

**Arkansas Statistics for CareCentrix, Inc. - Commercial Plans  
1st Quarter 2019 Prior Authorization Determinations**

|               | Service Category       | Diagnosis                                           | Procedure                                                                                                    | Determination | Denial Reason             |
|---------------|------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|---------------------------|
|               | Respiratory            | OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)         | FULL NIGHT TITRATION STUDY, >= 6 YEARS OLD                                                                   | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | 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            | SLEEP APNEA, UNSPECIFIED                            | SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT                                                    | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT                                                    | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT                                                    | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | 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)         | 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            | SLEEP APNEA, UNSPECIFIED                            | SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT                                                    | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT                                                    | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | SLEEP STUDY, UNATTENDED, MIN 4 CHAN, W/RESPIRATORY EFFORT                                                    | Approved      | N/A                       |
|               | Home Medical Equipment | TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA         | PUMP, EXT INFUSION, MINIMED, INSULIN                                                                         | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD                                                                  | Denied        | Lack of Medical Necessity |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | HOME SLEEP TEST (HST) WITH TYPE II PORTABLE MONITOR; MIN 7 CHAN                                              | Approved      | N/A                       |
|               | Respiratory            | SLEEP APNEA, UNSPECIFIED                            | 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            | OTHER HYPERSOMNIA                                   | HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN                                             | Approved      | N/A                       |
|               | Respiratory            | HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS | PSG, < 6 YEARS OLD                                                                                           | Approved      | N/A                       |
|               | Respiratory            | OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)         | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended | 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                            | 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)         | 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            | 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            | 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                            | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended | Denied        | Lack of Medical Necessity |
|               | Respiratory            | HYPERSOMNIA, UNSPECIFIED                            | SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD                                                                  | Denied        | Lack of Medical Necessity |
|               |                        |                                                     |                                                                                                              |               |                           |
| Total Q1 2019 |                        |                                                     |                                                                                                              | 31            |                           |