



Arkansas Statistics for CareCentrix, Inc. - Commercial Plans					
3rd Quarter 2017 Prior Authorization Determinations					
Service Category	Diagnosis	Procedure	Determination	Denial Reason	
Respiratory	OBSTRUCTIVE SLEEP APNEA	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denial	Lack of Medical Necessity	
Respiratory	OBSTRUCTIVE SLEEP APNEA	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denial	Lack of Medical Necessity	
Respiratory	OBSTRUCTIVE SLEEP APNEA	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denial	Lack of Medical Necessity	
Respiratory	WHEEZING	FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denial	Lack of Medical Necessity	
Respiratory	OTHER HYPERSOMNIA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approval	N/A	
Respiratory	SLEEP APNEA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approval	N/A	
Respiratory	SLEEP APNEA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approval	N/A	
Respiratory	SLEEP APNEA, UNSPECIFIED	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denial	Lack of Medical Necessity	
Respiratory	OBSTRUCTIVE SLEEP APNEA	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denial	Lack of Medical Necessity	
Respiratory	OTHER HYPERSOMNIA	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denial	Lack of Medical Necessity	
Respiratory	SLEEP APNEA, UNSPECIFIED	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denial	Lack of Medical Necessity	
Respiratory	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approval	N/A	
Respiratory	SLEEP APNEA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approval	N/A	
Respiratory	SLEEP DISORDER, UNSPECIFIED	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Denial	Lack of Medical Necessity	
Respiratory	SNORING	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended	Approval	N/A	
Respiratory	HYPERSOMNIA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approval	N/A	
Respiratory	HYPERSOMNIA, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT	Approval	N/A	
Respiratory	ESSENTIAL (PRIMARY) HYPERTENSION	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Denial	Lack of Medical Necessity	
Respiratory	OBSTRUCTIVE SLEEP APNEA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approval	N/A	
Respiratory	RECURRENT HYPERSOMNIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approval	N/A	
Respiratory	RECURRENT HYPERSOMNIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approval	N/A	
Respiratory	RECURRENT HYPERSOMNIA	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approval	N/A	
Respiratory	SLEEP DISORDER, UNSPECIFIED	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approval	N/A	
Respiratory	WHEEZING	SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/SLEEP TIME	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Approval	N/A	
Respiratory	OBSTRUCTIVE SLEEP APNEA	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denial	Lack of Medical Necessity	
Respiratory	SLEEP APNEA, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denial	Lack of Medical Necessity	
Respiratory	WHEEZING	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denial	Lack of Medical Necessity	
Respiratory	SHORTNESS OF BREATH	SLEEP STUDY, UNATTENDED, MIN 3 CHAN	Approval	N/A	
Respiratory	TYPE 1 DIABETES MELLITUS	PUMP, EXT INFUSION, MINIMED, INSULIN	Approval	N/A	
<b>Total Q3 2017</b>			<b>37</b>		