

**Arkansas Statistics for CareCentrix, Inc. - Commercial Plans
1st Quarter 2021 Prior Authorization Determinations**

	Service Category	Diagnosis	Procedure	Determination	Denial Reason
	Respiratory	CEREBRAL INFARCTION, UNSPECIFIED	SPLIT NIGHT TITRATION STUDY, >= 6 YEARS OLD	Denied	Lack of Medical Necessity
	Respiratory	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR; MIN 4 CHAN	Approved	Not Applicable
Total Q1 2021				2	