



# WELLFLEET STUDENT

## 2025 PREAUTHORIZATION STATISTICS FOR CO PLANS

### PURSUANT TO CO H.B. 1211

MEDICAL				
Provider Specialty	Service	Approved / Denied	Reason for denial	Overtured on Appeal (Y)
Radiology	CT Head or Brain	Approved	N/A	N/A
Radiology	CT Maxillofacial Area	Approved	N/A	N/A
Radiology	CT Neck Soft Tissue	Approved	N/A	N/A
Radiology	MRI Orbit, Face, and/or Neck	Approved	N/A	N/A
Radiology	MRI BRAIN (head)	Approved	N/A	N/A
Radiology	MRI BRAIN (head)	Denied	Information Not Received	N/A
Radiology	MRI, Brain	Approved	N/A	N/A
Radiology	CT, Thorax	Approved	N/A	N/A
Radiology	CT Cervical Spine; without contrast material	Denied	Information Not Received	N/A
Radiology	MRI Cervical Spine, (spinal canal and contents)	Denied	Not Medically Necessary	N/A
Radiology	MRI Cervical Spine, (spinal canal and contents)	Approved	N/A	N/A
Radiology	MRI Cervical Spine, (spinal canal and contents)	Approved	N/A	N/A
Radiology	MRI Cervical Spine, (spinal canal and contents)	Denied	Not Medically Necessary	N/A
Radiology	MRI Cervical Spine, (spinal canal and contents)	Denied	Not Medically Necessary	N/A
Radiology	MRI Thoracic Spine, (spinal canal and contents)	Approved	N/A	N/A

Radiology	MRI Thoracic Spine, (spinal canal and contents)	Denied	Information Not Received	N/A
Radiology	MRI Lumbar Spine, (spinal canal and contents)	Denied	Not Medically Necessary	N/A
Radiology	MRI Lumbar Spine, (spinal canal and contents)	Approved	N/A	N/A
Radiology	MRI Lumbar Spine, (spinal canal and contents)	Denied	Not Medically Necessary	N/A
Radiology	MRI Lumbar Spine, (spinal canal and contents)	Approved	N/A	N/A
Radiology	MRI, Cervical; Spinal Canal and Contents	Approved	N/A	N/A
Radiology	MRI, Thoracic; Spinal Canal and Contents	Approved	N/A	N/A
Radiology	MRI, Thoracic; Spinal Canal and Contents	Approved	N/A	N/A
Radiology	MRI, Lumbar; Spinal Canal and Contents	Approved	N/A	N/A
Radiology	MRI, Lumbar; Spinal Canal and Contents	Approved	N/A	N/A
Radiology	MRI PELVIS	Denied	Information Not Received	N/A
Radiology	MRI Upper Extremity, any joint	Approved	N/A	N/A
Radiology	MRI Lower Extremity, other than joint	Approved	N/A	N/A
Radiology	MRI Lower Extremity, other than joint	Approved	N/A	N/A
Radiology	MRI Lower Extremity, any joint	Approved	N/A	N/A
Radiology	MRI Lower Extremity, any joint	Approved	N/A	N/A
Radiology	MRI Lower Extremity, any joint	Approved	N/A	N/A
Radiology	MRI Lower Extremity, any joint	Approved	N/A	N/A
Radiology	CT Abdomen	Approved	N/A	N/A
Radiology	CT Abdomen and Pelvis	Approved	N/A	N/A
Radiology	CT Abdomen and Pelvis	Approved	N/A	N/A
Radiology	CT Abdomen and Pelvis	Approved	N/A	N/A
Radiology	MRI, breast	Approved	N/A	N/A

Internal Medicine	Invitae Primary Immunodeficiency Panel	Denied	Not Medically Necessary	N/A
Internal Medicine	IP General Medicine	Approved	N/A	N/A
Rehabilitation Services	Therapeutic Exercises	Denied	Not Medically Necessary	N/A
Rehabilitation Services	Therapeutic Exercises	Denied	Not Medically Necessary	N/A
Rehabilitation Services	Therapeutic Exercises	Denied	Not Medically Necessary	N/A
Rehabilitation Services	Therapeutic Exercises	Denied	Not Medically Necessary	N/A
Otolaryngology	IP General Medicine	Approved	N/A	N/A
Gastroenterology	IP Stay - Mental Health	Denied	Medical Director Decision	N/A
Gastroenterology	IP Stay - Mental Health	Approved	N/A	N/A
Pediatric Gastroenterology	IP Stay - Mental Health	Denied	Medical Director Decision	N/A
Gastroenterology	IP Stay - Mental Health	Denied	Medical Director Decision	N/A
Gastroenterology	Therapeutic Exercises	Denied	Medical Director Decision	N/A
Gastroenterology	IP Gastroenterology	Denied	Medical Director Decision	N/A
Gastroenterology	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus	Denied	Medical Director Decision	N/A
Gastroenterology	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s),	Denied	Medical Director Decision	N/A

	polyp(s), or other lesion(s) by snare techniqu			
Pain Management	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Approved	N/A	N/A
Pain Management	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	Approved	N/A	N/A
Family Medicine	Initial hospital inpatient or observation care, per day,	Approved	N/A	N/A
Internal Medicine	Initial hospital inpatient or observation care, per day,	Approved	N/A	N/A
Internal Medicine	IP General Medicine	Denied	Medical Director Decision	N/A
Mental Health	IP Stay - Mental Health	Approved	N/A	N/A
Mental Health	IP Stay - Mental Health	Approved	N/A	N/A
Mental Health	IP Stay - Mental Health	Approved	N/A	N/A
Mental Health	IP Stay - Mental Health	Approved	N/A	N/A
Rehabilitation Services	Theraputic Exercises	Approved	N/A	N/A
IP Gastroenterology	IP Gastroenterology	Approved	N/A	N/A

**PHARMACY**

<b>Provider Specialty</b>	<b>MEDICATION</b>	<b>Approved / Denied</b>	<b>Reason for denial</b>	<b>Overtured on Appeal</b>
Family Medicine	AUVELITY	Approved	N/A	N/A
Dermatology	CABTREG	Approved	N/A	N/A
Dermatology	DUPIXENT PEN	Approved	N/A	N/A
Dermatology	DUPIXENT SYRINGE	Approved	N/A	N/A
Internal Medicine	FARXIGA	Approved	N/A	N/A
Mental Health	FLUOXETINE HCL	Approved	N/A	N/A
OB/GYN	FOLLISTIM AQ	Denied	Medical Necessity	N/A
Endocrinology	FREESTYLE LIBRE 3 PLUS SENSOR	Approved	N/A	N/A
Neurology	FROVATRIPTAN SUCCINATE	Approved	N/A	N/A

OB/GYN	GANIRELIX ACETATE	Denied	Medical Necessity Not Established	N/A
Dermatology	ISOTRETINOIN	Approved	N/A	N/A
Endocrinology	JANUMET XR	Approved	N/A	N/A
OB/GYN	LEUPROLIDE ACETATE	Denied	Medical Necessity Not Established	Yes
OB/GYN	MENOPUR	Denied	Medical Necessity Not Established	Yes
Optometrist	MIEBO	Approved	N/A	N/A
Orthopaedic	MONOVISC	Approved	N/A	N/A
Family Medicine	NUVARING	Approved	N/A	N/A
Dermatology	OPZELURA	Approved	N/A	N/A
Pain Management	OXYCODONE HCL	Approved	N/A	N/A
Pain Management	OXYCODONE-ACETAMINOPHEN	Approved	N/A	N/A
Family Medicine	OZEMPIC	Denied	Medical Necessity	N/A
OB/GYN	PREGNYL	Denied	Medical Necessity Not Established	N/A
Dermatology	QBREXZA	Approved	N/A	N/A
Optometrist	RESTASIS	Approved	N/A	N/A
Physician Assistant	SKYRIZI PEN	Approved	N/A	N/A
Family Medicine	TESTOSTERONE CYPIONATE	Approved	N/A	N/A
Pediatrician	USTEKINUMAB-TTWE	Approved	N/A	N/A
Mental Health	VILAZODONE HCL	Approved	N/A	N/A
Dermatology	WINLEVI	Approved	N/A	N/A
Dermatology	WINLEVI	Denied	Medical Necessity	N/A
Optometrist	XDEMY	Approved	N/A	N/A
Gastroenterology	XIFAXAN	Approved	N/A	N/A
Psychology and Nuerology	XYWAV	Approved	N/A	N/A
Internal Medicine	XYWAV	Denied	Medical Necessity	N/A

Family Medicine	ZEPBOUND	Approved	N/A	N/A
Family Medicine	ZEPBOUND	Denied	Medical Necessity	N/A