

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis
3304270	Psychology	Outpatient	Testing	F84.0
1329406	Hospitalist	Inpatient	Hospitalization	K92.2, S20.219A, W19.XXX
3434586	Plastic and Reco	Outpatient	Advanced Imaging	C50.919
4421659	Hospitalist	Inpatient	Hospitalization	M95.2, R68
8133868	Oncology	Outpatient	Injectable Medication	C79.51
8591310	Hospitalist	Inpatient	Skilled Nursing Facility	I69.114
8487513	OB/GYN	Outpatient	Outpatient Surgery	Z30.432
5842015	Hospitalist	Inpatient	Hospitalization	C79.9, I26.99, I82.401, R00
6690350	Oncology	Outpatient	Office Visit	C73, M25.512
3837773	Oncology	Outpatient	Injectable Medication	C50.919
5045606	PCP	Outpatient	Durable Medical Equipme	R32
9576291	Oncology	Outpatient	Outpatient Surgery	C69.32
4851926	Oncology	Inpatient	Hospitalization	C84.A0, R53.83
8555765	Oncology	Outpatient	Radiation Therapy	C84.A9
9911921	Oncology	Outpatient	Office Visit	C84.A0
9972016	PCP	Outpatient	Physical Therapy	G95.0, J98.4, N31.9
2306155	Oncology	Outpatient	Injectable Medication	C90.0
8059129	Oncology	Outpatient	Advanced Imaging	C84.A0
7304366	Oncology	Outpatient	Injectable Medication	C43.9
8934831	Oncology	Outpatient	Injectable Medication	C09.9
5411981	Pain Managemer	Outpatient	Injectable Medication	G89.4
4739175	Oncology	Inpatient	Hospitalization	Z79.2
9269631	PCP	Outpatient	Home Health	E11.9, G47.00, G70.00, I11
7469165	PCP	Outpatient	Home Health	E11.9, G47.00, G70.00, I11
2744071	Orthopedic	Outpatient	Advanced Imaging	M19.90, M54.9
6914327	Oncology	Outpatient	Testing	C67.8
8226872	Pain Managemer	Outpatient	Outpatient Surgery	M48.062
3164057	Oncology	Outpatient	Injectable Medication	C50.919
1559475	Oncology	Outpatient	Injectable Medication	C09.9
5098862	Hospitalist	Inpatient	Hospitalization	R11.2
5105474	Pain Managemer	Outpatient	Advanced Imaging	M16.9, M54.17
2220745	Oncology	Outpatient	Injectable Medication	C92.01
5556961	Oncology	Outpatient	Testing	C18.7, C77.8, C78.7
5098862	Emergency	Inpatient	Hospitalization	R11.2
7465002	PCP	Outpatient	Home Health	Z48.01
9148649	PCP	Outpatient	Home Health	Z48.01
8942008	Hospitalist	Inpatient	Hospitalization	D64.9, N13.30, N17.9
5922391	Urology	Outpatient	Injectable Medication	N48.6
2618735	Oncology	Outpatient	Injectable Medication	C83.38
9766993	Oncology	Outpatient	Injectable Medication	C09.9
0257706	Urology	Outpatient	Durable Medical Equipme	R33.9

3162777	Rheumatology	Outpatient	Injectable Medication	M06.9
0206332	Psychiatry	Outpatient	Intensive Outpatient	F31.81
9623876	Oncology	Outpatient	Office Visit	C73
2047738	Oncology	Outpatient	Injectable Medication	C50.919
9672007	Dermatology	Outpatient	Outpatient Services	B07.0

<b>Denial Decision Reason</b>	<b>Denial Overturned on Internal Appeal</b>	<b>Denial Overturned by an Independent Review Organization</b>
Not Medically Necessary	No	No
Not Medically Necessary	No	No
Not A Covered Benefit	No	No
Not Medically Necessary	No	No
Not Medically Necessary	No	No
Not Medically Necessary	No	No
Denied Medical Out Of Net	No	No
Not Medically Necessary	No	No
Denied Medical Out Of Net	No	No
Not Medically Necessary	Yes	No
Not A Covered Benefit	No	No
Denied Medical Out Of Net	Yes	No
Denied Medical Out Of Net	No	No
Denied Medical Out Of Net	No	No
Denied Medical Out Of Net	No	No
Not Medically Necessary	No	No
Not Medically Necessary	Yes	No
Denied Medical Out Of Net	No	No
Not Medically Necessary	No	No
Not Medically Necessary	No	No
Not Medically Necessary	No	Yes
Denied Medical Out Of Net	No	No
Not Medically Necessary	No	No
Not Medically Necessary	No	No
Not Medically Necessary	No	No
Not A Covered Benefit	No	No
Not A Covered Benefit	No	Yes
Not Medically Necessary	No	No
Not Medically Necessary	Yes	No
Denied Medical Out Of Net	No	No
Denied Medical Out Of Net	No	No
Not Medically Necessary	Yes	No
Not Medically Necessary	No	No
Denied Medical Out Of Net	No	No
Not A Covered Benefit	No	No
Not A Covered Benefit	No	No
Not A Covered Benefit	No	No
Not Medically Necessary	No	No
Not Medically Necessary	Yes	No
Not Medically Necessary	No	No
Not Medically Necessary	No	No

Not Medically Necessary	Yes	No
Not A Covered Benefit	No	No
Not A Covered Benefit	No	No
Not Medically Necessary	No	No
Not A Covered Benefit	No	No