



**Arkansas Statistics for CareCentrix, Inc. - Commercial Plans**

**4th Quarter 2016 Prior Authorization Determinations**

	<b>Service Category</b>	<b>Diagnosis</b>	<b>Procedure</b>	<b>Determination</b>	<b>Denial Reason</b>
	Respiratory	OBSTRUCTIVE SLEEP APNEA	Full night titration study, age 6 years or older	Approval	N/A
	Respiratory	PRIMARY CENTRAL SLEEP APNEA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR	Approval	N/A
	Respiratory	PRIMARY CENTRAL SLEEP APNEA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR	Approval	N/A
	Respiratory	SLEEP APNEA, UNSPECIFIED	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Approval	N/A
	Respiratory	OBSTRUCTIVE SLEEP APNEA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR	Approval	N/A
<b>Total Q4 2016</b>				<b>5</b>	

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