

GeoBlue Corporate Expat													
All Closed Requests Between - 1/1/22 - 12/31/22													
Plan Description	Request Stage	Rqst Adm/Start Date	Rqst Discharge/End Date	Rqst Follow-up Date	Rqst Item Type Desc	Rqst Prim Dx Code	Rqst Prim Dx Desc	Rqst Status Desc	Outcome Reason Desc	Rqst Type Desc	Tx Type Desc	Srvc Code	Srvc Desc
GeoBlue Corporate Expat	Discharge/Closed	09/18/2021	09/18/2022		Service	C16.9	Malignant neoplasm of stomach, unspecified	Approved	Medical Policy Met	Outpatient	Pharmacy	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
GeoBlue Corporate Expat	Discharge/Closed	11/08/2021	11/08/2022		Service	R69	Illness, unspecified	Approved	Medical Policy Met	Outpatient	Pharmacy	Q5116	Injection, trastuzumab-gyyp, biosimilar, (trazimera), 10 mg
GeoBlue Corporate Expat	Discharge/Closed	04/07/2022	07/06/2022		Service	C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Approved	Approved on Peer to Peer	Outpatient	Diagnostic	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
GeoBlue Corporate Expat	Discharge/Closed	04/11/2022	07/10/2022		Service	R69	Illness, unspecified	Approved	Department Policy Met	Outpatient	Diagnostic	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantificat
GeoBlue Corporate Expat	Discharge/Closed	09/15/2022	12/14/2022		Service	R07.89	Other chest pain	Denied	Experimental - Investigational	Outpatient	Medical	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
GeoBlue Corporate Expat	Discharge/Closed	05/11/2022	08/10/2022		Service	R06.02	Shortness of breath	Approved	Clinical Criteria Met	Outpatient	Diagnostic	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantificat
GeoBlue Corporate Expat	Discharge/Closed	07/06/2022	10/05/2022		Service	M53.3	Sacrococcygeal disorders, not elsewhere classified	Denied	Service Requested Not Medically Necessary	Outpatient	Medical	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
GeoBlue Corporate Expat	Discharge/Closed	01/20/2022	03/29/2022		Service	J35.3	Hypertrophy of tonsils with hypertrophy of adenoids	Approved	Approved by Medical Director	Outpatient	Surgical	30140	Submucous resection inferior turbinate, partial or complete, any method
GeoBlue Corporate Expat	Discharge/Closed	12/20/2021	03/19/2022		Service	E66.01	Morbid (severe) obesity due to excess calories	Approved	Clinical Criteria Met	Outpatient	Surgical	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
GeoBlue Corporate Expat	Discharge/Closed	01/12/2022	04/11/2022		Service	Z01.810	Encounter for preprocedural cardiovascular examination	Approved	Clinical Criteria Met	Outpatient	Medical	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantificat
GeoBlue Corporate Expat	Discharge/Closed	02/21/2022	05/20/2022		Service	I20.9	Angina pectoris, unspecified	Approved	Clinical Criteria Met	Outpatient	Diagnostic	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantificat
GeoBlue Corporate Expat	Discharge/Closed	03/15/2022	06/14/2022		Service	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	Department Policy Met	Outpatient	DME - Rental	E0601	Continuous positive airway pressure (cpap) device
GeoBlue Corporate Expat	Discharge/Closed	03/31/2022	04/13/2022	04/29/2022	Service	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Approved	Line Insert Adjustment	Inpatient	Medical	99221	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination;
GeoBlue Corporate Expat	Discharge/Closed	05/26/2022	08/25/2022		Service	R07.89	Other chest pain	Approved	Approved on Peer to Peer	Outpatient	Diagnostic	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and mo
GeoBlue Corporate Expat	Discharge/Closed	10/31/2021	04/29/2022		Service	F84.0	Autistic disorder	Approved	Medical Policy Met	Outpatient	Medical	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-
GeoBlue Corporate Expat	Discharge/Closed	10/31/2021	04/29/2022		Service	F84.0	Autistic disorder	Approved	Medical Policy Met	Outpatient	Medical	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
GeoBlue Corporate Expat	Discharge/Closed	10/31/2021	04/29/2022		Service	F84.0	Autistic disorder	Approved	Medical Policy Met	Outpatient	Medical	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with
GeoBlue Corporate Expat	Discharge/Closed	10/31/2021	04/29/2022		Service	F84.0	Autistic disorder	Approved	Medical Policy Met	Outpatient	Medical	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), ea
GeoBlue Corporate Expat	Discharge/Closed	04/30/2022	10/31/2022		Service	F84.0	Autistic disorder	Approved	Administrative Approval	Outpatient	Home Health Visits	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-
GeoBlue Corporate Expat	Discharge/Closed	04/30/2022	10/31/2022		Service	F84.0	Autistic disorder	Approved	Administrative Approval	Outpatient	Home Health Visits	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
GeoBlue Corporate Expat	Discharge/Closed	04/30/2022	10/31/2022		Service	F84.0	Autistic disorder	Approved	Administrative Approval	Outpatient	Home Health Visits	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with
GeoBlue Corporate Expat	Discharge/Closed	04/30/2022	10/31/2022		Service	F84.0	Autistic disorder	Approved	Administrative Approval	Outpatient	Home Health Visits	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), ea
GeoBlue Corporate Expat	Discharge/Closed	12/10/2021	12/09/2022		Service	E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Approved	Medical Policy Met	Outpatient	Pharmacy	J2778	Injection, ranibizumab, 0.1 mg
GeoBlue Corporate Expat	Discharge/Closed	11/07/2021	05/06/2022		Service	G47.33	Obstructive sleep apnea (adult) (pediatric)	Approved	Medical Policy Met	Outpatient	DME - Rental	E0601	Continuous positive airway pressure (cpap) device
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5301	Below knee, molded socket, shin, sach foot, endoskeletal system
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5620	Addition to lower extremity, test socket, below knee
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5629	Addition to lower extremity, below knee, acrylic socket
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5637	Addition to lower extremity, below knee, total contact
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5645	Addition to lower extremity, below knee, flexible inner socket, external frame
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5704	Custom shaped protective cover, below knee
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5910	Addition, endoskeletal system, below knee, alignable system
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature

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GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Approved on Peer to Peer	Outpatient	Orthotic/Prosthetic	L5972	All lower extremity prostheses, foot, flexible keel
GeoBlue Corporate Expat	Discharge/Closed	12/17/2021	03/16/2022		Service	Z89.512	Acquired absence of left leg below knee	Approved	Medical Policy Met	Outpatient	Orthotic/Prosthetic	L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
GeoBlue Corporate Expat	Discharge/Closed	05/18/2022	08/18/2022		Service	J34.3	Hypertrophy of nasal turbinates	Approved	Clinical Criteria Met	Outpatient	Surgical	30140	Submucous resection inferior turbinate, partial or complete, any method
GeoBlue Corporate Expat	Discharge/Closed	07/14/2022	10/06/2022		Service	N47.1	Phimosis	Approved	Clinical Exception	Outpatient	Surgical	54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn
GeoBlue Corporate Expat	Discharge/Closed	03/02/2022	06/01/2022		Service	I25.9	Chronic ischemic heart disease, unspecified	Approved	Clinical Criteria Met	Outpatient	Diagnostic	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantificat
GeoBlue Corporate Expat	Discharge/Closed	07/27/2022	10/27/2022		Service	I95.9	Hypotension, unspecified	Approved	Approved by Medical Director	Outpatient	Diagnostic	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and mo
GeoBlue Corporate Expat	Discharge/Closed	12/21/2021	03/20/2022		Service	M54.2	Cervicalgia	Approved	Medical Policy Met	Outpatient	Medical	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, i
GeoBlue Corporate Expat	Discharge/Closed	12/14/2021	03/13/2022		Service	M54.50	Low back pain, unspecified	Approved	Medical Policy Met	Outpatient	Medical	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
GeoBlue Corporate Expat	Discharge/Closed	12/14/2021	03/13/2022		Service	M54.50	Low back pain, unspecified	Approved	Medical Policy Met	Outpatient	Medical	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for p
GeoBlue Corporate Expat	Discharge/Closed	12/29/2021	03/28/2022		Service	R07.9	Chest pain, unspecified	Denied	Service Requested Not Medically Necessary	Outpatient	Diagnostic	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantificat
GeoBlue Corporate Expat	Discharge/Closed	03/23/2022	04/22/2022		Service	D70.9	Neutropenia, unspecified	Approved	Department Policy Met	Outpatient	Pharmacy	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenycya), 0.5 mg
GeoBlue Corporate Expat	Discharge/Closed	02/22/2021	02/21/2022		Service	G43.719	Chronic migraine without aura, intractable, without status migrainosus	Approved	Medical Policy Met	Outpatient	Pharmacy	J0585	Injection, onabotulinumtoxin, 1 unit
GeoBlue Corporate Expat	Discharge/Closed	07/26/2021	01/26/2022		Service	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Approved	Clinical Criteria Met	Outpatient	Pharmacy	J9999	Not otherwise classified, antineoplastic drugs
GeoBlue Corporate Expat	Discharge/Closed	07/26/2021	01/26/2022		Service	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Approved	Medical Policy Met	Outpatient	Pharmacy	J1627	Injection, granzetrin, extended-release, 0.1 mg
GeoBlue Corporate Expat	Discharge/Closed	07/23/2021	07/22/2022		Service	G43.719	Chronic migraine without aura, intractable, without status migrainosus	Approved	Medical Policy Met	Outpatient	Pharmacy	J3032	Injection, eptinezumab-jjmr, 1 mg
GeoBlue Corporate Expat	Discharge/Closed	07/28/2021	01/27/2022		Service	R63.3	Feeding difficulties	Denied	Service Requested Not Medically Necessary	Outpatient	DME - Purchase	84155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium ch
GeoBlue Corporate Expat	Discharge/Closed	07/28/2021	01/27/2022		Service	R63.3	Feeding difficulties	Denied	Service Requested Not Medically Necessary	Outpatient	DME - Purchase	84160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, m
GeoBlue Corporate Expat	Discharge/Closed	10/11/2021	01/10/2022		Service	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Approved	Clinical Criteria Met	Outpatient	Diagnostic	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
GeoBlue Corporate Expat	Discharge/Closed	10/28/2021	01/27/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
GeoBlue Corporate Expat	Discharge/Closed	10/28/2021	01/27/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (Lis
GeoBlue Corporate Expat	Discharge/Closed	10/28/2021	01/27/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Request Withdrawn	Outpatient	Medical	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any add
GeoBlue Corporate Expat	Discharge/Closed	11/18/2021	02/17/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
GeoBlue Corporate Expat	Discharge/Closed	11/18/2021	02/17/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (Lis
GeoBlue Corporate Expat	Discharge/Closed	12/02/2021	03/01/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
GeoBlue Corporate Expat	Discharge/Closed	12/02/2021	03/01/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for p
GeoBlue Corporate Expat	Discharge/Closed	12/16/2021	03/15/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
GeoBlue Corporate Expat	Discharge/Closed	12/16/2021	03/15/2022		Service	M47.816	Spondylolysis without myelopathy or radiculopathy, lumbar region	Approved	Medical Policy Met	Outpatient	Medical	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for p
GeoBlue Corporate Expat	Discharge/Closed	12/31/2021	03/31/2022		Service	M46.1	Sacroiliitis, not elsewhere classified	Approved	Medical Policy Met	Outpatient	Medical	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
GeoBlue Corporate Expat	Discharge/Closed	01/05/2022	04/16/2022		Service	R69	Illness, unspecified	Partial	Approved by Medical Director	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	01/05/2022	04/16/2022		Service	R69	Illness, unspecified	Partial	Clinical Criteria Met	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	01/05/2022	04/16/2022		Service	R69	Illness, unspecified	Partial	Service Requested Not Medically Necessary	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	01/06/2022	03/29/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Approved on Peer to Peer	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	01/06/2022	03/29/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Approved on Peer to Peer	Outpatient	Skilled Nursing Visits	S9128	Speech therapy, in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	01/06/2022	03/29/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Clinical Criteria Met	Outpatient	Skilled Nursing Visits	S9128	Speech therapy, in the home, per diem

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GeoBlue Corporate Expat	Discharge/Closed	01/06/2022	03/29/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Entry Error	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	01/06/2022	03/29/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Service Requested Not Medically Necessary	Outpatient	Skilled Nursing Visits	S9128	Speech therapy, in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	02/07/2022	05/06/2022		Service	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Approved	Clinical Criteria Met	Outpatient	Diagnostic	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
GeoBlue Corporate Expat	Discharge/Closed	02/03/2022	05/02/2022		Service	M25.371	Other instability, right ankle	Approved	Medical Policy Met	Outpatient	Orthotic/Prosthetic	L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated
GeoBlue Corporate Expat	Discharge/Closed	05/07/2022	07/07/2022		Service	G80.8	Other cerebral palsy	Approved	Approved by Medical Director	Outpatient	DME - Purchase	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
GeoBlue Corporate Expat	Discharge/Closed	05/07/2022	07/07/2022		Service	G80.8	Other cerebral palsy	Approved	Approved by Medical Director	Outpatient	DME - Purchase	K0108	Wheelchair component or accessory, not otherwise specified
GeoBlue Corporate Expat	Discharge/Closed	03/16/2022	09/17/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Approved by Medical Director	Outpatient	Therapy	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	03/16/2022	09/17/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Clinical Criteria Met	Outpatient	Therapy	S9128	Speech therapy, in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	03/16/2022	09/17/2022		Service	F80.9	Developmental disorder of speech and language, unspecified	Partial	Service Requested Not Medically Necessary	Outpatient	Therapy	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	04/29/2022	07/28/2022		Service	M54.12	Radiculopathy, cervical region	Approved	Medical Policy Met	Outpatient	Medical	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, i
GeoBlue Corporate Expat	Discharge/Closed	06/21/2022	09/20/2022		Service	H72.01	Central perforation of tympanic membrane, right ear	Approved	Approved by Medical Director	Outpatient	Surgical	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
GeoBlue Corporate Expat	Discharge/Closed	06/21/2022	09/20/2022		Service	H72.01	Central perforation of tympanic membrane, right ear	Approved	Medical Policy Met	Outpatient	Surgical	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
GeoBlue Corporate Expat	Discharge/Closed	08/18/2022	11/05/2022		Service	R26.89	Other abnormalities of gait and mobility	Partial	Approved by Medical Director	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	08/18/2022	11/05/2022		Service	R26.89	Other abnormalities of gait and mobility	Partial	Approved on Peer to Peer	Outpatient	Home Health Visits	S9129	Occupational therapy, in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	08/18/2022	11/05/2022		Service	R26.89	Other abnormalities of gait and mobility	Partial	Clinical Criteria Met	Outpatient	Home Health Visits	S9129	Occupational therapy, in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	08/18/2022	11/05/2022		Service	R26.89	Other abnormalities of gait and mobility	Partial	Clinical Criteria Met	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	08/18/2022	11/05/2022		Service	R26.89	Other abnormalities of gait and mobility	Partial	Service Requested Not Medically Necessary	Outpatient	Home Health Visits	S9129	Occupational therapy, in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	08/18/2022	11/05/2022		Service	R26.89	Other abnormalities of gait and mobility	Partial	Service Requested Not Medically Necessary	Outpatient	Home Health Visits	S9131	Physical therapy; in the home, per diem
GeoBlue Corporate Expat	Discharge/Closed	07/27/2022	07/27/2022		Service	H72.91	Unspecified perforation of tympanic membrane, right ear	Approved	Medical Policy Met	Outpatient	Surgical	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
GeoBlue Corporate Expat	Discharge/Closed	10/30/2022	11/30/2022		Service	R26.89	Other abnormalities of gait and mobility	Approved	Approved by Medical Director	Outpatient	Home Health Visits	S9129	Occupational therapy, in the home, per diem