYCODONE HCL (IR) 15 MG TAB oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	Z68.41	Body mass index [BMI]40.044.9, adult			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	L40.9	Psoriasis, unspecified			STELARA 45 MG/0.5 ML SYRINGE SUV, P/F ustekinumab
Pharmacy PBM	Approved	Met Medical Necessity	H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid			XDEMZY
Pharmacy PBM	Approved	Met Medical Necessity	R11.0	Nausea			PROMETHAZINE 50 MG TABLET promethazine HCl
Pharmacy PBM	Approved	Met Medical Necessity	M54.16	Radiculopathy, lumbar region			ACETAMINOPHEN-COD #4 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Approved	Met Medical Necessity	F39	Unspecified mood [affective] disorder			LURASIDONE HCL

Pharmacy	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			BLINCYTO
Pharmacy PBM	Approved	Met Medical Necessity	C81.90	Hodgkin lymphoma, unspecified, unspecified site			BUPRENORPHINE
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	C74.00	Malignant neoplasm of cortex of unspecified adrenal gland			DURAGESIC
Pharmacy	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F leuprolide acetate
Pharmacy PBM	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			LUPRON DEPOT 3.75 MG KIT P/F, SUV leuprolide acetate
Pharmacy PBM	Denied	PA requirements not met	Z68.43	Body mass index [BMI] 50.059.9, adult			ZEPBOUND
Pharmacy PBM	Denied	PA requirements not met	E66.9	Obesity, unspecified			ZEPBOUND

Pharmacy PBM	Approved	Met Medical Necessity	E30.1	Precocious puberty			LUPRON DEPOT-PED
Pharmacy PBM	Denied	Out of Network	B18.2	Chronic viral hepatitis C			MAVYRET
Pharmacy PBM	Denied	Non Formulary	Z30.9	Encounter for contraceptive management, unspecified			SLYND
Pharmacy PBM	Denied	Non Formulary	G40.822	Epileptic spasms, not intractable, without status epilepticus			VIGAFYDE
Pharmacy PBM	Denied	Non Formulary	F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence			VYVANSE
Pharmacy PBM	Approved	Met Medical Necessity	F31.61	Bipolar disorder, current episode mixed, mild			LURASIDONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus			APTIOM
Pharmacy PBM	Approved	Met Medical Necessity	B85.0	Pediculosis due to Pediculus humanus capitis			IVERMECTIN
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	G89.4	Chronic pain syndrome			XTAMPZA ER
Pharmacy PBM	Denied	PA requirements not met	M25.559	Pain in unspecified hip			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	D84.1	Defects in the complement system			ORLADEYO
Pharmacy PBM	Approved	Met Medical Necessity	R56.9	Unspecified convulsions			CLOBAZAM
Pharmacy PBM	Denied	PA requirements not met	M25.569	Pain in unspecified knee			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	D66	Hereditary factor VIII deficiency			ADVATE
Pharmacy PBM	Approved	Met Medical Necessity	S82.842A	Displaced bimalleolar fracture of left lower leg, initial encounter for closed fracture			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	G47.11	Idiopathic hypersomnia with long sleep time			XYWAV
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			ADALIMUMAB-FKJP
Pharmacy PBM	Denied	PA requirements not met	M16.11	Unilateral primary osteoarthritis, right hip			TRAMADOL HCL
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	F90.2	Attention deficit hyperactivity disorder, combined type			VYVANSE 60 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Denied	PA requirements not met	E66.3	Overweight			ZEPBOUND
Pharmacy PBM	Denied	PA requirements not met	S82.842A	Displaced bimalleolar fracture of left lower leg, initial encounter for closed fracture			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	PA requirements not met	S82.891A	Other fracture of right lower leg, initial encounter for closed fracture			HYDROMORPHONE 2 MG TABLET hydromorphone HCl

Pharmacy PBM	Denied	Non Formulary	F41.9	Anxiety disorder, unspecified			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	A41.9	Sepsis, unspecified organism			CEFTRIAXONE
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			CLONAZEPAM
Pharmacy PBM	Approved	Met Medical Necessity	S82.122A	Displaced fracture of lateral condyle of left tibia, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication			ALOGLIPTIN
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			INVEGA SUSTENNA 234 MG/1.5 ML SUV paliperidone palmitate
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.811	OBESITY CLASS 1			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	R20.8	Other disturbances of skin sensation			GABAPENTIN ER

Pharmacy PBM	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			ZOLEDRONIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region			TIZANIDINE HCL
Pharmacy PBM	Denied	Non Formulary	C90.00	Multiple myeloma not having achieved remission			BORTEZOMIB
Pharmacy PBM	Denied	PA requirements not met	M48.062	Spinal stenosis, lumbar region with neurogenic claudication			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Q72.21	Congenital absence of both lower leg and foot, right lower limb			
Physical Therapy	Denied	*Non-covered Service	Z47.1	Aftercare following joint replacement surgery			
Physical Therapy	Denied	*Non-covered Service	Z47.89	Encounter for other orthopedic aftercare			
Pharmacy PBM	Denied	PA requirements not met	F33.1	Major depressive disorder, recurrent, moderate			AUVELITY ER

Diagnostic Lab	Denied	Out of Network	C90.00	Multiple myeloma not having achieved remission			
Pharmacy PBM	Approved	Met Medical Necessity	M54.17	Radiculopathy, lumbosacral region			OXYCODONE HCL
Durable Medical Equipment Purchased	Denied	*Non-covered Service	E11.621	Type 2 diabetes mellitus with foot ulcer			
Pharmacy PBM	Denied	Non Formulary	J30.9	Allergic rhinitis, unspecified			QNASL
Pharmacy PBM	Approved	Met Medical Necessity	E11.59	Type 2 diabetes mellitus with other circulatory complications			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	J45.20	Mild intermittent asthma, uncomplicated			VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,200 INH albuterol sulfate
Pharmacy PBM	Approved	Met Medical Necessity	L85.3	Xerosis cutis			PETROLATUM
Pharmacy PBM	Denied	PA requirements not met	F31.2	Bipolar disorder, current episode manic severe with psychotic features			LYBALVI

Pharmacy PBM	Approved	Met Medical Necessity	G40.219	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus			OXCARBAZEPINE ER
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			METFORMIN HCL
Pharmacy PBM	Denied	*Requested Information Not Received	E11.9	Type 2 diabetes mellitus without complications			BASAGLAR
Pharmacy PBM	Denied	*Requested Information Not Received	E11.9	Type 2 diabetes mellitus without complications			INSULIN ASPART FLEXPEN
Pharmacy PBM	Approved	Met Medical Necessity	G89.29	Other chronic pain			TRAMADOL HCL 50 MG TABLET F/C tramadol HCl
Pharmacy PBM	Denied	Non Formulary	J45.909	Unspecified asthma, uncomplicated			CETIRIZINE HCL
Pharmacy PBM	Denied	Non Formulary	L40.0	Psoriasis vulgaris			SOTYKTU
Pharmacy PBM	Denied	PA requirements not met	N61.1	Abscess of the breast and nipple			TRAMADOL HCL 50 MG TABLET F/C tramadol HCl

Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.01	Morbid (severe) obesity due to excess calories			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	S52.502A	Unspecified fracture of the lower end of left radius, initial encounter for closed fracture			ENDOCET
Pharmacy PBM	Approved	Met Medical Necessity	M54.9	Dorsalgia, unspecified			MORPHINE SULF ER 15 MG TABLET morphine sulfate
Pharmacy PBM	Denied	Non Formulary	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			VYEPTI
Pharmacy PBM	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified			SIMVASTATIN 80 MG TABLET F/C simvastatin
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			LIRAGLUTIDE
Pharmacy PBM	Approved	Met Medical Necessity	J44.89	OTH SPEC CHR OBSTRUCTV PULMONARY DZ			XOLAIR
Pharmacy PBM	Denied	Not MCO Liability	E11.65	Type 2 diabetes mellitus with hyperglycemia			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	F64.9	Gender identity disorder, unspecified			VILAZODONE HCL

Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.09	Other obesity due to excess calories			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			LANTUS SOLOSTAR 100 UNIT/ML OUTER,SUV insulin glargine,human recombinant analog
Pharmacy PBM	Denied	Non Formulary	J30.1	Allergic rhinitis due to pollen			AZELASTIN-FLUTIC
Pharmacy PBM	Approved	Met Medical Necessity	M19.90	Unspecified osteoarthritis, unspecified site			BUPRENORPHINE
Pharmacy PBM	Denied	Non Formulary	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Denied	PA requirements not met	M17.12	Unilateral primary osteoarthritis, left knee			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	H04.123	Dry eye syndrome of bilateral lacrimal glands			MIEBO

Pharmacy PBM	Approved	Met Medical Necessity	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	Non Formulary	K20.0	Eosinophilic esophagitis			KONVOMEPE
Pharmacy PBM	Approved	Met Medical Necessity	E28.8	Other ovarian dysfunction			OVIDREL 250 MCG/0.5 ML SYRG SDV choriogonadotropin alfa
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E28.8	Other ovarian dysfunction			GONAL-F RFF
Pharmacy PBM	Denied	PA requirements not met	J45.50	Severe persistent asthma, uncomplicated			DUPIXENT
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E28.2	Polycystic ovarian syndrome			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	F31.9	Bipolar disorder, unspecified			LURASIDONE HCL
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.813	OBESITY CLASS 3			WEGOVY

Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	N52.9	Male erectile dysfunction, unspecified			CIALIS 10 MG TABLET tadalafil
Pharmacy PBM	Denied	Non Formulary	G20.A1	PARK DZ W/O DYSKINESIA OR FLUCTUATN			CARBIDOPA AND LEVODOPA ER TABLET
Pharmacy PBM	Denied	PA requirements not met	L73.2	Hidradenitis suppurativa			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	Z96.642	Presence of left artificial hip joint			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			LENALIDOMIDE
Pharmacy PBM	Approved	Met Medical Necessity	M54.1	RADICULOPATHY			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	F33.2	Major depressive disorder, recurrent severe without psychotic features			VYVANSE 30 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			OXYCODONE HCL
Pharmacy PBM	Denied	PA requirements not met	K08.50	Unsatisfactory restoration of tooth, unspecified			HYDROCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	F20.0	Paranoid schizophrenia			CAPLYTA
Pharmacy PBM	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			LURASIDONE HCL

Pharmacy PBM	Denied	PA requirements not met	L70.9	Acne, unspecified			AZELAIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	L40.8	Other psoriasis			BETATAR GEL SHAMPOO coal tar
Pharmacy PBM	Denied	Non Formulary	N95.1	Menopausal and female climacteric states			VEOZAH
Pharmacy PBM	Denied	PA requirements not met	F20.0	Paranoid schizophrenia			ABILIFY MAINTENANCE
Pharmacy PBM	Denied	Non Formulary	F90.9	Attention deficit hyperactivity disorder, unspecified type			VYVANSE
Pharmacy PBM	Approved	Met Medical Necessity	F34.1	Dysthymic disorder			VILAZODONE HCL
Pharmacy PBM	Denied	PA requirements not met	K59.04	Chronic idiopathic constipation			LINZESS
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	H90.6	Mixed conductive and sensorineural hearing loss, bilateral			
Pharmacy PBM	Denied	PA requirements not met	Z68.42	Body mass index [BMI] 45.049.9, adult			WEGOVY
Pharmacy	Approved	Met Medical Necessity	G35	Multiple sclerosis			
Pharmacy	Approved	Met Medical Necessity	G35	Multiple sclerosis			OCREVUS ZUNOVO

Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.01	Morbid (severe) obesity due to excess calories			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			MORPHINE SULF ER
Pharmacy PBM	Denied	PA requirements not met	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	C7A.1	Malignant poorly differentiated neuroendocrine tumors			OXYCONTIN ER 10 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C7A.1	Malignant poorly differentiated neuroendocrine tumors			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	L40.50	Arthropathic psoriasis, unspecified			ADALIMUMAB-ADAZ
Pharmacy PBM	Denied	PA requirements not met	R41.840	Attention and concentration deficit			VYVANSE
Pharmacy PBM	Denied	Non Formulary	E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye			HUMALOG 100 UNIT/ML KWIKPEN OUTER, SINGLE USE insulin lispro

Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	I73.9	Peripheral vascular disease, unspecified			TADALAFIL
Pharmacy PBM	Denied	Non Formulary	F25.0	Schizoaffective disorder, bipolar type			OLANZAPINE ODT
Pharmacy PBM	Approved	Met Medical Necessity	G21.9	Secondary parkinsonism, unspecified			EVRYSDI
Pharmacy PBM	Denied	Non Formulary	R51.9	Headache, unspecified			TOPIRAMATE ER
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	N52.9	Male erectile dysfunction, unspecified			SILDENAFIL
Pharmacy PBM	Approved	Met Medical Necessity	D50.9	Iron deficiency anemia, unspecified			FERROUS SULFATE
Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			STELARA
Pharmacy PBM	Denied	PA requirements not met	F20.9	Schizophrenia, unspecified			CAPLYTA
Pharmacy PBM	Approved	Met Medical Necessity	G89.18	Other acute postprocedural pain			CODEINE SULFATE 30 MG TABLET codeine sulfate
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			CAPLYTA
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			JANUVIA

Pharmacy PBM	Denied	PA requirements not met	F20.0	Paranoid schizophrenia			INGREZZA
Pharmacy PBM	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus			BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP butalbital/acetaminophen/caffeine/codeine phosphate
Pharmacy PBM	Denied	PA requirements not met	L73.2	Hidradenitis suppurativa			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F90.9	Attention deficit hyperactivity disorder, unspecified type			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	G44.229	Chronic tension type headache, not intractable			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	G47.411	Narcolepsy with cataplexy			SODIUM OXYBATE
Pharmacy PBM	Approved	Met Medical Necessity	W34.00XD	Accidental discharge from unspecified firearms or gun, subsequent encounter			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	M25.552	Pain in left hip			OXYCONTIN ER 20 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M54.17	Radiculopathy, lumbosacral region			OXYCODONE-ACETAMINOPHEN
Medical Care	Denied	Out of Network	Z95.811	Presence of heart assist device			
Pharmacy PBM	Approved	Met Medical Necessity	K59.00	Constipation, unspecified			LINZESS
Pharmacy PBM	Denied	PA requirements not met	L20.9	Atopic dermatitis, unspecified			DUPIXENT
Pharmacy	Denied	PA requirements not met	K60.2	Anal fissure, unspecified			
Pharmacy	Denied	PA requirements not met	K60.2	Anal fissure, unspecified			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Denied	*Non-covered Service	E66.9	Obesity, unspecified			WEGOVY
Pharmacy PBM	Denied	Non Formulary	H44.119	Panuveitis, unspecified eye			HUMIRA
Pharmacy PBM	Denied	PA requirements not met	M54.16	Radiculopathy, lumbar region			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			
Pharmacy PBM	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUVIA 100 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Approved	Met Medical Necessity	N04.9	Nephrotic syndrome with unspecified morphologic changes			RITUXAN 500 MG/50 ML VIAL P/F, SUV rituximab
Pharmacy PBM	Approved	Met Medical Necessity	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features			VRAYLAR
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z93.3	Colostomy status			
Pharmacy PBM	Denied	PA requirements not met	L20.89	Other atopic dermatitis			EUCRISA
Pharmacy PBM	Denied	Non Formulary	L94.0	Localized scleroderma [morphea]			METHOTREXATE

Pharmacy PBM	Denied	Non Formulary	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			BASAGLAR
Pharmacy PBM	Approved	Met Medical Necessity	S42.001A	Fracture of unspecified part of right clavicle, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	D21.9	Benign neoplasm of connective and other soft tissue, unspecified			ORIAHNN
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region			
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			SITAGLIPTIN
Pharmacy	Denied	PA requirements not met	G43.711	Chronic migraine without aura, intractable, with status migrainosus			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	L40.9	Psoriasis, unspecified			VTAMA
Pharmacy PBM	Denied	PA requirements not met	T84.018A	Broken internal joint prosthesis, other site, initial encounter			TRAMADOL HCL

Pharmacy PBM	Denied	PA requirements not met	J82.83	Eosinophilic asthma			NUCALA
Pharmacy PBM	Denied	Non Formulary	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			APTOM
Durable Medical Equipment Rental	Denied	Authorization/Access Restrictions	M79.2	Neuralgia and neuritis, unspecified			
Otology	Approved	Met Medical Necessity	H90.2	Conductive hearing loss, unspecified			
Pharmacy PBM	Denied	PA requirements not met	F41.1	Generalized anxiety disorder			LISDEXAMFETAMINE
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	F31.31	Bipolar disorder, current episode depressed, mild			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	M47.896	Other spondylosis, lumbar region			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	PA requirements not met	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			TRULICITY
Pharmacy PBM	Approved	Met Medical Necessity	N18.6	End stage renal disease			INSULIN LISPRO

Pharmacy PBM	Denied	PA requirements not met	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			QELBREE ER
Pharmacy PBM	Denied	Quantity over Limit	E66.9	Obesity, unspecified			ALBUTEROL HFA
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			COSENTYX
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			JARDIANCE
Pharmacy PBM	Denied	Non Formulary	J45.51	Severe persistent asthma with (acute) exacerbation			BREO ELLIPTA
Pharmacy PBM	Approved	Met Medical Necessity	C18.7	Malignant neoplasm of sigmoid colon			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C79.51	Secondary malignant neoplasm of bone			OXYCONTIN ER 20 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	Z15.89	Genetic susceptibility to other disease			L-METHYLFOLATE
Pharmacy PBM	Denied	PA requirements not met	F20.9	Schizophrenia, unspecified			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	C7A.8	Other malignant neuroendocrine tumors			FENTANYL

Durable Medical Equipment Purchased	Denied	Out of Network	Z39.1	Encounter for care and examination of lactating mother			
Psychotherapy	Approved	Met Medical Necessity	F29	Unspecified psychosis not due to a substance or known physiological condition			
Mental Health	Approved	Met Medical Necessity	F31.81	Bipolar II disorder			
Mental Health	Approved	Met Medical Necessity	F29	Unspecified psychosis not due to a substance or known physiological condition			
Pharmacy	Approved	Met Medical Necessity	Z51.11	Encounter for antineoplastic chemotherapy			
Pharmacy	Approved	Met Medical Necessity	Z51.11	Encounter for antineoplastic chemotherapy			ADCETRIS
Pharmacy PBM	Approved	Met Medical Necessity	M16.0	Bilateral primary osteoarthritis of hip			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	N92.0	Excessive and frequent menstruation with regular cycle			MYFEMBREE
Pharmacy PBM	Approved	Met Medical Necessity	K60.2	Anal fissure, unspecified			NITROGLYCERIN

Pharmacy	Approved	Met Medical Necessity	K50.0	CROHNS DISEASE OF SMALL INTESTINE			INFLECTRA
Pharmacy PBM	Approved	Met Medical Necessity	M20.40	Other hammer toe(s) (acquired), unspecified foot			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	H04.123	Dry eye syndrome of bilateral lacrimal glands			XIIDRA
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M32.9	Systemic lupus erythematosus, unspecified			MYCOPHENOLIC ACID DR
Pharmacy PBM	Denied	Non Formulary	A04.8	Other specified bacterial intestinal infections			LANSOPRAZOL-AMOXICIL-CLARITHRO
Pharmacy PBM	Denied	PA requirements not met	G89.18	Other acute postprocedural pain			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	L20.89	Other atopic dermatitis			OPZELURA
Pharmacy PBM	Approved	Met Medical Necessity	G40.919	Epilepsy, unspecified, intractable, without status epilepticus			XCOPRI

Pharmacy PBM	Approved	Met Medical Necessity	E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy		OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	L40.8	Other psoriasis		TARSUM PRO SHAMPOO GEL coal tar
Pharmacy PBM	Approved	Met Medical Necessity	D61.818	Other pancytopenia		POSACONAZOLE DR
Pharmacy PBM	Approved	Met Medical Necessity	E78.1	Pure hyperglyceridemia		PITAVASTATIN
Pharmacy PBM	Denied	PA requirements not met	E29.1	Testicular hypofunction		DEPO-TESTOSTERONE
Pharmacy PBM	Denied	PA requirements not met	M54.50	Low back pain, unspecified		OXYCONTIN ER 15 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	R97.20	Elevated prostate specific antigen [PSA]		LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F leuprolide acetate
Pharmacy PBM	Denied	PA requirements not met	M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified		KINERET 100 MG/0.67 ML SYRINGE P/F, OUTER, SUV anakinra
Pharmacy PBM	Denied	PA requirements not met	Z98.1	Arthrodesis status		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Denied	PA requirements not met	E28.2	Polycystic ovarian syndrome			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	F33.2	Major depressive disorder, recurrent severe without psychotic features			DESVENLAFAXINE SUCCNT ER
Pharmacy PBM	Approved	Met Medical Necessity	F25.0	Schizoaffective disorder, bipolar type			LURASIDONE HCL
Pharmacy PBM	Denied	PA requirements not met	G44.229	Chronic tensiontype headache, not intractable			UBRELVY
Pharmacy PBM	Denied	PA requirements not met	M15.8	Other polyosteoarthritis			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	M54.2	Cervicalgia			HYDROCODONE BITARTRATE ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	M54.16	Radiculopathy, lumbar region			MORPHINE SULF ER 15 MG TABLET morphine sulfate
Pharmacy PBM	Denied	PA requirements not met	G89.29	Other chronic pain			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	G35	Multiple sclerosis			DALFAMPRIDINE ER
Pharmacy PBM	Approved	Met Medical Necessity	E66	OVERWEIGHT AND OBESITY			WEGOVY
Pharmacy PBM	Denied	Non Formulary	I25.84	Coronary atherosclerosis due to calcified coronary lesion			REPATHA

Pharmacy PBM	Approved	Met Medical Necessity	R10.84	Generalized abdominal pain			MORPHINE SULF ER 30 MG TABLET morphine sulfate
Pharmacy PBM	Denied	PA requirements not met	A06.9	Amebiasis, unspecified			PAROMOMYCIN 250 MG CAPSULE paromomycin sulfate
Pharmacy PBM	Denied	PA requirements not met	Z68.36	Body mass index [BMI] 36.036.9, adult			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	S52.509A	Unspecified fracture of the lower end of unspecified radius, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	E66.9	Obesity, unspecified			ZOLPIDEM TART ER
Pharmacy PBM	Denied	PA requirements not met	G47.419	Narcolepsy without cataplexy			SUNOSI
Pharmacy PBM	Denied	PA requirements not met	L81.0	Postinflammatory hyperpigmentation			AZELAIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate

Pharmacy PBM	Approved	Met Medical Necessity	Q85.01	Neurofibromatosis, type 1			KOSELUGO
Pharmacy PBM	Denied	Non Formulary	F25.0	Schizoaffective disorder, bipolar type			COBENFY
Pharmacy PBM	Approved	Met Medical Necessity	L63.8	Other alopecia areata			CVS HAIR REGROWTH TREATMENT
Pharmacy PBM	Approved	Met Medical Necessity	K50.00	Crohn's disease of small intestine without complications			STELARA 90 MG/ML SYRINGE SUV, P/F ustekinumab
Pharmacy PBM	Denied	Non Formulary	F90.1	Attention deficit hyperactivity disorder, predominantly hyperactive type			STRATTERA 80 MG CAPSULE atomoxetine HCl
Pharmacy PBM	Denied	Non Formulary	K59.09	Other constipation			LINZESS
Pharmacy PBM	Approved	Met Medical Necessity	G47.30	Sleep apnea, unspecified			ZEPBOUND
Pharmacy PBM	Denied	PA requirements not met	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	M54.13	Radiculopathy, cervicothoracic region			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	F31.62	Bipolar disorder, current episode mixed, moderate			ABILIFY MAINTENANCE ER

Pharmacy PBM	Approved	Met Medical Necessity	N18.2	Chronic kidney disease, stage 2 (mild)			FARXIGA
Pharmacy PBM	Denied	PA requirements not met	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	I50.22	Chronic systolic (congestive) heart failure			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	Z96.652	Presence of left artificial knee joint			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	L20.89	Other atopic dermatitis			VTAMA
Pharmacy PBM	Denied	Non Formulary	J31.0	Chronic rhinitis			AZELASTIN-FLUTIC
Pharmacy PBM	Approved	Met Medical Necessity	C50.812	Malignant neoplasm of overlapping sites of left female breast			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			VYVANSE 50 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Denied	Non Formulary	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			BASAGLAR

Pharmacy PBM	Denied	Non Formulary	E78.00	Pure hypercholesterolemia, unspecified			REPATHA
Pharmacy PBM	Denied	PA requirements not met	M51.26	Other intervertebral disc displacement, lumbar region			OXYCODONE HCL
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			KERENDIA
Pharmacy PBM	Denied	Non Formulary	L40.9	Psoriasis, unspecified			CALCIPOTRIENE-BETAMETHASONE DP
Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			DEXCOM G
Pharmacy PBM	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			
Pharmacy PBM	Approved	Met Medical Necessity	G89.18	Other acute postprocedural pain			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	B86	Scabies			IVERMECTIN
Pharmacy PBM	Approved	Met Medical Necessity	S52.501A	Unspecified fracture of the lower end of right radius, initial encounter for closed fracture			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	Z96.652	Presence of left artificial knee joint			OXYCODONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			ENALAPRIL-HYDROCHLOROT HIAZIDE 5-12.5 MG TAB TABLET enalapril maleate/hydrochlorothiazide
Pharmacy PBM	Approved	Met Medical Necessity	R10.10	Upper abdominal pain, unspecified			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			LIRAGLUTIDE
Pharmacy PBM	Approved	Met Medical Necessity	J44.9	Chronic obstructive pulmonary disease, unspecified			ANORO ELLIPTA
Pharmacy PBM	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified			OXYCODONE
Pharmacy PBM	Approved	Met Medical Necessity	L63.8	Other alopecia areata			LITFULO
Pharmacy PBM	Approved	Met Medical Necessity	G89.18	Other acute postprocedural pain			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	F31.60	Bipolar disorder, current episode mixed, unspecified			CAPLYTA
Pharmacy PBM	Approved	Met Medical Necessity	D64.9	Anemia, unspecified			REBLOZYL

Pharmacy PBM	Approved	Met Medical Necessity	E13.9	Other specified diabetes mellitus without complications			MOUNJARO
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.9	Obesity, unspecified			PHENTERMINE 37.5 MG TABLET phentermine HCl
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			ALOGLIPTIN
Pharmacy PBM	Denied	PA requirements not met	Z68.31	Body mass index [BMI] 31.031.9, adult			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	C25.9	Malignant neoplasm of pancreas, unspecified			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	M19.90	Unspecified osteoarthritis, unspecified site			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	M19.90	Unspecified osteoarthritis, unspecified site			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features			CAPLYTA

Pharmacy PBM	Denied	Non Formulary	F90.9	Attention deficit hyperactivity disorder, unspecified type			DESVENLAFAXINE SUCCLINATE
Pharmacy PBM	Denied	PA requirements not met	F33.2	Major depressive disorder, recurrent severe without psychotic features			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	I48.0	Paroxysmal atrial fibrillation			XARELTO
Pharmacy PBM	Denied	PA requirements not met	R73.03	Prediabetes			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	H01.002	Unspecified blepharitis right lower eyelid			XDEMVI
Pharmacy PBM	Denied	PA requirements not met	K21.9	Gastroesophageal reflux disease without esophagitis			ESOMEPRAZOLE MAG DR
Pharmacy PBM	Approved	Met Medical Necessity	Z79.02	Long term (current) use of antithrombotics/antiplatelets			BRILINTA
Pharmacy PBM	Approved	Peer to Peer Overturned Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			RYBELSUS
Pharmacy PBM	Approved	Met Medical Necessity	C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum			HYDROMORPHONE 2 MG TABLET hydromorphone HCl

Pharmacy PBM	Denied	PA requirements not met	Z68.31	Body mass index [BMI] 31.031.9, adult		OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	S91.301A	Unspecified open wound, right foot, initial encounter		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F33.9	Major depressive disorder, recurrent, unspecified		TRINTELLIX
Pharmacy PBM	Approved	Met Medical Necessity	M34.9	Systemic sclerosis, unspecified		MYCOPHENOLIC ACID DR
Pharmacy PBM	Denied	PA requirements not met	G89.29	Other chronic pain		OXYCONTIN ER 40 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications		JANUMET XR
Pharmacy PBM	Denied	Non Formulary	E78.5	Hyperlipidemia, unspecified		PITAVASTATIN
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attentiondeficit hyperactivity disorder, unspecified type		METHYLPHENIDAT E
Pharmacy PBM	Denied	PA requirements not met	E66.813	OBESITY CLASS 3		ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	M87.051	Idiopathic aseptic necrosis of right femur		OXYCODONE HCL (IR) 5 MG CAP oxycodone HCl

Pharmacy PBM	Approved	Met Medical Necessity	M48.062	Spinal stenosis, lumbar region with neurogenic claudication			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	E10.9	Type 1 diabetes mellitus without complications			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	M17.12	Unilateral primary osteoarthritis, left knee			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	F90.2	Attention deficit hyperactivity disorder, combined type			QELBREE ER
Pharmacy PBM	Approved	Met Medical Necessity	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication			TRULICITY
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			AMLODIPINE BESYLATE
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			ATORVASTATIN
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			LOSARTAN POTASSIUM 50 MG TAB F/C losartan potassium
Pharmacy PBM	Denied	PA requirements not met	F20.3	Undifferentiated schizophrenia			OLANZAPINE

Pharmacy PBM	Approved	Met Medical Necessity	A60.9	Anogenital herpesviral infection, unspecified			ACYCLOVIR
Pharmacy PBM	Approved	Met Medical Necessity	Z96.652	Presence of left artificial knee joint			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus			VALTOCO
Pharmacy PBM	Approved	Met Medical Necessity	K21.9	Gastroesophageal reflux disease without esophagitis			VOQUEZNA
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications			FREESTYLE LIBRE
Pharmacy PBM	Denied	PA requirements not met	Z68.44	Body mass index [BMI] 60.069.9, adult			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			CARVEDILOL 6.25 MG TABLET F/C carvedilol

Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			CLOPIDOGREL
Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			LOSARTAN POTASSIUM
Pharmacy PBM	Denied	Non Formulary	F32.9	Major depressive disorder, single episode, unspecified			COBENFY
Pharmacy PBM	Approved	Met Medical Necessity	G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus			DIVALPROEX DR 125 MG CAP SPRNK divalproex sodium
Pharmacy PBM	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified			ESTRADIOL VALERATE
Pharmacy PBM	Approved	Met Medical Necessity	T84.010D	Broken internal right hip prosthesis, subsequent encounter			ACETAMINOPHEN-COD #4 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Approved	Met Medical Necessity	Z96.64	PRESENCE OF ARTIFICIAL HIP JOINT			OXYCODONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	C20	Malignant neoplasm of rectum			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	M32.10	Systemic lupus erythematosus, organ or system involvement unspecified			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	D69.6	Thrombocytopenia, unspecified			DOPTELET
Pharmacy PBM	Approved	Met Medical Necessity	F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	B35.0	Tinea barbae and tinea capitis			TERBINAFINE HCL
Pharmacy PBM	Approved	Met Medical Necessity	C53.9	Malignant neoplasm of cervix uteri, unspecified			OXYCONTIN ER 20 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			LYBALVI
Pharmacy PBM	Approved	Met Medical Necessity	F31	BIPOLAR DISORDER			LURASIDONE HCL
Pharmacy PBM	Denied	Non Formulary	L40.9	Psoriasis, unspecified			TREMFYA
Pharmacy PBM	Approved	Met Medical Necessity	L70.9	Acne, unspecified			BENZOYL PEROXIDE
Pharmacy PBM	Approved	Met Medical Necessity	G35	Multiple sclerosis			ZEPOSIA

Pharmacy PBM	Denied	Non Formulary	E78.1	Pure hyperglyceridemia			FENOFIBRATE
Pharmacy PBM	Denied	PA requirements not met	G24.01	Drug induced subacute dyskinesia			INGREZZA
Pharmacy PBM	Approved	Met Medical Necessity	J44.9	Chronic obstructive pulmonary disease, unspecified			TRELEGY ELLIPTA
Pharmacy PBM	Denied	Non Formulary	L70.0	Acne vulgaris			TAZAROTENE
Pharmacy PBM	Approved	Met Medical Necessity	G47.19	Other hypersomnia			MODAFINIL
Pharmacy PBM	Denied	PA requirements not met	G40.802	Other epilepsy, not intractable, without status epilepticus			VALTOCO
Pharmacy PBM	Approved	Met Medical Necessity	C53.9	Malignant neoplasm of cervix uteri, unspecified			OXYCODONE HCL
Pharmacy PBM	Denied	PA requirements not met	F50.811	BINGE EATING DISORDER MODERATE			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	G89.2	CHRONIC PAIN NOT ELSEWHERE CLASSIFIED			FENTANYL 100 MCG/HR PATCH OUTER fentanyl
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			EMGALITY

Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			FLUTICASONE PROP 50 MCG SPRAY fluticasone propionate
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			LORATADINE
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			PANTOPRAZOLE SOD DR 40 MG TAB F/C pantoprazole sodium
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			TRETINOIN
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			ZORYVE
Pharmacy PBM	Approved	Met Medical Necessity	D50.9	Iron deficiency anemia, unspecified			FER-IN-SOL 15 MG/ML DROPS ferrous sulfate
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			HUMALOG
Pharmacy PBM	Denied	PA requirements not met	M54.9	Dorsalgia, unspecified			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C18.9	Malignant neoplasm of colon, unspecified			METHADONE HCL 10 MG TABLET methadone HCl

Pharmacy PBM	Approved	Met Medical Necessity	M31.8	Other specified necrotizing vasculopathies			ACTEMRA
Pharmacy PBM	Approved	Met Medical Necessity	I21.A9	Other myocardial infarction type			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			YUFLYMA
Pharmacy PBM	Denied	Quantity over Limit	F90.2	Attention deficit hyperactivity disorder, combined type			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	M47.897	Other spondylosis, lumbosacral region			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			JANUVIA 25 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Denied	PA requirements not met	F31.9	Bipolar disorder, unspecified			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	R14.0	Abdominal distension (gaseous)			VOQUEZNA
Pharmacy PBM	Denied	PA requirements not met	M54.51	Vertebrogenic low back pain			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	L50.8	Other urticaria			XOLAIR

Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]			
Pharmacy	Approved	Met Medical Necessity	G12.0	Infantile spinal muscular atrophy, type I [WerdnigHoffman]			ZOLGENSMA
Pharmacy PBM	Approved	Met Medical Necessity	Z47.81	Encounter for orthopedic aftercare following surgical amputation			GLIPIZIDE
Pharmacy PBM	Approved	Met Medical Necessity	G47.411	Narcolepsy with cataplexy			XYWAV
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			ACCU-CHEK GUIDE MONITOR SYSTEM
Pharmacy PBM	Approved	Met Medical Necessity	C25.9	Malignant neoplasm of pancreas, unspecified			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	C25.9	Malignant neoplasm of pancreas, unspecified			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	L70.9	Acne, unspecified			CLINDA-TRETINOIN
Pharmacy PBM	Denied	Non Formulary	J30.9	Allergic rhinitis, unspecified			AZELASTIN-FLUTIC

Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			DARZALEX FASPRO
Pharmacy PBM	Approved	Met Medical Necessity	F41.9	Anxiety disorder, unspecified			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	F41.9	Anxiety disorder, unspecified			CLONAZEPAM
Pharmacy PBM	Denied	Non Formulary	G43.009	Migraine without aura, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	I82.431	Acute embolism and thrombosis of right popliteal vein			XARELTO
Pharmacy PBM	Approved	Met Medical Necessity	C13.9	Malignant neoplasm of hypopharynx, unspecified			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	G31.84	Mild cognitive impairment, so stated			B
Pharmacy PBM	Approved	Met Medical Necessity	G89.2	CHRONIC PAIN NOT ELSEWHERE CLASSIFIED			HYDROMORPHONE 8 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	PA requirements not met	R63.5	Abnormal weight gain			ZEPBOUND
Pharmacy PBM	Denied	Non Formulary	L70.9	Acne, unspecified			RETIN-A MICRO PUMP
Pharmacy PBM	Denied	Non Formulary	L40.0	Psoriasis vulgaris			SKYRIZI

Pharmacy PBM	Denied	PA requirements not met	E66.813	OBESITY CLASS 3			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	K91.2	Postsurgical malabsorption, not elsewhere classified			CREON DR
Pharmacy PBM	Approved	Met Medical Necessity	M25.511	Pain in right shoulder			OXYCONTIN ER 15 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	B35.4	Tinea corporis			SELENIUM SULFIDE
Pharmacy PBM	Denied	Non Formulary	C25.9	Malignant neoplasm of pancreas, unspecified			OLANZAPINE ODT
Pharmacy PBM	Approved	Met Medical Necessity	C25.9	Malignant neoplasm of pancreas, unspecified			NALOXONE HCL
Pharmacy PBM	Denied	Non Formulary	I47.1	Supraventricular tachycardia			TOPROL XL
Pharmacy PBM	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified			PROGESTERONE
Pharmacy	Approved	Met Medical Necessity	G51.39	Clonic hemifacial spasm, unspecified			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			COBENFY

Pharmacy PBM	Approved	Met Medical Necessity	M54.17	Radiculopathy, lumbosacral region			OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non Formulary	F25.9	Schizoaffective disorder, unspecified			ABILIFY ASIMTUFI
Pharmacy PBM	Approved	Met Medical Necessity	M54.16	Radiculopathy, lumbar region			NALOXONE HCL
Pharmacy PBM	Denied	Non Formulary	B00.9	Herpesviral infection, unspecified			ACYCLOVIR
Pharmacy PBM	Approved	Met Medical Necessity	G40.209	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus			CLONAZEPAM
Pharmacy PBM	Denied	PA requirements not met	G47.33	Obstructive sleep apnea (adult) (pediatric)			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	J30.89	Other allergic rhinitis			AZELASTIN-FLUTIC

Pharmacy PBM	Approved	Met Medical Necessity	M47.897	Other spondylosis, lumbosacral region			TRAMADOL HCL
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications			LANTUS 100 UNIT/ML VIAL MUV insulin glargine, human recombinant analog
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			KATERZIA
Pharmacy PBM	Denied	Refill too soon	E11.65	Type 2 diabetes mellitus with hyperglycemia			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	K76.0	Fatty (change of) liver, not elsewhere classified			ZEPBOUND
Pharmacy PBM	Denied	PA requirements not met	Z86.79	Personal history of other diseases of the circulatory system			INGREZZA
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE
Pharmacy PBM	Denied	PA requirements not met	D66	Hereditary factor VIII deficiency			HEMLIBRA

Pharmacy PBM	Denied	PA requirements not met	I10	Essential (primary) hypertension			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	I27.24	Chronic thromboembolic pulmonary hypertension			ADEMPAS
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			INVEGA SUSTENNA 156 MG/ML SYRG SUV paliperidone palmitate
Pharmacy PBM	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast			UDENYCA
Pharmacy PBM	Approved	Met Medical Necessity	C18.2	Malignant neoplasm of ascending colon			TECENTRIQ
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			RELION NOVOLOG
Pharmacy PBM	Approved	Met Medical Necessity	K59.09	Other constipation			LINZESS
Pharmacy PBM	Approved	Met Medical Necessity	G89.2	CHRONIC PAIN NOT ELSEWHERE CLASSIFIED			FENTANYL
Pharmacy PBM	Approved	Met Medical Necessity	G90.513	Complex regional pain syndrome I of upper limb, bilateral			ZOLPIDEM TART ER

Pharmacy PBM	Denied	PA requirements not met	J45.20	Mild intermittent asthma, uncomplicated			FLUTICASONE-SALMETEROL
Pharmacy PBM	Approved	Met Medical Necessity	G90.50	Complex regional pain syndrome I, unspecified			BUPRENORPHINE
Pharmacy PBM	Denied	PA requirements not met	E11.8	Type 2 diabetes mellitus with unspecified complications			ZITUVIMET XR
Pharmacy PBM	Approved	Met Medical Necessity	C79.51	Secondary malignant neoplasm of bone			FENTANYL 12 MCG/HR PATCH OUTER fentanyl
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			QUETIAPINE FUMARATE
Pharmacy PBM	Approved	Met Medical Necessity	C11.9	Malignant neoplasm of nasopharynx, unspecified			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	Z71.41	Alcohol abuse counseling and surveillance of alcoholic			CHLORDIAZEPOXIDE 25 MG CAPSULE chlordiazepoxide HCl
Pharmacy PBM	Denied	PA requirements not met	B85.0	Pediculosis due to Pediculus humanus capitis			IVERMECTIN
Pharmacy PBM	Approved	Met Medical Necessity	R56.9	Unspecified convulsions			KETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	R56.9	Unspecified convulsions			LEVETIRACETAM 100 MG/ML SOLN levetiracetam

Pharmacy PBM	Approved	Met Medical Necessity	D66	Hereditary factor VIII deficiency			HEMLIBRA
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			INVOKANA
Pharmacy PBM	Denied	Non Formulary	F43.12	Posttraumatic stress disorder, chronic			TRINTELLIX
Pharmacy PBM	Approved	Met Medical Necessity	Q85.01	Neurofibromatosis , type 1			MEKINIST
Pharmacy PBM	Approved	Met Medical Necessity	C20	Malignant neoplasm of rectum			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	K42.9	Umbilical hernia without obstruction or gangrene			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	E11.8	Type 2 diabetes mellitus with unspecified complications			TRADJENTA
Pharmacy PBM	Denied	PA requirements not met	S83.207D	Unspecified tear of unspecified meniscus, current injury, left knee, subsequent encounter			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	PA requirements not met	S82.002A	Unspecified fracture of left patella, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Denied	Refill too soon	E11.69	Type 2 diabetes mellitus with other specified complication			FREESTYLE LIBRE
Pharmacy PBM	Approved	Met Medical Necessity	Z96.642	Presence of left artificial hip joint			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	M54.30	Sciatica, unspecified side			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Approved	Met Medical Necessity	C50.511	Malignant neoplasm of lowerouter quadrant of right female breast			DEXAMETHASONE 10 MG/ML VIAL 25'S, OUTER dexamethasone sodium phosphate
Pharmacy PBM	Approved	Met Medical Necessity	M17.11	Unilateral primary osteoarthritis, right knee			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	E66.812	OBESITY CLASS 2			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	R73.03	Prediabetes			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	K86.1	Other chronic pancreatitis			ENDOCET
Pharmacy PBM	Approved	Met Medical Necessity	J45.50	Severe persistent asthma, uncomplicated			DUPIXENT
Pharmacy PBM	Denied	PA requirements not met	I10	Essential (primary) hypertension			WEGOVY

Pharmacy PBM	Approved	Met Medical Necessity	B18.1	Chronic viral hepatitis B without deltaagent			VEMLIDY
Pharmacy PBM	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified			XYOSTED
Pharmacy PBM	Approved	Met Medical Necessity	C50.511	Malignant neoplasm of lowerouter quadrant of right female breast			DIPHENHYDRAMINE 50 MG/ML VIAL INNER diphenhydramine HCl
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	M19.90	Unspecified osteoarthritis, unspecified site			SILDENAFIL
Pharmacy PBM	Approved	Met Medical Necessity	C7A.1	Malignant poorly differentiated neuroendocrine tumors			FENTANYL 12 MCG/HR PATCH OUTER fentanyl
Pharmacy PBM	Approved	Met Medical Necessity	Z96.659	Presence of unspecified artificial knee joint			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	C53	MALIGNANT NEOPLASM OF CERVIX UTERI			OXYCODONE HCL (IR) 15 MG TAB oxycodone HCl

Pharmacy PBM	Denied	Non Formulary	F90.2	Attention deficit hyperactivity disorder, combined type			ADDERALL XR 10 MG CAPSULE dextroamphetamine sulf- saccharate/amphetamine sulf- aspartate
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			ATORVASTATIN
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			JARDIANCE
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			LANTUS SOLOSTAR 100 UNIT/ML OUTER, SUV insulin glargine, human recombinant analog
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			LOSARTAN POTASSIUM 100 MG TAB F/C losartan potassium
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			DEXCOM G
Pharmacy PBM	Denied	Non Formulary	L40.0	Psoriasis vulgaris			TREMFYA
Pharmacy PBM	Denied	Administrative Denial	R73.03	Prediabetes			OZEMPIC

Pharmacy PBM	Denied	Administrative Denial	E11.65	Type 2 diabetes mellitus with hyperglycemia			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	S82.892A	Other fracture of left lower leg, initial encounter for closed fracture			OXAYDO
Pharmacy PBM	Denied	Non Formulary	K29.70	Gastritis, unspecified, without bleeding			VOQUEZNA DUAL PAK
Pharmacy PBM	Denied	Non Formulary	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			KERENDIA
Pharmacy PBM	Denied	PA requirements not met	L40.0	Psoriasis vulgaris			COSENTYX SENSOREADY
Pharmacy PBM	Denied	Non Formulary	R56.9	Unspecified convulsions			APTIOM
Pharmacy PBM	Denied	Non Formulary	J30.1	Allergic rhinitis due to pollen			CETIRIZINE HCL 10 MG CHEW TAB OUTER cetirizine HCl
Pharmacy PBM	Denied	Non Formulary	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features			INVEGA TRINZA
Pharmacy PBM	Approved	Met Medical Necessity	L70.0	Acne vulgaris			ACNE MEDICATION

Pharmacy PBM	Denied	Non Formulary	H60.90	Unspecified otitis externa, unspecified ear			CIPRO HC OTIC
Pharmacy PBM	Denied	Non Formulary	J44.89	OTH SPEC CHR OBSTRUCTV PULMONARY DZ			TEZSPIRE
Pharmacy PBM	Approved	Met Medical Necessity	J45.51	Severe persistent asthma with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	Non Formulary	I10	Essential (primary) hypertension			KATERZIA
Pharmacy PBM	Approved	Met Medical Necessity	S82.892A	Other fracture of left lower leg, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	F33.1	Major depressive disorder, recurrent, moderate			TRINTELLIX
Pharmacy PBM	Denied	Brand Not Medically Necessary	L40.9	Psoriasis, unspecified			STELARA 45 MG/0.5 ML SYRINGE SUV, P/F ustekinumab

Pharmacy PBM	Denied	PA requirements not met	F41.0	Panic disorder [episodic paroxysmal anxiety]			LIBRIUM
Pharmacy PBM	Approved	Met Medical Necessity	F33.9	Major depressive disorder, recurrent, unspecified			BUPROPION HCL XL
Pharmacy PBM	Approved	Met Medical Necessity	C50.511	Malignant neoplasm of lowerouter quadrant of right female breast			DEXAMETHASONE 10 MG/ML VIAL SUV, P/F, OUTER dexamethasone sodium phosphate/PF
Pharmacy PBM	Denied	Non Formulary	F33.2	Major depressive disorder, recurrent severe without psychotic features			DESVENLAFAXINE SUCCNT ER
Pharmacy PBM	Denied	Non Formulary	M46.90	Unspecified inflammatory spondylopathy, site unspecified			TALTZ
Pharmacy	Approved	Court Ordered Evaluation	G91.3	Posttraumatic hydrocephalus, unspecified			
Pharmacy	Approved	Court Ordered Evaluation	G91.3	Posttraumatic hydrocephalus, unspecified			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A

Pharmacy PBM	Denied	PA requirements not met	M54.16	Radiculopathy, lumbar region			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	L28.1	Prurigo nodularis			NEMLUVIO
Pharmacy PBM	Denied	Quantity over Limit	F17.200	Nicotine dependence, unspecified, uncomplicated			VARENICLINE STARTING MONTH BOX
Pharmacy PBM	Denied	PA requirements not met	L12.0	Bullous pemphigoid			DUPIXENT
Pharmacy PBM	Denied	Non Formulary	K64.8	Other hemorrhoids			HYDROCORTISONE AC
Pharmacy PBM	Denied	Non Formulary	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			REYVOW
Pharmacy PBM	Denied	PA requirements not met	F31.76	Bipolar disorder, in full remission, most recent episode depressed			VRAYLAR
Pharmacy	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			
Pharmacy	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			TECENTRIQ
Pharmacy PBM	Denied	Refill too soon	C90.00	Multiple myeloma not having achieved remission			POMALYST

Pharmacy PBM	Denied	PA requirements not met	E11.65	Type 2 diabetes mellitus with hyperglycemia			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	J44.89	OTH SPEC CHR OBSTRUCTV PULMONARY DZ			FASENRA PEN
Pharmacy PBM	Approved	Met Medical Necessity	Z68.27	Body mass index [BMI] 27.027.9, adult			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	M96.1	Postlaminectomy syndrome, not elsewhere classified			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	C50.911	Malignant neoplasm of unspecified site of right female breast			VEOZAH
Pharmacy PBM	Denied	Refill too soon	F64.9	Gender identity disorder, unspecified			ESTRADIOL VALERATE
Pharmacy PBM	Approved	Met Medical Necessity	G20.C	PARKINSONISM UNSPECIFIED			RYTARY ER
Pharmacy PBM	Denied	PA requirements not met	E11.69	Type 2 diabetes mellitus with other specified complication			RYBELSUS
Pharmacy PBM	Denied	PA requirements not met	F31.32	Bipolar disorder, current episode depressed, moderate			LURASIDONE HCL

Pharmacy PBM	Denied	Non Formulary	L93.0	Discoid lupus erythematosus			SOTYKTU
Pharmacy PBM	Denied	Non Formulary	R56.9	Unspecified convulsions			XCOPRI
Pharmacy PBM	Approved	Met Medical Necessity	K29.70	Gastritis, unspecified, without bleeding			SUCRALFATE
Pharmacy PBM	Approved	Met Medical Necessity	M81.0	Agerelated osteoporosis without current pathological fracture			PROLIA
Pharmacy	Approved	Met Medical Necessity	N32.81	Overactive bladder			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Denied	PA requirements not met	M54.17	Radiculopathy, lumbosacral region			OXYCODONE HCL
Pharmacy PBM	Denied	PA requirements not met	K81.0	Acute cholecystitis			MORPHINE SULFATE IR
Pharmacy PBM	Denied	PA requirements not met	M45.9	Ankylosing spondylitis of unspecified sites in spine			COSENTYX UNOREADY
Pharmacy PBM	Denied	Non Formulary	H04.121	Dry eye syndrome of right lacrimal gland			XIIDRA
Pharmacy PBM	Approved	Met Medical Necessity	Z86.718	Personal history of other venous thrombosis and embolism			FONDAPARINUX

Pharmacy PBM	Denied	Non Formulary	J44.89	OTH SPEC CHR OBSTRUCTV PULMONARY DZ			SYMBICORT 80- 4.5 MCG INHALER budesonide/formo terol fumarate
Pharmacy PBM	Approved	Met Medical Necessity	G40.109	Localization relate d (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus			OXCARBAZEPINE ER
Pharmacy PBM	Denied	Non Formulary	K21.9	Gastroesophageal reflux disease without esophagitis			CVS ESOMEPRAZOLE MAG
Pharmacy PBM	Approved	Met Medical Necessity	F32.9	Major depressive disorder, single episode, unspecified			BUPROPION HCL XL
Pharmacy PBM	Approved	Met Medical Necessity	F32.9	Major depressive disorder, single episode, unspecified			LATANOPROST
Pharmacy PBM	Denied	PA requirements not met	D25.9	Leiomyoma of uterus, unspecified			LUPRON DEPOT 3.75 MG KIT P/F, SUV leuprolide acetate

Pharmacy PBM	Denied	PA requirements not met	M06.9	Rheumatoid arthritis, unspecified			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	L64.9	Androgenic alopecia, unspecified			MINOXIDIL
Pharmacy PBM	Denied	PA requirements not met	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	G89.29	Other chronic pain			OXYCONTIN ER 30 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M54.31	Sciatica, right side			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	K29.70	Gastritis, unspecified, without bleeding			VOQUEZNA TRIPLE PAK
Pharmacy PBM	Denied	PA requirements not met	N80.00	ENDOMETRIOSIS OF THE UTERUS UNSPECIFIED			LUPRON DEPOT
Pharmacy PBM	Denied	Administrative Denial	Z68.41	Body mass index [BMI]40.044.9, adult			WEGOVY
Pharmacy PBM	Denied	Quantity over Limit	R06.2	Wheezing			ALBUTEROL HFA
Pharmacy PBM	Denied	Administrative Denial	Z68.44	Body mass index [BMI] 60.069.9, adult			OZEMPIC

Pharmacy PBM	Denied	PA requirements not met	F11.10	Opioid abuse, uncomplicated			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Pharmacy	Approved	Met Medical Necessity	K50.00	Crohn's disease of small intestine without complications			
Pharmacy	Approved	Met Medical Necessity	K50.00	Crohn's disease of small intestine without complications			STELARA
Pharmacy PBM	Denied	PA requirements not met	F90.1	Attention deficit hyperactivity disorder, predominantly hyperactive type			LISDEXAMFETAMINE
Pharmacy PBM	Denied	PA requirements not met	F31.9	Bipolar disorder, unspecified			TRAMADOL HCL 50 MG TABLET F/C tramadol HCl
Pharmacy	Approved	Met Medical Necessity	G43.709	Chronic migraine without aura, not intractable, without status migrainosus			
Pharmacy PBM	Denied	PA requirements not met	M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	N18.6	End stage renal disease			HUMALOG 100 UNIT/ML CARTRIDGE OUTER, SINGLE USE insulin lispro
Pharmacy PBM	Denied	Non Formulary	B19.20	Unspecified viral hepatitis C without hepatic coma			EPCLUSA
Pharmacy PBM	Denied	Non Formulary	G57.20	Lesion of femoral nerve, unspecified lower limb			DRIZALMA SPRINKLE DR
Pharmacy PBM	Denied	PA requirements not met	M25.56	PAIN IN KNEE			ACETAMINOPHEN-COD #
Pharmacy PBM	Denied	Quantity over Limit	J45.41	Moderate persistent asthma with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	Administrative Denial	N52.9	Male erectile dysfunction, unspecified			SILDENAFIL
Pharmacy PBM	Denied	Non Formulary	L70.0	Acne vulgaris			WINLEVI
Pharmacy PBM	Denied	Administrative Denial	Z68.34	Body mass index [BMI] 34.034.9, adult			ZEPBOUND
Pharmacy PBM	Denied	PA requirements not met	G25.0	Essential tremor			INGREZZA

Pharmacy PBM	Approved	Met Medical Necessity	S82.142A	Displaced bicondylar fracture of left tibia, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E66.9	Obesity, unspecified			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	C50.912	Malignant neoplasm of unspecified site of left female breast			LUPRON DEPOT 3.75 MG KIT P/F, SUV leuprolide acetate
Pharmacy PBM	Denied	Administrative Denial	E66.811	OBESITY CLASS 1			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	M45.9	Ankylosing spondylitis of unspecified sites in spine			AMJEVITA
Pharmacy PBM	Denied	Non Formulary	K50.90	Crohn's disease, unspecified, without complications			SKYRIZI
Pharmacy PBM	Denied	Administrative Denial	E66.3	Overweight			WEGOVY
Pharmacy PBM	Denied	Administrative Denial	Z68.42	Body mass index [BMI] 45.049.9, adult			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			OXYCODONE HCL ER

Pharmacy PBM	Approved	Met Medical Necessity	C84.60	Anaplastic large cell lymphoma, ALKpositive, unspecified site			ALECENSA
Pharmacy PBM	Denied	PA requirements not met	L20.9	Atopic dermatitis, unspecified			OPZELURA
Pharmacy PBM	Approved	Met Medical Necessity	K81.0	Acute cholecystitis			HYDROMORPHON E 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	Refill too soon	E11.69	Type 2 diabetes mellitus with other specified complication			MOUNJARO
Pharmacy	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus			
Pharmacy	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	I5A	Non-ischemic myocardial injury (non-traumatic)			BUPRENORPHINE
Pharmacy PBM	Denied	Non Formulary	K62.82	Dysplasia of anus			LIDOCAINE
Pharmacy PBM	Approved	Met Medical Necessity	L28.1	Prurigo nodularis			NEMLUVIO
Pharmacy PBM	Approved	Met Medical Necessity	K59.0	CONSTIPATION			SENNA

Pharmacy PBM	Denied	PA requirements not met	E11.36	Type 2 diabetes mellitus with diabetic cataract			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease			OZEMPIC
Pharmacy PBM	Denied	Administrative Denial	R63.5	Abnormal weight gain			PHTERMINE
Pharmacy PBM	Approved	Met Medical Necessity	M16.0	Bilateral primary osteoarthritis of hip			DICLOFENAC SODIUM
Pharmacy PBM	Approved	Met Medical Necessity	M06.9	Rheumatoid arthritis, unspecified			ACTEMRA
Pharmacy PBM	Denied	Non Formulary	E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy			INSULIN LISPRO
Pharmacy PBM	Approved	Met Medical Necessity	D73.5	Infarction of spleen			BUPRENORPHINE
Pharmacy PBM	Denied	PA requirements not met	F41.1	Generalized anxiety disorder			CHLORDIAZEPOXI DE 25 MG CAPSULE chlordiazepoxide HCl
Pharmacy PBM	Denied	Non Formulary	D57.01	HbSS disease with acute chest syndrome			XROMI

Pharmacy PBM	Denied	PA requirements not met	C79.51	Secondary malignant neoplasm of bone			OXYCODONE HCL
Pharmacy PBM	Denied	PA requirements not met	G61.81	Chronic inflammatory demyelinating polyneuritis			VVVGART
Pharmacy PBM	Denied	Non Formulary	L20.9	Atopic dermatitis, unspecified			RINVOQ ER
Pharmacy PBM	Denied	PA requirements not met	L20.89	Other atopic dermatitis			EBGLYSS
Pharmacy PBM	Denied	PA requirements not met	L25.9	Unspecified contact dermatitis, unspecified cause			AZELAIC ACID
Pharmacy PBM	Denied	PA requirements not met	M54.50	Low back pain, unspecified			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Administrative Denial	Z29.81	ENC HIV PRE-EXPOSURE PROPHYLAXIS			YEZTUGO
Pharmacy PBM	Denied	Non Formulary	F90.2	Attention deficit hyperactivity disorder, combined type			DESVENLAFAXINE SUCCINATE ER
Pharmacy PBM	Denied	Non Formulary	E78.5	Hyperlipidemia, unspecified			REPATHA

Pharmacy PBM	Approved	Met Medical Necessity	D57.219	Sicklecell/HbC disease with crisis, unspecified			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			TRELEGY ELLIPTA
Pharmacy PBM	Approved	Met Medical Necessity	M51.36	Other intervertebral disc degeneration, lumbar region			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			ESTRADIOL
Pharmacy PBM	Approved	Met Medical Necessity	M25.512	Pain in left shoulder			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	I21.4	NonST elevation (NSTEMI) myocardial infarction			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	G47.419	Narcolepsy without cataplexy			SUNOSI
Pharmacy PBM	Denied	Quantity over Limit	J45.20	Mild intermittent asthma, uncomplicated			ALBUTEROL HFA
Pharmacy PBM	Denied	Administrative Denial	G47.30	Sleep apnea, unspecified			ZEPBOUND
Pharmacy PBM	Denied	Administrative Denial	E66.813	OBESITY CLASS 3			ZEPBOUND

Pharmacy PBM	Denied	PA requirements not met	E11.59	Type 2 diabetes mellitus with other circulatory complications			OZEMPIC
Pharmacy PBM	Denied	Administrative Denial	E66.9	Obesity, unspecified			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	E84.0	Cystic fibrosis with pulmonary manifestations			DEKAS PLUS SOFT
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			POMALYST
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	F50.819	BINGE EATING DISORDER UNSPECIFIED			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	C7A.8	Other malignant neuroendocrine tumors			OXYCONTIN ER 10 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			OXYCONTIN ER 10 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			OLANZAPINE ODT
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			SERTRALINE HCL

Pharmacy PBM	Approved	Met Medical Necessity	F31.32	Bipolar disorder, current episode depressed, moderate			LURASIDONE HCL
Pharmacy PBM	Denied	Administrative Denial	Z68.42	Body mass index [BMI] 45.049.9, adult			WEGOVY
Pharmacy PBM	Denied	Non Formulary	L40.50	Arthropathic psoriasis, unspecified			TALTZ
Pharmacy PBM	Approved	Met Medical Necessity	D73.5	Infarction of spleen			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	PA requirements not met	M17.0	Bilateral primary osteoarthritis of knee			TRAMADOL HCL
Pharmacy PBM	Denied	Administrative Denial	E66.01	Morbid (severe) obesity due to excess calories			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			BUPROPION HCL XL
Pharmacy PBM	Approved	Met Medical Necessity	C71.1	Malignant neoplasm of frontal lobe			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			MORPHINE SULF ER 15 MG TABLET morphine sulfate

Pharmacy PBM	Approved	Met Medical Necessity	E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy			INSULIN LISPRO
Pharmacy PBM	Denied	PA requirements not met	E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy			MOUNJARO
Pharmacy PBM	Denied	PA requirements not met	G89.29	Other chronic pain			TRAMADOL HCL
Pharmacy PBM	Denied	Administrative Denial	E66.01	Morbid (severe) obesity due to excess calories			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	F15.20	Other stimulant dependence, uncomplicated			LISDEXAMFETAMINE
Pharmacy PBM	Denied	PA requirements not met	G47.33	Obstructive sleep apnea (adult) (pediatric)			OZEMPIC
Pharmacy PBM	Denied	Administrative Denial	E66.01	Morbid (severe) obesity due to excess calories			ZEPBOUND
Pharmacy PBM	Denied	PA requirements not met	F31.60	Bipolar disorder, current episode mixed, unspecified			VRAYLAR
Pharmacy PBM	Denied	PA requirements not met	M10.9	Gout, unspecified			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	F31.81	Bipolar II disorder			LURASIDONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	F31.2	Bipolar disorder, current episode manic severe with psychotic features			VRAYLAR
Pharmacy PBM	Denied	PA requirements not met	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	F31.32	Bipolar disorder, current episode depressed, moderate			REXULTI
Pharmacy PBM	Denied	PA requirements not met	G47.33	Obstructive sleep apnea (adult) (pediatric)			SUNOSI
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			JANUMET 50-1,000 MG TABLET sitagliptin phosphate/metformin HCl
Pharmacy PBM	Denied	PA requirements not met	M47.12	Other spondylosis with myelopathy, cervical region			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	K76.0	Fatty (change of) liver, not elsewhere classified			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	L20.0	Besnier's prurigo			DAPSONE

Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Administrative Denial	N46.11	Organic oligospermia			CLOMID
Pharmacy PBM	Approved	Met Medical Necessity	E11	TYPE 2 DIABETES MELLITUS			UBRELVY
Pharmacy PBM	Denied	Administrative Denial	E66.01	Morbid (severe) obesity due to excess calories			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral			TRULICITY
Pharmacy PBM	Denied	PA requirements not met	M54.16	Radiculopathy, lumbar region			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	I31.9	Disease of pericardium, unspecified			HYDROMORPHONE 2 MG TABLET hydromorphone HCl

Pharmacy PBM	Approved	Met Medical Necessity	F25.1	Schizoaffective disorder, depressive type			VRAYLAR
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			METFORMIN ER
Pharmacy PBM	Denied	Non Formulary	K59.01	Slow transit constipation			TRULANCE
Pharmacy PBM	Denied	PA requirements not met	E78.5	Hyperlipidemia, unspecified			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	K60.2	Anal fissure, unspecified			LIDOCAINE
Pharmacy PBM	Denied	Non Formulary	E10.9	Type 1 diabetes mellitus without complications			AFREZZA
Pharmacy PBM	Approved	Met Medical Necessity	M25.511	Pain in right shoulder			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Approved	Met Medical Necessity	G47.33	Obstructive sleep apnea (adult) (pediatric)			SUNOSI
Pharmacy PBM	Denied	PA requirements not met	R13.10	Dysphagia, unspecified			VALTOCO
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			TOUJEO MAX SOLOSTR
Pharmacy PBM	Approved	Met Medical Necessity	M10.9	Gout, unspecified			FEBUXOSTAT

Pharmacy PBM	Approved	Met Medical Necessity	C18.5	Malignant neoplasm of splenic flexure			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E11.8	Type 2 diabetes mellitus with unspecified complications			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	L40.0	Psoriasis vulgaris			CALCIPOTRIENE
Pharmacy PBM	Denied	Quantity over Limit	J45.40	Moderate persistent asthma, uncomplicated			LEVALBUTEROL TAR HFA
Pharmacy PBM	Approved	Met Medical Necessity	K50.00	Crohn's disease of small intestine without complications			YESINTEK
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	G62.0	Druginduced polyneuropathy			GABAPENTIN ER
Pharmacy PBM	Denied	PA requirements not met	M19.90	Unspecified osteoarthritis, unspecified site			ENBREL 50 MG/ML SURECLICK P/F,SUV, INNER etanercept
Pharmacy PBM	Denied	PA requirements not met	R73.09	Other abnormal glucose			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	E16.1	Other hypoglycemia			OZEMPIC

Pharmacy PBM	Denied	Non Formulary	Z90.411	Acquired partial absence of pancreas			CREON DR 6,000 UNIT CAPSULE lipase/protease/ amylase (porcine)
Pharmacy PBM	Approved	Administrative Approval	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus			XCOPRI
Pharmacy PBM	Denied	Quantity over Limit	E11.9	Type 2 diabetes mellitus without complications			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	R61	Generalized hyperhidrosis			BOTOX 100 UNIT VIAL SUBONABOTULINUMTOXIN A
Pharmacy PBM	Denied	Administrative Denial	E66.812	OBESITY CLASS 2			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	K58.1	Irritable bowel syndrome with constipation			IBSRELA
Pharmacy PBM	Denied	Brand Not Medically Necessary	K13.79	Other lesions of oral mucosa			VALTRESX 500 MG CAPLET CAPLET, F/C valacyclovir HCl
Pharmacy PBM	Denied	Administrative Denial	R73.03	Prediabetes			ZEPBOUND

Pharmacy PBM	Approved	Met Medical Necessity	L97.812	Nonpressure chronic ulcer of other part of right lower leg with fat layer exposed			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	Z98.1	Arthrodesis status			ACETAMINOPHEN-COD #
Pharmacy PBM	Denied	Non Formulary	N18.6	End stage renal disease			XPHOZAH
Pharmacy PBM	Denied	Non Formulary	F90.0	Attentiondeficit hyperactivity disorder, predominantly inattentive type			DEXTROAMPHETA MINE
Pharmacy PBM	Denied	Brand Not Medically Necessary	F90.2	Attentiondeficit hyperactivity disorder, combined type			ADDERALL XR 25 MG CAPSULE dextroamphetami ne sulf- saccharate/amphe tamine sulf- aspartate
Pharmacy PBM	Denied	PA requirements not met	E66.01	Morbid (severe) obesity due to excess calories			LYBALVI
Pharmacy PBM	Approved	Met Medical Necessity	Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)			MRESVIA

Pharmacy PBM	Approved	Met Medical Necessity	M96.1	Postlaminectomy syndrome, not elsewhere classified			NALOXONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	M96.1	Postlaminectomy syndrome, not elsewhere classified			DILAUDID 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M96.1	Postlaminectomy syndrome, not elsewhere classified			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	S42.309	UNS FRACTURE SHAFT HUMERUS UNSPECIFIED ARM			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Administrative Denial	E66.811	OBESITY CLASS 1			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	C16.2	Malignant neoplasm of body of stomach			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	K92.2	Gastrointestinal hemorrhage, unspecified			OCTREOTIDE ACET ER
Pharmacy PBM	Denied	Non Formulary	F25.0	Schizoaffective disorder, bipolar type			ABILIFY MAINTENANCE ER
Pharmacy PBM	Denied	Non Formulary	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			DICLOFENAC SODIUM

Pharmacy PBM	Denied	PA requirements not met	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	N25.0	Renal osteodystrophy			XPHOZAH
Pharmacy PBM	Denied	Non Formulary	J30.89	Other allergic rhinitis			ODACTRA
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attentiondeficit hyperactivity disorder, predominantly inattentive type			VYVANSE 30 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Approved	Met Medical Necessity	D57.00	HbSS disease with crisis, unspecified			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	D57.00	HbSS disease with crisis, unspecified			OXYCONTIN ER 20 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	H04.123	Dry eye syndrome of bilateral lacrimal glands			XIIDRA
Pharmacy PBM	Denied	PA requirements not met	F20.0	Paranoid schizophrenia			VRAYLAR
Pharmacy PBM	Denied	Non Formulary	R11.2	Nausea with vomiting, unspecified			VOQUEZNA
Pharmacy PBM	Denied	Quantity over Limit	J45.40	Moderate persistent asthma, uncomplicated			ALBUTEROL HFA

Pharmacy PBM	Denied	Refill too soon	E11.65	Type 2 diabetes mellitus with hyperglycemia			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	M79.89	Other specified soft tissue disorders			TALTZ
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			DESVENLAFAXINE SUCCINATE
Pharmacy PBM	Approved	Met Medical Necessity	F50.811	BINGE EATING DISORDER MODERATE			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	E87.5	Hyperkalemia			VELTASSA
Pharmacy PBM	Denied	Non Formulary	L20.9	Atopic dermatitis, unspecified			UREA
Pharmacy PBM	Denied	Non Formulary	I50.20	Unspecified systolic (congestive) heart failure			KERENDIA
Pharmacy PBM	Approved	Met Medical Necessity	Z98.890	Other specified postprocedural states			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure			FUROSCIX
Pharmacy PBM	Approved	Met Medical Necessity	C73	Malignant neoplasm of thyroid gland			LENVIMA

Pharmacy PBM	Approved	Met Medical Necessity	M45.9	Ankylosing spondylitis of unspecified sites in spine			COSENTYX UNOREADY
Pharmacy PBM	Approved	Met Medical Necessity	M45.7	Ankylosing spondylitis of lumbosacral region			ENBREL
Pharmacy PBM	Denied	Non Formulary	D66	Hereditary factor VIII deficiency			ALTUVIIIIO
Pharmacy PBM	Denied	PA requirements not met	Z89.519	Acquired absence of unspecified leg below knee			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	J45.51	Severe persistent asthma with (acute) exacerbation			FASENRA PEN
Pharmacy PBM	Denied	Non Formulary	R76.8	Other specified abnormal immunological findings in serum			PLAQUENIL
Pharmacy PBM	Approved	Met Medical Necessity	K86.1	Other chronic pancreatitis			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	M96.0	Pseudarthrosis after fusion or arthrodesis			FORTEO 560 MCG/2.24 ML PEN INJ SUV teriparatide

Pharmacy PBM	Denied	Non Formulary	B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere			VOQUEZNA TRIPLE PAK
Pharmacy PBM	Approved	Met Medical Necessity	Z30.09	Encounter for other general counseling and advice on contraception			ANNOVERA VAGINAL RING
Pharmacy PBM	Denied	PA requirements not met	M79.A29	Nontraumatic compartment syndrome of unspecified lower extremity			OXYCODONE HCL
Pharmacy PBM	Denied	Non Formulary	K58.1	Irritable bowel syndrome with constipation			LINZESS
Pharmacy PBM	Denied	Non Formulary	G89.29	Other chronic pain			CARISOPRODOL
Pharmacy PBM	Denied	Non Formulary	Z78.9	Other specified health status			XYOSTED
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			GLUCOCARD SHINE TEST STRIPS
Pharmacy PBM	Denied	PA requirements not met	F25.0	Schizoaffective disorder, bipolar type			LYBALVI
Pharmacy PBM	Denied	Non Formulary	K86.1	Other chronic pancreatitis			CREON DR

Pharmacy PBM	Denied	PA requirements not met	I50.23	Acute on chronic systolic (congestive) heart failure			OZEMPIC
Pharmacy	Approved	Met Medical Necessity	Z94.0	Kidney transplant status			NULOJIX
Pharmacy PBM	Approved	Met Medical Necessity	Z98.1	Arthrodesis status			TRAMADOL HCL 50 MG TABLET tramadol HCl
Pharmacy PBM	Denied	Non Formulary	K50.90	Crohn's disease, unspecified, without complications			HUMIRA
Pharmacy PBM	Denied	Non Formulary	B35.1	Tinea unguium			CICLOPIROX 0.77% GEL ciclopirox
Pharmacy PBM	Denied	PA requirements not met	M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site			ENBREL
Pharmacy	Approved	Met Medical Necessity	N18.5	Chronic kidney disease, stage 5			FERAHEME 510 MG/17 ML VIAL SDV, P/F ferumoxytol
Pharmacy PBM	Approved	Met Medical Necessity	G24.8	Other dystonia			BACLOFEN
Pharmacy PBM	Denied	PA requirements not met	F25.9	Schizoaffective disorder, unspecified			VRAYLAR
Pharmacy PBM	Denied	Non Formulary	K59.00	Constipation, unspecified			LINZESS

Pharmacy PBM	Denied	Non Formulary	M96.0	Pseudarthrosis after fusion or arthrodesis			TYMLOS
Pharmacy PBM	Approved	Met Medical Necessity	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			VALTOCO
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			CIMZIA 2X200 MG/ML(X3)START KIT 6XPREF SYR, SUV certolizumab pegol
Pharmacy PBM	Approved	Met Medical Necessity	N93.9	Abnormal uterine and vaginal bleeding, unspecified			LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV leuprolide acetate
Pharmacy PBM	Approved	Met Medical Necessity	E11.69	Type 2 diabetes mellitus with other specified complication			TRULICITY
Pharmacy PBM	Denied	Administrative Denial	N52.9	Male erectile dysfunction, unspecified			TADALAFIL
Pharmacy PBM	Denied	Administrative Denial	R63.5	Abnormal weight gain			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	F31.75	Bipolar disorder, in partial remission, most recent episode depressed			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	M62.83	MUSCLE SPASM			BACLOFEN

Pharmacy PBM	Approved	Met Medical Necessity	G40.119	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus			LAMICTAL XR 100 MG TABLET F/C lamotrigine
Pharmacy PBM	Approved	Met Medical Necessity	G40.119	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus			TEGRETOL XR 200 MG TABLET carbamazepine
Pharmacy	Approved	Met Medical Necessity	K65.1	Peritoneal abscess			
Pharmacy	Approved	Met Medical Necessity	K65.1	Peritoneal abscess			CEFTRIAXONE
Pharmacy PBM	Denied	PA requirements not met	F90	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS			LISDEXAMFETAMINE
Pharmacy PBM	Denied	PA requirements not met	L73.2	Hidradenitis suppurativa			COSENTYX UNOREADY

Pharmacy	Approved	Met Medical Necessity	G24.4	Idiopathic orofacial dystonia			
Pharmacy	Approved	Met Medical Necessity	G24.4	Idiopathic orofacial dystonia			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attention deficit hyperactivity disorder, unspecified type			VYVANSE 70 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Approved	Met Medical Necessity	E23.0	Hypopituitarism			OMNITROPE 10 MG/1.5 ML CRTG SINGLE USE somatropin
Pharmacy PBM	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			SKYRIZI
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F20.9	Schizophrenia, unspecified			UZEDY ER
Pharmacy PBM	Denied	PA requirements not met	G89.4	Chronic pain syndrome			OXYCODONE-ACETAMINOPHEN

Pharmacy PBM	Approved	Met Medical Necessity	G40.119	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus			BRIVIACT
Pharmacy PBM	Denied	Non Formulary	G35	Multiple sclerosis			VUMERITY DR
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			SEGLUROMET
Pharmacy PBM	Approved	Met Medical Necessity	G62.9	Polyneuropathy, unspecified			PREGABALIN
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			MICARDIS HCT 80-12.5 MG TABLET 3X10 BLIST PACK,U-D telmisartan/hydrochlorothiazide
Pharmacy PBM	Approved	Met Medical Necessity	C7A.1	Malignant poorly differentiated neuroendocrine tumors			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	Administrative Denial	R73.03	Prediabetes			TRULICITY
Pharmacy PBM	Denied	PA requirements not met	L74.510	Primary focal hyperhidrosis, axilla			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A

Pharmacy PBM	Denied	Non Formulary	F33.2	Major depressive disorder, recurrent severe without psychotic features		VILAZODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	M48.062	Spinal stenosis, lumbar region with neurogenic claudication		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Neurology	Denied	Non Formulary	G35	Multiple sclerosis		
Pharmacy PBM	Approved	Met Medical Necessity	I50.22	Chronic systolic (congestive) heart failure		HYDROMORPHON E 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications		ALOGLIPTIN
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications		ATORVASTATIN
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications		METFORMIN HCL
Pharmacy PBM	Denied	Non Formulary	F64.9	Gender identity disorder, unspecified		PREMARIN 1.25 MG TABLET estrogens, conjugated
Pharmacy PBM	Denied	Brand Not Medically Necessary	L71.8	Other rosacea		METRO VAGINAL

Pharmacy PBM	Approved	Peer to Peer Overturned Met Medical Necessity	E78.1	Pure hyperglyceridemia			ICOSAPENT ETHYL
Pharmacy PBM	Denied	Non Formulary	K50.90	Crohn's disease, unspecified, without complications			TREMFYA INDUCTION PACK
Pharmacy PBM	Denied	PA requirements not met	F20.9	Schizophrenia, unspecified			LYBALVI
Pharmacy PBM	Approved	Met Medical Necessity	I73.00	Raynaud's syndrome without gangrene			SILDENAFIL
Pharmacy PBM	Denied	Quantity over Limit	I10	Essential (primary) hypertension			AMLODIPINE BESYLATE
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			AUSTEDO
Pharmacy PBM	Approved	Met Medical Necessity	E78.1	Pure hyperglyceridemia			ICOSAPENT ETHYL
Pharmacy PBM	Approved	Met Medical Necessity	M17.11	Unilateral primary osteoarthritis, right knee			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M54.2	Cervicalgia			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	K50.90	Crohn's disease, unspecified, without complications			TREMFYA INDUCTION PACK

Pharmacy PBM	Approved	Met Medical Necessity	J45.901	Unspecified asthma with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications			MOUNJARO
Pharmacy PBM	Denied	PA requirements not met	T79.A21A	Traumatic compartment syndrome of right lower extremity, initial encounter			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			STEGLATRO
Pharmacy PBM	Denied	PA requirements not met	C61	Malignant neoplasm of prostate			NUBEQA
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	G95.20	Unspecified cord compression			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Administrative Denial	G47.30	Sleep apnea, unspecified			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	F43.10	Posttraumatic stress disorder, unspecified			CAPLYTA

Pharmacy	Denied	Non Formulary	C90	MULTIPLE MYELOMA & MALIG PLASMA CELL NEOPLASMS			
Pharmacy	Denied	Non Formulary	C90	MULTIPLE MYELOMA & MALIG PLASMA CELL NEOPLASMS			XGEVA 120 MG/1.7 ML VIAL SUV, STERILE, P/F denosumab
Pharmacy	Approved	Met Medical Necessity	E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral			OZURDEX 0.7 MG IMPLANT SINGLE USE dexamethasone
Pharmacy PBM	Denied	Non Formulary	B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere			VOQUEZNA DUAL PAK
Pharmacy PBM	Denied	PA requirements not met	G89.4	Chronic pain syndrome			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	J45.50	Severe persistent asthma, uncomplicated			NUCALA

Pharmacy PBM	Denied	Administrative Denial	I50.20	Unspecified systolic (congestive) heart failure			OZEMPIC
Pharmacy PBM	Denied	Brand Not Medically Necessary	K51.011	Ulcerative (chronic) pancolitis with rectal bleeding			STELARA 90 MG/ML SYRINGE SUV, P/F ustekinumab
Pharmacy PBM	Denied	PA requirements not met	E13.9	Other specified diabetes mellitus without complications			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage			DORZOLAMIDE-TIMOLOL
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			NINLARO
Pharmacy PBM	Denied	Brand Not Medically Necessary	I47.1	Supraventricular tachycardia			TOPROL XL
Pharmacy PBM	Approved	Met Medical Necessity	J45.30	Mild persistent asthma, uncomplicated			ALBUTEROL HFA
Pharmacy PBM	Denied	Brand Not Medically Necessary	N95.1	Menopausal and female climacteric states			CLIMARA 0.025 MG/DAY PATCH OUTER estradiol

Pharmacy PBM	Denied	PA requirements not met	N93.9	Abnormal uterine and vaginal bleeding, unspecified			ORIAHNN
Pharmacy PBM	Approved	Met Medical Necessity	S63.055A	Dislocation of other carpometacarpal joint of left hand, initial encounter			HYDROCODONE-ACETAMINOPHEN
Pharmacy	Denied	Administrative Denial	H18.623	Keratoconus, unstable, bilateral			PHOTREXA CROSS LINKING
Pharmacy PBM	Denied	Non Formulary	H16.8	Other keratitis			CORTROPHIN
Pharmacy	Approved	Met Medical Necessity	E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral			
Pharmacy PBM	Denied	Quantity over Limit	F41.9	Anxiety disorder, unspecified			ESCITALOPRAM
Pharmacy PBM	Denied	PA requirements not met	Z98.1	Arthrodesis status			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	F84.0	Autistic disorder			LISDEXAMFETAMINE
Pharmacy PBM	Denied	PA requirements not met	F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features			VRAYLAR

Pharmacy PBM	Approved	Met Medical Necessity	M25.562	Pain in left knee			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	F32.9	Major depressive disorder, single episode, unspecified			COBENFY
Pharmacy PBM	Denied	PA requirements not met	F32.9	Major depressive disorder, single episode, unspecified			LYBALVI
Pharmacy PBM	Approved	Met Medical Necessity	L20.89	Other atopic dermatitis			EBGLYSS
Pharmacy PBM	Denied	Non Formulary	F43.10	Posttraumatic stress disorder, unspecified			FLUVOXAMINE ER
Pharmacy PBM	Denied	Not FDA approved	L20.9	Atopic dermatitis, unspecified			TACROLIMUS
Pharmacy PBM	Approved	Met Medical Necessity	C22.1	Intrahepatic bile duct carcinoma			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			ASPIRIN EC
Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			FUROSEMIDE
Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			JARDIANCE

Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			METOPROLOL SUCC ER
Pharmacy PBM	Denied	Non Formulary	L71.8	Other rosacea			NORITATE
Pharmacy PBM	Approved	Met Medical Necessity	C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip			OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET oxycodone HCl/acetaminoph en
Pharmacy PBM	Approved	Met Medical Necessity	M32.19	Other organ or system involvement in systemic lupus erythematosus			BENLYSTA
Pharmacy PBM	Approved	Met Medical Necessity	S82.841A	Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture			OXYCODONE HCL
Pharmacy PBM	Denied	Administrative Denial	Z68.41	Body mass index [BMI]40.044.9, adult			PHENTERMINE 37.5 MG CAPSULE phentermine HCl
Pharmacy	Approved	Met Medical Necessity	G82.50	Quadriplegia, unspecified			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A

Pharmacy PBM	Approved	Met Medical Necessity	M96.1	Postlaminectomy syndrome, not elsewhere classified			TRAMADOL HCL ER
Pharmacy PBM	Denied	Non Formulary	L70.8	Other acne			WINLEVI
Pharmacy PBM	Denied	Brand Not Medically Necessary	N95.1	Menopausal and female climacteric states			CLIMARA
Pharmacy PBM	Denied	PA requirements not met	Y24.9XXA	Unspecified firearm discharge, undetermined intent, initial encounter			OXYCODONE HCL
Pharmacy PBM	Denied	Non Formulary	G25.5	Other chorea			TETRABENAZINE
Pharmacy PBM	Approved	Met Medical Necessity	D86.85	Sarcoid myocarditis			MYCOPHENOLIC ACID DR
Pharmacy PBM	Approved	Met Medical Necessity	I27.0	Primary pulmonary hypertension			ADEMPAS
Pharmacy PBM	Approved	Met Medical Necessity	M54.5	Low back pain			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C79.51	Secondary malignant neoplasm of bone			OXYCONTIN ER 40 MG TABLET 2X10, U-D oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F90.0	Attentiondeficit hyperactivity disorder, predominantly inattentive type			DESVENLAFAXINE SUCCNT ER
Pharmacy PBM	Denied	Refill too soon	M79.7	Fibromyalgia			TRAMADOL HCL

Pharmacy PBM	Denied	PA requirements not met	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			VYVANSE 20 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Approved	Met Medical Necessity	E11.8	Type 2 diabetes mellitus with unspecified complications			RYBELSUS
Pharmacy PBM	Approved	Met Medical Necessity	S61.219A	Laceration without foreign body of unspecified finger without damage to nail, initial encounter			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	F64.9	Gender identity disorder, unspecified			LUPRON DEPOT
Pharmacy PBM	Approved	Met Medical Necessity	K91.850	Pouchitis			HADLIMA
Pharmacy PBM	Denied	Non Formulary	M96.1	Postlaminectomy syndrome, not elsewhere classified			CYCLOBENZAPRINE
Pharmacy PBM	Denied	Not FDA approved	M19.90	Unspecified osteoarthritis, unspecified site			SILDENAFIL
Pharmacy PBM	Approved	Met Medical Necessity	E11.621	Type 2 diabetes mellitus with foot ulcer			MOUNJARO

Pharmacy	Denied	Non Formulary	D25.9	Leiomyoma of uterus, unspecified			MYFEMBREE
Pharmacy PBM	Denied	Quantity over Limit	F33.1	Major depressive disorder, recurrent, moderate			TRINTELLIX
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			AMLODIPINE BESYLATE
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			CLONIDINE HCL
Pharmacy PBM	Approved	Met Medical Necessity	F33.1	Major depressive disorder, recurrent, moderate			TRINTELLIX
Pharmacy PBM	Approved	Met Medical Necessity	B18.2	Chronic viral hepatitis C			VOSEVI
Pharmacy	Denied	Administrative Denial	E29.1	Testicular hypofunction			TESTOPEL
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			HADLIMA
Pharmacy PBM	Denied	Non Formulary	Z94.0	Kidney transplant status			MYCOPHENOLIC ACID DR
Pharmacy PBM	Denied	Non Formulary	L20.9	Atopic dermatitis, unspecified			NEMLUVIO

Pharmacy PBM	Approved	Met Medical Necessity	G90.522	Complex regional pain syndrome I of left lower limb			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	K58.1	Irritable bowel syndrome with constipation			LINZESS
Pharmacy PBM	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			SELARSDI
Pharmacy PBM	Approved	Met Medical Necessity	F51.05	Insomnia due to other mental disorder			SODIUM OXYBATE
Pharmacy PBM	Denied	Non Formulary	L70.9	Acne, unspecified			WINLEVI
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			HYDROCHLOROT HIAZIDE
Pharmacy PBM	Denied	Non Formulary	F20.9	Schizophrenia, unspecified			QUETIAPINE ER
Pharmacy PBM	Denied	PA requirements not met	G47.33	Obstructive sleep apnea (adult) (pediatric)			ARMODAFINIL
Pharmacy PBM	Denied	Non Formulary	G20.C	PARKINSONISM UNSPECIFIED			ONGENTYS
Pharmacy PBM	Denied	Refill too soon	F90.1	Attentiondeficit hyperactivity disorder, predominantly hyperactive type			DEXMETHYLPHENI DATE ER

Pharmacy PBM	Denied	Non Formulary	F90.2	Attention deficit hyperactivity disorder, combined type			ADZENYS XR-ODT
Pharmacy PBM	Denied	Quantity over Limit	G43.109	Migraine with aura, not intractable, without status migrainosus			VENLAFAXINE HCL ER
Pharmacy PBM	Denied	PA requirements not met	M35.05	Sjogren syndrome with inflammatory arthritis			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	M35.05	Sjogren syndrome with inflammatory arthritis			TRAMADOL HCL
Pharmacy	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			DILUENT FOR LUPRON DEPOT
Pharmacy PBM	Denied	Non Formulary	J30.9	Allergic rhinitis, unspecified			MOMETASONE FUROATE
Pharmacy PBM	Denied	PA requirements not met	G89.29	Other chronic pain			TRAMADOL HCL ER
Pharmacy PBM	Approved	Met Medical Necessity	L73.8	Other specified follicular disorders			FIDILA
Pharmacy PBM	Approved	Met Medical Necessity	L73.8	Other specified follicular disorders			KETOCONAZOLE
Pharmacy PBM	Denied	PA requirements not met	L40.0	Psoriasis vulgaris			STEQEYMA

Pharmacy PBM	Denied	Brand Not Medically Necessary	K51.90	Ulcerative colitis, unspecified, without complications		PENTASA 500 MG CAPSULE mesalamine
Pharmacy PBM	Denied	Non Formulary	G82.22	Paraplegia, incomplete		TRADJENTA
Pharmacy	Approved	Met Medical Necessity	G35.A	Relapsing-remitting multiple sclerosis		OCREVUS
Pharmacy PBM	Denied	PA requirements not met	E11.65	Type 2 diabetes mellitus with hyperglycemia		WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension		LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB lisinopriI/hydrochlorothiazide
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension		METFORMIN HCL 1,000 MG TABLET F/C metformin HCL
Pharmacy PBM	Approved	Met Medical Necessity	F33.2	Major depressive disorder, recurrent severe without psychotic features		AUVELITY ER
Pharmacy PBM	Approved	Met Medical Necessity	L40.9	Psoriasis, unspecified		STEQEYMA

Pharmacy PBM	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region			ACETAMINOPHEN-COD #4 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Approved	Met Medical Necessity	G43.109	Migraine with aura, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	Z47.1	Aftercare following joint replacement surgery			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	L20.89	Other atopic dermatitis			SKYRIZI
Pharmacy PBM	Denied	PA requirements not met	M32.9	Systemic lupus erythematosus, unspecified			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	Z90.49	Acquired absence of other specified parts of digestive tract			HYDROCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	S52.041A	Displaced fracture of coronoid process of right ulna, initial encounter for closed fracture			OXYCODONE HCL

Pharmacy	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			
Pharmacy	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			SKYRIZI
Pharmacy PBM	Approved	Met Medical Necessity	L40.0	Psoriasis vulgaris			STEQEYMA
Pharmacy PBM	Denied	PA requirements not met	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	R10.9	Unspecified abdominal pain			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	M19.90	Unspecified osteoarthritis, unspecified site			TREMFYA
Pharmacy PBM	Approved	Met Medical Necessity	J45.41	Moderate persistent asthma with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	Non Formulary	E78.2	Mixed hyperlipidemia			REPATHA
Pharmacy PBM	Approved	Met Medical Necessity	E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia			ACCU-CHEK GUIDE ME GLUCOSE MTR
Pharmacy	Approved	Met Medical Necessity	H20.9	Unspecified iridocyclitis			AVSOLA

Pharmacy PBM	Approved	Met Medical Necessity	M47.897	Other spondylosis, lumbosacral region			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified			ENBREL 50 MG/ML SURECLICK P/F,SUV, INNER etanercept
Pharmacy	Approved	Met Medical Necessity	N18.4	Chronic kidney disease, stage 4 (severe)			
Pharmacy	Approved	Met Medical Necessity	N18.4	Chronic kidney disease, stage 4 (severe)			FERAHEME 510 MG/17 ML VIAL SDV, P/F ferumoxytol
Pharmacy PBM	Denied	Quantity over Limit	J44.9	Chronic obstructive pulmonary disease, unspecified			ALBUTEROL HFA
Pharmacy PBM	Approved	Met Medical Necessity	E11.8	Type 2 diabetes mellitus with unspecified complications			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	E30.1	Precocious puberty			LUPRON DEPOT-PED
Pharmacy PBM	Approved	Met Medical Necessity	G56.23	Lesion of ulnar nerve, bilateral upper limbs			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	G56.31	Lesion of radial nerve, right upper limb			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non Formulary	M06.9	Rheumatoid arthritis, unspecified			KEVZARA
Pharmacy PBM	Approved	Met Medical Necessity	Z96.652	Presence of left artificial knee joint			TRAMADOL HCL
Pharmacy	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure			
Pharmacy	Approved	Met Medical Necessity	I50.23	Acute on chronic systolic (congestive) heart failure			DOBUTAMINE 1,000 MG/250 ML D5W SINGLE USE dobutamine HCl in dextrose 5 % in water
Pharmacy PBM	Approved	Met Medical Necessity	K50.012	Crohn's disease of small intestine with intestinal obstruction			OMVOH PEN
Pharmacy PBM	Denied	Non Formulary	F34.1	Dysthymic disorder			APLENZIN ER
Pharmacy PBM	Approved	Met Medical Necessity	Z47.1	Aftercare following joint replacement surgery			HYDROMORPHONE 4 MG TABLET hydromorphone HCl

Pharmacy	Approved	Met Medical Necessity	Z94.4	Liver transplant status			ENVARUSUS XR
Pharmacy PBM	Denied	Non Formulary	F32.9	Major depressive disorder, single episode, unspecified			TRINTELLIX
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			ABILIFY MAINTENANCE
Pharmacy PBM	Denied	Non Formulary	F33.1	Major depressive disorder, recurrent, moderate			MIRTAZAPINE 15 MG ODT 5X6 mirtazapine
Pharmacy PBM	Approved	Met Medical Necessity	Z87.19	Personal history of other diseases of the digestive system			OXYCODONE-ACETAMINOPHEN
Pharmacy	Approved	Met Medical Necessity	K51.90	Ulcerative colitis, unspecified, without complications			AVSOLA
Pharmacy PBM	Approved	Met Medical Necessity	E13.9	Other specified diabetes mellitus without complications			GLUCAGON
Pharmacy PBM	Approved	Met Medical Necessity	C50.411	Malignant neoplasm of upperouter quadrant of right female breast			FULPHILA
Pharmacy PBM	Approved	Met Medical Necessity	M06.9	Rheumatoid arthritis, unspecified			ACTEMRA ACTPEN

Pharmacy PBM	Approved	Met Medical Necessity	G35.A	Relapsing-remitting multiple sclerosis			DALFAMPRIDINE ER
Pharmacy PBM	Approved	Met Medical Necessity	G89.29	Other chronic pain			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	J45.51	Severe persistent asthma with (acute) exacerbation			BREZTRI AEROSPHERE INHALER
Pharmacy PBM	Denied	Quantity over Limit	G43.909	Migraine, unspecified, not intractable, without status migrainosus			SUMATRIPTAN SUCC
Pharmacy PBM	Approved	Met Medical Necessity	M17.11	Unilateral primary osteoarthritis, right knee			DUROLANE
Pharmacy PBM	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			YESINTEK
Pharmacy PBM	Denied	PA requirements not met	R61	Generalized hyperhidrosis			QBREXZA
Pharmacy PBM	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			DUROLANE
Pharmacy PBM	Denied	Brand Not Medically Necessary	L73.2	Hidradenitis suppurativa			HUMIRA
Pharmacy PBM	Approved	Met Medical Necessity	J45.909	Unspecified asthma, uncomplicated			XOLAIR

Pharmacy PBM	Approved	Met Medical Necessity	F32.1	Major depressive disorder, single episode, moderate		VILAZODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications		OLMSRTN-AMLDPN-HYDROCHLOROT HIAZIDE
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications		METFORMIN HCL ER
Pharmacy PBM	Approved	Met Medical Necessity	M25.561	Pain in right knee		OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non Formulary	F90.9	Attentiondeficit hyperactivity disorder, unspecified type		AMPHETAMINE SULFATE
Pharmacy PBM	Approved	Met Medical Necessity	A59.0	UROGENITAL TRICHOMONIASIS		LIKMEZ
Pharmacy PBM	Approved	Met Medical Necessity	L40.8	Other psoriasis		SELARSDI

Pharmacy PBM	Denied	PA requirements not met	T84.84XD	Pain due to internal orthopedic prosthetic devices, implants and grafts, subsequent encounter			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Administrative Denial	Z68.34	Body mass index [BMI] 34.034.9, adult			ORLISTAT
Pharmacy PBM	Denied	Non Formulary	H34.8110	Central retinal vein occlusion, right eye, with macular edema			AVASTIN
Pharmacy PBM	Approved	Met Medical Necessity	M32.14	Glomerular disease in systemic lupus erythematosus			BENLYSTA
Pharmacy PBM	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			VRAYLAR
Pharmacy PBM	Denied	PA requirements not met	E11.8	Type 2 diabetes mellitus with unspecified complications			MOUNJARO
Pharmacy PBM	Denied	PA requirements not met	J44.9	Chronic obstructive pulmonary disease, unspecified			FASENRA PEN

Pharmacy PBM	Approved	Met Medical Necessity	T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter			XOLAIR
Pharmacy PBM	Denied	Non Formulary	M96.1	Postlaminectomy syndrome, not elsewhere classified			ZTLIDO
Pharmacy PBM	Approved	Met Medical Necessity	L21.9	Seborrheic dermatitis, unspecified			TACROLIMUS
Pharmacy PBM	Approved	Met Medical Necessity	I48.3	Typical atrial flutter			XARELTO
Pharmacy PBM	Denied	Quantity over Limit	J45.909	Unspecified asthma, uncomplicated			ALBUTEROL HFA
Pharmacy PBM	Denied	PA requirements not met	M54.50	Low back pain, unspecified			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	G40.219	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus			KEPPRA 750 MG TABLET F/C levetiracetam

Pharmacy PBM	Approved	Met Medical Necessity	M25.562	Pain in left knee			DUROLANE
Pharmacy PBM	Denied	Administrative Denial	E66.9	Obesity, unspecified			CONTRACE ER
Pharmacy	Denied	Not FDA approved	K50.80	Crohn's disease of both small and large intestine without complications			SKYRIZI
Pharmacy PBM	Denied	Administrative Denial	E66.813	OBESITY CLASS 3			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	N04.9	Nephrotic syndrome with unspecified morphologic changes			TRUXIMA
Pharmacy PBM	Approved	Met Medical Necessity	K51.011	Ulcerative (chronic) pancolitis with rectal bleeding			YESINTEK
Pharmacy PBM	Denied	Brand Not Medically Necessary	F90.9	Attention deficit hyperactivity disorder, unspecified type			ADDERALL XR 10 MG CAPSULE dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate
Pharmacy PBM	Denied	Non Formulary	K50.013	Crohn's disease of small intestine with fistula			RINVOQ ER
Pharmacy PBM	Denied	Non Formulary	K86.1	Other chronic pancreatitis			PERTZYE DR

Pharmacy PBM	Approved	Met Medical Necessity	C91.10	Chronic lymphocytic leukemia of Bcell type not having achieved remission			BRUKINSA
Pharmacy PBM	Approved	Met Medical Necessity	J45.50	Severe persistent asthma, uncomplicated			TEZSPIRE
Pharmacy PBM	Approved	Met Medical Necessity	C50.511	Malignant neoplasm of lowerouter quadrant of right female breast			ENHERTU
Pharmacy PBM	Denied	Administrative Denial	E66.811	OBESITY CLASS 1			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema			PAVBLU
Pharmacy PBM	Denied	Non Formulary	R21	Rash and other nonspecific skin eruption			SALICYLIC ACID

Pharmacy PBM	Denied	PA requirements not met	M25.561	Pain in right knee			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Administrative Denial	E66.9	Obesity, unspecified			MOUNJARO
Pharmacy PBM	Denied	Brand Not Medically Necessary	I10	Essential (primary) hypertension			CARDIZEM LA
Pharmacy PBM	Denied	PA requirements not met	T81.49XA	Infection following a procedure, other surgical si			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	F33.2	Major depressive disorder, recurrent severe without psychotic features			VILAZODONE HCL
Pharmacy PBM	Denied	Brand Not Medically Necessary	F41.9	Anxiety disorder, unspecified			ZOLOFT
Pharmacy PBM	Approved	Met Medical Necessity	T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	Z96.652	Presence of left artificial knee joint			HYDROMORPHON E 4 MG TABLET hydromorphone HCl

Pharmacy PBM	Approved	Met Medical Necessity	S82.841A	Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	L40.50	Arthropathic psoriasis, unspecified			BIMZELX
Pharmacy PBM	Denied	Non Formulary	K73.9	Chronic hepatitis, unspecified			MAVYRET
Pharmacy PBM	Approved	Met Medical Necessity	M51.379	OTH IVD DEGEN LS WO BACK/LE PAIN			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	K59.09	Other constipation			PRUCALOPRIDE
Pharmacy PBM	Denied	PA requirements not met	E13.9	Other specified diabetes mellitus without complications			RYBELSUS
Pharmacy PBM	Approved	Met Medical Necessity	K50.80	Crohn's disease of both small and large intestine without complications			STEQEYMA
Pharmacy PBM	Approved	Met Medical Necessity	E66.01	Morbid (severe) obesity due to excess calories			ZEPBOUND

Pharmacy PBM	Approved	Met Medical Necessity	M79.652	Pain in left thigh			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	K21.9	Gastroesophageal reflux disease without esophagitis			FIRST-LANSOPRAZOLE
Pharmacy PBM	Denied	Non Formulary	M17.0	Bilateral primary osteoarthritis of knee			DUROLANE
Pharmacy	Denied	Non Formulary	K50.913	Crohn's disease, unspecified, with fistula			STELARA
Pharmacy PBM	Approved	Met Medical Necessity	G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus			DIVALPROEX DR 125 MG CAP SPRNK divalproex sodium
Pharmacy PBM	Denied	PA requirements not met	F32.1	Major depressive disorder, single episode, moderate			VRAYLAR
Pharmacy PBM	Denied	PA requirements not met	M19.90	Unspecified osteoarthritis, unspecified site			ENBREL
Pharmacy PBM	Approved	Met Medical Necessity	D57.00	HbSS disease with crisis, unspecified			HYDROMORPHONE 4 MG TABLET hydromorphone HCl

Pharmacy PBM	Approved	Met Medical Necessity	M32.14	Glomerular disease in systemic lupus erythematosus			LUPKYNIS
Pharmacy PBM	Denied	Non Formulary	N93.9	Abnormal uterine and vaginal bleeding, unspecified			MYFEMBREE
Pharmacy PBM	Approved	Met Medical Necessity	M31.19	Other thrombotic microangiopathy			CABLIVI
Pharmacy PBM	Approved	Met Medical Necessity	E89.0	Postprocedural hypothyroidism			TIROSINT
Pharmacy PBM	Denied	PA requirements not met	L40.9	Psoriasis, unspecified			COSENTYX SENSOREADY
Pharmacy PBM	Denied	PA requirements not met	K61.0	Anal abscess			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F90.2	Attentiondeficit hyperactivity disorder, combined type			DESVENLAFAXINE ER
Pharmacy	Denied	PA requirements not met	K51.90	Ulcerative colitis, unspecified, without complications			ENTYVIO
Pharmacy PBM	Denied	Non Formulary	A04.8	Other specified bacterial intestinal infections			TALICIA DR

Pharmacy PBM	Approved	Met Medical Necessity	M47.897	Other spondylosis, lumbosacral region			ACETAMINOPHEN-COD #4 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Denied	Non Formulary	K50.00	Crohn's disease of small intestine without complications			INFLECTRA
Pharmacy PBM	Denied	PA requirements not met	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			VALTOCO
Pharmacy PBM	Denied	PA requirements not met	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			TRUQAP
Pharmacy PBM	Approved	Met Medical Necessity	G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus			XCOPRI
Pharmacy PBM	Approved	Met Medical Necessity	C16.9	Malignant neoplasm of stomach, unspecified			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Approved	Met Medical Necessity	C16.9	Malignant neoplasm of stomach, unspecified			OXYCONTIN ER 40 MG TABLET REFORMULATED oxycodone HCl
Pharmacy PBM	Approved	Administrative Approval	M79.671	Pain in right foot			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	G89.4	Chronic pain syndrome			ACETAMINOPHEN-COD #4 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Approved	Met Medical Necessity	M47.819	Spondylosis without myelopathy or radiculopathy, site unspecified			SIMPONI 50 MG/0.5 ML PEN INJEC P/F, SMARTJECT, SDV golimumab
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			LIRAGLUTIDE
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F leuprolide acetate
Pharmacy	Denied	Administrative Denial	E27.0	Other adrenocortical overactivity			SUPPRELIN LA 50 MG KIT SINGLE USE histrelin acetate
Pharmacy PBM	Approved	Met Medical Necessity	D57.20	Sicklecell/HbC disease without crisis			HYDROMORPHON E 4 MG TABLET hydromorphone HCl

Pharmacy PBM	Denied	PA requirements not met	E11.8	Type 2 diabetes mellitus with unspecified complications			TRULICITY
Pharmacy PBM	Approved	Met Medical Necessity	C16.9	Malignant neoplasm of stomach, unspecified			VYLOY
Pharmacy PBM	Approved	Met Medical Necessity	Z76.82	Awaiting organ transplant status			BIVIGAM
Pharmacy PBM	Denied	Non Formulary	F33.2	Major depressive disorder, recurrent severe without psychotic features			SPRAVATO
Pharmacy PBM	Approved	Met Medical Necessity	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			OXCARBAZEPINE ER
Pharmacy PBM	Approved	Met Medical Necessity	D86.0	Sarcoidosis of lung			ALBUTEROL HFA
Pharmacy PBM	Approved	Met Medical Necessity	G56.03	Carpal tunnel syndrome, bilateral upper limbs			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Administrative Denial	Z68.25	Body mass index [BMI] 25.025.9, adult			MOUNJARO

Pharmacy PBM	Approved	Met Medical Necessity	S52.041A	Displaced fracture of coronoid process of right ulna, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F25.0	Schizoaffective disorder, bipolar type			UZEDY ER
Pharmacy PBM	Approved	Met Medical Necessity	L40.50	Arthropathic psoriasis, unspecified			COSENTYX UNOREADY
Pharmacy PBM	Approved	Met Medical Necessity	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified			ATORVASTATIN
Pharmacy PBM	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified			JANUMET 50-1,000 MG TABLET F/C sitagliptin phosphate/metformin HCl
Pharmacy PBM	Approved	Met Medical Necessity	E23.0	Hypopituitarism			NORDITROPIN FLEXPRO 10 MG/1.5 SUV somatropin
Pharmacy PBM	Denied	Administrative Denial	E66.813	OBESITY CLASS 3			OZEMPIC

Pharmacy PBM	Denied	PA requirements not met	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			MORPHINE SULF ER
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			LOSARTAN POTASSIUM
Pharmacy PBM	Approved	Met Medical Necessity	F32.2	Major depressive disorder, single episode, severe without psychotic features			REXULTI
Pharmacy PBM	Approved	Met Medical Necessity	M16.12	Unilateral primary osteoarthritis, left hip			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	K50.90	Crohn's disease, unspecified, without complications			STEQEYMA
Pharmacy PBM	Denied	Non Formulary	L71.9	Rosacea, unspecified			SULFACETAMIDE-SULFUR
Pharmacy PBM	Approved	Met Medical Necessity	Z51.6	Encounter for desensitization to allergens			GAMMAGARD LIQUID 10% VIAL OUTER,P/F, SUV immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL

Pharmacy PBM	Denied	Non Formulary	E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease			FEBUXOSTAT
Pharmacy PBM	Approved	Met Medical Necessity	G40.911	Epilepsy, unspecified, intractable, with status epilepticus			XCOPRI
Pharmacy PBM	Approved	Met Medical Necessity	M32.8	Other forms of systemic lupus erythematosus			DUPIXENT
Pharmacy PBM	Denied	PA requirements not met	F90.9	Attention deficit hyperactivity disorder, unspecified type			VYVANSE 30 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Approved	Met Medical Necessity	R06.9	Unspecified abnormalities of breathing			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E66.01	Morbid (severe) obesity due to excess calories			WEGOVY
Pharmacy PBM	Denied	Administrative Denial	G82.22	Paraplegia, incomplete			SILDENAFIL
Pharmacy PBM	Approved	Met Medical Necessity	M17.12	Unilateral primary osteoarthritis, left knee			DUROLANE
Pharmacy PBM	Denied	Administrative Denial	E11.9	Type 2 diabetes mellitus without complications			MOUNJARO

Pharmacy PBM	Denied	Non Formulary	D50.9	Iron deficiency anemia, unspecified			FERUMOXYTOL
Pharmacy PBM	Approved	Met Medical Necessity	D57	SICKLE-CELL DISORDERS			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy	Approved	Met Medical Necessity	K50.113	Crohn's disease of large intestine with fistula			
Pharmacy	Approved	Met Medical Necessity	K50.113	Crohn's disease of large intestine with fistula			AVSOLA
Pharmacy PBM	Denied	Non Formulary	K29.60	Other gastritis without bleeding			VOQUEZNA DUAL PAK
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			LORAZEPAM
Pharmacy PBM	Denied	Non Formulary	R10	ABDOMINAL AND PELVIC PAIN			XTAMPZA ER
Pharmacy PBM	Denied	PA requirements not met	J43.9	Emphysema, unspecified			TRELEGY ELLIPTA
Pharmacy PBM	Denied	Non Formulary	R52	Pain, unspecified			JOURNAVX
Pharmacy PBM	Approved	Met Medical Necessity	E10.65	Type 1 diabetes mellitus with hyperglycemia			NOVOLOG 100 UNIT/ML FLEXPEN SINGLE USE insulin aspart
Pharmacy PBM	Approved	Met Medical Necessity	D66	Hereditary factor VIII deficiency			JIVI

Pharmacy	Denied	Non Formulary	E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral			AVASTIN
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			KERENDIA
Pharmacy PBM	Approved	Met Medical Necessity	M51.16	Intervertebral disc disorders with radiculopathy, lumbar region			TIZANIDINE HCL
Pharmacy PBM	Approved	Met Medical Necessity	K60.0	Acute anal fissure			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	S62.319A	Displaced fracture of base of unspecified metacarpal bone, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	J45.40	Moderate persistent asthma, uncomplicated			XOLAIR

Pharmacy PBM	Approved	Met Medical Necessity	M17.0	Bilateral primary osteoarthritis of knee			EUFLEXXA 1% 20 MG/2 ML SYRINGE SDV, OUTER hyaluronate sodium
Pharmacy PBM	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			TUKYSA
Pharmacy PBM	Approved	Met Medical Necessity	D86.9	Sarcoidosis, unspecified			HADLIMA
Pharmacy PBM	Approved	Met Medical Necessity	M47.896	Other spondylosis, lumbar region			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	M79.606	Pain in leg, unspecified			TRAMADOL HCL
Pharmacy	Denied	Brand Not Medically Necessary	K50.80	Crohn's disease of both small and large intestine without complications			
Pharmacy	Denied	Brand Not Medically Necessary	K50.80	Crohn's disease of both small and large intestine without complications			STELARA 45 MG/0.5 ML VIAL SDV, P/F ustekinumab
Pharmacy PBM	Denied	Non Formulary	L20.89	Other atopic dermatitis			NEMLUVIO

Pharmacy PBM	Approved	Met Medical Necessity	K85.91	Acute pancreatitis with uninfected necrosis, unspecified		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M47.897	Other spondylosis, lumbosacral region		OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	L74.513	Primary focal hyperhidrosis, soles		BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome		HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified		UZEDY ER
Pharmacy PBM	Approved	Met Medical Necessity	S52.209A	Unspecified fracture of shaft of unspecified ulna, initial encounter for closed fracture		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	S83.512A	Sprain of anterior cruciate ligament of left knee, initial encounter		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Approved	Met Medical Necessity	F31.2	Bipolar disorder, current episode manic severe with psychotic features			ABILIFY ASIMTUFII
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			FENTANYL
Pharmacy PBM	Denied	Non Formulary	J01.91	Acute recurrent sinusitis, unspecified			METRONIDAZOLE
Pharmacy PBM	Denied	PA requirements not met	R74.01	Elevation of levels of liver transaminase levels			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	M86.162	Other acute osteomyelitis, left tibia and fibula			OXYCODONE HCL (IR) 15 MG TAB oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	I10	Essential (primary) hypertension			EDARBYCLOR
Pharmacy	Approved	Met Medical Necessity	C92.00	Acute myeloblastic leukemia, not having achieved remission			DILUENT FOR LUPRON DEPOT
Pharmacy	Approved	Met Medical Necessity	C92.00	Acute myeloblastic leukemia, not having achieved remission			FULPHILA

Pharmacy PBM	Denied	Brand Not Medically Necessary	N18.6	End stage renal disease			AURYXIA
Pharmacy PBM	Denied	Administrative Denial	L65.9	Nonscarring hair loss, unspecified			CVS HAIR REGROWTH
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			BP WASH
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			HYDROMORPHONE 8 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M18.11	Unilateral primary osteoarthritis of first carpometacarpal joint, right hand			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	I48.92	Unspecified atrial flutter			XARELTO
Pharmacy PBM	Denied	Quantity over Limit	F31.9	Bipolar disorder, unspecified			OLANZAPINE
Pharmacy PBM	Approved	Met Medical Necessity	M62.838	Other muscle spasm			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			LANTUS SOLOSTAR 100 UNIT/ML OUTER,SUV insulin glargine,human recombinant analog
Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			NOVOLOG 100 UNIT/ML FLEXPEN SINGLE USE insulin aspart
Pharmacy PBM	Approved	Met Medical Necessity	S22.32XA	Fracture of one rib, left side, initial encounter for closed fracture			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	B35.3	Tinea pedis			ECONAZOLE NITRATE 1% CREAM econazole nitrate
Pharmacy PBM	Approved	Met Medical Necessity	N92.0	Excessive and frequent menstruation with regular cycle			ORIAHNN
Pharmacy PBM	Denied	Non Formulary	G43.909	Migraine, unspecified, not intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Denied	PA requirements not met	R80.9	Proteinuria, unspecified			KERENDIA

Pharmacy PBM	Denied	PA requirements not met	M81.0	Agerelated osteoporosis without current pathological fracture			TYMLOS
Pharmacy PBM	Denied	Non Formulary	G56.01	Carpal tunnel syndrome, right upper limb			DICLOFENAC
Pharmacy PBM	Denied	Non Formulary	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			BRIVIACT
Pharmacy PBM	Denied	Non Formulary	A04.8	Other specified bacterial intestinal infections			VOQUEZNA
Home Health Care	Approved	Met Medical Necessity	G35	Multiple sclerosis			
Home Health Care	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			
Home Health Care	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			
Home Health Care	Approved	Met Medical Necessity	G93.9	Disorder of brain, unspecified			
Home Health Care	Approved	Met Medical Necessity	R26.0	Ataxic gait			
Home Health Care	Approved	Sandata Verification	R42	Dizziness and giddiness			
Home Health Care	Approved	Met Medical Necessity	J18.9	Pneumonia, unspecified organism			

Home Health Care	Approved	Met Medical Necessity	M51.26	Other intervertebral disc displacement, lumbar region			
Home Health Care	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			
Home Health Care	Approved	Met Medical Necessity	I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity			
Home Health Care	Approved	Met Medical Necessity	C80.1	Malignant (primary) neoplasm, unspecified			
Home Health Care	Approved	Met Medical Necessity	I48.20	Chronic atrial fibrillation, unspecified			
Home Health Care	Approved	Met Medical Necessity	C41.9	Malignant neoplasm of bone and articular cartilage, unspecified			
Home Health Care	Approved	Met Medical Necessity	F03.90	Unspecified dementia without behavioral disturbance			
Home Health Care	Approved	Met Medical Necessity	F17.200	Nicotine dependence, unspecified, uncomplicated			

Home Health Care	Approved	Met Medical Necessity	I63.81	Other cerebral infarction due to occlusion or sten			
Home Health Care	Approved	Met Medical Necessity	R15.9	Full incontinence of feces			
Home Health Care	Approved	Met Medical Necessity	I50.21	Acute systolic (congestive) heart failure			
Home Health Care	Approved	Met Medical Necessity	M48.02	Spinal stenosis, cervical region			
Home Health Care	Approved	Met Medical Necessity	I71.0	DISSECTION OF AORTA			
Home Health Care	Approved	Met Medical Necessity	I69.30	Unspecified sequelae of cerebral infarction			
Home Health Care	Approved	Met Medical Necessity	N18.6	End stage renal disease			
Home Health Care	Approved	Met Medical Necessity	I50.2	SYSTOLIC CONGESTIVE HEART FAILURE			
Home Health Care	Approved	Met Medical Necessity	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			
Home Health Care	Approved	Met Medical Necessity	R06.02	Shortness of breath			
Home Health Care	Approved	Met Medical Necessity	M06.9	Rheumatoid arthritis, unspecified			

Home Health Care	Approved	Met Medical Necessity	D72.829	Elevated white blood cell count, unspecified			
Home Health Care	Approved	Met Medical Necessity	S72.002D	Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing			
Home Health Care	Approved	Met Medical Necessity	I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries			
Home Health Care	Approved	Met Medical Necessity	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung			
Home Health Care	Approved	Met Medical Necessity	M54.9	Dorsalgia, unspecified			
Home Health Care	Approved	Met Medical Necessity	G81.14	Spastic hemiplegia affecting left nondominant side			
Home Health Care	Approved	Met Medical Necessity	T30	BURN AND CORROSION BODY REGION UNSPECIFIED			

Home Health Care	Approved	Met Medical Necessity	N18.9	Chronic kidney disease, unspecified			
Home Health Care	Approved	Met Medical Necessity	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung			
Home Health Care	Approved	Met Medical Necessity	G89.29	Other chronic pain			
Home Health Care	Approved	Met Medical Necessity	I82.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral			
Home Health Care	Approved	Met Medical Necessity	F25.0	Schizoaffective disorder, bipolar type			
Home Health Care	Approved	Met Medical Necessity	R56.9	Unspecified convulsions			
Home Health Care	Approved	Met Medical Necessity	H53.8	Other visual disturbances			
Home Health Care	Approved	Met Medical Necessity	R53.1	Weakness			
Home Health Care	Approved	Met Medical Necessity	G82.50	Quadriplegia, unspecified			
Home Health Care	Approved	Met Medical Necessity	R26.2	Difficulty in walking, not elsewhere classified			

Home Health Care	Approved	Met Medical Necessity	F03.918	UNSP DEMENTIA UNSP SEVERITY W/OTH BEHAVIOR DIST			
Home Health Care	Approved	Met Medical Necessity	J96.11	Chronic respiratory failure with hypoxia			
Home Health Care	Approved	Met Medical Necessity	K21.9	Gastroesophageal reflux disease without esophagitis			
Home Health Care	Approved	Met Medical Necessity	G81.90	Hemiplegia, unspecified affecting unspecified side			
Home Health Care	Approved	Met Medical Necessity	C74.91	Malignant neoplasm of unspecified part of right adrenal gland			
Home Health Care	Approved	Met Medical Necessity	M72.2	Plantar fascial fibromatosis			
Home Health Care	Approved	Met Medical Necessity	I61.9	Nontraumatic intracerebral hemorrhage, unspecified			
Home Health Care	Approved	Met Medical Necessity	C71.9	Malignant neoplasm of brain, unspecified			
Home Health Care	Approved	Met Medical Necessity	M51.36	Other intervertebral disc degeneration, lumbar region			

Home Health Care	Approved	Met Medical Necessity	Z89.511	Acquired absence of right leg below knee			
Home Health Care	Approved	Met Medical Necessity	M43.16	Spondylolisthesis, lumbar region			
Home Health Care	Approved	Met Medical Necessity	Z99.89	Dependence on other enabling machines and devices			
Home Health Care	Approved	Met Medical Necessity	R07.9	Chest pain, unspecified			
Home Health Care	Approved	Met Medical Necessity	K74.60	Unspecified cirrhosis of liver			
Home Health Care	Approved	Met Medical Necessity	M17.9	Osteoarthritis of knee, unspecified			
Home Health Care	Approved	Met Medical Necessity	N17.9	Acute kidney failure, unspecified			
Home Health Care	Approved	Met Medical Necessity	E78.2	Mixed hyperlipidemia			
Home Health Care	Approved	Met Medical Necessity	M62.81	Muscle weakness (generalized)			
Home Health Care	Approved	Met Medical Necessity	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung			
Home Health Care	Approved	Met Medical Necessity	Z73.6	Limitation of activities due to disability			
Home Health Care	Approved	Met Medical Necessity	F25.9	Schizoaffective disorder, unspecified			

Home Health Care	Approved	Met Medical Necessity	I69.328	Other speech and language deficits following cerebral infarction			
Home Health Care	Approved	Met Medical Necessity	N18.3	Chronic kidney disease, stage 3 (moderate)			
Home Health Care	Approved	Met Medical Necessity	F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder			
Home Health Care	Approved	Met Medical Necessity	F32.9	Major depressive disorder, single episode, unspecified			
Home Health Care	Approved	Met Medical Necessity	C21.0	Malignant neoplasm of anus, unspecified			
Home Health Care	Approved	Met Medical Necessity	D63.8	Anemia in other chronic diseases classified elsewhere			
Home Health Care	Approved	Met Medical Necessity	C72	MALIGNANT NEOPLASM OF SPINAL CORD OR CRANIAL NERVE OR OTHER PART OF CENTRAL NERVOUS SYSTEM			

Home Health Care	Approved	Met Medical Necessity	E13.9	Other specified diabetes mellitus without complications			
Home Health Care	Approved	Met Medical Necessity	G93.1	Anoxic brain damage, not elsewhere classified			
Home Health Care	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			
Home Health Care	Approved	Met Medical Necessity	S06.5XAA	TRAUMATC SUBDURAL HEMORRHAGE LOC UNKNOWN INIT			
Home Health Care	Approved	Met Medical Necessity	E78.5	Hyperlipidemia, unspecified			
Home Health Care	Approved	Met Medical Necessity	F41.9	Anxiety disorder, unspecified			
Home Health Care	Approved	Met Medical Necessity	F20.1	Disorganized schizophrenia			
Home Health Care	Approved	Met Medical Necessity	C50.011	Malignant neoplasm of nipple and areola, right female breast			
Home Health Care	Approved	Met Medical Necessity	R79.89	Other specified abnormal findings of blood chemistry			

Home Health Care	Approved	Met Medical Necessity	Z87.828	Personal history of other (healed) physical injury and trauma			
Home Health Care	Approved	Met Medical Necessity	S72.141D	Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing			
Home Health Care	Approved	Met Medical Necessity	C08.9	Malignant neoplasm of major salivary gland, unspecified			
Home Health Care	Approved	Met Medical Necessity	M62.3	Immobility syndrome (paraplegic)			
Home Health Care	Approved	Met Medical Necessity	Z21	Asymptomatic human immunodeficiency virus [HIV] infection status			
Home Health Care	Approved	Met Medical Necessity	E11.69	Type 2 diabetes mellitus with other specified complication			
Pharmacy PBM	Approved	Met Medical Necessity	D57.219	Sicklecell/HbC disease with crisis, unspecified			OXYCODONE HCL (IR) 30 MG TAB oxycodone HCL

Pharmacy PBM	Denied	PA requirements not met	F39	Unspecified mood [affective] disorder			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	F33.1	Major depressive disorder, recurrent, moderate			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			BRIVIACT
Pharmacy PBM	Approved	Met Medical Necessity	R56.9	Unspecified convulsions			XCOPRI
Pharmacy PBM	Denied	Non Formulary	E66.01	Morbid (severe) obesity due to excess calories			WEGOVY
Pharmacy PBM	Denied	*Requested Information Not Received	F31.31	Bipolar disorder, current episode depressed, mild			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			OZEMPIC
Pharmacy PBM	Denied	PA requirements not met	M75.40	Impingement syndrome of unspecified shoulder			ACETAMINOPHEN-COD #
Pharmacy PBM	Approved	Met Medical Necessity	M19.90	Unspecified osteoarthritis, unspecified site			OXYCODONE-ACETAMINOPHEN

Pharmacy PBM	Denied	*Requested Information Not Received	E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	M25.561	Pain in right knee			DICLOFENAC SODIUM
Pharmacy PBM	Approved	Met Medical Necessity	F19.90	Other psychoactive substance use, unspecified, uncomplicated			SUBOXONE
Pharmacy PBM	Approved	Met Medical Necessity	F11.11	Opioid abuse, in remission			SUBOXONE 8 MG-2 MG SL FILM OUTER buprenorphine HCl/naloxone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M17	OSTEOARTHRITIS OF KNEE			DICLOFENAC SODIUM
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			REVLIMID 15 MG CAPSULE lenalidomide
Pharmacy PBM	Approved	Met Medical Necessity	G40.822	Epileptic spasms, not intractable, without status epilepticus			ACTHAR
Pharmacy PBM	Denied	*Requested Information Not Received	R10.31	Right lower quadrant pain			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Denied	PA requirements not met	M54.12	Radiculopathy, cervical region			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C44.40	Unspecified malignant neoplasm of skin of scalp and neck			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M47.891	Other spondylosis, occipitoatlantoaxial region			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	C79.31	Secondary malignant neoplasm of brain			LUMAKRAS
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	I63.9	Cerebral infarction, unspecified			VOQUEZNA
Pharmacy PBM	Approved	Met Medical Necessity	L74.519	Primary focal hyperhidrosis, unspecified			QBREXZA
Pharmacy PBM	Denied	PA requirements not met	F90.9	Attention deficit hyperactivity disorder, unspecified type			QELBREE ER

Pharmacy PBM	Approved	Met Medical Necessity	E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema			OZEMPIC
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			SITAGLIPTIN
Pharmacy PBM	Approved	Met Medical Necessity	M25.561	Pain in right knee			ACETAMINOPHEN-COD #
Pharmacy PBM	Denied	*Requested Information Not Received	G89.29	Other chronic pain			HYDROMORPHONE
Pharmacy PBM	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			ASENAPINE
Pharmacy PBM	Denied	PA requirements not met	M54.9	Dorsalgia, unspecified			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	C73	Malignant neoplasm of thyroid gland			SYNTHROID
Pharmacy PBM	Approved	Met Medical Necessity	F25.1	Schizoaffective disorder, depressive type			INGREZZA
Pharmacy PBM	Approved	Met Medical Necessity	R21	Rash and other nonspecific skin eruption			TRIAMCINOLONE 0.1% OINTMENT triamcinolone acetone
Pharmacy PBM	Approved	Met Medical Necessity	K51.00	Ulcerative (chronic) pancolitis without complications			YUFLYMA

Pharmacy PBM	Approved	Met Medical Necessity	M54.16	Radiculopathy, lumbar region			MORPHINE SULF ER 15 MG TABLET morphine sulfate
Pharmacy PBM	Approved	Met Medical Necessity	C7A.1	Malignant poorly differentiated neuroendocrine tumors			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	L63.0	Alopecia (capitis) totalis			OLUMIANT
Pharmacy PBM	Denied	Non Formulary	L40.9	Psoriasis, unspecified			ACITRETIN
Pharmacy PBM	Denied	PA requirements not met	K85.90	Acute pancreatitis without necrosis or infection, unspecified			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	B18.2	Chronic viral hepatitis C			EPCLUSA
Pharmacy PBM	Approved	Met Medical Necessity	F31.62	Bipolar disorder, current episode mixed, moderate			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	R19.09	Other intraabdominal and pelvic swelling, mass and lump			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R63.39	Other feeding difficulties			
Pharmacy PBM	Approved	Met Medical Necessity	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication			KERENDIA

Pharmacy PBM	Denied	PA requirements not met	G35	Multiple sclerosis			DALFAMPRIDINE ER
Pharmacy PBM	Denied	PA requirements not met	M79.2	Neuralgia and neuritis, unspecified			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	N04.9	Nephrotic syndrome with unspecified morphologic changes			TACROLIMUS 5 MG CAPSULE (IMMEDIATE RELEASE) tacrolimus
Pharmacy PBM	Denied	Non Formulary	G43.009	Migraine without aura, not intractable, without status migrainosus			ELETRIPTAN HBR
Pharmacy PBM	Approved	Met Medical Necessity	E89.40	Asymptomatic postprocedural ovarian failure			PREMARIN VAGINAL -APPL
Pharmacy PBM	Denied	Non Formulary	K21.9	Gastroesophageal reflux disease without esophagitis			SUCRALFATE
Pharmacy PBM	Denied	*Requested Information Not Received	F20.0	Paranoid schizophrenia			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	G43.719	Chronic migraine without aura, intractable, without status migrainosus			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A

Pharmacy PBM	Denied	Non Formulary	K64.8	Other hemorrhoids			HYDROCORTISON E AC 25 MG SUPP hydrocortisone acetate
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attentiondeficit hyperactivity disorder, unspecified type			QUILLIVANT XR
Pharmacy PBM	Approved	Met Medical Necessity	G40.201	Localizationrelate d (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus			VALTOCO
Pharmacy PBM	Denied	PA requirements not met	M16.12	Unilateral primary osteoarthritis, left hip			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	F31.61	Bipolar disorder, current episode mixed, mild			VRAYLAR
Pharmacy PBM	Denied	PA requirements not met	Z98.1	Arthrodesis status			CYCLOBENZAPRI NE
Pharmacy PBM	Approved	Met Medical Necessity	M54.50	Low back pain, unspecified			OXYCODONE- ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminoph en

Cancer Treatment	Approved	Met Medical Necessity	C55	Malignant neoplasm of uterus, part unspecified			
Pharmacy PBM	Denied	PA requirements not met	F31.70	Bipolar disorder, currently in remission, most recent episode unspecified			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	C25.9	Malignant neoplasm of pancreas, unspecified			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene			JANUVIA 50 MG TABLET F/C sitagliptin phosphate
Durable Medical Equipment Purchased	Denied	Does not meet NCD/LCD Criteria	I89.0	Lymphedema, not elsewhere classified			
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			VELCADE 3.5 MG VIAL SUV bortezomib
Pharmacy PBM	Denied	PA requirements not met	L40.1	Generalized pustular psoriasis			COSENTYX UNOREADY
Pharmacy PBM	Approved	Met Medical Necessity	G89.4	Chronic pain syndrome			BELBUCA
Pharmacy PBM	Approved	Met Medical Necessity	G47.11	Idiopathic hypersomnia with long sleep time			MODAFINIL

Pharmacy PBM	Denied	PA requirements not met	N52.9	Male erectile dysfunction, unspecified			TADALAFIL
Pharmacy PBM	Denied	PA requirements not met	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			KERENDIA
Pharmacy PBM	Approved	Met Medical Necessity	K21.00	Gastroesophageal reflux disease with esophagitis			VOQUEZNA
Pharmacy	Denied	PA requirements not met	K50.10	Crohn's disease of large intestine without complications			
Pharmacy	Denied	PA requirements not met	K50.10	Crohn's disease of large intestine without complications			STELARA 90 MG/ML SYRINGE SUV, P/F ustekinumab
Pharmacy PBM	Approved	Met Medical Necessity	F50.81	Binge eating disorder			LISDEXAMFETAMINE
Pharmacy PBM	Denied	Non Formulary	G47.00	Insomnia, unspecified			ZOLPIDEM TARTER
Pharmacy PBM	Approved	Met Medical Necessity	G89.29	Other chronic pain			HYDROMORPHONE 2 MG TABLET hydromorphone HCl
Durable Medical Equipment Rental	Denied	Out of Network	G89.4	Chronic pain syndrome			
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			ABILIFY ASIMTUFII
Pharmacy PBM	Approved	Met Medical Necessity	L28.1	Prurigo nodularis			DUPIXENT

Pharmacy PBM	Denied	PA requirements not met	K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation			SUCRALFATE
Pharmacy PBM	Denied	Non Formulary	E66.9	Obesity, unspecified			WEGOVY
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	Z68.42	Body mass index [BMI] 45.049.9, adult			CONTRACE ER
Pharmacy PBM	Approved	Met Medical Necessity	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus			BRIVIACT
Pharmacy PBM	Approved	Met Medical Necessity	J45.40	Moderate persistent asthma, uncomplicated			BUDESONIDE-FORMOTEROL
Pharmacy PBM	Denied	Non Formulary	I50.9	Heart failure, unspecified			ISOSORBIDE DINITRATE

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S83.512D	Sprain of anterior cruciate ligament of left knee, subsequent encounter			
Pharmacy PBM	Denied	Non Formulary	F33.1	Major depressive disorder, recurrent, moderate			ABILIFY MAINTENANCE
Pharmacy PBM	Denied	PA requirements not met	M54.40	Lumbago with sciatica, unspecified side			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	M96.1	Postlaminectomy syndrome, not elsewhere classified			BUPRENORPHINE
Pharmacy PBM	Denied	Non Formulary	H10.9	Unspecified conjunctivitis			AZASITE
Pharmacy PBM	Denied	PA requirements not met	E66.3	Overweight			OZEMPIC
Durable Medical Equipment Rental	Partially Approved	Authorization/Access Restrictions	J45.51	Severe persistent asthma with (acute) exacerbation			
Pharmacy PBM	Denied	PA requirements not met	Z68.33	Body mass index [BMI] 33.033.9, adult			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	E78.1	Pure hyperglyceridemia			OMEGA
Pharmacy PBM	Denied	Not FDA approved	F43.10	Posttraumatic stress disorder, unspecified			ADDERALL

Pharmacy PBM	Approved	Met Medical Necessity	Z30.09	Encounter for other general counseling and advice on contraception			SLYND
Pharmacy PBM	Approved	Met Medical Necessity	C18.3	Malignant neoplasm of hepatic flexure			KEYTRUDA
Pharmacy PBM	Denied	Non Formulary	E10.65	Type 1 diabetes mellitus with hyperglycemia			FIASP PENFILL
Pharmacy PBM	Denied	Non Formulary	F31.31	Bipolar disorder, current episode depressed, mild			ABILIFY ASIMTUFI
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G35	Multiple sclerosis			
Pharmacy PBM	Approved	Met Medical Necessity	M25.511	Pain in right shoulder			HYDROCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	R62.50	Unspecified lack of expected normal physiological development in childhood			LISDEXAMFETAMINE
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z89.611	Acquired absence of right leg above knee			

Pharmacy PBM	Denied	PA requirements not met	S82.101A	Unspecified fracture of upper end of right tibia, initial encounter for closed fracture			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	PA requirements not met	M54.16	Radiculopathy, lumbar region			FENTANYL
Pharmacy PBM	Approved	Met Medical Necessity	I83.013	Varicose veins of right lower extremity with ulcer of ankle			ACETAMINOPHEN-COD #
Pharmacy PBM	Denied	PA requirements not met	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			JANUVIA 100 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Denied	Non Formulary	K64.9	Unspecified hemorrhoids			LIDOCAINE-HC
Pharmacy PBM	Denied	PA requirements not met	R63.5	Abnormal weight gain			LIRAGLUTIDE
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			LANTUS SOLOSTAR 100 UNIT/ML OUTER,SUV insulin glargine, human recombinant analog
Pharmacy PBM	Approved	Met Medical Necessity	C22.1	Intrahepatic bile duct carcinoma			OXYCODONE HCL
Pharmacy PBM	Denied	Non Formulary	L40.50	Arthropathic psoriasis, unspecified			AMJEVITA

Pharmacy PBM	Denied	Non Formulary	I10	Essential (primary) hypertension			SPIRONOLACTONE
Pharmacy PBM	Denied	PA requirements not met	S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	L85.9	Epidermal thickening, unspecified			AVEENO ECZEMA THERAPY
Pharmacy PBM	Denied	Non Formulary	L85.9	Epidermal thickening, unspecified			CERAVE MOISTURIZING
Pharmacy PBM	Denied	Refill too soon	J45.31	Mild persistent asthma with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	PA requirements not met	H01.00A	Unspecified blepharitis right eye, upper and lower			XDEMZY
Pharmacy PBM	Approved	Met Medical Necessity	E11.59	Type 2 diabetes mellitus with other circulatory complications			TRULICITY
Pharmacy PBM	Denied	PA requirements not met	F31.2	Bipolar disorder, current episode manic severe with psychotic features			LURASIDONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F31.9	Bipolar disorder, unspecified			LYBALVI
Pharmacy PBM	Denied	PA requirements not met	F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features			LYBALVI
Pharmacy PBM	Denied	*Requested Information Not Received	E11.65	Type 2 diabetes mellitus with hyperglycemia			TRULICITY
Pharmacy PBM	Approved	Met Medical Necessity	C80.1	Malignant (primary) neoplasm, unspecified			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M16.12	Unilateral primary osteoarthritis, left hip			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C7A.1	Malignant poorly differentiated neuroendocrine tumors			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			INSULIN ASPART FLEXPEN
Pharmacy PBM	Denied	Non Formulary	F31.32	Bipolar disorder, current episode depressed, moderate			LAMOTRIGINE 25 MG TABLET lamotrigine

Pharmacy PBM	Approved	Met Medical Necessity	G61.89	Other inflammatory polyneuropathies			OCTAGAM
Pharmacy PBM	Approved	Met Medical Necessity	F64.0	Transsexualism			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non Formulary	L40.50	Arthropathic psoriasis, unspecified			HULIO
Pharmacy PBM	Approved	Met Medical Necessity	E03.9	Hypothyroidism, unspecified			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	C79.89	Secondary malignant neoplasm of other specified sites			OXYCODONE-ACETAMINOPHEN 10-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			REVLIMID 25 MG CAPSULE lenalidomide
Pharmacy PBM	Approved	Met Medical Necessity	T14.8XXA	Other injury of unspecified body region, initial encounter			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	N52.9	Male erectile dysfunction, unspecified			SILDENAFIL

Pharmacy PBM	Approved	Met Medical Necessity	F31.62	Bipolar disorder, current episode mixed, moderate			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			LEVETIRACETAM
Pharmacy PBM	Denied	Non Formulary	E11.69	Type 2 diabetes mellitus with other specified complication			BASAGLAR
Pharmacy PBM	Approved	Met Medical Necessity	E10.49	Type 1 diabetes mellitus with other diabetic neurological complication			LANTUS 100 UNIT/ML VIAL insulin glargine, human recombinant analog
Pharmacy PBM	Denied	Non Formulary	R10.13	Epigastric pain			CREON DR 24,000 UNIT CAPSULE lipase/protease/alpha mylase (porcine)
Pharmacy PBM	Approved	Met Medical Necessity	M54.17	Radiculopathy, lumbosacral region			MOUNJARO
Pharmacy PBM	Approved	Met Medical Necessity	M54.9	Dorsalgia, unspecified			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCL
Pharmacy PBM	Approved	Met Medical Necessity	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			KERENDIA

Pharmacy PBM	Approved	Met Medical Necessity	F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			CAPLYTA
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	L63.8	Other alopecia areata			LITFULO
Pharmacy PBM	Approved	Met Medical Necessity	G40.109	Localizationrelated (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus			MODAFINIL
Pharmacy PBM	Approved	Met Medical Necessity	F31.0	Bipolar disorder, current episode hypomanic			LURASIDONE HCL
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			TRINTELLIX

Pharmacy PBM	Denied	Non Formulary	G43.711	Chronic migraine without aura, intractable, with status migrainosus			NURTEC ODT
Pharmacy	Approved	Met Medical Necessity	G81.10	Spastic hemiplegia affecting unspecified side			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	G61.81	Chronic inflammatory demyelinating polyneuritis			
Pharmacy PBM	Denied	*Requested Information Not Received	E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm			PROPRANOLOL ER
Pharmacy PBM	Denied	Refill too soon	J44.9	Chronic obstructive pulmonary disease, unspecified			ALBUTEROL HFA
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	F90.0	Attentiondeficit hyperactivity disorder, predominantly inattentive type			SILDENAFIL
Pharmacy PBM	Approved	Met Medical Necessity	H18.711	Corneal ectasia, right eye			CORTROPHIN
Pharmacy PBM	Approved	Met Medical Necessity	E66.9	Obesity, unspecified			TRINTELLIX

Pharmacy PBM	Approved	Met Medical Necessity	C34.90	Malignant neoplasm of unspecified part of bronchus or lung			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	G47.26	Circadian rhythm sleep disorder, shift work type			MODAFINIL
Pharmacy PBM	Denied	PA requirements not met	L70.0	Acne vulgaris			WINLEVI
Pharmacy PBM	Denied	PA requirements not met	M54.9	Dorsalgia, unspecified			HYDROCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	PA requirements not met	E11.21	Type 2 diabetes mellitus with diabetic nephropathy			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	D57.219	Sicklecell/HbC disease with crisis, unspecified			FENTANYL 75 MCG/HR PATCH OUTER fentanyl
Pharmacy PBM	Approved	Met Medical Necessity	D57.219	Sicklecell/HbC disease with crisis, unspecified			OXYCODONE HCL
Pharmacy PBM	Denied	Non Formulary	M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified			ORENCIA CLICKJECT
Pharmacy PBM	Approved	Met Medical Necessity	I27.0	Primary pulmonary hypertension			UPTRAVI
Pharmacy PBM	Approved	Met Medical Necessity	I16.0	Hypertensive urgency			KATERZIA

Pharmacy PBM	Denied	PA requirements not met	R21	Rash and other nonspecific skin eruption			DUPIXENT
Pharmacy PBM	Approved	Met Medical Necessity	G43.019	Migraine without aura, intractable, without status migrainosus			NURTEC ODT
Pharmacy PBM	Denied	PA requirements not met	M51.362	OTH IVD DEG LB W DISC BACK/LE PAIN			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	M54.2	Cervicalgia			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	G43.711	Chronic migraine without aura, intractable, with status migrainosus			UBRELVY
Pharmacy PBM	Approved	Met Medical Necessity	G40.001	Localizationrelated (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus			VALTOCO
Pharmacy PBM	Denied	PA requirements not met	L20.89	Other atopic dermatitis			TACROLIMUS
Pharmacy	Approved	Met Medical Necessity	G80.1	Spastic diplegic cerebral palsy			

Pharmacy	Approved	Met Medical Necessity	G80.1	Spastic diplegic cerebral palsy			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	L40.9	Psoriasis, unspecified			STELARA 45 MG/0.5 ML SYRINGE SUV, P/F ustekinumab
Pharmacy PBM	Denied	Out of Network	E66.9	Obesity, unspecified			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	M25.50	Pain in unspecified joint			ACETAMINOPHEN-COD #3 TABLET acetaminophen with codeine phosphate
Pharmacy PBM	Denied	PA requirements not met	G43.009	Migraine without aura, not intractable, without status migrainosus			UBRELVY
Pharmacy PBM	Approved	Met Medical Necessity	K86.89	Other specified diseases of pancreas			CREON DR
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			ADAKVEO
Pharmacy PBM	Denied	PA requirements not met	Z71.3	Dietary counseling and surveillance			MOUNJARO
Pharmacy PBM	Denied	Non Formulary	F31.32	Bipolar disorder, current episode depressed, moderate			CAPLYTA

Pharmacy PBM	Approved	Met Medical Necessity	F31.0	Bipolar disorder, current episode hypomanic			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung			MORPHINE SULF ER 15 MG TABLET morphine sulfate
Pharmacy PBM	Denied	PA requirements not met	S06.0XAA	CONCUSSION W/LOSS CONSCIOUSNESS UNKNOWN INIT			UBRELVY
Pharmacy PBM	Approved	Met Medical Necessity	O02.1	Missed abortion			MIFEPRISTONE
Pharmacy PBM	Approved	Met Medical Necessity	O02.1	Missed abortion			MISOPROSTOL
Pharmacy PBM	Approved	Met Medical Necessity	G47.411	Narcolepsy with cataplexy			XYREM 500 MG/ML ORAL SOLUTION sodium oxybate
Pharmacy PBM	Approved	Met Medical Necessity	F20.9	Schizophrenia, unspecified			ABILIFY MAINTENANCE ER
Pharmacy PBM	Denied	Non Formulary	F90.9	Attention deficit hyperactivity disorder, unspecified type			ADDERALL XR 30 MG CAPSULE dextroamphetamine sulf- saccharate/amphetamine sulf- aspartate

Pharmacy PBM	Approved	Met Medical Necessity	M47.896	Other spondylosis, lumbar region			HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET hydrocodone bitartrate/acetaminophen
Pharmacy PBM	Denied	Non Formulary	D57.00	HbSS disease with crisis, unspecified			NALOXONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	O99.013	Anemia complicating pregnancy, third trimester			VENOFER
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			XIGDUO XR
Pharmacy PBM	Denied	PA requirements not met	M06.9	Rheumatoid arthritis, unspecified			RINVOQ ER
Pharmacy PBM	Approved	Met Medical Necessity	H04.123	Dry eye syndrome of bilateral lacrimal glands			XIIDRA
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			HUMALOG 100 UNIT/ML KWIKPEN OUTER, SINGLE USE insulin lispro
Pharmacy PBM	Denied	Refill too soon	I50.22	Chronic systolic (congestive) heart failure			JARDIANCE
Pharmacy PBM	Denied	PA requirements not met	M54.30	Sciatica, unspecified side			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Denied	Non Formulary	E11.69	Type 2 diabetes mellitus with other specified complication			TRESIBA FLEXTOUCH
Pharmacy PBM	Denied	PA requirements not met	Z68.4	Body mass index [BMI] 40 or greater, adult			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	Z94.1	Heart transplant status			MYCOPHENOLIC ACID DR
Pharmacy PBM	Approved	Met Medical Necessity	M32.14	Glomerular disease in systemic lupus erythematosus			MYCOPHENOLIC ACID DR
Pharmacy PBM	Approved	Met Medical Necessity	I30.0	Acute nonspecific idiopathic pericarditis			ARCALYST
Pharmacy PBM	Denied	Non Formulary	H18.711	Corneal ectasia, right eye			CORTROPHIN
Pharmacy PBM	Denied	Non Formulary	K59.04	Chronic idiopathic constipation			LINZESS
Durable Medical Equipment Purchased	Denied	*Requested Information Not Received	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy PBM	Approved	Met Medical Necessity	M96.1	Postlaminectomy syndrome, not elsewhere classified			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen

Pharmacy PBM	Approved	Met Medical Necessity	E11.21	Type 2 diabetes mellitus with diabetic nephropathy			INVOKANA
Pharmacy PBM	Approved	Met Medical Necessity	L40.50	Arthropathic psoriasis, unspecified			OLUMIANT
Pharmacy PBM	Denied	PA requirements not met	L20.8	OTHER ATOPIC DERMATITIS			DUPIXENT
Pharmacy PBM	Approved	Met Medical Necessity	F41.1	Generalized anxiety disorder			VENLAFAXINE HCL ER
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUVIA 100 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Approved	Met Medical Necessity	Z12.11	Encounter for screening for malignant neoplasm of colon			SOD SUL-POTASS SUL-MAG SUL SOL
Pharmacy PBM	Approved	Met Medical Necessity	Q61.2	Polycystic kidney, adult type			JYNARQUE
Pharmacy PBM	Approved	Met Medical Necessity	J45.41	Moderate persistent asthma with (acute) exacerbation			DUPIXENT
Pharmacy PBM	Denied	PA requirements not met	K60.30	ANAL FISTULA UNSPECIFIED			TRAMADOL HCL
Durable Medical Equipment Rental	Denied	Out of Network	M24.574	Contracture, right foot			

Pharmacy PBM	Denied	PA requirements not met	S56.229A	Laceration of other flexor muscle, fascia and tendon at forearm level, unspecified arm, initial encounter			TRAMADOL HCL
Pharmacy PBM	Denied	PA requirements not met	E78.2	Mixed hyperlipidemia			ICOSAPENT ETHYL
Pharmacy PBM	Denied	PA requirements not met	M17.9	Osteoarthritis of knee, unspecified			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			INGREZZA
Pharmacy PBM	Approved	Met Medical Necessity	D53.0	Protein deficiency anemia			PROSOURCE NO CARB PROTEIN LIQ
Pharmacy PBM	Approved	Met Medical Necessity	F31.81	Bipolar II disorder			VRAYLAR
Pharmacy PBM	Approved	Met Medical Necessity	E27.40	Unspecified adrenocortical insufficiency			SOLU-CORTEF 100 MG ACT-O-VIAL INNER,SDV, P/F hydrocortisone sodium succinate/PF
Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			INSULIN LISPRO

Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			LABELALOL HCL
Pharmacy PBM	Denied	Non Formulary	M54.41	Lumbago with sciatica, right side			CYCLOBENZAPRINE
Pharmacy PBM	Denied	PA requirements not met	M54.50	Low back pain, unspecified			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non Formulary	K64.9	Unspecified hemorrhoids			ANUCORT-HC 25 MG SUPPOSITORY hydrocortisone acetate
Pharmacy PBM	Approved	Met Medical Necessity	K22.2	Esophageal obstruction			SUCRALFATE
Pharmacy PBM	Denied	PA requirements not met	E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic hyperosmolar coma (NKHHC)			MOUNJARO

Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attention deficit hyperactivity disorder, unspecified type			DEXTROAMP-AMPHET ER
Durable Medical Equipment Purchased	Denied	*Non-covered Service	Z95.811	Presence of heart assist device			
Pharmacy PBM	Denied	Refill too soon	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUVIA 100 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			SEGLUROMET
Pharmacy PBM	Approved	Met Medical Necessity	C18.7	Malignant neoplasm of sigmoid colon			MORPHINE SULF ER 15 MG TABLET morphine sulfate
Pharmacy PBM	Approved	Met Medical Necessity	C53.9	Malignant neoplasm of cervix uteri, unspecified			NORMAL SALINE FLUSH
Pharmacy PBM	Approved	Met Medical Necessity	M85.60	Other cyst of bone, unspecified site			DAPTOMYCIN
Pharmacy PBM	Denied	Non Formulary	G44.309	Posttraumatic headache, unspecified, not intractable			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	L74.519	Primary focal hyperhidrosis, unspecified			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A

Pharmacy PBM	Denied	PA requirements not met	L97.512	Nonpressure chronic ulcer of other part of right foot with fat layer exposed			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	L66.81	CENTRL CENTRIFGL CICATRCL ALOPECIA			MINOXIDIL FOR WOMEN
Pharmacy PBM	Approved	Met Medical Necessity	G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus			VALTOCO
Pharmacy PBM	Denied	Non Formulary	M17.0	Bilateral primary osteoarthritis of knee			EUFLEXXA 1% 20 MG/2 ML SYRINGE SDV, OUTER hyaluronate sodium
Pharmacy PBM	Denied	PA requirements not met	F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features			VRAYLAR
Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			JANUMET 50-1,000 MG TABLET sitagliptin phosphate/metformin HCl

Pharmacy PBM	Approved	Met Medical Necessity	D57.20	Sicklecell/HbC disease without crisis			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCL
Pharmacy PBM	Approved	Met Medical Necessity	M54.4	LUMBAGO WITH SCIATICA			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	E11.0	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY			ALOGLIPTIN
Pharmacy PBM	Approved	Met Medical Necessity	F20.0	Paranoid schizophrenia			AUSTEDO XR
Pharmacy PBM	Denied	PA requirements not met	E78.00	Pure hypercholesterolemia, unspecified			ICOSAPENT ETHYL
Pharmacy PBM	Denied	Non Formulary	F32.2	Major depressive disorder, single episode, severe without psychotic features			REXULTI
Pharmacy PBM	Approved	Met Medical Necessity	F90.8	Attention deficit hyperactivity disorder, other type			VYVANSE 50 MG CAPSULE lisdexamfetamine dimesylate
Pharmacy PBM	Denied	Non Formulary	F31.0	Bipolar disorder, current episode hypomanic			FANAPT 2 MG TABLET iloperidone
Pharmacy PBM	Approved	Met Medical Necessity	C50	MALIGNANT NEOPLASM OF BREAST			OXYCODONE HCL (IR) 15 MG TAB oxycodone HCL

Durable Medical Equipment Rental	Denied	Does not meet NCD/LCD Criteria	I89.0	Lymphedema, not elsewhere classified			
Pharmacy PBM	Denied	PA requirements not met	E66.81	OBESITY CLASS			ZEPBOUND
Pharmacy PBM	Approved	Met Medical Necessity	R91.8	Other nonspecific abnormal finding of lung field			LIBTAYO
Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			LISINOPRIL
Pharmacy PBM	Approved	Met Medical Necessity	G40.919	Epilepsy, unspecified, intractable, without status epilepticus			DIVALPROEX DR 125 MG CAP SPRNK divalproex sodium
Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			AMLODIPINE BESYLATE
Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			ASPIRIN
Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			ATORVASTATIN

Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			BRILINTA
Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			CANDESARTAN CILEXETIL
Pharmacy PBM	Approved	Met Medical Necessity	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris			EZETIMIBE
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			TRADJENTA
Pharmacy PBM	Approved	Met Medical Necessity	J30.2	Other seasonal allergic rhinitis			CETIRIZINE HCL
Pharmacy PBM	Denied	Non Formulary	J45.909	Unspecified asthma, uncomplicated			ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER, 120 INH fluticasone propionate/salmeterol xinafoate
Pharmacy PBM	Approved	Met Medical Necessity	N95.1	Menopausal and female climacteric states			ESTRADIOL

Pharmacy PBM	Approved	Met Medical Necessity	G43.909	Migraine, unspecified, not intractable, without status migrainosus		SUMATRIPTAN SUCC
Pharmacy	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast		LUPRON DEPOT
Pharmacy PBM	Denied	PA requirements not met	E11.69	Type 2 diabetes mellitus with other specified complication		BASAGLAR
Pharmacy PBM	Approved	Met Medical Necessity	C92.10	Chronic myeloid leukemia, BCR/ABLpositive, not having achieved remission		TASIGNA 200 MG CAPSULE 4X28, OUTER PACK nilotinib HCl
Pharmacy PBM	Denied	PA requirements not met	J45.909	Unspecified asthma, uncomplicated		ALBUTEROL HFA
Pharmacy PBM	Approved	Met Medical Necessity	G97.1	Other reaction to spinal and lumbar puncture		OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Approved	Met Medical Necessity	M33.11	Other dermatomyositis with respiratory involvement			GAMMAGARD LIQUID 10% VIAL OUTER,P/F, SUV immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL
Pharmacy PBM	Denied	Non Formulary	G24.01	Drug induced subacute dyskinesia			AUSTEDO XR
Pharmacy PBM	Denied	Non Formulary	E84.0	Cystic fibrosis with pulmonary manifestations			CAYSTON 75 MG INHAL SOLUTION P/F,ARGININE/F aztreonam lysine
Durable Medical Equipment Purchased	Denied	Out of Network	E43	Unspecified severe proteincalorie malnutrition			
Pharmacy PBM	Approved	Met Medical Necessity	L85.3	Xerosis cutis			EUCERIN ADVANC REPAIR HAND CRM
Pharmacy PBM	Approved	Met Medical Necessity	G40.822	Epileptic spasms, not intractable, without status epilepticus			VIGABATRIN
Pharmacy PBM	Approved	Met Medical Necessity	M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)			FEBUXOSTAT
Pharmacy PBM	Approved	Met Medical Necessity	E85.4	Organlimited amyloidosis			VYNDAMAX

Pharmacy PBM	Denied	Non Formulary	L97.512	Nonpressure chronic ulcer of other part of right foot with fat layer exposed			NUZYRA
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Durable Medical Equipment Rental	Approved	Met Medical Necessity	A48.0	Gas gangrene			
Pharmacy PBM	Approved	Met Medical Necessity	C18.9	Malignant neoplasm of colon, unspecified			BRAFTOVI
Pharmacy PBM	Approved	Met Medical Necessity	M25.561	Pain in right knee			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity			XARELTO
Pharmacy	Approved	Met Medical Necessity	T86.21	Heart transplant rejection			VELCADE FOR
Pharmacy PBM	Denied	Non Formulary	J32.4	Chronic pansinusitis			XHANCE
Pharmacy PBM	Approved	Met Medical Necessity	D46.9	Myelodysplastic syndrome, unspecified			RYTELO
Pharmacy PBM	Denied	PA requirements not met	F41.9	Anxiety disorder, unspecified			VYVANSE

Pharmacy PBM	Denied	Non Formulary	J42	Unspecified chronic bronchitis			FLUTICASONE-SALMETEROL
Pharmacy PBM	Approved	Met Medical Necessity	K51.90	Ulcerative colitis, unspecified, without complications			
Pharmacy PBM	Approved	Met Medical Necessity	K51.90	Ulcerative colitis, unspecified, without complications			REMICADE 100 MG VIAL SDV infliximab
Pharmacy PBM	Denied	*Non-covered Service	K51.90	Ulcerative colitis, unspecified, without complications			
Pharmacy PBM	Denied	Non Formulary	J30.9	Allergic rhinitis, unspecified			DYMISTA NASAL
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	L81.0	Postinflammatory hyperpigmentation			HYDROQUINONE, TRETINOIN, FLUOCINOLONE ACETONIDE KIT
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.812	OBESITY CLASS 2			ZEPBOUND
Durable Medical Equipment Purchased	Denied	Out of Network	Z44.21	Encounter for fitting and adjustment of artificial right eye			
Pharmacy PBM	Denied	Non Formulary	F20.9	Schizophrenia, unspecified			COBENFY
Pharmacy PBM	Approved	Met Medical Necessity	E03.9	Hypothyroidism, unspecified			EUTHYROX

Pharmacy PBM	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	D47.1	Chronic myeloproliferative disease			JAKAFI
Pharmacy PBM	Approved	Met Medical Necessity	S99.912	UNSPECIFIED INJURY OF LEFT ANKLE			TRAMADOL HCL
Pharmacy PBM	Approved	Met Medical Necessity	K13.79	Other lesions of oral mucosa			VALTREX 500 MG CAPLET CAPLET, F/C valacyclovir HCL
Pharmacy PBM	Denied	PA requirements not met	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			TRAMADOL HCL
Pharmacy	Denied	PA requirements not met	G43.719	Chronic migraine without aura, intractable, without status migrainosus			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			RYBELSUS
Pharmacy PBM	Denied	PA requirements not met	M17.11	Unilateral primary osteoarthritis, right knee			DUROLANE

Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			ASPIRIN
Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			ATORVASTATIN
Pharmacy PBM	Approved	Met Medical Necessity	I50.30	Unspecified diastolic (congestive) heart failure			SPIRONOLACTONE
Pharmacy PBM	Denied	Non Formulary	F43.24	Adjustment disorder with disturbance of conduct			RISPERDAL 0.5 MG TABLET 10X10 risperidone
Pharmacy PBM	Approved	Met Medical Necessity	F90.0	Attention deficit hyperactivity disorder, predominantly inattentive type			ADDERALL 20 MG TABLET dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			
Pharmacy	Denied	PA requirements not met	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			

Pharmacy	Denied	PA requirements not met	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			QUTENZA
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			HUMALOG 100 UNIT/ML KWIKPEN OUTER, SINGLE USE insulin lispro
Pharmacy PBM	Denied	PA requirements not met	G89.18	Other acute postprocedural pain			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Denied	Non Formulary	L40.9	Psoriasis, unspecified			SOTYKTU
Pharmacy PBM	Approved	Met Medical Necessity	R62.52	Short stature (child)			NORDITROPIN FLEXPRO
Pharmacy PBM	Approved	Met Medical Necessity	G40.919	Epilepsy, unspecified, intractable, without status epilepticus			EPRONTIA
Pharmacy PBM	Denied	PA requirements not met	M54.2	Cervicalgia			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	C7A.1	Malignant poorly differentiated neuroendocrine tumors			XTAMPZA ER
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications			INSULIN GLARGINE-YFGN U

Pharmacy	Approved	Met Medical Necessity	Z94.0	Kidney transplant status			
Home Health Care	Approved	Met Medical Necessity	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung			
Pharmacy PBM	Approved	Met Medical Necessity	L73.2	Hidradenitis suppurativa			YUFLYMA
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			METHADONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	R80.1	Persistent proteinuria, unspecified			KERENDIA
Durable Medical Equipment Purchased	Denied	Out of Network	M24.531	Contracture, right wrist			
Home Health Care	Approved	Met Medical Necessity	I67.9	Cerebrovascular disease, unspecified			
Pharmacy PBM	Denied	Non Formulary	B36.0	Pityriasis versicolor			CLINDAMYCIN
Durable Medical Equipment Purchased	Denied	*Non-covered Service	D70.9	Neutropenia, unspecified			
Pharmacy PBM	Approved	Met Medical Necessity	K85.90	Acute pancreatitis without necrosis or infection, unspecified			NEMLUVIO
Pharmacy PBM	Denied	Non Formulary	J30.2	Other seasonal allergic rhinitis			RYALTRIS

Pharmacy PBM	Approved	Met Medical Necessity	E66.811	OBESITY CLASS 1			LISDEXAMFETAMINE
Hospice	Denied	*Non-covered Service	C61	Malignant neoplasm of prostate			
Pharmacy PBM	Approved	Met Medical Necessity	G40.019	Localizationrelated (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus			XCOPRI
Durable Medical Equipment Purchased	Denied	Out of Network	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Durable Medical Equipment Purchased	Denied	*Non-covered Service	R29.898	Other symptoms and signs involving the musculoskeletal system			
Durable Medical Equipment Rental	Denied	Out of Network	M24.562	Contracture, left knee			
Pharmacy	Approved	Met Medical Necessity	T86.21	Heart transplant rejection			
Pharmacy	Approved	Met Medical Necessity	T86.21	Heart transplant rejection			BORTEZOMIB
Medical Care	Approved	Met Medical Necessity	M86.9	Osteomyelitis, unspecified			

Pharmacy	Approved	Met Medical Necessity	G70.00	Myasthenia gravis without (acute) exacerbation			
Pharmacy PBM	Approved	Met Medical Necessity	F11.20	Opioid dependence, uncomplicated			NALOXONE HCL
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			BASAGLAR
Pharmacy PBM	Denied	*Requested Information Not Received	F20.0	Paranoid schizophrenia			CAPLYTA
Pharmacy PBM	Approved	Met Medical Necessity	J43.9	Emphysema, unspecified			COMBIVENT RESPIMAT
Pharmacy PBM	Approved	Met Medical Necessity	H01.021	Squamous blepharitis right upper eyelid			XDEMZY
Pharmacy PBM	Approved	Met Medical Necessity	L40.59	Other psoriatic arthropathy			HUMIRA
Diagnostic Lab	Denied	*Non-covered Service	C91.01	Acute lymphoblastic leukemia, in remission			
Pharmacy PBM	Approved	Met Medical Necessity	K58.0	Irritable bowel syndrome with diarrhea			LINZESS
Pharmacy PBM	Denied	PA requirements not met	R63.5	Abnormal weight gain			WEGOVY
Pharmacy PBM	Denied	PA requirements not met	H02.88A	Meibomian gland dysfunction right eye, upper and l			XIIDRA

Pharmacy PBM	Approved	Met Medical Necessity	C16.9	Malignant neoplasm of stomach, unspecified			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	F39	Unspecified mood [affective] disorder			TRINTELLIX
Pharmacy PBM	Denied	Non Formulary	Z29.8	Encounter for other specified prophylactic measures			BIOGAIA PROTECTIS-VIT D
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M33.11	Other dermatomyositis with respiratory involvement			
Durable Medical Equipment Purchased	Denied	Out of Network	L97.522	Nonpressure chronic ulcer of other part of left foot with fat layer exposed			
Medical Care	Approved	Met Medical Necessity	Q67.3	Plagiocephaly			
Pharmacy PBM	Denied	PA requirements not met	F33.2	Major depressive disorder, recurrent severe without psychotic features			LISDEXAMFETAMINE
Pharmacy PBM	Approved	Met Medical Necessity	C79.51	Secondary malignant neoplasm of bone			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	D25.9	Leiomyoma of uterus, unspecified			ORIAHNN

Pharmacy PBM	Denied	Non Formulary	R09.81	Nasal congestion			DYMISTA NASAL
Pharmacy PBM	Approved	Met Medical Necessity	L40.50	Arthropathic psoriasis, unspecified			HADLIMA
Pharmacy PBM	Approved	Met Medical Necessity	C53.9	Malignant neoplasm of cervix uteri, unspecified			ZARXIO
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M40.04	Postural kyphosis, thoracic region			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C18.6	Malignant neoplasm of descending colon			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S82.892A	Other fracture of left lower leg, initial encounter for closed fracture			
Pharmacy PBM	Denied	PA requirements not met	M54.9	Dorsalgia, unspecified			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Denied	Non Formulary	G70.00	Myasthenia gravis without (acute) exacerbation			RYSTIGGO
Pharmacy PBM	Denied	*Requested Information Not Received	G47.33	Obstructive sleep apnea (adult) (pediatric)			ZEPBOUND

Pharmacy PBM	Approved	Met Medical Necessity	M47.896	Other spondylosis, lumbar region			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	M34.9	Systemic sclerosis, unspecified			SILDENAFIL
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			GEMFIBROZIL
Otology	Approved	Administrative Approval	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy PBM	Denied	PA requirements not met	G89.29	Other chronic pain			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	G61.81	Chronic inflammatory demyelinating polyneuritis			GAMMAGARD LIQUID
Pharmacy PBM	Denied	Non Formulary	K21.00	Gastroesophageal reflux disease with esophagitis			LANSOPRAZOLE DR
Pharmacy PBM	Denied	Non Formulary	R68.12	Fussy infant (baby)			BIOGAIA PROTECTIS-VIT D
Pharmacy PBM	Denied	Non Formulary	N20.0	Calculus of kidney			POTASSIUM CITRATE ER
Pharmacy PBM	Denied	PA requirements not met	F25.9	Schizoaffective disorder, unspecified			INGREZZA
Pharmacy PBM	Approved	Met Medical Necessity	F31.32	Bipolar disorder, current episode depressed, moderate			LYBALVI

Pharmacy PBM	Approved	Met Medical Necessity	K60.0	Acute anal fissure			NIFEDIPINE
Pharmacy PBM	Approved	Met Medical Necessity	M54.50	Low back pain, unspecified			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Durable Medical Equipment Purchased	Denied	Out of Network	I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg			
Pharmacy PBM	Denied	PA requirements not met	E66.81	OBESITY CLASS			WEGOVY
Pharmacy PBM	Approved	Met Medical Necessity	G82.20	Paraplegia, unspecified			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Denied	PA requirements not met	G83.4	Cauda equina syndrome			METHADONE HCL 10 MG TABLET methadone HCl
Durable Medical Equipment Rental	Denied	*Non-covered Service	S86.019A	Strain of unspecified Achilles tendon, initial encounter			
Pharmacy PBM	Denied	Non Formulary	M17.12	Unilateral primary osteoarthritis, left knee			DUROLANE
Pharmacy	Approved	Met Medical Necessity	G43.701	Chronic migraine without aura, not intractable, with status migrainosus			BOTOX 200 UNIT VIAL P/F, SUV onabotulinumtoxin A

Pharmacy PBM	Approved	Met Medical Necessity	I10	Essential (primary) hypertension			AMLODIPINE-OLMESARTAN
Inhalation Therapy	Denied	Out of Network	S91.302A	Unspecified open wound, left foot, initial encounter			
Pharmacy PBM	Denied	PA requirements not met	Z68.39	Body mass index [BMI] 39.039.9, adult			ZEPBOUND
Pharmacy PBM	Denied	Non Formulary	M81.0	Agerelated osteoporosis without current pathological fracture			PROLIA
Pharmacy PBM	Approved	Met Medical Necessity	R76.11	Nonspecific reaction to tuberculin skin test without active tuberculosis			ISONIAZID
Pharmacy PBM	Approved	Met Medical Necessity	R76.11	Nonspecific reaction to tuberculin skin test without active tuberculosis			VITAMIN B-6 25 MG TABLET pyridoxine HCl (vitamin B6)
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			TRESIBA FLEXTOUCH

Pharmacy PBM	Approved	Met Medical Necessity	H40.2232	Chronic angleclosure glaucoma, bilateral, moderate stage			TIMOLOL MALEATE
Pharmacy PBM	Denied	Non Formulary	M17.11	Unilateral primary osteoarthritis, right knee			SYNVISC-ONE
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C71.3	Malignant neoplasm of parietal lobe			
Pharmacy PBM	Approved	Met Medical Necessity	J45	ASTHMA			NUCALA
Audiology	Denied	Authorization/Access Restrictions	H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	F80.1	Expressive language disorder			
Durable Medical Equipment Purchased	Denied	Out of Network	F80.2	Mixed receptiveexpressive language disorder			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.442	Acquired absence of left ankle			
Durable Medical Equipment Rental	Denied	*Non-covered Service	M62.81	Muscle weakness (generalized)			

Pharmacy PBM	Denied	Refill too soon	E10.9	Type 1 diabetes mellitus without complications			DEXCOM G
Pharmacy PBM	Denied	Refill too soon	E10.9	Type 1 diabetes mellitus without complications			OMNIPOD
Audiology	Approved	Administrative Approval	H90.3	Sensorineural hearing loss, bilateral			
Audiology	Approved	Peer to Peer Overturned Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral			
Audiology	Approved	Met Medical Necessity	H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side			
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			REVLIMID
Pharmacy PBM	Denied	Non Formulary	M81.0	Agerelated osteoporosis without current pathological fracture			ZOLEDRONIC ACID
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C79.9	Secondary malignant neoplasm of unspecified site			

Pharmacy PBM	Denied	PA requirements not met	E11.9	Type 2 diabetes mellitus without complications			EUCRISA
Genetics	Denied	*Non-covered Service	O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother			
Pharmacy PBM	Approved	Met Medical Necessity	E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye			BEVACIZUMAB
Pharmacy PBM	Denied	PA requirements not met	A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent			VOWST CAPSULE
Pharmacy PBM	Approved	Met Medical Necessity	F31.60	Bipolar disorder, current episode mixed, unspecified			LURASIDONE HCL
Durable Medical Equipment Rental	Denied	Out of Network	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Durable Medical Equipment Purchased	Denied	*Non-covered Service	P27.1	Bronchopulmonary dysplasia originating in the perinatal period			

Ophthalmology	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy PBM	Approved	Met Medical Necessity	H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization			BEVACIZUMAB
Pharmacy PBM	Approved	Met Medical Necessity	H34.8110	Central retinal vein occlusion, right eye, with macular edema			BEVACIZUMAB
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	I50.21	Acute systolic (congestive) heart failure			
Pharmacy PBM	Approved	Met Medical Necessity	M54.17	Radiculopathy, lumbosacral region			OXYCODONE-ACETAMINOPHEN 5-325 MG TAB oxycodone HCl/acetaminophen
Pharmacy PBM	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			TRODELVY

Durable Medical Equipment Rental	Denied	Out of Network	W34.00XA	Accidental discharge from unspecified firearms or gun, initial encounter			
Speech Therapy	Denied	*Non-covered Service	I69.320	Aphasia following cerebral infarction			
Pharmacy PBM	Approved	Met Medical Necessity	C50.511	Malignant neoplasm of lowerouter quadrant of right female breast			PAMIDRONATE 90 MG/10 ML VIAL SDV pamidronate disodium
Pharmacy PBM	Denied	PA requirements not met	E66.813	OBESITY CLASS 3			WEGOVY
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	N52.9	Male erectile dysfunction, unspecified			TADALAFIL
Pharmacy PBM	Denied	PA requirements not met	H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid			XDEMVI
Pharmacy PBM	Denied	Non Formulary	E30.1	Precocious puberty			FENSOLVI
Durable Medical Equipment Purchased	Approved	Administrative Approval	F84.0	Autistic disorder			
Durable Medical Equipment Purchased	Approved	Administrative Approval	F80.2	Mixed receptiveexpressiv e language disorder			

Durable Medical Equipment Purchased	Approved	Administrative Approval	H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side			
Pharmacy PBM	Approved	Met Medical Necessity	F90.9	Attention deficit hyperactivity disorder, unspecified type			ADDERALL XR 20 MG CAPSULE dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate
Durable Medical Equipment Rental	Approved	Met Medical Necessity	J47.9	Bronchiectasis, uncomplicated			
Durable Medical Equipment Rental	Denied	*Non-covered Service	S32.9XXA	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture			
Pharmacy PBM	Approved	Met Medical Necessity	F33.9	Major depressive disorder, recurrent, unspecified			ABILIFY MAINTENANCE
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S24.103A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter			

Pharmacy PBM	Denied	Refill too soon	M25.511	Pain in right shoulder			HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET hydrocodone bitartrate/acetaminophen
Pharmacy PBM	Denied	Refill too soon	M25.511	Pain in right shoulder			OXYCONTIN ER 15 MG TABLET REFORMULATED oxycodone HCl
Diagnostic Lab	Denied	*Non-covered Service	Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management			
Pharmacy PBM	Denied	Quantity over Limit	E11.65	Type 2 diabetes mellitus with hyperglycemia			FREESTYLE LIBRE
Audiology	Denied	Authorization/Access Restrictions	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy PBM	Denied	PA requirements not met	I50.22	Chronic systolic (congestive) heart failure			WEGOVY
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G20.C	PARKINSONISM UNSPECIFIED			
Durable Medical Equipment Rental	Denied	Out of Network	E84.9	Cystic fibrosis, unspecified			

Pharmacy PBM	Denied	Non Formulary	J30.9	Allergic rhinitis, unspecified			XHANCE
Durable Medical Equipment Rental	Denied	Out of Network	S52.501D	Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing			
Pharmacy	Approved	Met Medical Necessity	N39.46	Mixed incontinence			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Anesthesia	Approved	Met Medical Necessity	M27.40	Unspecified cyst of jaw			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R09.02	Hypoxemia			
Medical Care	Approved	Administrative Approval	I15.9	Secondary hypertension, unspecified			
Medical Care	Approved	Administrative Approval	I69.30	Unspecified sequelae of cerebral infarction			

Pharmacy PBM	Denied	PA requirements not met	S62.615A	Displaced fracture of proximal phalanx of left ring finger, initial encounter for closed fracture			HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET hydrocodone bitartrate/acetaminophen
Orthopedic	Approved	Met Medical Necessity	G24.3	Spasmodic torticollis			
Pharmacy PBM	Denied	Refill too soon	J45.41	Moderate persistent asthma with (acute) exacerbation			ALBUTEROL HFA
Pharmacy PBM	Denied	Non Formulary	M47.897	Other spondylosis, lumbosacral region			ZTLIDO
Pharmacy PBM	Denied	PA requirements not met	Z76.0	Encounter for issue of repeat prescription			AZELAIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	J82.83	Eosinophilic asthma			FASENRA PEN
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F32.2	Major depressive disorder, single episode, severe without psychotic features			
Psychiatric Treatment Partial Hospitalization	Denied	Authorization/Access Restrictions	F33.2	Major depressive disorder, recurrent severe without psychotic features			

Psychiatric Treatment Partial Hospitalization	Denied	Authorization/Access Restrictions	F33.1	Major depressive disorder, recurrent, moderate			
Pharmacy PBM	Approved	Met Medical Necessity	F31.2	Bipolar disorder, current episode manic severe with psychotic features			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	F33.41	Major depressive disorder, recurrent, in partial remission			LURASIDONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	E11.21	Type 2 diabetes mellitus with diabetic nephropathy			OZEMPIC
Pharmacy PBM	Approved	Met Medical Necessity	M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			FANAPT 6 MG TABLET iloperidone
Pharmacy PBM	Denied	Non Formulary	G35	Multiple sclerosis			KESIMPTA
Pharmacy PBM	Denied	Non Formulary	F84.0	Autistic disorder			ONYDA XR
Pharmacy PBM	Approved	Met Medical Necessity	G47.10	Hypersomnia, unspecified			MODAFINIL

Durable Medical Equipment Purchased	Approved	Met Medical Necessity	F80.2	Mixed receptive/expressive language disorder			
Other	Approved	Met Medical Necessity	L91.0	Hypertrophic scar			
Durable Medical Equipment Purchased	Partially Approved	Authorization/Access Restrictions	R26.2	Difficulty in walking, not elsewhere classified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	F84.0	Autistic disorder			
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	G37.9	Demyelinating disease of central nervous system, unspecified			
Durable Medical Equipment Purchased	Denied	Out of Network	I69.320	Aphasia following cerebral infarction			
Durable Medical Equipment Purchased	Denied	Out of Network	E11.9	Type 2 diabetes mellitus without complications			
Home Health Care	Denied	Out of Network	F81.9	Developmental disorder of scholastic skills, unspecified			
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			INVEGA TRINZA
Durable Medical Equipment Rental	Approved	Met Medical Necessity	S71.102A	Unspecified open wound, left thigh, initial encounter			

Audiology	Denied	Out of Network	H90.3	Sensorineural hearing loss, bilateral			
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	Z93.3	Colostomy status			
Durable Medical Equipment Purchased	Denied	Not Medically Necessary	E11.8	Type 2 diabetes mellitus with unspecified complications			
Oncology	Approved	Met Medical Necessity	C34.02	Malignant neoplasm of left main bronchus			
Durable Medical Equipment Purchased	Denied	*Non-covered Service	S91.302A	Unspecified open wound, left foot, initial encounter			
Home Health Care	Approved	Met Medical Necessity	R62.51	Failure to thrive (child)			
Durable Medical Equipment Rental	Denied	Authorization/Access Restrictions	H90.3	Sensorineural hearing loss, bilateral			
Pharmacy PBM	Approved	Met Medical Necessity	I30.9	Acute pericarditis, unspecified			CETIRIZINE HCL 5 MG TABLET INDOOR & OUTDOOR cetirizine HCl
Pharmacy PBM	Denied	Non Formulary	F20.0	Paranoid schizophrenia			ABILIFY MAINTENANCE
Pharmacy PBM	Denied	Non Formulary	E13.9	Other specified diabetes mellitus without complications			TRESIBA FLEXTOUCH

Durable Medical Equipment Rental	Denied	*Non-covered Service	M24.522	Contracture, left elbow			
Mental Health	Approved	Peer to Peer Overturned Met Medical Necessity	F29	Unspecified psychosis not due to a substance or known physiological condition			
Durable Medical Equipment Rental	Denied	Authorization/Access Restrictions	J96.01	Acute respiratory failure with hypoxia			
Pharmacy PBM	Denied	Non Formulary	B35.8	Other dermatophytoses			ITRACONAZOLE
Durable Medical Equipment Rental	Denied	Authorization/Access Restrictions	G47.33	Obstructive sleep apnea (adult) (pediatric)			
Pharmacy PBM	Denied	Refill too soon	J45.902	Unspecified asthma with status asthmaticus			ALBUTEROL HFA
Durable Medical Equipment Purchased	Denied	Out of Network	M24.562	Contracture, left knee			
Durable Medical Equipment Purchased	Denied	Out of Network	M25.562	Pain in left knee			
Durable Medical Equipment Rental	Denied	Authorization/Access Restrictions	M62.81	Muscle weakness (generalized)			
Durable Medical Equipment Rental	Denied	*Requested Information Not Received	J44.9	Chronic obstructive pulmonary disease, unspecified			

Durable Medical Equipment Purchased	Denied	Out of Network	C50.311	Malignant neoplasm of lowerinner quadrant of right female breast			
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure			
Durable Medical Equipment Purchased	Denied	Out of Network	M76.61	Achilles tendinitis, right leg			
Durable Medical Equipment Purchased	Denied	*Non-covered Service	R29.3	Abnormal posture			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R13.10	Dysphagia, unspecified			
Pharmacy PBM	Denied	Quantity over Limit	L73.2	Hidradenitis suppurativa			HADLIMA
Durable Medical Equipment Rental	Denied	Authorization/Access Restrictions	J96.11	Chronic respiratory failure with hypoxia			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S72.90XA	Unspecified fracture of unspecified femur, initial encounter for closed fracture			
Durable Medical Equipment Rental	Denied	Authorization/Access Restrictions	C71.9	Malignant neoplasm of brain, unspecified			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	M48.061	Spinal stenosis, lumbar region without neurogenic claudication			
Pharmacy PBM	Approved	Met Medical Necessity	D57	SICKLE-CELL DISORDERS			BUPRENORPHINE
Pharmacy PBM	Denied	Authorization/Access Restrictions	B17.10	Acute hepatitis C without hepatic coma			MAVYRET
Pharmacy	Approved	Met Medical Necessity	R39.15	Urgency of urination			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z89.222	Acquired absence of left upper limb above elbow			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	I50.9	Heart failure, unspecified			
Durable Medical Equipment Purchased	Denied	Out of Network	G35	Multiple sclerosis			
Pharmacy PBM	Denied	Non Formulary	B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere			LIKMEZ
Durable Medical Equipment Rental	Denied	Out of Network	C18.2	Malignant neoplasm of ascending colon			

Pharmacy PBM	Approved	Met Medical Necessity	S92.3	FRACTURE OF METATARSAL BONES			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Durable Medical Equipment Purchased	Denied	Out of Network	R26.2	Difficulty in walking, not elsewhere classified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	Z99.3	Dependence on wheelchair			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M21.41	Flat foot [pes planus] (acquired), right foot			
Pharmacy PBM	Denied	Non Formulary	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus			XCOPRI
Durable Medical Equipment Purchased	Denied	Authorization/Access Restrictions	M06.9	Rheumatoid arthritis, unspecified			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S88.122D	Partial traumatic amputation at level between knee and ankle, left lower leg, subsequent encounter			
Durable Medical Equipment Purchased	Partially Approved	Refill too soon	Z95.811	Presence of heart assist device			

Pharmacy PBM	Approved	Met Medical Necessity	J45.41	Moderate persistent asthma with (acute) exacerbation			FLOVENT HFA
Psychotherapy	Approved	Met Medical Necessity	F33.1	Major depressive disorder, recurrent, moderate			
Psychotherapy	Approved	Met Medical Necessity	F33.9	Major depressive disorder, recurrent, unspecified			
Substance Use Disorder	Approved	Administrative Approval	F41.9	Anxiety disorder, unspecified			
Psychiatric Treatment Partial Hospitalization	Approved	Administrative Approval	F25.9	Schizoaffective disorder, unspecified			
Psychiatric Treatment Partial Hospitalization	Denied	Out of Network	F43.12	Posttraumatic stress disorder, chronic			
Psychotherapy	Approved	Met Medical Necessity	F33.2	Major depressive disorder, recurrent severe without psychotic features			
Psychotherapy	Denied	*Level of Care Not Appropriate	F32.9	Major depressive disorder, single episode, unspecified			
Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F31.9	Bipolar disorder, unspecified			

Mental Health	Approved	Met Medical Necessity	F41.9	Anxiety disorder, unspecified			
Mental Health	Denied	*Level of Care Not Appropriate	F41.9	Anxiety disorder, unspecified			
Mental Health	Denied	Not Medically Necessary	F43.10	Posttraumatic stress disorder, unspecified			
Mental Health	Denied	*Level of Care Not Appropriate	F10.24	Alcohol dependence with alcoholinduced mood disorder			
Mental Health	Approved	Met Medical Necessity	F43.10	Posttraumatic stress disorder, unspecified			
Substance Use Disorder	Denied	*Level of Care Not Appropriate	F10.20	Alcohol dependence, uncomplicated			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M96.1	Postlaminectomy syndrome, not elsewhere classified			
Home Health Care	Approved	Met Medical Necessity	C85.90	NonHodgkin lymphoma, unspecified, unspecified site			
Home Health Care	Approved	Met Medical Necessity	Z48.817	Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue			

Durable Medical Equipment Rental	Approved	Administrative Approval	I26.99	Other pulmonary embolism without acute cor pulmonale			
Durable Medical Equipment Rental	Approved	Administrative Approval	I42.0	Dilated cardiomyopathy			
Durable Medical Equipment Rental	Approved	Administrative Approval	S82.092A	Other fracture of left patella, initial encounter for closed fracture			
Substance Use Disorder	Approved	Administrative Approval	F10.20	Alcohol dependence, uncomplicated			
Obstetrics	Approved	Administrative Approval	O14.90	Unspecified preeclampsia, unspecified trimester			
Physical Therapy	Approved	Administrative Approval	C64.2	Malignant neoplasm of left kidney, except renal pelvis			
Durable Medical Equipment Rental	Approved	Administrative Approval	M54.16	Radiculopathy, lumbar region			
Durable Medical Equipment Purchased	Approved	Administrative Approval	C46.0	Kaposi's sarcoma of skin			
Durable Medical Equipment Purchased	Approved	Administrative Approval	S81.001D	Unspecified open wound, right knee, subsequent encounter			
Physical Therapy	Approved	Administrative Approval	I89.0	Lymphedema, not elsewhere classified			

Durable Medical Equipment Rental	Approved	Administrative Approval	S72.322A	Displaced transverse fracture of shaft of left femur, initial encounter for closed fracture			
Durable Medical Equipment Purchased	Approved	Administrative Approval	I89.0	Lymphedema, not elsewhere classified			
Durable Medical Equipment Purchased	Approved	Administrative Approval	G80.9	Cerebral palsy, unspecified			
Durable Medical Equipment Purchased	Approved	Administrative Approval	G81.90	Hemiplegia, unspecified affecting unspecified side			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z39.1	Encounter for care and examination of lactating mother			
Physical Therapy	Approved	Administrative Approval	G81.94	Hemiplegia, unspecified affecting left nondominant side			
Durable Medical Equipment Purchased	Approved	Administrative Approval	E10.65	Type 1 diabetes mellitus with hyperglycemia			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M47.896	Other spondylosis, lumbar region			

Substance Use Disorder	Approved	Administrative Approval	F15	OTHER STIMULANT RELATED DISORDERS			
Durable Medical Equipment Purchased	Approved	Administrative Approval	M21.6X1	Other acquired deformities of right foot			
Psychotherapy	Approved	Met Medical Necessity	F43.20	Adjustment disorder, unspecified			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C18.9	Malignant neoplasm of colon, unspecified			
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			DAPAGLIFLOZIN
Home Health Care	Approved	Administrative Approval	M80.052D	Age related osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with routine healing			
Durable Medical Equipment Rental	Approved	Administrative Approval	I63.81	Other cerebral infarction due to occlusion or sten			
Durable Medical Equipment Purchased	Approved	Administrative Approval	G83.9	Paralytic syndrome, unspecified			

Durable Medical Equipment Purchased	Approved	Administrative Approval	M62.81	Muscle weakness (generalized)			
Home Health Care	Approved	Administrative Approval	J18.9	Pneumonia, unspecified organism			
Durable Medical Equipment Purchased	Approved	Administrative Approval	Z93.0	Tracheostomy status			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z93.0	Tracheostomy status			
Durable Medical Equipment Rental	Approved	Administrative Approval	Z93.0	Tracheostomy status			
Home Health Care	Approved	Met Medical Necessity	K85.91	Acute pancreatitis with uninfected necrosis, unspecified			
Private Duty Nursing	Approved	Met Medical Necessity	Z93.0	Tracheostomy status			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C34	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG			
Other	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M95.2	Other acquired deformity of head			

Durable Medical Equipment Rental	Approved	Met Medical Necessity	G81.94	Hemiplegia, unspecified affecting left nondominant side			
Home Health Care	Approved	Met Medical Necessity	S82.201A	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	G40.901	Epilepsy, unspecified, not intractable, with status epilepticus			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	M24.575	Contracture, left foot			
Physical Therapy	Approved	Met Medical Necessity	S72.011D	Unspecified intracapsular fracture of right femur, subsequent encounter for closed fracture with routine healing			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G40.901	Epilepsy, unspecified, not intractable, with status epilepticus			

Home Health Care	Approved	Met Medical Necessity	E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene			
Pharmacy PBM	Denied	Non Formulary	M16.12	Unilateral primary osteoarthritis, left hip			DICLOFENAC SODIUM
Pharmacy PBM	Denied	Non Formulary	M06.9	Rheumatoid arthritis, unspecified			ACTEMRA ACTPEN
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene			
Pharmacy PBM	Approved	Met Medical Necessity	C92.10	Chronic myeloid leukemia, BCR/ABLpositive, not having achieved remission			BOSULIF
Pharmacy PBM	Approved	Met Medical Necessity	C56.9	Malignant neoplasm of unspecified ovary			ZEJULA
Pharmacy	Approved	Met Medical Necessity	J84.113	Idiopathic nonspecific interstitial pneumonitis			RIABNI
Pharmacy PBM	Approved	Met Medical Necessity	E80.4	Gilbert syndrome			ASPIRIN EC

Pharmacy PBM	Approved	Met Medical Necessity	E80.4	Gilbert syndrome			ROSUVASTATIN CALCIUM
Pharmacy PBM	Approved	Met Medical Necessity	I34.0	Nonrheumatic mitral (valve) insufficiency			ASPIRIN EC
Pharmacy PBM	Approved	Met Medical Necessity	I34.0	Nonrheumatic mitral (valve) insufficiency			ATORVASTATIN
Pharmacy PBM	Approved	Met Medical Necessity	I34.0	Nonrheumatic mitral (valve) insufficiency			CLOPIDOGREL
Pharmacy PBM	Approved	Met Medical Necessity	I34.0	Nonrheumatic mitral (valve) insufficiency			COLCHICINE
Pharmacy PBM	Approved	Met Medical Necessity	I34.0	Nonrheumatic mitral (valve) insufficiency			JARDIANCE
Pharmacy PBM	Denied	Non Formulary	H40.1131	Primary openangle glaucoma, bilateral, mild stage			BETIMOL
Pharmacy PBM	Denied	PA requirements not met	F03.90	Unspecified dementia without behavioral disturbance			OMEGA
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUVIA 100 MG TABLET U-D, F/C, OUTER sitagliptin phosphate
Pharmacy PBM	Approved	Met Medical Necessity	L43.9	Lichen planus, unspecified			AZELAIC ACID

Pharmacy PBM	Approved	Met Medical Necessity	I27.20	Pulmonary hypertension, unspecified			TADALAFIL
Pharmacy PBM	Approved	Met Medical Necessity	Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]			DESCOVY
Pharmacy PBM	Denied	PA requirements not met	Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]			APRETUDE ER
Physical Therapy	Approved	Met Medical Necessity	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	S83.282A	Other tear of lateral meniscus, current injury, left knee, initial encounter			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R65.21	Severe sepsis with septic shock			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I60.9	Nontraumatic subarachnoid hemorrhage, unspecified			
Durable Medical Equipment Rental	Approved	Administrative Approval	R13.10	Dysphagia, unspecified			

Durable Medical Equipment Purchased	Approved	Administrative Approval	J96.01	Acute respiratory failure with hypoxia			
Durable Medical Equipment Rental	Approved	Administrative Approval	L89.94	Pressure ulcer of unspecified site, stage 4			
Pharmacy PBM	Denied	Non Formulary	M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement			RINVOQ ER
Pharmacy PBM	Denied	Not Medically Necessary	E11.9	Type 2 diabetes mellitus without complications			ALOGLIPTIN
Durable Medical Equipment Rental	Denied	*Non-covered Service	R10.2	Pelvic and perineal pain			
Durable Medical Equipment Purchased	Denied	*Non-covered Service	I50.9	Heart failure, unspecified			
Pharmacy PBM	Approved	Met Medical Necessity	J45	ASTHMA			TRELEGY ELLIPTA
Pharmacy PBM	Approved	Met Medical Necessity	M86.9	Osteomyelitis, unspecified			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	Z72.51	High risk heterosexual behavior			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE
Durable Medical Equipment Rental	Approved	Met Medical Necessity	M86.9	Osteomyelitis, unspecified			

Other	Denied	*Non-covered Service	C91.01	Acute lymphoblastic leukemia, in remission			
Pharmacy PBM	Denied	Non Formulary	G20.C	PARKINSONISM UNSPECIFIED			ONAPGO
Durable Medical Equipment Rental	Approved	Met Medical Necessity	I73.9	Peripheral vascular disease, unspecified			
Home Health Care	Denied	Out of Network	Z93.0	Tracheostomy status			
Pharmacy PBM	Approved	Met Medical Necessity	C11.9	Malignant neoplasm of nasopharynx, unspecified			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	J32.9	Chronic sinusitis, unspecified			ACETAMINOPHEN-COD #
Pharmacy PBM	Approved	Met Medical Necessity	E03.9	Hypothyroidism, unspecified			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	E03.9	Hypothyroidism, unspecified			OXYCONTIN ER 40 MG TABLET REFORMULATED oxycodone HCl
Home Health Care	Approved	Met Medical Necessity	E11.621	Type 2 diabetes mellitus with foot ulcer			
Other	Approved	Met Medical Necessity	N32.81	Overactive bladder			
Home Health Care	Approved	Administrative Approval	N39.0	Urinary tract infection, site not specified			

Home Health Care	Approved	Met Medical Necessity	S72.091D	Other fracture of head and neck of right femur, subsequent encounter for closed fracture with routine healing			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	K85.9	Acute pancreatitis, unspecified			
Oncology	Approved	Met Medical Necessity	C92.01	Acute myeloblastic leukemia, in remission			
Durable Medical Equipment Rental	Approved	Met Medical Necessity	R27.0	Ataxia, unspecified			
Physical Therapy	Approved	Met Medical Necessity	G93.89	Other specified disorders of brain			
Durable Medical Equipment Purchased	Denied	Out of Network	M23.51	Chronic instability of knee, right knee			
Home Health Care	Approved	Met Medical Necessity	I16.0	Hypertensive urgency			
Home Health Care	Approved	Administrative Approval	I69.393	Ataxia following cerebral infarction			
Pharmacy PBM	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			BLINCYTO

Pharmacy PBM	Approved	Met Medical Necessity	S72.009A	Fracture of unspecified part of neck of unspecified femur, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	L73.2	Hidradenitis suppurativa			HUMIRA
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			CARBOPLATIN 600 MG/60 ML VIAL MDV carboplatin
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			DEXAMETHASONE 10 MG/ML VIAL 25'S, OUTER dexamethasone sodium phosphate
Pharmacy PBM	Approved	Met Medical Necessity	C92.12	Chronic myeloid leukemia, BCR/ABL positive, in relapse			SCEMBLIX
Pharmacy PBM	Approved	Met Medical Necessity	C61	Malignant neoplasm of prostate			JEVTANA 60 MG/1.5 ML KIT OUTER, SDV cabazitaxel
Pharmacy PBM	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Denied	PA requirements not met	F33.0	Major depressive disorder, recurrent, mild			TRINTELLIX
Pharmacy PBM	Approved	Met Medical Necessity	G20.C	PARKINSONISM UNSPECIFIED			GOCOVRI ER
Pharmacy PBM	Approved	Met Medical Necessity	C25.1	Malignant neoplasm of body of pancreas			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	C73	Malignant neoplasm of thyroid gland			THYROGEN 0.9 MG VIAL OUTER,SUV thyrotropin alfa
Pharmacy PBM	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			MORPHINE SULF ER 60 MG TABLET morphine sulfate
Pharmacy PBM	Approved	Met Medical Necessity	N32.81	Overactive bladder			GEMTESA
Pharmacy PBM	Approved	Met Medical Necessity	K74.60	Unspecified cirrhosis of liver			VEMLIDY
Pharmacy PBM	Approved	Met Medical Necessity	K85.80	Other acute pancreatitis without necrosis or infection			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			ZOLADEX
Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			ESOMEPRAZOLE MAG DR

Pharmacy PBM	Approved	Met Medical Necessity	E11.9	Type 2 diabetes mellitus without complications			XIGDUO XR
Pharmacy PBM	Approved	Met Medical Necessity	C73	Malignant neoplasm of thyroid gland			TAFINLAR
Pharmacy PBM	Denied	*Requested Information Not Received	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication			STEGLATRO
Pharmacy PBM	Denied	Non Formulary	L40.9	Psoriasis, unspecified			SKYRIZI
Pharmacy PBM	Approved	Met Medical Necessity	Z93.0	Tracheostomy status			TOBRAMYCIN
Diagnostic Lab	Denied	Out of Network	C91.00	Acute lymphoblastic leukemia not having achieved remission			
Pharmacy PBM	Denied	Non Formulary	E11.9	Type 2 diabetes mellitus without complications			JANUVIA 100 MG TABLET U-D, F/C, OUTER sitagliptin phosphate
Pharmacy PBM	Approved	Met Medical Necessity	D57.1	Sicklecell disease without crisis			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	C73	Malignant neoplasm of thyroid gland			NALOXONE HCL
Physical Medicine	Approved	Met Medical Necessity	G24.3	Spasmodic torticollis			

Pharmacy PBM	Denied	PA requirements not met	K83.01	Primary sclerosing cholangitis			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	M54.50	Low back pain, unspecified			NURTEC ODT
Pharmacy PBM	Approved	Met Medical Necessity	C22.0	Liver cell carcinoma			SORAFENIB
Pharmacy PBM	Approved	Met Medical Necessity	D25.9	Leiomyoma of uterus, unspecified			NORETHINDRONE 5 MG TABLET norethindrone acetate
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	B20	Human immunodeficiency virus [HIV] disease			TIVICAY
Pharmacy PBM	Approved	Met Medical Necessity	R69	Illness, unspecified			MODAFINIL
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E66.3	Overweight			PHENTERMINE
Pharmacy PBM	Approved	Met Medical Necessity	M79.641	Pain in right hand			DICLOFENAC SODIUM
Pharmacy PBM	Approved	Met Medical Necessity	L70.0	Acne vulgaris			ISOTRETINOIN
Pharmacy PBM	Approved	Met Medical Necessity	C32.0	Malignant neoplasm of glottis			OXYCODONE HCL (IR) 20 MG TAB oxycodone HCL
Pharmacy PBM	Approved	Met Medical Necessity	E03.9	Hypothyroidism, unspecified			OXYCONTIN

Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			TRESIBA FLEXTOUCH
Pharmacy PBM	Approved	Met Medical Necessity	L40.9	Psoriasis, unspecified			OPZELURA
Pharmacy PBM	Approved	Met Medical Necessity	L71.9	Rosacea, unspecified			AZELAIC ACID
Pharmacy PBM	Approved	Met Medical Necessity	G20.C	PARKINSONISM UNSPECIFIED			CREXONT ER
Pharmacy PBM	Approved	Peer to Peer Overturned Met Medical Necessity	G20.C	PARKINSONISM UNSPECIFIED			CREXONT ER
Pharmacy PBM	Approved	Met Medical Necessity	C90.00	Multiple myeloma not having achieved remission			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			METHADONE 5 MG/5 ML SOLUTION methadone HCl
Pharmacy PBM	Approved	Met Medical Necessity	L81.1	Chloasma			AZELAIC ACID
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUVIA 50 MG TABLET F/C sitagliptin phosphate
Pharmacy PBM	Approved	Met Medical Necessity	C20	Malignant neoplasm of rectum			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl

Pharmacy PBM	Denied	Brand Not Medically Necessary	H04.123	Dry eye syndrome of bilateral lacrimal glands			RESTASIS 0.05% EYE EMULSION SUV, P/F, 0.4ML VIAL cyclosporine
Pharmacy PBM	Denied	Refill too soon	F64.9	Gender identity disorder, unspecified			DOTTI
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUMET 50-1,000 MG TABLET F/C sitagliptin phosphate/metformin HCl
Pharmacy PBM	Approved	Met Medical Necessity	S82.141A	Displaced bicondylar fracture of right tibia, initial encounter for closed fracture			OXYCODONE HCL (IR) 5 MG TABLET oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	B20	Human immunodeficiency virus [HIV] disease			BIKTARVY
Pharmacy	Approved	Met Medical Necessity	G51.32	Clonic hemifacial spasm, left			
Pharmacy	Approved	Met Medical Necessity	G51.32	Clonic hemifacial spasm, left			BOTOX 100 UNIT VIAL SUV onabotulinumtoxin A
Pharmacy PBM	Denied	PA requirements not met	Z29.81	ENC HIV PRE-EXPOSURE PROPHYLAXIS			APRETUDE ER

Pharmacy PBM	Denied	Non Formulary	E11.59	Type 2 diabetes mellitus with other circulatory complications			SITAGLIPTIN-METFORMIN
Pharmacy PBM	Approved	Met Medical Necessity	D50.9	Iron deficiency anemia, unspecified			FERROUS SULFATE 300 MG/5 ML CUP 100'S, U-D ferrous sulfate
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			METHADONE
Pharmacy PBM	Approved	Met Medical Necessity	G89.3	Neoplasm related pain (acute) (chronic)			OXYCODONE
Pharmacy PBM	Approved	Met Medical Necessity	K75.81	Nonalcoholic steatohepatitis (NASH)			REZDIFFRA
Pharmacy PBM	Approved	Met Medical Necessity	Z29.81	ENC HIV PRE-EXPOSURE PROPHYLAXIS			DESCOVY
Pharmacy PBM	Approved	Met Medical Necessity	C06.0	Malignant neoplasm of cheek mucosa			OXYCODONE-ACETAMINOPHEN
Pharmacy PBM	Approved	Met Medical Necessity	E78.2	Mixed hyperlipidemia			ICOSAPENT ETHYL
Pharmacy PBM	Denied	Non Formulary	Q82.8	Other specified congenital malformations of skin			UREA

Pharmacy PBM	Denied	Non Formulary	Q82.8	Other specified congenital malformations of skin			TAZAROTENE
Pharmacy PBM	Approved	Met Medical Necessity	E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye			BEVACIZUMAB
Pharmacy PBM	Approved	Met Medical Necessity	C76.0	Malignant neoplasm of head, face and neck			HYDROMORPHONE 4 MG TABLET hydromorphone HCl
Pharmacy PBM	Approved	Met Medical Necessity	Z29.81	ENC HIV PRE-EXPOSURE PROPHYLAXIS			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE
Pharmacy PBM	Denied	Non Formulary	G20.B2	PARK DZ W DYSKINESIA AND FLUCTUATN			ONGENTYS
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			JANUMET 50-1,000 MG TABLET F/C sitagliptin phosphate/metformin HCl
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	E11.9	Type 2 diabetes mellitus without complications			JANUVIA 100 MG TABLET U-D, F/C, OUTER sitagliptin phosphate

Pharmacy PBM	Approved	Met Medical Necessity	G20.B2	PARK DZ W DYSKINESIA AND FLUCTUATN			VYALEV
Pharmacy PBM	Approved	Met Medical Necessity	K83.01	Primary sclerosing cholangitis			OXYCODONE HCL (IR) 10 MG TAB oxycodone HCl
Pharmacy PBM	Denied	PA requirements not met	Z94.0	Kidney transplant status			ENVARUSUS XR
Pharmacy PBM	Approved	Met Medical Necessity	Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]			EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE
Pharmacy PBM	Denied	Non Formulary	J32.9	Chronic sinusitis, unspecified			AZELASTIN-FLUTIC
Pharmacy PBM	Approved	Met Medical Necessity	K83.01	Primary sclerosing cholangitis			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	Z94.4	Liver transplant status			IVERMECTIN
Pharmacy PBM	Approved	Met Medical Necessity	Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]			TRUVADA
Pharmacy PBM	Denied	Non Formulary	N02.B1	REC&PRS IG A NEPH W GLOMERULAR LES			TARPEYO DR

Pharmacy PBM	Denied	PA requirements not met	L57.0	Actinic keratosis			AZELAIC ACID
Pharmacy PBM	Denied	PA requirements not met	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication			XIGDUO XR
Pharmacy PBM	Approved	Met Medical Necessity	K80.00	Calculus of gallbladder with acute cholecystitis without obstruction			NORMAL SALINE FLUSH
Pharmacy PBM	Denied	PA requirements not met	B19.10	Unspecified viral hepatitis B without hepatic coma			VEMLIDY
Pharmacy PBM	Denied	PA requirements not met	E78.5	Hyperlipidemia, unspecified			ICOSAPENT ETHYL
Pharmacy PBM	Denied	Non Formulary	E83.39	Other disorders of phosphorus metabolism			XPHOZAH
Pharmacy PBM	Denied	Non Formulary	E29.1	Testicular hypofunction			TESTOSTERONE
Pharmacy PBM	Denied	Non Formulary	F41.8	Other specified anxiety disorders			DESVENLAFAXINE SUCCINATE
Durable Medical Equipment Rental	Denied	*Non-covered Service	G81.94	Hemiplegia, unspecified affecting left nondominant side			
Pharmacy PBM	Denied	Non Formulary	J45.20	Mild intermittent asthma, uncomplicated			ADVAIR

Pharmacy PBM	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			
Pharmacy PBM	Denied	PA requirements not met	L97.911	Nonpressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin			TRAMADOL HCL
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			ADMELOG SOLOSTAR
Pharmacy PBM	Denied	Non Formulary	E11.65	Type 2 diabetes mellitus with hyperglycemia			INSULIN LISPRO
Durable Medical Equipment Rental	Denied	Out of Network	C18.0	Malignant neoplasm of cecum			
Pharmacy PBM	Denied	Non Formulary	L73.2	Hidradenitis suppurativa			AMJEVITA
Pharmacy PBM	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			MORPHINE SULF ER 30 MG TABLET morphine sulfate
Pharmacy	Approved	Met Medical Necessity	N32.81	Overactive bladder			BOTOX
Durable Medical Equipment Rental	Approved	Met Medical Necessity	L89.94	Pressure ulcer of unspecified site, stage 4			

Pharmacy PBM	Approved	Met Medical Necessity	D89.811	Chronic graftversushost disease			JAKAFI
Pharmacy PBM	Denied	Non Formulary	B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere			VOQUEZNA
Pharmacy PBM	Denied	Non Formulary	F33.1	Major depressive disorder, recurrent, moderate			DESVENLAFAXINE ER
Hospice	Denied	Out of Network	C18.9	Malignant neoplasm of colon, unspecified			
Pharmacy PBM	Denied	Non-covered Medicine (Fertility, ED, Cosmetic, etc.)	Z68.34	Body mass index [BMI] 34.034.9, adult			CONTRACE ER
Pharmacy PBM	Approved	Met Medical Necessity	E10.9	Type 1 diabetes mellitus without complications			OMNIPOD
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			ADMELOG SOLOSTAR
Pharmacy PBM	Approved	Met Medical Necessity	E11.65	Type 2 diabetes mellitus with hyperglycemia			BASAGLAR

Pharmacy	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			PEGASPARGASE ONCASPAR
Pharmacy PBM	Approved	Met Medical Necessity	M34.9	Systemic sclerosis, unspecified			ACTEMRA ACTPEN
Pharmacy PBM	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			KISQALI
Pharmacy PBM	Denied	Non Formulary	Z29.81	ENC HIV PRE-EXPOSURE PROPHYLAXIS			DESCOVY
Neurology	Approved	Met Medical Necessity	G81.11	Spastic hemiplegia affecting right dominant side			
Pharmacy PBM	Approved	Met Medical Necessity	D75.81	Myelofibrosis			JAKAFI
Pharmacy PBM	Denied	Non Formulary	L21.9	Seborrheic dermatitis, unspecified			SELENIUM SULFIDE
Durable Medical Equipment Rental	Denied	Does not meet NCD/LCD Criteria	A15.0	Tuberculosis of lung			
Pharmacy PBM	Approved	Met Medical Necessity	M81.0	Agerelated osteoporosis without current pathological fracture			TERIPARATIDE

Genetics	Denied	Out of Network	C90.00	Multiple myeloma not having achieved remission			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	C50.919	Malignant neoplasm of unspecified site of unspecified female breast			
Pharmacy PBM	Denied	Refill too soon	E11.9	Type 2 diabetes mellitus without complications			SYNJARDY
Pharmacy PBM	Approved	Met Medical Necessity	Z29.81	ENC HIV PRE-EXPOSURE PROPHYLAXIS			APRETUDE ER
Pharmacy	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			
Pharmacy PBM	Approved	Met Medical Necessity	Z87.09	Personal history of other diseases of the respiratory system			PROAIR RESPICLICK
Medical Care	Denied	*Non-covered Service	Z95.2	Presence of prosthetic heart valve			
Pharmacy PBM	Approved	Met Medical Necessity	C50.911	Malignant neoplasm of unspecified site of right female breast			OXYCODONE HCL

Pharmacy PBM	Approved	Met Medical Necessity	C25.9	Malignant neoplasm of pancreas, unspecified			BUPRENORPHINE
Pharmacy PBM	Approved	Met Medical Necessity	S42.402B	Unspecified fracture of lower end of left humerus, initial encounter for open fracture			OXYCODONE HCL
Pharmacy PBM	Approved	Met Medical Necessity	G20.C	PARKINSONISM UNSPECIFIED			INBRIJA
Pharmacy PBM	Denied	PA requirements not met	M17.11	Unilateral primary osteoarthritis, right knee			TRAMADOL HCL 50 MG TABLET tramadol HCl
Chemotherapy	Denied	*Non-covered Service	C22.0	Liver cell carcinoma			
Pharmacy PBM	Approved	Met Medical Necessity	E66.9	Obesity, unspecified			ZEPBOUND
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	Z89.612	Acquired absence of left leg above knee			
Pharmacy	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			POLIVY
Pharmacy PBM	Approved	Met Medical Necessity	C73	Malignant neoplasm of thyroid gland			MORPHINE SULF ER
Durable Medical Equipment Rental	Denied	Out of Network	M24.522	Contracture, left elbow			

Pharmacy PBM	Approved	Met Medical Necessity	L40.9	Psoriasis, unspecified			COSENTYX UNOREADY
Other	Approved	Met Medical Necessity	H90.3	Sensorineural hearing loss, bilateral			
Durable Medical Equipment Purchased	Denied	Out of Network	M93.272	Osteochondritis dissecans, left ankle and joints of left foot			
Pharmacy PBM	Denied	Non Formulary	E66.01	Morbid (severe) obesity due to excess calories			PHENTERMINE
Durable Medical Equipment Rental	Approved	Met Medical Necessity	C91.00	Acute lymphoblastic leukemia not having achieved remission			
Durable Medical Equipment Purchased	Approved	Met Medical Necessity	G81.94	Hemiplegia, unspecified affecting left nondominant side			
Durable Medical Equipment Rental	Denied	Out of Network	M24.521	Contracture, right elbow			
Pharmacy PBM	Denied	Non Formulary	B19.10	Unspecified viral hepatitis B without hepatic coma			TENOFOVIR DISOPROXIL FUMARATE
Pharmacy PBM	Denied	Refill too soon	C22.0	Liver cell carcinoma			SORAFENIB
Pharmacy PBM	Approved	Met Medical Necessity	K21.9	Gastroesophageal reflux disease without esophagitis			FAMOTIDINE

Psychiatric Treatment Partial Hospitalization	Approved	Met Medical Necessity	F32.9	Major depressive disorder, single episode, unspecified			
Durable Medical Equipment Rental	Approved	Administrative Approval	M24.572	Contracture, left ankle			
Home Health Care	Approved	Administrative Approval	K85.91	Acute pancreatitis with uninfected necrosis, unspecified			
Durable Medical Equipment Rental	Approved	Administrative Approval	M67.471	Ganglion, right ankle and foot			