

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
2219172	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet criteria:</p> <ul style="list-style-type: none"> • Progress in skill development areas is not meeting 50% of goals. Report states zero goals are mastered. • Interobserver agreement is not indicated in the report (method or data). • Report of data is not included for skill development goals. Report of data is included for challenging behaviors. <p>We based our decision on Sendero's Policy for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder.</p>	No	No
1821645	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria:</p> <ul style="list-style-type: none"> • Progress in challenging behaviors is not meeting 50% of goals. (Conversely, skills development areas show progress) • Interobserver Agreement is not indicated in the report (method or data) • Report of data is not included for skill development goals. Report of data is included for challenging behaviors. <p>We based our decision on Sendero's Policy for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder.</p>	No	No
1986870	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet criteria:</p> <ul style="list-style-type: none"> • Progress in skill development areas is not meeting 50% of goals. Report states that only 2 goals are mastered. • Progress in challenging behaviors is not meeting 50% of goals. • Interobserver agreement is not indicated in the report (method or data) • Report of data is not included for skill development goals. Report of data is included for challenging behaviors. <p>We approved 25 hours per week for ABA therapy for 3 months. For CPT code 97153 we approved 20 hours per week, for CPT code 97155 we approved 4 hours per week, for CPT code 97156 we approved 1 hour per week and for CPT code 97151 we approved 8 hours fixed across the authorization period and for CPT code 97157 we approved 1 hour per month for dates of service January 8, 2021 through March 25, 2021.</p> <p>We based our decision on Sendero's Policy for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder.</p>	No	No

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0647801	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria:</p> <ul style="list-style-type: none"> • Progress in skill development areas is not meeting 50% of goals. Report states that 6 out of 50 goals are mastered. • Note: Challenging behaviors are reported as "mastered" or not occurring for 9 behaviors with a decrease in 2 behaviors and variability in 2 behaviors including echolalia that are characteristic of children diagnosed with ASD. • Interobserver agreement is not indicated in the report (method or data). • Report of data is not included for skill development goals. Report of data is included for challenging behaviors. • The child has discontinued previous SLP and OT services due to a change in insurance. There is not an indication of these services resuming and collaboration with these services. <p>We approved 25 hours per week for ABA therapy for 3 months. For CPT code 97153 we approved 20 hours per week, for CPT code 97155 we approved 4 hours per week, for CPT code 97156 we approved 1 hour per week and for CPT code 97151 we approved 8 hours fixed across the authorization period and for CPT code 97157 we approved 1 hour per month for dates of service January 7, 2021 through April 2, 2021.</p> <p>We based our decision on Sendero's Policy for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder.</p>	No	No
6982315	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet criteria:</p> <ul style="list-style-type: none"> • Interobserver agreement is not indicated in the report (method or data). • Report of data is not included for skill development goals. Report of data is included for challenging behaviors. <p>We approved 25 hours per week for ABA therapy for 3 months. For CPT code 97153 we approved 20 hours per week, for CPT code 97155 we approved 4 hours per week, for CPT code 97156 we approved 1 hour per week and for CPT code 97151 we approved 8 hours fixed across the authorization period and for CPT code 97157 we approved 1 hour per month for dates of service January 20, 2021 through April 20, 2021.</p> <p>We based our decision on Sendero's Policy for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder.</p>	No	No

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6636641	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria:</p> <ul style="list-style-type: none"> - Interobserver Agreement was not provided in the report. (Method or Data) Interobserver agreement (IOA) method and data is required to be included in the report. Interobserver agreement is the objectivity of different observers utilizing the same method to record the same behavior. Interobserver agreement (IOA) is the most common indicator of measurement quality in ABA. - The report displayed graphed data solely for challenging behaviors; visual graphs of the data for skill development goals were not provided. Graphed data for both challenging behaviors and skill development are required to provide the review panel with a picture of the changes in progress over the full authorization period and any phase change lines indicate significant events or treatment plan changes impacting the data. - Utilization of hours previously authorized were not provided. This information provides the review panel with an accurate depiction of how many hours are being provided and the impact on the data across the authorization period. - Progress in skill development areas is not meeting 50% of goals. Progress in challenging behaviors is not meeting 50% of goals. There must be documentation of clear benefit to the member, as demonstrated by: The member has been reassessed at the end of each 90-day authorized period and shows measurable changes in the frequency, intensity and/or duration of the specific behavior of interest, with at least 50% of targeted goals demonstrating progress as indicated by the data. - The report states that school is deemed as "inappropriate at this time" both remotely and in person. 	No	No
1035128	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested services. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria:</p> <ul style="list-style-type: none"> - Interobserver Agreement was not provided in the report Interobserver agreement (IOA) method and data is required to be included in the report. Interobserver agreement is the objectivity of different observers utilizing the same method to record the same behavior. Interobserver agreement (IOA) is the most common indicator of measurement quality in ABA. - The report displayed graphed data solely for challenging behaviors; visual graphs of the data for skill development goals were not provided. Graphed data for both challenging behaviors and skill development are required to provide the review panel with a picture of the changes in progress over the full authorization period and any phase change lines indicate significant events or treatment plan changes impacting the data. - Utilization of hours previously authorized were not provided. This information provides the review panel with an accurate depiction of how many hours are being provided and the impact on the data across the authorization period. - The clinical review team has concerns about the number of hours requested and the necessity and the impact of an intensive program on a 4 year old. A diagnosis of ASD does not warrant 40 hours a week of ABA therapy. ABA therapy has been shown to be efficacious in ameliorating symptoms associated with ASD; however, 40 hours a week of therapy has not been justified in the scientific literature in randomized controlled studies. Empirical evidence suggests that the best outcomes with positive gains can occur in the range of 12 -15 hours. There is no evidence that a high number of hours of discrete behavioral interventions are more effective than a naturalistic approach. 	No	No

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5407224	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested services. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria as outlined in Sendero's policy on ABA:</p> <ul style="list-style-type: none"> - Interobserver Agreement is not indicated in the report. (Method or Data) Interobserver agreement (IOA) method and data is not provided in the report. Interobserver agreement is the objectivity of different observers utilizing the same method to record the same behavior. Interobserver agreement (IOA) is the most common indicator of measurement quality in ABA. - The clinical review team has concerns about the number of hours requested and the necessity and the impact of an intensive program for a 3-year-old. A diagnosis of ASD does not warrant 40 hours a week of ABA therapy. ABA therapy has been shown to be efficacious in ameliorating symptoms associated with ASD; however, 40 hours a week of therapy has not been justified in the scientific literature in randomized controlled studies. Empirical evidence suggests that the best outcomes with positive gains can occur in the range of 12 -15 hours. There is no evidence that a high number of hours of discrete behavioral interventions are more effective than a naturalistic approach. - The report states that school is deemed as "inappropriate at this time" both remotely and in person. A coordination and transition into the school setting is indicated in the reports as "not an option at this time, remote or in person". A lack of consideration for transition planning to the school environment limits the individual's right to an education per the Individuals with Disabilities Education Act (IDEA), prevents the individual from inclusion with neurotypical peers in their school community, causes the child to miss out on coordinated multidisciplinary treatment within the home independent school system's autism programming, and causes the child to fall further behind their peers academically. Further, public schools are required to provide a free and appropriate education in the least restrictive environment to all children, regardless of level of functioning. 	No	No
8276192	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria:</p> <ul style="list-style-type: none"> - Interobserver Agreement was not provided in the report Interobserver agreement (IOA) method and data is required to be included in the report. Interobserver agreement is the objectivity of different observers utilizing the same method to record the same behavior. Interobserver agreement (IOA) is the most common indicator of measurement quality in ABA. - The report displayed graphed data solely for challenging behaviors; visual graphs of the data for skill development goals were not provided. Graphed data for both challenging behaviors and skill development are required to provide the review panel with a picture of the changes in progress over the full authorization period and any phase change lines indicate significant events or treatment plan changes impacting the data. - Utilization of hours previously authorized were not provided. This information provides the review panel with an accurate depiction of how many hours are being provided and the impact on the data across the authorization period. - The clinical review team has concerns about the number of hours requested and the necessity and the impact of an intensive program on a 6 year old. A diagnosis of ASD does not warrant 40 hours a week of ABA therapy. ABA therapy has been shown to be efficacious in ameliorating symptoms associated with ASD; however, 40 hours a week of therapy has not been justified in the scientific literature in randomized controlled studies. Empirical evidence suggests that the best outcomes with positive gains can occur in the range of 12 -15 hours. There is no evidence that a high number of hours of discrete behavioral interventions are more effective than a naturalistic approach. Furthermore, with this member, he has substantial medical and mobility needs that need to be addressed weekly through increased PT, OT, and SLP services. 	No	No

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4400619	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria:</p> <ul style="list-style-type: none"> - Interobserver Agreement was not provided in the report Interobserver agreement (IOA) method and data is required to be included in the report. Interobserver agreement is the objectivity of different observers utilizing the same method to record the same behavior. Interobserver agreement (IOA) is the most common indicator of measurement quality in ABA. - The report displayed graphed data solely for challenging behaviors; visual graphs of the data for skill development goals were not provided. Graphed data for both challenging behaviors and skill development are required to provide the review panel with a picture of the changes in progress over the full authorization period and any phase change lines indicate significant events or treatment plan changes impacting the data. - Utilization of hours previously authorized were not provided. This information provides the review panel with an accurate depiction of how many hours are being provided and the impact on the data across the authorization period. - The clinical review team has concerns about the number of hours requested and the necessity and the impact of an intensive program on a 4-year-old. A diagnosis of ASD does not warrant 40 hours a week of ABA therapy. ABA therapy has been shown to be efficacious in ameliorating symptoms associated with ASD; however, 40 hours a week of therapy has not been justified in the scientific literature in randomized controlled studies. Empirical evidence suggests that the best outcomes with positive gains can occur in the range of 12 -15 hours. There is no evidence that a high number of hours of discrete behavioral interventions are more effective than a naturalistic approach. 	No	No
3872686	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet criteria:</p> <ul style="list-style-type: none"> - Interobserver Agreement was not provided in the report. (Method or Data) Interobserver agreement (IOA) method and data is required to be included in the report. Interobserver agreement is the objectivity of different observers utilizing the same method to record the same behavior. Interobserver agreement (IOA) is the most common indicator of measurement quality in ABA. - The report displayed graphed data solely for challenging behaviors; visual graphs of the data for skill development goals were not provided. Graphed data for both challenging behaviors and skill development are required to provide the review panel with a picture of the changes in progress over the full authorization period and any phase change lines indicate significant events or treatment plan changes impacting the data. - Utilization of hours previously authorized were not provided. This information provides the review panel with an accurate depiction of how many hours are being provided and the impact on the data across the authorization period. - Progress in skill development areas is not meeting 50% of goals. Progress in challenging behaviors is not meeting 50% of goals. There must be documentation of clear benefit to the member, as demonstrated by: The member has been reassessed at the end of each 90-day authorized period and shows measurable changes in the frequency, intensity and/or duration of the specific behavior of interest, with at least 50% of targeted goals demonstrating progress as indicated by the data. 	No	No

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2198104	Gastroenterology	Office	Office Procedure	R10.13	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	No	No
5611967	PCP	Outpatient	DME	G40.909, M87.9	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage (EOC) pages 34-38:</p> <p>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 review of the denial by an Independent 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:</p> <p>49. Personal hygiene equipment including bath/shower chairs, transfer equipment or supplies or bed side commodes;</p>	No	No
5451350	BCBA	Outpatient	Applied Behavior Analysis	F84.0	<p>The reason for this decision is:</p> <p>Based on our review, we are unable to authorize the requested services. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:</p> <p>Areas that do not meet the criteria:</p> <ul style="list-style-type: none"> - Interobserver Agreement method and data were not provided in the report Interobserver agreement (IOA) method and data is required to be included in the report. Interobserver agreement is the objectivity of different observers utilizing the same method to record the same behavior. Interobserver agreement (IOA) is the most common indicator of measurement quality in ABA. - The report displayed graphed data solely for challenging behaviors; visual graphs of the data for skill development goals were not provided. Graphed data for both challenging behaviors and skill development are required to provide the review panel with a picture of the changes in progress over the full authorization period and any phase change lines indicate significant events or treatment plan changes impacting the data. - Utilization of hours previously authorized were not provided. This information provides the review panel with an accurate depiction of how many hours are being provided and the impact on the data across the authorization period. - The clinical review team has concerns about the number of hours requested and the necessity and the impact of an intensive program on a 5-year-old. A diagnosis of ASD does not warrant 40 hours a week of ABA therapy. ABA therapy has been shown to be efficacious in ameliorating symptoms associated with ASD; however, 40 hours a week of therapy has not been justified in the scientific literature in randomized controlled studies. Empirical evidence suggests that the best outcomes with positive gains can occur in the range of 12 -15 hours. There is no evidence that a high number of hours of discrete behavioral interventions are more effective than a naturalistic approach. 	No	No

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5221143	Surgeon	Outpatient	Imaging	Z98.84	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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>8. Services for, or the treatment of, complications of, non-covered procedures or services;</p> <p>19. Any treatment for obesity, regardless of any potential benefits for co-morbid conditions, including but not limited to:</p> <p>a. Surgical procedures for Morbid Obesity;</p> <p>b. Services or procedures for the purpose of treating an Illness or Bodily Injury caused by, complicated by, or exacerbated by the obesity; or</p> <p>c. Complications related to any services rendered for weight reduction;</p> <p>d. Surgical procedures for the removal of excess skin and/or fat in conjunction with or resulting from weight loss or a weight loss Surgery;</p> <p>The clinical basis for this decision is:</p> <p>Based on review of the clinical provided the CT of the abdomen is necessary to evaluate the status of the intragastric balloon.</p>	No	No
6177882	Physical Therapist	Outpatient	Physical Therapy	M25.521, M25.522, M79.10	<p>The reason for this decision is:</p> <p>The requested additional physical therapy twice per week for 6 weeks (12 visits) does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." <p>The clinical basis for this decision is:</p> <p>After reviewing April 2020 InterQual CP: Outpatient Rehabilitation & Chiropractic guidelines we are unable to authorize the requested additional physical therapy at this time. The reason we are denying this request is that you have exceeded the duration of therapy allowed (12 weeks) for your condition (bilateral tennis elbow).</p>	No	No

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1077357	Wound Care	Outpatient	Wound Care	E11.621	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 34-38:</p> <p>General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	No	No
9291879	Psychology	Office	Psychological Testing	F42.2, F60.3, F84.0, F90.2	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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"> • Professional ambulance service; or • Services in a Hospital emergency room, freestanding emergency medical care facility or Comparable Emergency Facility;" 	No	No
7947820	Physical Therapist	Outpatient	Physical Therapy	M79.641	<p>The reason for this decision is:</p> <p>As stated in the Sendero Provider Manual effective 1/2021, page 4, section 1.0 – "Prior Authorization List" for Medical effective 1/1/2021 specifically states that outpatient physical therapy requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No

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5016430	Social Worker	Office	Therapy	F41.1	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p> <p>IdealCare has contracted in-network providers that can provide the requested service.</p> <p>Your requesting provider did not submit any clinical to support or explain why these services are being requested through an out of network provider.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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>	No	No
9417866	Neurologist	Outpatient	Injectable	E85.1	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	Yes	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
5975752	Hospital	Inpatient	Observation	R68	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p> <p>IdealCare has contracted in-network providers that can provide the requested service. Your requesting provider did not submit any clinical to support or explain why these services are being requested through an out of network provider.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare 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>	No	No
8001448	Allergy and Immunology	Outpatient	Injectable	L50.1	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare 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>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
4979297	EECP	Outpatient	EECP	B94.8, R06.09, R42, R53.83	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	Yes	No
0760253	Hospital	Inpatient	Chemotherapy	D46.9	<p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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"> • Professional ambulance service; or • Services in a Hospital emergency room, freestanding emergency medical care facility or Comparable Emergency Facility;" 	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
0390767	Naturopathic	Home	Injectable	D66, D68.8, R79.1	<p>The reason for this decision is: As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "Unless preauthorized by Sendero or part of covered Emergency Care, Out-of-Network</p> <p>Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. 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. Additionally, as stated in the 2021 Sendero IdealCare 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:</p>	No	No
8491019	Neurologist	Outpatient	Injectable	G12.9	<p>The reason for this decision is: The request to provide the loading dose Spinraza (4 loading doses; the first three loading doses to be administered at 14 days intervals; the fourth dose to be administered 30 days after third dose to include outpatient stay for intrathecal administration) does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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: <input type="checkbox"/> In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; <input type="checkbox"/> Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; <input type="checkbox"/> Not primarily for the convenience of the patient or Healthcare Practitioner; <input type="checkbox"/> Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; <input type="checkbox"/> Performed in the most cost effective setting required by the patient's condition; <input type="checkbox"/> 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 <input type="checkbox"/> Not Experimental or Investigational." The clinical basis for this decision is: Member Reason:</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
9437054	Neurologist	Outpatient	Injectable	G 12.9	<p>The reason for this decision is: The request to provide the loading dose Spinraza (4 loading doses; the first three loading doses to be administered at 14 days intervals; the fourth dose to be administered 30 days after third dose to include outpatient stay for intrathecal administration) does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> <input type="checkbox"/> In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; <input type="checkbox"/> Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; <input type="checkbox"/> Not primarily for the convenience of the patient or Healthcare Practitioner; <input type="checkbox"/> Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; <input type="checkbox"/> Performed in the most cost effective setting required by the patient's condition; <input type="checkbox"/> 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 <input type="checkbox"/> Not Experimental or Investigational." <p>The clinical basis for this decision is: Member Reason:</p>	No	No
8867111	Internal Medicine	Outpatient	Imaging	E29.1	<p>The reason for this decision is: The requested MRI of the brain does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." <p>The clinical basis for this decision is: Member Reason:</p> <p>The Sendero Medical Director reviewed the clinical information provided by your doctor and denied the request for an MRI (procedure that uses magnetic waves to take a picture of various parts of the body. Radiation is not used) of the brain as not medically necessary. The doctor's notes did not give Sendero a reason your doctor needed an MRI of the brain. This decision was made by the Sendero Medical Director using nationally recognized guidelines (InterQual).</p> <p>Provider Reason:</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
1922135	Cosmetic, Plastic and Reconstructive Surgeon	Outpatient	Surgery	T85.44XA	<p>The reason for this decision is:</p> <p>2021 Sendero Evidence of Coverage (EOC) pages 31 and 36-40:</p> <p>Reconstructive Surgery</p> <p>We will provide benefits for Covered Services for Reconstructive Surgery incurred for the following:</p> <ul style="list-style-type: none"> • To restore function for conditions resulting from a Bodily Injury provided the Bodily Injury is incidental to or follows a covered Surgery resulting from Illness or a Bodily Injury of the involved part if the trauma, infection or other disease occurred or has its onset while the Covered Person is covered under this Contract; • Following a Medically Necessary mastectomy. Reconstructive Surgery includes all stages and revisions of reconstruction of the breast on which the mastectomy has been performed, reconstruction of the other breast to establish symmetry, prostheses and physical complications in all stages of mastectomy, including lymphedemas; and • Because of a congenital illness or anomaly that resulted in a functional defect to improve the function of or attempt to create a normal appearance of the abnormal body structure. • Craniofacial abnormalities to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections or disease. <p>Except as otherwise provided in this Contract, Cosmetic services and services for complications from cosmetic services are not covered regardless of whether the initial Surgery occurred while the Covered Person was covered under this Contract or under any prior coverage.</p> <p>General Exclusions and Limitations</p> <p>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.</p>	No	No
0699364	Cardiology	Home	DME	I89.0	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Platinum Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the EOC, pages 34-38:</p> <p>"General Exclusions and Limitations</p> <p>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> <ol style="list-style-type: none"> 1. Services provided by a non-participating provider, except when: <ol style="list-style-type: none"> a) Authorized by Sendero; or b) The following services are Medically Necessary to render Emergency Care: <ul style="list-style-type: none"> • Professional ambulance service; or 	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
5748305	Urology Oncology	Office	Referral Specialist	D09.0, R30.0, R35.0, R39.15	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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>	Yes	No
7168744	PCP	Office	Referral Specialist	D09.0, R30.0, R35.0, R39.15	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
8731512	Hospital	Inpatient	Inpatient Admission	F15.23, F31	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p> <p>IdealCare has contracted in-network providers that can provide the requested service.</p> <p>Your requesting provider did not submit any clinical to support or explain why these services are being requested through an out of network provider.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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>	No	No
0696406	DPM	Outpatient	DME	Q66.41, Q66.42	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40</p> <p>General Exclusions and Limitations</p> <p>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.</p> <p>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.</p> <p>Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:</p> <p>20. Foot care services, in the absence of diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency, including but not limited to:</p> <p>a. Shock wave therapy of the feet;</p> <p>b. Treatment of Weak, strained, flat, unstable or unbalanced feet;</p> <p>c. Hygienic care, and the treatment of superficial lesions of the feet, such as corns, calluses or hyperkeratosis;</p> <p>d. Tarsalgia, metatarsalgia or bunion treatment, except Surgery which involves exposure of bones, tendons or ligaments;</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
6956613	OB/GYN	Office	Office Procedure	Z34.01, Z34.02, Z34.03	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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"> • Professional ambulance service; or • Services in a Hospital emergency room, freestanding emergency medical care facility or Comparable Emergency Facility;" 	No	No
0878962	EECP	Outpatient	EECP	G47.30, I20.9, I25.118, I25.2, R00.2, R06.02, R06.09, R53.83, Z73.6, Z95.5	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	Yes	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
4496294	Orthopedics	outpatient	Imaging		<p>The reason for this decision is:</p> <p>For the Member:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your doctor requesting an MRI without contrast test. (An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body. Contrast is used to enhance some details even further).</p> <p>The Sendero Medical Director denied the request for the lumbar spine MRI without contrast. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the April, 2021 InterQual criteria, the section on Imaging for the Lumbar (or lower) Spine. In order for us to approve this test, you would have to have at least one of the following types of problems in association with certain types of medical conditions:</p> <ul style="list-style-type: none"> • Significant pain • Neurological symptoms such as tingling or numbness • Reduced function or weakness such as trouble walking or standing • Infection in or around your spine • Tumors in or around your spine • Planning for or recovering from spinal surgery <p>But in the telemedicine visit with Gabriela Quintero, FNP (with Dr. Vishal Kancherla) on 3/1/2021, it was stated that your low back pain is getting better, your pain was rated as mild pain 2/10. She stated that you had "no radiation down leg." In the Review of Systems part of the visit note, she reported no numbness (decreased sensation) or weakness, no morning joint stiffness (tightness) over 30 minutes or swelling in multiple joints. You are able to get up from sit to stand with no assistance. There were no issues with infection or tumors or surgery noted.</p> <p>For the requesting provider:</p>	Yes	No
5489768	OB/GYN	Office	Office Visit	Z01.419	<p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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.</p> <p>Additionally, as stated in the 2021 Sendero IdealCare EOC, pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
7115987	Hospital	Inpatient	Inpatient Continued Stay	R41.82, R47.01, R53.1, R62.7	<p>Member Reason:</p> <p>The Sendero Medical Director reviewed the clinical information provided by the facility and denied the request for continued inpatient hospitalization beyond 6/15/2021 as not medically necessary. The doctor's notes that were provided did not give Sendero a reason your doctor needed to keep you inpatient in the hospital after 6/15/2021. This decision was made by the Sendero Medical Director using nationally recognized guidelines (InterQual).</p> <p>The reason for this decision is:</p> <p>The requested continued inpatient hospitalization at Dell Seton Medical Center at The University of Texas beyond June 15, 2021 does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." <p>The clinical basis for this decision is:</p>	No	No
1483529	Colorectal	Outpatient	Surgery	K64.4	<p>Member Reason:</p> <p>The requested removal of anal skin tag was denied as not a covered benefit as it was deemed to be a cosmetic procedure per your 2021 Sendero Evidence of Coverage (EOC) see reference below.</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero 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>9. Services, except for Emergency Care, relating to an Illness or Bodily Injury incurred as a result of the Covered Person. Services relating to an Illness or Bodily Injury as a result of:</p> <p>h. Except as otherwise provided in this Contract, cosmetic services, or any complication there from;</p> <p>Page 31: Reconstructive Surgery We will provide benefits for Covered Services for Reconstructive Surgery incurred for the following:</p> <p><input type="checkbox"/> To restore function for conditions resulting from a Bodily Injury provided the Bodily</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
5858684	PCP	Office	Referral Specialist	Z01.419	<p>Member Reason for the decision:</p> <p>Your Primary Care Provider's request for a referral to an out of network Obstetrician/Gynecologist (OB/GYN), Dr. Vincent Sherman for a routine gynecological examination has been denied, as Sendero has contracted in network providers that can provide the requested services. The routine gynecological examination that was requested are not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8:</p> <p>Excluded Services Require Preauthorization</p> <p>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.</p>	No	No
6262676	Wound Care	Outpatient	Wound Care	E11.622, L97.822	<p>Member Reason for the decision:</p> <p>The reason we have denied your request is that that PuraPly® Antimicrobial Wound Matrix is considered experimental and investigational when used to treat your condition of diabetic lower leg ulcer because it has not been proven effective for this condition. It requires more studies to be proven effective because currently available studies do not clearly show how PuraPly® Antimicrobial Wound Matrix would help make a positive difference in your treatment and outcome.</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract."</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
8783065	Orthopedics	Outpatient	DME	S92.352A	<p>Member Reason:</p> <p>The Sendero Medical Director reviewed the clinical information provided by your doctor/physician assistant and denied the request for an Exogen Bone Growth Stimulator, Ultrasound (a device/equipment used to potentially speed up healing) as not medically necessary. The doctor's notes did not give Sendero a reason your doctor needed this ultrasound Exogen Bone Growth Stimulator. This decision was made by the Sendero Medical Director using nationally recognized guidelines (InterQual).</p> <p>The reason for this decision is:</p> <p>The requested purchase of an Exogen Bone Growth Stimulator, Ultrasound does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." <p>The clinical basis for this decision is:</p> <p>Provider Reason:</p>	No	No
3868158	Urologist	Outpatient	Injectable	N48.6	<p>Member Reason:</p> <p>The Sendero Medical Director reviewed the clinical information provided by your doctor/physician assistant and denied the request for an Exogen Bone Growth Stimulator, Ultrasound (a device/equipment used to potentially speed up healing) as not medically necessary. The doctor's notes did not give Sendero a reason your doctor needed this ultrasound Exogen Bone Growth Stimulator. This decision was made by the Sendero Medical Director using nationally recognized guidelines (InterQual).</p> <p>The reason for this decision is:</p> <p>The requested purchase of an Exogen Bone Growth Stimulator, Ultrasound does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." <p>The clinical basis for this decision is:</p> <p>Provider Reason:</p>	Yes	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
8709424	Psychiatry	Office	Office Procedure	F33.2	<p>Member Reason for the decision:</p> <p>The request for an out of network provider, Dr. Scott Elkin and Greenbrook TMS NeuroHealth of Texas for psychiatric evaluation for Transcranial Magnetic Stimulation (TMS), motor threshold determination, daily TMS, motor threshold re-determination and follow up office visit without therapy has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8:</p> <p>Excluded Services Require Preauthorization</p> <p>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.</p> <p>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</p>	Yes	No
9232108	Physical Therapist	Outpatient	Physical Therapy	M54.16	<p>Member Reason for the decision:</p> <p>Your Specialist's request for retrospective authorization for a referral to an out of network provider, Alicia Shugart, D.P.T / Apex Manual Therapy for physical therapy once a week for two visits has been denied, as Sendero has contracted in network providers that can provide the requested services.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Platinum Evidence of Coverage (EOC), Page 8:</p> <p>"Excluded Services Require Preauthorization</p> <p>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.</p> <p>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."</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
2341687	Physical Therapist	Outpatient	Physical Therapy	M54.16	<p>Member Reason for the decision:</p> <p>Your Specialist's request for a referral to an out of network provider, Alicia Shugart, D.P.T / Apex Manual Therapy for physical therapy once a week for thirteen visits has been denied, as Sendero has contracted in network providers that can provide the requested services.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Platinum Evidence of Coverage (EOC), Page 8:</p> <p>"Excluded Services Require Preauthorization</p> <p>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.</p> <p>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."</p>	No	No
8829426	Hospital	Inpatient	Inpatient Admission	L03.114, M79.601, T42.625	<p>Member Reason for the decision:</p> <p>The request for an out of network provider, Lake Travis ER LLC (Family Hospital at Lake Travis)/Dr. Jeremy Hoenig for hospital observation care Current Procedural Terminology (CPT®) code 99218 and Healthcare Common Procedure Coding System (HCPCS) G0378 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8:</p> <p>Excluded Services Require Preauthorization</p> <p>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.</p> <p>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</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
3536833	NP	Outpatient	Genetic Testing	C20	<p>MEMBER REASON FOR DECISION:</p> <p>The requested genetic test ordered by Anne Courtney, N.P. was denied as not a covered benefit as it considered to be experimental/investigational by Sendero Health Plans. For additional information refer to the 2021 Sendero Evidence of Coverage (EOC) see reference below.</p> <p>The reason for this decision is:</p> <p>Sendero Health Plan has determined that the requested genetic test is considered experimental and investigational and therefore not a covered benefit.</p> <p>As stated in the 2021 Sendero Evidence of Coverage (EOC) pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	No	No
9856028	Social Worker	Office	Therapy	F41.1	<p>Member Reason for the decision:</p> <p>This request for additional unlimited individual psychotherapy visits with an out of network provider, Natalia Amari, LCSW from 7/8/2021 – 7/8/2022 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p> <p>IdealCare has contracted in-network providers that can provide the requested service.</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
0867084	Mid Wife	Outpatient	Injectable	D50.9	<p>Member reason for denial:</p> <p>The Sendero Medical Director reviewed the clinical information provided by your health care provider and denied the request for Injectafer (iron) infusions as not medically necessary. The doctor's notes did not give Sendero a reason your doctor determined to support use of injectable form of iron replacement. This decision was made by the Sendero Medical Director using nationally recognized guidelines.</p> <p>The reason for this decision is:</p> <p>The requested Injectafer infusions does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." <p>The clinical basis/Provider Reason for this decision is:</p>	No	No
0732021	DPM	Office	Office Procedure	E11.42, E11.621, L97.512	<p>MEMBER REASON FOR DECISION:</p> <p>The requested TheraSkin ordered by Dr. Babak Kaviani was denied as not a covered benefit as it is considered experimental/investigational by Sendero Health Plans. For additional information refer to the 2021 Sendero Evidence of Coverage (EOC) see reference below.</p> <p>The reason for this decision is:</p> <p>Sendero Health Plan has determined that the requested TheraSkin is considered experimental and investigational and therefore not a covered benefit.</p> <p>As stated in the 2021 Sendero Evidence of Coverage (EOC) pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
1029140	Orthopedics	Outpatient	Imaging	M25.521	<p>The reason for this decision is:</p> <p>For the Member:</p> <p>As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied." On page 28 "Prior authorization lets Sendero know in advance that a specific care plan or service is needed for you. Your PCP or in-network treating provider is responsible for obtaining the necessary preauthorization...Please confirm with your provider if the treatment or services are covered by Sendero and if an authorization is needed...If Sendero receives a prior authorization request for services after the services have been rendered, the requested services will be denied for no prior authorization within three (3) calendar days from receipt of request." The requested treatment/services are not part of emergency treatment.</p> <p>For the requesting provider:</p> <p>As stated in the Sendero Provider Manual effective 7/8/2021, pages 4-5, section 1.0 – "Prior Authorization List" for Medical effective 1/1/2021 specifically states that CT/CTA Scans, MRIs & MRAs not provided in an inpatient or Emergency Room setting requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No
6762987	Family Practice	Outpatient	Imaging	M54.5	<p>Member Reason for Denial:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your doctor requesting an MRI of the lumbar spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.</p> <p>The Sendero Medical Director denied the request for the MRI of the lumbar spine. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the April 2021 InterQual criteria, the section on Imaging for the Lumbar (or lower) Spine. In order for us to approve this test, you would have to have at least one of the following types of problems in association with certain types of medical conditions:</p> <ul style="list-style-type: none"> • Significant pain • Neurological symptoms such as tingling or numbness • Reduced function or weakness such as trouble walking or standing • Infection in or around your spine • Tumors in or around your spine • Planning for or recovering from spinal surgery • Ankylosing spondylitis • Scoliosis <p>In the visit with Dr. Donovan Runyan on 6/24/2021 it is noted that your pain is primarily in the lumbar spine and the pain radiates to the buttocks and posterior thigh. Pain is constant, moderate in intensity, dull, aching and burning. Started 5 days ago, no prior history of back pain. Physical examination of the lumbar spine was normal except for pain over the left and right lumbar paraspinal muscles. Sensation, reflexes, and strength were noted to be normal. Limited active range of motion with flexion to 30 degrees. Negative bilateral straight leg raises. There were no issues with infection, tumors, surgery, ankylosing spondylitis or scoliosis noted. You were prescribed a Medrol Dosepak (steroid), a prescription pain medication, and a muscle relaxer. You were advised to do home exercise and apply cold packs as well as referred to physical therapy. X-rays taken of the lumbar spine were normal. On a subsequent visit on 7/13/2021 back pain is reported in the review of systems, but it is also documented that it is improved.</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
2391558	Family Practice	Office	Referral Specialist	R26.89	<p>Member Reason for the decision:</p> <p>This request for a referral to an out of network provider, Dr. Vikram Shakkottai (Neurologist) for evaluation and treatment for dates of service 7/22/2021 through 12/31/2021 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>The reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p> <p>IdealCare has contracted in-network providers that can provide the requested service.</p>	No	No
5991774	Physical Therapist	Outpatient	Physical Therapy	S63.391D	<p>The reason for this decision is:</p> <p>For the Member:</p> <p>As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."</p> <p>For the requesting provider:</p> <p>As stated in the Sendero Provider Manual effective 7/8/2021, pages 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) – excluding initial evaluation" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
9430328	Neurologist	Office	Referral Specialist	G20	<p>The reason for this decision is:</p> <p>Member Reason for the decision:</p> <p>This request for a referral to an out of network provider, Dr. Maya Katz (Neurologist) and Stanford Healthcare Group for evaluation and treatment for dates of service 8/5/2021 through 12/31/2021 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>Provider reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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</p>	No	No
6710512	Physical Therapist	Outpatient	Physical Therapy	s76.112d	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The Sendero Medical Director reviewed the clinical information provided by your physical therapist and denied the request for additional physical therapy as not medically necessary. The physical therapist notes documented the progress you have made since beginning physical therapy on 12/16/2020 and it is documented that you have been taught a home exercise program. The clinical provided did not support approval for additional physical therapy beyond the 27 sessions you have completed. This decision was made by the Sendero Medical Director using nationally recognized guidelines (InterQual).</p> <p>PROVIDER REASON:</p> <p>The requested additional physical therapy twice per week for four weeks (8 visits) does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." 	Yes	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
6749154	OB/GYN	Office	Injectable	F32.81	<p>The reason for this decision is:</p> <p>For the Member:</p> <p>As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."</p> <p>For the requesting provider:</p> <p>As stated in the Sendero Provider Manual effective 7/8/2021, page 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Injectable drugs >\$500 per line item" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No
3070470	PCP	Home	HHA	J18.9, L89.152, U07.1	<p>Member Reason for the decision:</p> <p>This request for a home health aide for dates of service 8/13/2021 through 10/10/2021 has been denied, as Sendero considers this to be custodial care. As stated in the 2021 Sendero IdealCare Platinum Evidence of Coverage (EOC), Page pages 61-62. Custodial Care means services given to a Covered Person if:</p> <ul style="list-style-type: none"> a. The Covered Person needs services that include, but are not limited to, assistance with dressing, bathing, preparation and feeding of special diets, walking, supervision of medication which is ordinarily self-administered, getting in and out of bed and maintaining continence; or b. The services are required to primarily maintain and not likely to improve the Covered Person's condition. c. Services may still be considered Custodial Care by Us even if: The Covered Person is under the care of a Healthcare Practitioner; The services are prescribed by a Healthcare Practitioner to support or maintain the Covered Person's condition; <ul style="list-style-type: none"> • Services are being provided by a Nurse; or • The services involve the use of skills which can be taught to a layperson and do not require the technical skills of a Nurse. <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>Provider reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Platinum Evidence of Coverage (EOC), Page pages 34-38:</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
7537625	Orthopedics	Outpatient	Imaging	M65.831	<p>The reason for this decision is:</p> <p>For the Member:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your doctor requesting a right wrist MRI without contrast test. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body. Contrast is used to enhance some details even further.</p> <p>The Sendero Medical Director denied the request for the right wrist MRI without contrast. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual criteria, the section on Imaging for the Wrist. In order for us to approve this test, you would have had to previously had an x-ray of the right wrist to exclude other possible causes of the symptoms, splinting for 6 weeks and then continued symptoms. Review of the office visit notes of Dr. Robert Foster on 4/19/2021 and 6/16/2021, there has not been a right wrist x-ray performed.</p> <p>For the requesting provider:</p> <p>After reviewing July 2021 InterQual CP: Imaging Subset: Imaging, Wrist guidelines we are unable to authorize the right wrist MRI without contrast request at this time. The reason we are denying this request is that based on the information provided, you have not had an x-ray of the right wrist to exclude fracture, dislocation, tumor, or other etiologies as possible causes of the symptoms and you have not had splinting for at least six weeks.</p> <p>Additionally, the requested right wrist MRI without contrast does not meet medical necessity as required by Sendero 2021 Platinum Evidence of Coverage (EOC) page 68-69, "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>	No	No
9591584	Cosmetic, Plastic and Reconstructive Surgeon	Outpatient	Surgery	J33.0, J34.2, J34.89	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The requested repair of nasal septum and repair nasal vestibular stenosis was denied as not a covered benefit as it was deemed to be a cosmetic procedure per your 2021 Sendero Evidence of Coverage (EOC) see reference below.</p> <p>PROVIDER REASON</p> <p>As stated in the 2021 Sendero EOC pages 36-40:</p> <p>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>9. Services, except for Emergency Care, relating to an Illness or Bodily Injury incurred as a result of the Covered Person. Services relating to an Illness or Bodily Injury as a result of:</p> <p>h. Except as otherwise provided in this Contract, cosmetic services, or any complication there from;</p> <p>Page 31: Reconstructive Surgery</p>	Yes	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
5021195	Physical Therapist	Outpatient	Physical Therapy	G40.812	<p>The reason for this decision is:</p> <p>Member Reason for the decision:</p> <p>This request for a referral to an out of network provider, Little Tesoros Therapy Services for intensive physical therapy 3 visits per week for 5 weeks for a total of 35 sessions – CPT codes 97112 and 97110 beginning 9/20/2021 (end date not specified) has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>Provider reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: “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.</p> <p>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</p>	Yes	No
9166386	Oral Surgeon	Outpatient	Surgery	M26.631	<p>The reason for this decision is:</p> <p>Member Reason for the decision:</p> <p>This request for a referral to an out of network provider, Dr. Dale H. Gallagher to perform an outpatient procedure, right TMJ arthroplasty with meniscus repair at Oakwood Surgery Center – CPT code 21240 scheduled for September 15, 2021 has been denied, as not a covered benefit per your 2021 Sendero Evidence of Coverage (EOC) see reference below.</p> <p>Further important information relating to this denial of your request follows:</p> <p>Provider reason for this decision is:</p> <p>As stated in the 2021 Sendero EOC pages 36-40:</p> <p>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>17. Dental services, appliances or supplies for treatment of the teeth, gums, jaws or alveolar processes including, but not limited to, excision of partially or completely unerupted impacted teeth, any oral or periodontal Surgery and preoperative and postoperative care, implants and related procedures, orthodontic procedures, and any dental services related to a Bodily Injury or Illness except as expressly provided in this Contract;</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
1819262	OB/GYN	Office	Injectable	F32.81	<p>For the Member:</p> <p>As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."</p> <p>For the requesting provider:</p> <p>As stated in the Sendero Provider Manual effective 7/8/2021, page 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Injectable drugs >\$500 per line item" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No
4724932	OB/GYN	Office	Genetic Testing	Z31.430	<p>The reason for this decision is:</p> <p>Member Reason for the decision:</p> <p>This retrospective request for an out of network provider, NXGEN MDX LLC for genetic testing "Super Panel" (Current Procedural Terminology [CPT®] codes 81220, 81243, 81242 and 81251) ordered by out of network provider, Dr. Amanda Skillern for dates of service August 19, 2021 through November 19, 2021 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>Provider reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
6499848	OB/GYN	Outpatient	Imaging	r10.9	<p>The reason for this decision is:</p> <p>Member Reason:</p> <p>The Sendero Medical Director reviewed the clinical information provided by physician and denied the request for CT scan of abdomen and pelvis, with and without contrast as not medically necessary. The ordering physician failed to provide any current clinical (clinical provided is dated 2/9/2021, order is dated 9/23/2021) and did not provide urinalysis/urine culture and did not provide results of a fecal occult blood test. This decision was made by the Sendero Medical Director using nationally recognized guidelines (InterQual).</p> <p>Provider reason:</p> <p>The requested CT scan of abdomen and pelvis, with and without contrast does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; • Performed in the most cost effective setting required by the patient's condition; • 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 • Not Experimental or Investigational." 	No	No
3819701	Transplant Hepatology	Outpatient	Outpatient Procedure	K70.31	<p>The reason for this decision is:</p> <p>Member Reason:</p> <p>This request for an out of network provider, Dr. Trushar Patel (Transplant Hepatologist) to perform outpatient esophagogastroduodenoscopy (EGD) with esophageal endoscopic dilation at an out of network facility, Integris Baptist Medical Center (in Oklahoma City, OK) has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>Provider reason for this decision is:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "Unless preauthorized by Sendero or part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your Copayment Amount(s) and Maximum Out of Pocket.</p> <p>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</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
3580218	Anesthesiology	Outpatient	Imaging		<p>The reason for this decision is:</p> <p>MEMBER REASON FOR DENIAL:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your doctor requesting an MRI of the lumbar spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.</p> <p>The Sendero Medical Director denied the request for the MRI of the lumbar spine. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual® criteria, the section on Imaging for the Lumbar (or lower) Spine. For us to approve this test, you would have to have at least a lumbar spine x-ray. Depending on results of the x-ray, either conservative treatment for at least six weeks or an MRI may be supported.</p> <p>In the notes from the telemedicine visit with Dr. Jonathan Lee on 9/24/2021 there is no documentation of the duration of your current symptoms, no documentation of any conservative treatment and no mention of a lumbar spine x-ray having been performed.</p> <p>PROVIDER REASON FOR DENIAL:</p> <p>The requested lumbar spine MRI does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; 	No	No
3156531	Physical Therapist	Outpatient	Physical Therapy	M62.9, N94.10	<p>The reason for this decision is:</p> <p>Member reason:</p> <p>Your physician ordered pelvic floor physical therapy for the treatment of vaginismus, a condition that is considered related to a sexual dysfunction. It was denied as not a covered benefit for this condition per your 2021 Sendero Platinum Evidence of Coverage (EOC) see reference below.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>Provider reason:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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.</p>	No	No

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9623481	Nephrology	Outpatient	Transplant Evaluation	E11.21	<p>The reason for this decision is:</p> <p>Member Reason:</p> <p>This request for an out of network provider, University Health Systems San Antonio/ Dr. Suverta Bhayana for evaluation for a kidney transplant has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>Provider reason:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "Unless preauthorized by Sendero or part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your Copayment Amount(s) and Maximum Out of Pocket. 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"</p> <p>IdealCare has contracted in-network providers that can provide the requested service.</p>	No	No
2297413	DPM	Outpatient	DME	M72.2	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>Your physician ordered a custom-made shoe insert (orthotic) for the treatment of plantar fasciitis. It was denied as not a covered benefit for this diagnosis per your 2021 Sendero Platinum Evidence of Coverage (EOC) see reference below.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>PROVIDER REASON:</p> <p>As stated in the 2021 Sendero Platinum Evidence of Coverage pages 34-38:</p> <p>General Exclusions and Limitations</p> <p>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.</p> <p>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</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
5407490	Physical Therapist	Outpatient	Physical Therapy	M25.552, M62.81, M76.02, S33.6XXD	<p>The reason for this decision is:</p> <p>Member reason: As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."</p> <p>Provider reason: As stated in the Sendero Provider Manual effective 7/8/2021, pages 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) – excluding initial evaluation" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No
0388860	Physical Therapist	Outpatient	Physical Therapy	G54.0, M54.6, M62.81, R20.8	<p>The reason for this decision is:</p> <p>Member reason: As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."</p> <p>Provider reason: As stated in the Sendero Provider Manual effective 7/8/2021, pages 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) – excluding initial evaluation" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No
9833619	Urologist	Office	Injectable	N48.6	<p>The reason for this decision is: Member Reason: The requested Xiaflex (penile) injections was denied as not a covered benefit as it was deemed to be treatment for a sexual dysfunction which is not a covered benefit per your 2021 Sendero Evidence of Coverage (EOC) see reference below. Provider Reason: As stated in the 2021 Sendero 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. If a claim is denied as being Experimental or Investigational, you have the right to seek review of the denial by an Independent 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: 14. Sexual dysfunction;</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
2078814	Oncology	Outpatient	Outpatient Procedure	G93.3	<p>Member Reason:</p> <p>This request for a referral to an out of network provider, Dr. Vinay Puduvalli and MD Anderson Cancer Center for lumbar puncture (CPT codes 62270 and 62272), MRI brain (CPT code 70553), laboratory tests (CPT code 80050 general health panel, 80051 electrolyte panel, 80053 comprehensive metabolic panel, and 85025 and 85027 CBC and automated differential), neuropsychological evaluation/testing (CPT codes 98132 and 96133), and follow up visit (CPT code 99214) for dates of service November 29, 2021 through January 29, 2022 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>Provider reason:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p>	No	No
5991059	Neurologist	Outpatient	Injectable	G35	<p>The reason for this decision is:</p> <p>Member Reason:</p> <p>The reason we have denied your request is that Rituximab for the treatment of Multiple Sclerosis is considered experimental and investigational.</p> <p>Provider Reason:</p> <p>As stated in the 2021 Sendero Evidence of Coverage pages 36-40:</p> <p>"General Exclusions and Limitations</p> <p>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>5. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract."</p>	Yes	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
0033932	Endocrinology	Office	Referral Specialist	c73	<p>Member Reason:</p> <p>This request for a referral to an out of network provider, Dr. Naifa Busaidy at MD Anderson for consultation and follow up visits for treatment, total of 15 visits (CPT codes 99205 x3 and 99215 x12) dates of service not provided has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>Provider reason:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p> <p>IdealCare has contracted in-network providers that can provide the requested service.</p>	No	No
0666933	Family Practice	Office	Office Visit	C85.90	<p>The reason for this decision is:</p> <p>Member Reason:</p> <p>This request for a referral to an out of network provider, Dr. Ranjit Nair at MD Anderson for consultation for dates of service November 18, 2021 through November 18, 2022, has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>Provider reason:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
0015693	Orthopedics	Outpatient	Imaging	M51.36	<p>The reason for this decision is:</p> <p>MEMBER REASON FOR DENIAL:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your doctor requesting an MRI of the lumbar spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.</p> <p>The Sendero Medical Director denied the request for the MRI of the lumbar spine. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the October 2021 InterQual criteria, the section on Imaging for the Lumbar (or lower) Spine. In order for us to approve this test, you would have to have at least one of the following types of problems in association with certain types of medical conditions:</p> <ul style="list-style-type: none"> • Significant pain • Neurological symptoms such as tingling or numbness • Reduced function or weakness such as trouble walking or standing • Infection in or around your spine • Tumors in or around your spine • Planning for or recovering from spinal surgery • Ankylosing spondylitis • Scoliosis with additional documentation of degree of curvature <p>In the visit with Dr. Peter Garcia on 11/9/2021 it is noted that you had chief complaint of right hip pain and were a new patient. It is noted that your complaints of right hip pain had persisted for the past 6 weeks that it had increased in severity. He noted that you have always been a very active person. You report that you had previously lived in Mexico and were treated in August with injections of some type to her right knee and low back that seemed to help as well as some therapy which by description was very 'hands on' with manual treatment and massage and that you had been prescribed a medication there with active ingredient that included Diclofenac and several B</p>	No	No
0215924	FNP	Outpatient	DME	M72.2	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>Your physician ordered arch supports (orthotics) for the treatment of plantar fascial fibromatosis. It was denied as not a covered benefit for this diagnosis per your 2021 Sendero Evidence of Coverage (EOC) Consumer Choice Health Benefit Plans see reference below.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>PROVIDER REASON:</p> <p>As stated in the 2021 Sendero Evidence of Coverage Consumer Choice Health Benefit Plans pages 36-40:</p> <p>General Exclusions and Limitations</p> <p>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.</p>	No	No

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7653722	Pulmonologist	Outpatient	DME	G82.51	<p>The reason for this decision is:</p> <p>Member reason:</p> <p>This request for an out of network provider, Sleep Management, LLC dba Viemed to provide cough assist HCPCS code E0482 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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</p> <p>Provider reason:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "Unless preauthorized by Sendero or part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your Copayment Amount(s) and Maximum Out of Pocket. 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"</p> <p>IdealCare has contracted in-network providers that can provide the requested service/durable medical equipment.</p>	No	No
6276467	Facial cosmetic, oral and reconstructive surgeon	Inpatient	Inpatient surgery	M26.06, M26.212, M26.603	<p>The reason for this decision is:</p> <p>Member Reason:</p> <p>This request for an out of network provider, Dr. Randy Sanovich (in Dallas) to perform arthroplasty, TMJ joint with prosthetic joint replacement; coronoidectomy; LeFort 1; 3 or more pieces inpatient at an out of network facility, Medical City Hospital Dallas has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. 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.</p> <p>Provider reason:</p> <p>As stated in the 2021 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "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.</p> <p>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."</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
4355444	FNP	Outpatient	Imaging	m17.11, M25.512, m25.521, m54.6	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the left shoulder. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.</p> <p>The Sendero Medical Director denied the request for the MRI of the left shoulder. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual® criteria, the section on Imaging for the shoulder. For us to approve this test, you would have to have documentation of a condition that supports the requested MRI.</p> <p>In the notes from the November 19, 2021 visit with Sherrita Carter, FNP-C / Advanced Pain Care there is no documentation any specific findings related to the left shoulder, just a diagnosis of pain in left shoulder.</p> <p>PROVIDER REASON:</p> <p>The requested MRI left shoulder does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; 	No	No
5584181	FNP	Outpatient	Imaging	m17.11, M25.512, m25.521, m54.6	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the right knee. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.</p> <p>The Sendero Medical Director denied the request for the MRI of the right knee. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual® criteria, the section on Imaging for the knee. For us to approve this test, you would have to have documentation of a condition that supports the requested MRI.</p> <p>In the notes from the November 19, 2021 visit with Sherrita Carter, FNP-C / Advanced Pain Care there is no documentation any specific findings related to the right knee, just a diagnosis of osteoarthritis right knee.</p> <p>PROVIDER REASON:</p> <p>The requested MRI right knee does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; 	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
2742075	FNP	Outpatient	Imaging	m17.11, M25.512, m25.521, m54.6	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the thoracic spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.</p> <p>The Sendero Medical Director denied the request for the MRI of the thoracic spine. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the October 2021 InterQual® criteria, the section on Imaging for the thoracic (or middle) Spine. For us to approve this test, you would have to have documentation of a condition that supports the requested MRI, not just pain.</p> <p>In the notes from the November 19, 2021 visit with Sherrita Carter, FNP-C / Advanced Pain Care there is no documentation any specific findings related to the thoracic, just a diagnosis of pain in thoracic spine.</p> <p>PROVIDER REASON:</p> <p>The requested thoracic spine MRI does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; 	No	No
2625408	FNP	Outpatient	Imaging	m17.11, M25.512, m25.521, m54.6	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an CT scan of the right elbow. An CT is a medical imaging technique that uses several X-ray images and computer processing to create cross sectional images of the of the body noninvasively.</p> <p>The Sendero Medical Director denied the request for the CT scan of the right elbow. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual® criteria, the section on Imaging for the elbow. For us to approve this test, you would have to have documentation of a condition that supports the requested CT scan.</p> <p>In the notes from the November 19, 2021 visit with Sherrita Carter, FNP-C / Advanced Pain Care there is no documentation any specific findings related to the right elbow, just a diagnosis of pain in right elbow.</p> <p>PROVIDER REASON:</p> <p>The requested CT scan right elbow does not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; 	No	No

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3308696	Physical Therapist	Outpatient	Physical Therapy	M62.838, N50.819	<p>The reason for this decision is:</p> <p>Member reason: As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."</p> <p>Provider reason: As stated in the Sendero Provider Manual effective 7/8/2021, pages 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) – excluding initial evaluation" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."</p>	No	No
0485188	PCP	Outpatient	DME	F84.0, R48.8	<p>The reason for this decision is:</p> <p>MEMBER REASON: Your physician ordered purchase of a Tobii Dynavox i110 with TD Snap language system, durable case and keyguard for use with communicating with others. It was denied as not a covered benefit for this diagnosis per your 2021 Sendero Evidence of Coverage (EOC) Consumer Choice Health Benefit Plans see reference below. Further important information relating to this denial of your request follows: You are responsible for the full cost of Excluded Services. 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.</p> <p>PROVIDER REASON: As stated in the 2021 Sendero Evidence of Coverage Consumer Choice Health Benefit Plans 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.</p>	No	No

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Overturned by an Independent Review Organization
5625606	FNP	Home	Outpatient Test	Z12.11	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The Sendero Medical Director reviewed the clinical information sent in by your provider requesting Cologuard® testing. Cologuard is a screening test that looks for altered DNA and/or blood that could be signs of precancerous growths or colorectal cancer.</p> <p>The Sendero Medical Director denied the request for Cologuard® testing. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual® criteria, the section on Molecular Diagnostics. For us to approve this test, you would have to have no risk factors for developing colorectal cancer.</p> <p>In the notes from the October 26, 2021 visit with Shanna Barry, N.P. there is documentation that your father has a history of colorectal cancer.</p> <p>PROVIDER REASON:</p> <p>The requested Cologuard® testing not meet medical necessity as required by Sendero 2021 Evidence of Coverage page 75, "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"> • In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; • Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; • Not primarily for the convenience of the patient or Healthcare Practitioner; • Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; 	No	No