

Arkansas Statistics for CareCentrix, Inc. - Commercial Plans
4th Quarter 2018 Prior Authorization Determinations

Service Category	Diagnosis	Procedure	Denial Reason	Denial Reason
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denied	Lack of Medical Necessity
Respiratory	SLEEP APNEA, UNSPECIFIED	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	N/A
Respiratory	OTHER HYPERSOMNIA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	N/A
Respiratory	HYPERSOMNIA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	SNORING	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	SNORING	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	OTHER HYPERSOMNIA	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Approved	N/A
Respiratory	OTHER HYPERSOMNIA	MSLT	Approved	N/A
Respiratory	OTHER HYPERSOMNIA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	SLEEP APNEA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE II PORTABLE MONITOR; MIN 7 CHAN	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denied	Lack of Medical Necessity
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denied	Lack of Medical Necessity
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	HYPERSOMNIA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approved	N/A
Respiratory	OTHER HYPERSOMNIA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	SNORING	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	RECURRENT HYPERSOMNIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approved	N/A
Respiratory	APNEA, NOT ELSEWHERE CLASSIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	N/A
Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
Respiratory	APNEA, NOT ELSEWHERE CLASSIFIED	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denied	Lack of Medical Necessity
Respiratory	OTHER HYPERSOMNIA	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denied	Lack of Medical Necessity
Total Q4 2018			42	