

Medical Overview by Prior Authorization Approval or Denial 2nd Quarter 2024

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Neurology	J0585	OTHER DYSTONIA	Approved	
ABC	Gastroenterology	J3380	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	Denied	CMD
ABC	Urology	J0585	URGE INCONTINENCE	Approved	
ABC	Pediatric Medicine	J1300	MALIGNANT NEOPLASM OF UNSP PART OF UN-SPECIFIED ADRENAL GLAND	Denied	CMD
ABC	Rheumatology	J9312	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE WITH AURA, INTRACTABLE, WITH STAT MIGR	Approved	
ABC	Rheumatology	J9312	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Denied	CMD
ABC	Internal Medicine	J9312	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Denied	CMD
ABC	Gastroenterology	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Denied	CMD
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Denied	CMD
ABC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Rheumatology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Rheumatology	J3262	RHEU ARTHRIT WITH RHEU FACTOR OF OTH SITE W/O ORG/SYS INVOLV	Approved	
ABC	Neurology	J0585	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	
ABC	Rheumatology	J1745	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
ABC	Durable Medical Equipment	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Denied	CMD
ABC	Internal Medicine	J1306	OTHER HYPERLIPIDEMIA	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Hematologist	J2796	THROMBOCYTOPENIA, UNSPECIFIED	Denied	CMD
ABC	Certified Nurse Practitioner	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Approved	
ABC	Neurology	J0585	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	
ABC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Rheumatology	J0129	OTHER PSORIATIC ARTHROPATHY	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W STAT MIGR	Approved	
ABC	Internal Medicine	J3262	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Urology	J0775	INDURATION PENIS PLASTICA	Denied	CMD
ABC	Clinic/Other Group Practice	J2327	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Denied	CMD
ABC	Urology	J0585	OVERACTIVE BLADDER	Approved	
ABC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Internal Medicine	J9312	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Denied	CMD
ABC	Transplant	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Rheumatology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Neurology	J3032	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Denied	CMD
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Physical Medicine & Rehab	J0585	MYALGIA, OTHER SITE	Denied	CMD
ABC	Rheumatology	J3262	RHEUMATOID ARTHRITIS, UNSPECIFIED	Approved	
ABC	Internal Medicine	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Physical Medicine & Rehab	J0588	SPASMODIC TORTICOLLIS	Approved	
ABC	Rheumatology	J9312	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Approved	
ABC	Internal Medicine	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Certified Nurse Practitioner	J1306	OTHER SPECIFIED HEALTH STATUS	Denied	CMD
ABC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Internal Medicine	J1745	SARCOIDOSIS, UNSPECIFIED	Approved	
ABC	Internal Medicine	J1745	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Approved	
ABC	Durable Medical Equipment	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
ABC	Oncology	J1300	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Approved	
ABC	Pediatric Hematology/Oncology	J1300	HEMATOPOETIC STEM CELL TRANSPLANTATION ASSOCIATED THROMBOCYTOPENIA	Approved	
ABC	Internal Medicine	J3380	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Approved	
ABC	Physical Medicine & Rehab	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	Approved	
ABC	Gastroenterology	J2327	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
ABC	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
ABC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Internal Medicine	J2327	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
ABC	Durable Medical Equipment	J3357	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
ABC	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Rheumatology	J0491	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Denied	CMD
ABC	Clinical Nurse Specialist	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	CMD
ABC	Dermatology	J1745	PYODERMA GANGRENOSUM	Approved	
ABC	Cardiologist	J1306	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANGIOPLASTY	Denied	CMD
ABC	Certified Nurse Practitioner	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
ABC	Cardiac Care	J3111	AGE RELATED OSTEOPOROSIS W CURRENT PATHOLOGICAL FRACTURE, UNSP SITE, INIT	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Internal Medicine	J1602	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Rheumatology	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Transplant	J0585	UNSPECIFIED INTCRN INJURY WITH LOC STATUS UNKNOWN, INIT	Approved	
ABC	Colorectal Surgery	J0585	CHRONIC ANAL FISSURE	Approved	
ABC	Orthopedic Surgery	J0775	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
ABC	Gastroenterology	J3380	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	Approved	
ABC	Nephrologist	J9312	KIDNEY TRANSPLANT STATUS	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
ABC	Neurology	J0586	SPASMODIC TORTICOLLIS	Denied	CMD
ABC	Clinic/Other Group Practice	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J2323	MULTIPLE SCLEROSIS	Denied	CMD
ABC	Transplant	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Approved	
ABC	Internal Medicine	J3489	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Approved	
ABC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Internal Medicine	J1756	OTHER IRON DEFICIENCY ANEMIAS	Approved	
ABC	Transplant	J1453	MALIGNANT NEOPLASM OF UNSP PART OF RIGHT BRONCHUS OR LUNG	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Internal Medicine	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Interventional Pain Management	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Gastroenterology	J2327	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J0587	SPASMODIC TORTICOLLIS	Approved	
ABC	Gastroenterology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
ABC	Urologist	J0775	INDURATION PENIS PLASTICA	Approved	
ABC	Internal Medicine	J0491	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Gastroenterology	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Denied	CMD
ABC	Neurology	J9332	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Gastroenterology	J1745	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Approved	
ABC	Cardiologist	J1306	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	Approved	
ABC	Neurology	J3032	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
ABC	Certified Nurse Practitioner	J3380	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Durable Medical Equipment	J3380	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Ophthalmology	J0585	BLEPHAROSPASM	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
ABC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS, UNSPECIFIED	Approved	
ABC	Obstetrics/Gynecology	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	CMD
ABC	Rheumatology	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Hematologist	J2796	OTHER SECONDARY THROMBOCYTOPENIA	Denied	CMD
ABC	Neurology	J0585	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
ABC	Gastroenterology	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
ABC	Transplant	J9312	WEGENER'S GRANULOMATOSIS WITH RENAL INVOLVEMENT	Denied	CMD
ABC	Gastroenterology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
ABC	Durable Medical Equipment	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Approved	
ABC	Rheumatology	J9312	RHEU ARTHRIT WITH RHEU FACTOR OF OTH SITE W/O ORG/SYS INVL	Denied	CMD
ABC	Rheumatology	J0491	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
ABC	Neurology	J0585	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Denied	CMD
ABC	Durable Medical Equipment	J2327	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Approved	
ABC	Neurology	J3032	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Family Medicine	J1306	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Denied	CMD
ABC	Neurology	J9333	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Approved	
ABC	Clinical Nurse Specialist	J9381	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J9333	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Approved	
ABC	Neurology	J9333	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	Approved	
ABC	General Practice	J0775	INDURATION PENIS PLASTICA	Denied	CMD
ABC	Internal Medicine	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Denied	CMD
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Gastroenterology	J3358	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Internal Medicine	J1745	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
ABC	Sports Medicine	J0775	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Approved	
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Internal Medicine	J1300	HEMOLYTIC UREMIC SYNDROME, UNSPECIFIED	Approved	
ABC	Gastroenterology	J0585	ANAL FISSURE, UNSPECIFIED	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Internal Medicine	J1745	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Denied	CMD
ABC	Rheumatology	J0129	RHEU ARTHRIT WITH RHEU FACTOR OF OTH SITE W/O ORG/SYS INVL	Approved	
ABC	Physical Medicine & Rehab	J0585	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	Approved	
ABC	Gastroenterology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Internal Medicine	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	

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ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Certified Nurse Practitioner	J3245	PSORIASIS VULGARIS	Approved	
ABC	Internal Medicine	J1745	PSORIATIC ARTHRITIS MUTILANS	Approved	
ABC	Rheumatology	J3241	THYROTOXICOSIS W DIFFUSE GOITER W/O THYRO-TOXIC CRISIS	Approved	
ABC	General Practice	J0585	SPASMODIC TORTICOLLIS	Approved	
ABC	Gastroenterology	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Urology	J0775	INDURATION PENIS PLASTICA	Denied	CMD
ABC	Rheumatology	J1745	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Physical Medicine & Rehab	J0585	DYSTONIA, UNSPECIFIED	Approved	
ABC	Urology	J0585	OVERACTIVE BLADDER	Approved	
ABC	Gastroenterology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
ABC	Certified Nurse Prac PC	J1745	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
ABC	Gastroenterology	J2327	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Rheumatology	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Internal Medicine	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	Approved	
ABC	Gastroenterology	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	Denied	CMD
ABC	Urology	J0585	OVERACTIVE BLADDER	Approved	
ABC	Certified Nurse Practitioner	J3245	PSORIASIS VULGARIS	Approved	
ABC	Rheumatology	J2507	IDIOPATHIC CHRONIC GOUT, MULTIPLE SITES, WITH TOPHUS (TOPHI)	Denied	CMD
ABC	Rheumatology	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
ABC	Neurology	J0588	BLEPHAROSPASM	Approved	
ABC	Rheumatology	J2507	IDIOPATHIC CHRONIC GOUT, MULTIPLE SITES, WITHOUT TOPHUS	Denied	CMD
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Denied	CMD
ABC	Internal Medicine	J1745	SARCOIDOSIS OF LUNG	Approved	
ABC	Rheumatology	J9312	RHEU ARTHRIT WITH RHEU FACTOR OF OTH SITE W/O ORG/SYS INVL	Approved	
ABC	Urology	J0775	INDURATION PENIS PLASTICA	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Gastroenterology	J1745	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	Approved	
ABC	Certified Nurse Practitioner	J3380	CROHN'S DISEASE OF BOTH SMALL AND LG INT W RECTAL BLEEDING	Denied	CMD
ABC	Gastroenterology	J2327	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Gastroenterology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Internal Medicine	J1745	OTHER PSORIATIC ARTHROPATHY	Approved	
ABC	Acute Care Hospital	J2796	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	
ABC	Acute Care Hospital	J1745	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Approved	
ABC	Acute Care Hospital	J0585	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	
ABC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Rheumatology	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
ABC	Physician Assistant	J3245	PSORIASIS VULGARIS	Denied	CMD
ABC	Internal Medicine	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Internal Medicine	J1300	HEMOLYTIC UREMIC SYNDROME, UNSPECIFIED	Denied	CMD
ABC	Neurology	J9332	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	Approved	
ABC	Rheumatology	J0129	RHEUMATOID ARTHRITIS, UNSPECIFIED	Approved	
ABC	Oncology	J1300	MALIGNANT NEOPLASM OF UNSP PART OF UNSPECIFIED ADRENAL GLAND	Approved	
ABC	Certified Nurse Practitioner	J9312	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Denied	CMD
ABC	Internal Medicine	J1745	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J2329	MULTIPLE SCLEROSIS	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
ABC	Transplant	J0585	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
ABC	Transplant	J9312	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Denied	CMD
ABC	Urology	J0585	URGE INCONTINENCE	Approved	
ABC	Rheumatology	J1602	OTHER LONG TERM (CURRENT) DRUG THERAPY	Approved	
ABC	Urologist	J0775	INDURATION PENIS PLASTICA	Approved	
ABC	Internal Medicine	J1745	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Durable Medical Equipment	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
ABC	Ophthalmology	J9035	EXDTVE AGE REL MCLR DEGN, RIGHT EYE, WITH ACTV CHRDL NEOVAS	Approved	
ABC	Internal Medicine	J1745	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
ABC	Pediatric Gastroenterology	J0585	CHRONIC IDIOPATHIC CONSTIPATION	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Physician Assistant	J3245	PSORIASIS VULGARIS	Approved	
ABC	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
ABC	Oncology	J1930	MALIGNANT CARCINOID TUMOR OF THE RECTUM	Approved	
ABC	Certified Nurse Practitioner	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Durable Medical Equipment	J3357	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
ABC	Endocrinology	J1306	HYPERLIPIDEMIA, UNSPECIFIED	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Denied	CMD
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Physician Assistant	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	CMD
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Denied	CMD
ABC	Internal Medicine	J0129	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
ABC	Neurology	J9312	MULTIPLE SCLEROSIS	Approved	
ABC	Neurology	J2329	MULTIPLE SCLEROSIS	Denied	CMD
ABC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Oncology Medical	J1930	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Rheumatology	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
ABC	Rheumatology	J1602	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
ABC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
ABC	Internal Medicine	J1745	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSP	Denied	CMD
ABC	Urology	J0775	INDURATION PENIS PLASTICA	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Gastroenterology	J3380	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Denied	CMD
ABC	Internal Medicine	J1745	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Approved	
ABC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
ABC	Hematologist/Oncologist	J2796	OTHER SECONDARY THROMBOCYTOPENIA	Denied	CMD
EXC	Internal Medicine	J3380	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/ INTESTINAL OBST	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Rheumatology	J1745	CHRONIC IRIDOCYCLITIS, BILATERAL	Approved	
EXC	Gastroenterology	J1745	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Durable Medical Equipment	J1745	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Gastroenterology	J3358	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Certified Nurse Practitioner	J2327	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Approved	
EXC	Rheumatology	J2507	CHRONIC GOUT, UNSPECIFIED, WITH TOPHUS (TOPHI)	Denied	CMD
EXC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Physician Assistant	J3245	PSORIASIS VULGARIS	Approved	
EXC	Internal Medicine	J1745	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Approved	
EXC	Physician Assistant	J0219	POMPE DISEASE	Approved	
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Rheumatology	J3262	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Approved	
EXC	Family Medicine	J3032	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Denied	CMD
EXC	Internal Medicine	J3380	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Partially Denied	CMD
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Durable Medical Equipment	J3358	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Rheumatology	J0129	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Approved	
EXC	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Durable Medical Equipment	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
EXC	Certified Nurse Practitioner	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Gastroenterology	J0585	ANAL FISSURE, UNSPECIFIED	Approved	
EXC	Certified Nurse Practitioner	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Home Infusion Therapy	J3262	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Durable Medical Equipment	J2350	MULTIPLE SCLEROSIS	Denied	CMD
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
EXC	Ophthalmology	J0588	BLEPHAROSPASM	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Family Medicine	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	MIGRAINE, UNSP NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	General Practice	J0585	URINARY TRACT INFECTION, SITE NOT SPECIFIED	Approved	
EXC	Neurology	J2329	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Clinic/Other Group Practice	J0585	BLEPHAROSPASM	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Physician Assistant	J0219	POMPE DISEASE	Approved	
EXC	Neurology	J1745	OTHER DISORDERS OF MENINGES, NOT ELSEWHERE CLASSIFIED	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Internal Medicine	J1602	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Physician Assistant	J3245	PSORIASIS, UNSPECIFIED	Approved	
EXC	Durable Medical Equipment	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Gastroenterology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Physical Medicine & Rehab	J0585	QUADRIPLEGIA, UNSPECIFIED	Approved	
EXC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Internal Medicine	J1602	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Denied	CMD
EXC	Hematology/Oncology	J9312	CEREBRAL ARTERITIS, NOT ELSEWHERE CLASSIFIED	Denied	CMD
EXC	Ophthalmology	J0588	CLONIC HEMIFACIAL SPASM, LEFT	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Pain Management	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0587	CERVICOGENIC HEADACHE	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Rheumatology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Denied	CMD
EXC	Physician Assistant	J3245	PSORIASIS VULGARIS	Denied	CMD
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Approved	
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Physician Assistant	J3245	PSORIASIS VULGARIS	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Rheumatology	J0129	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Approved	
EXC	Internal Medicine	J1602	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Denied	CMD
EXC	Certified Nurse Practitioner	J0585	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	General Surgery	J0586	ANAL FISSURE, UNSPECIFIED	Denied	CMD
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Certified Nurse Practitioner	J0585	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Denied	CMD
EXC	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Rheumatology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Denied	CMD
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Transplant	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Internal Medicine	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Durable Medical Equipment	J3032	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J0587	CERVICOGENIC HEADACHE	Denied	CMD
EXC	Ophthalmology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Hematology/Oncology	J1303	HEMOLYTIC UREMIC SYNDROME, UNSPECIFIED	Approved	
EXC	Rheumatology	J9312	OTH RHEUMATOID ARTHRITIS W RHEUMATOID FACTOR MULT SITE	Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	General Surgery	J0586	ANAL FISSURE, UNSPECIFIED	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Denied	CMD
EXC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Internal Medicine	J3380	ULCERATIVE (CHRONIC) PROCTITIS WITH OTHER COMPLICATION	Approved	
EXC	Gastroenterology	J3380	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING	Approved	
EXC	Urology	J0585	MIXED INCONTINENCE	Approved	
EXC	Certified Nurse Practitioner	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
EXC	Gastroenterology	J1745	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Internal Medicine	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
EXC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Unknown	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Home Infusion Therapy	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Internal Medicine	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Gastroenterology	J3358	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Internal Medicine	J1602	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Rheumatology	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	CMD
EXC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Urology	J0585	OVERACTIVE BLADDER	Partially Denied	CMD
EXC	General Surgery	J0586	PELVIC MUSCLE WASTING	Denied	CMD
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Gastroenterology	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Internal Medicine	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	General Surgery	J0585	ANAL FISSURE, UNSPECIFIED	Approved	
EXC	Internal Medicine	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLV UNSP	Approved	
EXC	Internal Medicine	J3380	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Obstetrics/Gynecology	J0585	URGE INCONTINENCE	Approved	
EXC	Hematology/Oncology	J1300	HEMOLYTIC UREMIC SYNDROME, UNSPECIFIED	Approved	
EXC	Physical Medicine & Rehab	J0585	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	
EXC	Home Infusion Therapy	J1602	RHEU ARTHRIT WITH RHEU FACTOR OF OTH SITE W/O ORG/SYS INVL	Approved	
EXC	Gastroenterology	J3380	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	Approved	
EXC	Gastroenterology	J1745	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Hematology/Oncology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Urology	J0775	INDURATION PENIS PLASTICA	Denied	CMD
EXC	Physician Assistant	J0775	INDURATION PENIS PLASTICA	Approved	
EXC	Certified Nurse Practitioner	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Internal Medicine	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Acute Care Hospital	J1745	INDETERMINATE COLITIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J2796	THROMBOCYTOPENIA, UNSPECIFIED	Denied	CMD
EXC	Certified Nurse Practitioner	J0585	BLEPHAROSPASM	Denied	CMD
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Gynecologic Oncology	J0585	PELVIC AND PERINEAL PAIN	Denied	CMD

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Internal Medicine	J3358	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Neuropsychiatry	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Ophthalmology	J0588	BLEPHAROSPASM	Approved	
EXC	General Surgery	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Gynecologic Oncology	J0585	PELVIC AND PERINEAL PAIN	Denied	CMD
EXC	Internal Medicine	J1602	OTHER PSORIATIC ARTHROPATHY	Approved	
EXC	Colorectal Surgery	J0585	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Allergy/Immunology	J1569	COM VARIAB IMMUNODEF W PREDOM ABNLT OF B CELL NUMS & FUNCTN	Approved	
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Internal Medicine	J3380	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Approved	
EXC	Rheumatology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Rheumatology	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Internal Medicine	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Gynecologic Oncology	J0585	PELVIC AND PERINEAL PAIN	Denied	CMD
EXC	Urology	J0585	FREQUENCY OF MICTURITION	Approved	
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Clinic/Other Group Practice	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0585	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Denied	CMD
EXC	Ophthalmology	J9035	EXDTVE AGE REL MCLR DEGN, LEFT EYE, WITH ACTV CHRDL NEOVAS	Denied	CMD
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Ophthalmology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Physician Assistant	J3245	PSORIASIS VULGARIS	Approved	
EXC	Certified Nurse Practitioner	J3380	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Obstetrics/Gynecology	J0585	URGE INCONTINENCE	Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Internal Medicine	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Rheumatology	J1602	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Neurology	J9312	OTHER DISORDERS OF AUTONOMIC NERVOUS SYSTEM	Denied	CMD
EXC	Dermatology	J1745	HIDRADENITIS SUPPURATIVA	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Approved	
EXC	Rheumatology	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Internal Medicine	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	CMD
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Gynecologic Oncology	J0585	MYALGIA, OTHER SITE	Denied	CMD
EXC	Gastroenterology	J3380	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Approved	
EXC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Obstetrics/Gynecology	J0585	URGE INCONTINENCE	Approved	
EXC	Rheumatology	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Oncology Medical	J0896	REFRACTORY ANEMIA WITH RING SIDEROBLASTS	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Gastroenterology	J3358	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Physician Assistant	J3245	PSORIASIS VULGARIS	Denied	CMD
EXC	Internal Medicine	J0491	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Clinic/Other Group Practice	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Durable Medical Equipment	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Approved	
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Certified Nurse Practitioner	J3032	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Denied	CMD
EXC	Certified Nurse Practitioner	J3358	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Certified Nurse Practitioner	J1442	OTHER NEUTROPENIA	Denied	CMD
EXC	Internal Medicine	J1602	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Dermatology	J1745	HIDRADENITIS SUPPURATIVA	Approved	
EXC	Neurology	J1745	OTHER DISORDERS OF MENINGES, NOT ELSEWHERE CLASSIFIED	Approved	
EXC	Rheumatology	J3262	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Rheumatology	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Durable Medical Equipment	J3357	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Approved	
EXC	Physical Medicine & Rehab	J0585	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	Approved	
EXC	Durable Medical Equipment	J3357	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Rheumatology	J1602	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, UNSP SHOULDER	Approved	
EXC	Dermatology	J3245	PSORIASIS VULGARIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Transplant	J0585	CRAMP AND SPASM	Partially Denied	CMD
EXC	Endocrinology	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Certified Nurse Practitioner	J0775	INDURATION PENIS PLASTICA	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neuropsychiatry	J0585	OTHER MUSCLE SPASM	Approved	
EXC	Rheumatology	J1602	RHEU ARTHRITIS W RHEU FACTOR OF R HAND W/O ORG/SYS INVOLV	Approved	
EXC	Clinic/Other Group Practice	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Gastroenterology	J3380	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Rheumatology	J3262	RHEU ARTHRIT WITH RHEU FACTOR OF OTH SITE W/O ORG/SYS INVL	Approved	
EXC	Internal Medicine	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Certified Nurse Practitioner	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Cardiology	J1306	OLD MYOCARDIAL INFARCTION	Approved	
EXC	Internal Medicine	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J1745	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J1569	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN A [IGA]	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Ophthalmology	J9035	TRIB RTNL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
EXC	Rheumatology	J1602	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Urology	J0585	URGE INCONTINENCE	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Rheumatology	J9312	RHEUMATOID ARTHRITIS, UNSPECIFIED	Approved	
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Gastroenterology	J2327	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSP COMPLICATIONS	Denied	CMD
EXC	Internal Medicine	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Rheumatology	J2507	IDIOPATHIC CHRONIC GOUT, UNSPECIFIED SITE, WITH TOPHUS	Adjusted	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Rheumatology	J1602	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Partially Denied	CMD
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Approved	
EXC	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Dermatology	J1745	HIDRADENITIS SUPPURATIVA	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J0585	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Certified Nurse Practitioner	J3380	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION	Denied	CMD
EXC	Clinic/Other Group Practice	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Pulmonary Disease	J0256	ALPHA 1 ANTITRYPSIN DEFICIENCY	Denied	CMD
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Partially Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Denied	CMD
EXC	Oncology Medical	J2796	THROMBOCYTOPENIA, UNSPECIFIED	Approved	
EXC	Unknown	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Durable Medical Equipment	J9312	MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY DISEASE	Partially Denied	CMD
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Neurology	J2323	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	OTHER DYSTONIA	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Durable Medical Equipment	J2350	MULTIPLE SCLEROSIS	Partially Denied	CMD
EXC	Clinic/Other Group Practice	J3380	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Clinic/Other Group Practice	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Internal Medicine	J3380	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Allergy/Immunology	J1290	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Durable Medical Equipment	J3358	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Rheumatology	J9312	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Denied	CMD
EXC	Internal Medicine	J1602	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Urology	J0775	MALE ERECTILE DYSFUNCTION, UNSPECIFIED	Approved	
EXC	Gastroenterology	J3357	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Rheumatology	J9312	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Denied	CMD
EXC	Oncology Medical	J3380	TOXIC GASTROENTERITIS AND COLITIS	Approved	
EXC	Gastroenterology	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Denied	CMD
EXC	Internal Medicine	J1745	ULCERATIVE COLITIS, UNSP WITH UNSPECIFIED COMPLICATIONS	Approved	
EXC	Rheumatology	J2507	IDIOPATHIC CHRONIC GOUT, MULTIPLE SITES, WITH TOPHUS (TOPHI)	Denied	CMD
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Durable Medical Equipment	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STAT MIGR	Approved	
EXC	Certified Nurse Practitioner	J3111	AGE REL OSTEOPOR W CURRENT PATH FRACTURE, UNSP SITE, INIT	Denied	CMD
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Rheumatology	J3262	RHEUMATOID ARTHRITIS, UNSPECIFIED	Approved	
EXC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Certified Nurse Practitioner	J3380	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Approved	
EXC	Internal Medicine	J2327	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Approved	
EXC	Orthopedic Surgery	J0775	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	Approved	
EXC	Obstetrics/Gynecology	J0585	URGE INCONTINENCE	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Physician Assistant	J3245	PSORIASIS VULGARIS	Denied	CMD
EXC	Pain Management	J0585	OTHER MUSCLE SPASM	Approved	
EXC	Durable Medical Equipment	J3358	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Durable Medical Equipment	J3358	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	Denied	CMD
EXC	Durable Medical Equipment	J3358	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Certified Nurse Practitioner	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Internal Medicine	J2327	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Dermatology	J1745	HIDRADENITIS SUPPURATIVA	Denied	CMD
EXC	Clinic/Other Group Practice	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Hematology/Oncology	J1930	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	
EXC	Clinic/Other Group Practice	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Rheumatology	J1602	ARTHROPATHIC PSORIASIS, UNSPECIFIED	Approved	
EXC	Gastroenterology	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Denied	CMD
EXC	Neurology	J0587	CERVICOGENIC HEADACHE	Denied	CMD
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Physical Medicine & Rehab	J0585	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	
EXC	Neurology	J3032	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Physical Medicine & Rehab	J0585	PARAPLEGIA, INCOMPLETE	Approved	
EXC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS, UNSPECIFIED	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
EXC	Internal Medicine	J1300	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA MICHELI]	Approved	
EXC	Durable Medical Equipment	J2327	CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS	Approved	
EXC	Urology	J0585	URGE INCONTINENCE	Approved	
EXC	Ophthalmology	J9035	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Approved	
EXC	Neurology	J0585	CLONIC HEMIFACIAL SPASM, RIGHT	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Ophthalmology	J0177	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITHOUT MCLR EDEMA, L EYE	Approved	
EXC	Ophthalmology	J0177	VITREOUS HEMORRHAGE, RIGHT EYE	Approved	
EXC	Certified Nurse Practitioner	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Denied	CMD
EXC	Durable Medical Equipment	J1745	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
EXC	Transplant	J9312	MULTIPLE SCLEROSIS	Denied	CMD
EXC	Internal Medicine	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Durable Medical Equipment	J3357	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE W FISTULA	Approved	
EXC	Rheumatology	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Urology	J0775	INDURATION PENIS PLASTICA	Approved	
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Rheumatology	J0490	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	
EXC	Rheumatology	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Ophthalmology	J0585	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	Approved	
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Approved	
EXC	General Surgery	J0585	ANAL FISSURE, UNSPECIFIED	Approved	
EXC	Pediatric Medicine	J0180	FABRY (ANDERSON) DISEASE	Approved	
EXC	Pediatric Medicine	J0180	FABRY (ANDERSON) DISEASE	Approved	
EXC	Internal Medicine	J1306	HYPERLIPIDEMIA, UNSPECIFIED	Denied	CMD
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Denied	CMD
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Ophthalmology	J0177	TYPE 2 DIAB WITH SEVERE NONP RTNOP WITH MACULAR EDEMA, BI	Approved	
EXC	Ophthalmology	J0177	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Approved	
EXC	Durable Medical Equipment	J3357	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Rheumatology	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Durable Medical Equipment	J3032	MIGRAINE W/O AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	General Surgery	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Certified Nurse Practitioner	J0491	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Neurology	J0585	DYSTONIA, UNSPECIFIED	Approved	
EXC	Rheumatology	J3262	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Pediatric Medicine	J1745	INDETERMINATE COLITIS	Approved	
EXC	Neurology	J0586	SPASMODIC TORTICOLLIS	Approved	
EXC	Internal Medicine	J1745	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Internal Medicine	J1745	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Durable Medical Equipment	J3357	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J1745	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	Approved	
EXC	Neurology	J3032	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Gastroenterology	J3380	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Gastroenterology	J2327	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
EXC	Internal Medicine	J1602	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Pulmonary Disease	J0256	ALPHA 1 ANTITRYPSIN DEFICIENCY	Approved	
EXC	Rheumatology	J1602	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Rheumatology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
EXC	Rheumatology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Transplant	J0585	DYSTONIA, UNSPECIFIED	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Rheumatology	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Internal Medicine	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Physician Assistant	J0775	INDURATION PENIS PLASTICA	Approved	
EXC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Durable Medical Equipment	J3380	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Rheumatology	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Gastroenterology	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
EXC	Rheumatology	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Neurology	J0588	SPASMODIC TORTICOLLIS	Approved	
EXC	Internal Medicine	J1745	CROHN'S DISEASE OF BOTH SMALL AND LG INT W OTH COMPLICATION	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Certified Nurse Practitioner	J3490	MIXED HYPERLIPIDEMIA	Denied	CMD
EXC	Ophthalmology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Urology	J0585	URGE INCONTINENCE	Approved	
EXC	Physician Assistant	J3111	AGE RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	Denied	CMD
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Denied	CMD
EXC	Rheumatology	J0129	RHEUMATOID ARTHRITIS, UNSPECIFIED	Approved	
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Neurology	J0586	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Ophthalmology	J9035	EXUDATIVE AGE REL MCLR DEGN, BI, WITH ACTV CHRDL NEOVAS	Approved	
EXC	Internal Medicine	J0593	DEFECTS IN THE COMPLEMENT SYSTEM	Denied	CMD
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Durable Medical Equipment	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Emergency Medicine	J0585	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Certified Nurse Practitioner	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J3032	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
EXC	Internal Medicine	J3380	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0587	SPASMODIC TORTICOLLIS	Approved	
EXC	Ophthalmology	J0588	BLEPHAROSPASM	New Request	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Internal Medicine	J2327	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
EXC	Rheumatology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Durable Medical Equipment	J1745	HIDRADENITIS SUPPURATIVA	Approved	
EXC	Durable Medical Equipment	J2327	DISEASE OF INTESTINE, UNSPECIFIED	Denied	CMD
EXC	Urology	J0585	OVERACTIVE BLADDER	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Internal Medicine	J9312	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Transplant	J0585	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	Approved	
EXC	Certified Nurse Practitioner	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Certified Nurse Practitioner	J1745	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSP SITE	Approved	
EXC	Internal Medicine	J9312	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	Approved	
EXC	Physician Assistant	J3032	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Family Medicine	J0585	CHRONIC MIGRAINE WITH AURA, INTRACTABLE, WITH STAT MIGR	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
EXC	Internal Medicine	J3380	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Internal Medicine	J0490	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
EXC	Neurology	J0588	BLEPHAROSPASM	Approved	
EXC	Physical Medicine & Rehab	J0585	OTHER DYSTONIA	Approved	
EXC	Certified Nurse Practitioner	J1745	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Gastroenterology	J3358	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
EXC	Urology	J3490	TESTICULAR HYPOFUNCTION	Approved	
EXC	Ophthalmology	J0585	BLEPHAROSPASM	Approved	
EXC	Emergency Medicine	J0585	MIGRAINE WITH AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J0585	OTHER DYSPHAGIA	Approved	
EXC	Ophthalmology	J9035	TYPE 2 DIAB WITH PROLIF DIAB RTNOP WITH MACULAR EDEMA, BI	Approved	
EXC	Gastroenterology	J3380	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Rheumatology	J1745	HIDRADENITIS SUPPURATIVA	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
EXC	Internal Medicine	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Denied	CMD
EXC	Physician Assistant	J3032	MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STATUS MIGRAINOSUS	Approved	
EXC	Rheumatology	J1745	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
EXC	Internal Medicine	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
EXC	Neurology	J0585	CHRONIC MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STAT MIGR	Denied	CMD
EXC	Endocrinology	J3241	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	Denied	CMD
EXC	Family Medicine	J0585	MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approved	
EXC	Neurology	J2350	MULTIPLE SCLEROSIS	Approved	
OCT	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
OCT	Ophthalmology	J3241	THYROTOXICOSIS W DIFFUSE GOITER W/O THYROTOXIC CRISIS	Approved	
OCT	Durable Medical Equipment	J2350	MULTIPLE SCLEROSIS	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
OCT	Gastroenterology	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	Approved	
OCT	Cardiac Care	J3358	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
OCT	Obstetrics/Gynecology	J0585	OVERACTIVE BLADDER	Denied	CMD
OCT	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Denied	CMD
OCT	Hematology/Oncology	J2796	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	
OCT	Internal Medicine	J2327	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	Partially Denied	CMD
OCT	Neurology	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	Approved	
OCT	Rheumatology	J0491	OTH ORGAN OR SYSTEM INVOLV IN SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	
OCT	Internal Medicine	J3380	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
OCT	Physical Medicine & Rehab	J0585	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	
OCT	Gastroenterology	J3380	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Denied	CMD
OCT	Internal Medicine	J9312	IGG4 RELATED DISEASE	Denied	CMD
OCT	Ophthalmology	J9035	VITREOUS HEMORRHAGE, RIGHT EYE	Approved	
OCT	Gastroenterology	J1745	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Approved	
OCT	General Practice	J3358	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
OCT	Neurology	J0585	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Denied	CMD
OCT	General Practice	J0585	OVERACTIVE BLADDER	Approved	
OCT	Durable Medical Equipment	J1745	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Approved	
OCT	Internal Medicine	J9312	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Denied	CMD
OCT	Internal Medicine	J9312	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	
OCT	Internal Medicine	J3380	CROHN'S DISEASE OF BOTH SMALL AND LG INT W/O COMPLICATIONS	Approved	
OCT	Acute Care Hospital	J9312	MULTIPLE SCLEROSIS	Approved	
OCT	Hematology/Oncology	J1745	HIDRADENITIS SUPPURATIVA	Approved	
OCT	Acute Care Hospital	J1745	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Approved	
OCT	Gastroenterology	J2327	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	Approved	
OCT	Gastroenterology	J3380	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
OCT	Acute Care Hospital	J1745	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	Approved	
OCT	Acute Care Hospital	J1745	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	Denied	CMD
OCT	Durable Medical Equipment	J3357	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
OCT	Neurology	J0585	SPASMODIC TORTICOLLIS	Approved	
OCT	Rheumatology	J1745	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
OCT	Rheumatology	J1602	RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES	Approved	
OCT	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS	Approved	
OCT	Gastroenterology	J3380	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	Approved	
OCT	Internal Medicine	J3380	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS	Approved	
OCT	Durable Medical Equipment	J3357	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
OCT	Certified Nurse Practitioner	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
OCT	Durable Medical Equipment	J3358	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	Approved	
OCT	Rheumatology	J0490	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	Approved	
OCT	Internal Medicine	J1602	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	Approved	
OCT	Gastroenterology	J3380	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	Approved	
OCT	Family Medicine	J0585	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	Approved	
OCT	Rheumatology	J0129	RHEU ARTHRITIS W RHEU FACTOR MULT SITE W/O ORG/SYS INVOLV	Approved	