

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
7452750	Pediatric Endocrinology	Outpatient	Genetic Testing	E72.00	As stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC), pages 36-40 (specifically listed on page 39 – list item #38): General Exclusions and Limitations Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. If a claim is denied as being Experimental or Investigational, you have the right to seek an Independent Federal External Review. Refer to the Appeals, Complaints and External Review Rights provision in the General Provisions section in this Contract for more information. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items: 38. Genetic testing, counseling or services	No	No
9826052	Surgeon/Inpatient	Inpatient	Inpatient Surgery	I74.8	As stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC), General Exclusions and Limitations pages 36-40 (specifically list items #8, #19 and #20): "General Exclusions and Limitations Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. If a claim is denied as being Experimental or Investigational, you have the right to seek an Independent Federal External Review. Refer to the Appeals, Complaints and External Review Rights provision in the General Provisions section in this Contract for more information. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items: #8 Services for, or the treatment of complications of, non-covered procedures or services; #19 Any treatment for obesity, regardless of any potential benefits for co-morbid conditions, including but not limited to: #20 Surgical procedures for Morbid Obesity;" Based on review of the medical records provided, the Sendero Health Plans Medical Director determined the splenic artery thrombosis was a complication related to a prior gastric sleeve procedure, which is a noncovered service.	No	No
9907602	Inpatient Adolescent Prog	Inpatient	Inpatient BH	F12.20	As stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider." IdealCare has contracted in-network providers that can provide the requested service. You may choose to see an in network practitioner for the requested services, without requesting prior authorization. Additionally, as stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC), pages 36-40: "General Exclusions and Limitations Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ... Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items: 1. Services provided by a non-participating provider, except when: a) Authorized by Sendero; or b) The following services are Medically Necessary to render Emergency Care: • Professional ambulance service; or • Services in a Hospital emergency room, freestanding emergency medical care facility or Comparable Emergency Facility;"	No	No
2842653	Psychiatry	Outpatient	Injection	F11.20	As stated in the 2019 IdealCare Evidence of Coverage (EOC), pages 40-41: "Prescription Drug Exclusions Except as expressly stated otherwise, no benefit will be provided for, or on account of, the following items: 1. Drugs which are not included on the Drug Formulary;"	No	No

6934948	Psychology	Outpatient	Psychological testing	F90.2	<p>After reviewing 2019 InterQual Procedures Subset Psychological Testing, the submitted medical records indicated that you did not have documentation of what action will be taken or how treatment plan will be affected by test results as required by InterQual guideline. After reviewing 2019 InterQual Procedures Subset Neuropsychological and Developmental Testing, the submitted medical records indicated that you did not have at least one of the following that must be present and neither were met: Cognitive impairment suspected or confirmed OR the testing is preoperative before surgical resection, transection, or thermal ablation for epilepsy as required by InterQual. The requested psychological and neuropsychological testing does not meet medical necessity as required by the 2019 IdealCare Evidence of Coverage page 74 "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:</p> <ul style="list-style-type: none"> <li>• In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;</li> <li>• Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;</li> <li>• Not primarily for the convenience of the patient or Healthcare Practitioner;</li> <li>• Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;</li> <li>• Performed in the most cost effective setting required by the patient's condition;</li> <li>• Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of service; and</li> <li>• Not Experimental or Investigational."</li> </ul>	No	No
4125966	Psychology	Outpatient	Psychological and ne	F90.2	<p>After reviewing 2019 InterQual BH Procedures Q&amp;A Subset Neuropsychological and Developmental Testing, the submitted medical records indicated that the provider has not documented specific questions that testing is intended to answer, referring or testing provider has not confirmed that questions are not answerable by a comprehensive clinical evaluation or that questions can be answered more rapidly by testing and provider has not specified how the test results will be used to determine or modify treatment or evaluate response to treatment. After reviewing 2019 InterQual BH Procedures Q&amp;A Subset Psychological Testing, Unspecified Test, the submitted medical records indicated that the provider did not provide case-specific question have been formulated and provider did not document what action will be taken or how treatment plan will be affected by test results. The requested Psychological and Neuropsychological Testing Evaluation Services does not meet medical necessity as required by the 2019 IdealCare Evidence of Coverage page 74, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:</p> <ul style="list-style-type: none"> <li>• In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;</li> <li>• Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;</li> <li>• Not primarily for the convenience of the patient or Healthcare Practitioner;</li> <li>• Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;</li> <li>• Performed in the most cost effective setting required by the patient's condition;</li> <li>• Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of service; and</li> <li>• Not Experimental or Investigational."</li> </ul>	No	No

0891717	Oncologist	Outpatient	Genetic Testing	C92.10	<p>As stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider." IdealCare has contracted in-network providers that can provide the requested service. You may choose to see an in network practitioner for the requested services, prior authorization will be required. Additionally, as stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC), pages 36-40: "General Exclusions and Limitations Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ... Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:</p> <p>1. Services provided by a non-participating provider, except when:</p> <p>a) Authorized by Sendero; or</p> <p>b) The following services are Medically Necessary to render Emergency Care:</p> <ul style="list-style-type: none"> <li>• Professional ambulance service; or</li> <li>• Services in a Hospital emergency room, freestanding emergency medical care facility or Comparable Emergency Facility;"</li> </ul>	No	No
6381727	Orthopedic	Outpatient	Physical Therapy	M25.56	<p>As stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC 20190814), Page 9: "Unless preauthorized by Sendero or part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider." IdealCare has contracted in-network providers that can provide the requested service. You may choose to see an in network practitioner for the requested services, prior authorization will not be required. Additionally, as stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC 20190814), pages 37-41: "General Exclusions and Limitations Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ... Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:</p> <p>1. Services provided by a non-participating provider, except when:</p> <p>a) Authorized by Sendero; or</p> <p>b) The following services are Medically Necessary to render Emergency Care:</p> <ul style="list-style-type: none"> <li>• Professional ambulance service; or</li> <li>• Services in a Hospital emergency room, freestanding emergency medical care facility or Comparable Emergency Facility;"</li> </ul>	No	No
4002355	DME	Outpatient	DME	M50.01	<p>As stated in the 2019 Sendero IdealCare Evidence of Coverage (EOC 20190814), Pages 36 - 41 General Exclusions and Limitations Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ...Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items: 84. Scooters or motorized transportation equipment escalators, elevators, ramps, modifications or additions to living/working quarters or transportation vehicles;</p>	No	No