



**2025 Prior Authorization Requests**

**Pursuant to NJ A.B. 1255**

**MEDICAL**

<b>PROVIDER SPECIALTY</b>	<b>MEDICATION, TEST OR PROCEDURE</b>	<b>INDICATION OFFERED (DX)</b>	<b>APPROVED or DENIED</b>	<b>DENIAL REASON</b>	<b>APPEAL (Y)</b>	<b>APPEAL UPHELD (U) OR REVERSED (R)</b>	<b>TAT</b>
Radiology	CT Neck Soft Tissue - with contrast material(s)	Localized swelling, mass and lump, neck	Approved	N/A	N	N/A	4
Radiology	CT Neck Soft Tissue - without contrast followed by contrast material(s) and further sections	Localized swelling, mass and lump, neck	Denied	Not Medically Necessary	N	N/A	2
Radiology	CTA Neck - with contrast, including noncontrast images, if performed, and image post-processing	New daily persistent headache (NDPH)	Approved	N/A	N	N/A	0
Radiology	MRA Head - without contrast material(s), followed by contrast material(s) and further sequences	Headache, unspecified	Denied	Not Medically Necessary	N	N/A	44
Radiology	MRA Head - without contrast material(s), followed by contrast	Headache, unspecified	Approved	N/A	N	N/A	0



	material(s) and further sequences						
Radiology	MRI Brain - without contrast	Demyelinating disease of central nervous system, unspecified	Approved	N/A	N	N/A	1
Radiology	MRI Brain - without contrast	Other visual disturbances	Approved	N/A	N	N/A	0
Radiology	MRI Brain - without contrast material, followed by contrast material(s) and further sequences	Vestibular neuronitis, left ear	Approved	N/A	N	N/A	0
Radiology	MRI Cervical Spine, (spinal canal and contents) - without contrast material	Demyelinating disease of central nervous system, unspecified	Approved	N/A	N	N/A	1
Radiology	MRI Thoracic Spine, (spinal canal and contents) - without contrast material	Demyelinating disease of central nervous system, unspecified	Approved	N/A	N	N/A	1
Radiology	MRI Lumbar (spinal canal and contents) - without contrast material	Other chronic pain	Approved	N/A	N	N/A	10
Radiology	MRI Lower Extremity, other than joint - without contrast material(s)	Unspecified injury of right foot, initial encounter	Denied	Not Medically Necessary	N	N/A	47

Radiology	MRI Any Joint of Lower Extremity - without contrast material	Benign neoplasm of connective and other soft tissue of right lower limb, including hip	Approved	N/A	N	N/A	0
Radiology	MRI Any Joint of Lower Extremity - without contrast material	Pain in left knee	Approved	N/A	N	N/A	0
Radiology	MRI Any Joint of Lower Extremity - without contrast material	Strain of right Achilles tendon, subsequent encounter	Approved	N/A	N	N/A	0
Radiology	MRI Any Joint of Lower Extremity - without contrast material	Strain of right Achilles tendon, subsequent encounter	Approved	N/A	N	N/A	0
Radiology	MRI Abdomen - without contrast material(s), followed by with contrast material(s) and further sequences	Liver disease, unspecified	Approved	N/A	N	N/A	4
Radiology	MRI Breast - without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic	Unspecified lump in the left breast, unspecified quadrant	Approved	N/A	N	N/A	53



# WELLFLEET STUDENT

	analysis), when performed; bilateral						
Radiology	MRI Breast - without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Unspecified lump in the left breast, unspecified quadrant	Denied	Not Medically Necessary	N	N/A	4
Radiology	PET - with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh	Neoplasm of unspecified behavior of brain	Approved	N/A	N	N/A	3
Radiology	Echocardiography, transthoracic, includes M-mode recording when performed, during rest and CV stress test using treadmill, bicycle and/or pharmacologically induced stress; including performance of continuous ECG monitoring, with physician supervision	Shortness of breath	Approved	N/A	N	N/A	0

Radiology	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Transsexualism	Approve	N/A	N	N/A	7
Radiology	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Transsexualism	Approve	N/A	N	N/A	7
Radiology	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	Transsexualism	Approve	N/A	N	N/A	7
Plastic Surgery	Free muscle or myocutaneous flap with microvascular anastomosis	Transsexualism	Approve	N/A	N	N/A	7
Plastic Surgery	Free fascial flap with microvascular anastomosis	Transsexualism	Approve	N/A	N	N/A	7
Plastic Surgery	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Transsexualism	Approve	N/A	N	N/A	7

Plastic Surgery	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Transsexualism	Approve	N/A	N	N/A	7
Plastic Surgery	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	Transsexualism	Approve	N/A	N	N/A	7
Dermatology	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Congenital non-neoplastic nevus	Approve	N/A	N	N/A	6
Emergency Medicine	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous, Radiofrequency; First Vein Treated	Varicose veins of bilateral lower extremities with other complication	Approved	N/A	N	N/A	5
Gastroenterology	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of	Dysphagia, unspecified	Approve	N/A	N	N/A	8

	specimen(s) by brushing or washing, when performed (separate procedure)						
Gastroenterology	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Dysphagia, unspecified	Denied	Medical Director Decision	N	N/A	8
Plastic Surgery	Aspiration of bladder; with insertion of suprapubic catheter	Transsexualism	Approve	N/A	N	N/A	7
Plastic Surgery	Cystourethroscopy (separate procedure)	Transsexualism	Approve	N/A	N	N/A	7
Plastic Surgery	Urethroplasty, 1-stage reconstruction of male anterior urethra	Transsexualism	Approve	N/A	N	N/A	4
Plastic Surgery	Intersex surgery; female to male	Transsexualism	Approve	N/A	N	N/A	7
Plastic Surgery	Unlisted procedure, female genital system (nonobstetrical)	Transsexualism	Approve	N/A	N	N/A	7
IP Oncology	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	Malignant neoplasm of brain, unspecified	Approve	N/A	N	N/A	0
Internal Medicine	Radiopharmaceutical therapy, by oral administration	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	Approve	N/A	N	N/A	6

Genetic Counselor	Genetic Testing	Family history of carrier of genetic disease	Denied	Not Medically Necessary	N	N/A	6
Observation	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient,	Hypo-osmolality and hyponatremia	Approve	N/A	N	N/A	0
Observation	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient,	Retention of urine, unspecified	Approve	N/A	N	N/A	0
Observation	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient,	Dizziness and giddiness	Approve	N/A	N	N/A	0
Family Medicine	Injection - Eptinezumab	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Director Decision	Y	Overturned	5
Family Medicine	Injection - Eptinezumab	Chronic migraine with aura, not intractable, without status migrainosus	Approve	N/A	N	N/A	93
IP Orthopaedic	IP Orthopaedic	Radiculopathy, lumbar region	Approve	N/A	N	N/A	3



IP Endocrinology	IP Stay - Mental Health	Major depressive disorder, recurrent severe without psychotic features	APPROVED	N/A	N	N/A	0
IP Neurology	IP Stay - Mental Health	Major depressive disorder, recurrent severe without psychotic features	APPROVED	N/A	N	N/A	0
IP Endocrinology	IP Endocrinology	Hypo-osmolality and hyponatremia	Denied	Medical Director Decision	N	N/A	1
IP Neurology	IP Neurology	Other specified disorders of brain	Approve	N/A	N	N/A	2
IP Obstetrician	IP Obstetrician	Other apnea of newborn	Approve	N/A	N	N/A	6
<b>The average median time elapsed between a request for clinical records from the requesting health care provider and receipt of adequate clinical records to complete the prior authorization:</b>							2
<b>The number of appeals generated for cases denied in which there was inadequate or no prior clinical information:</b>							0
<b>PHARMACY</b>							



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Dermatology	ARAZLO	Fungal Acne	Approved	N/A	N	N/A	0
Clinical Neurophysiology	BOTOX	Migraines	Approved	N/A	N	N/A	0
Otolaryngology	CELECOXIB	NSAID	Denied	Medical Neccessity	Y	R	1
Endocrinology	CONTOUR NEXT TEST STRIP	Diabetes	Approved	N/A	N	N/A	0
Optometry	CYCLOSPORINE	Immunosuppres sant	Approved	N/A	N	N/A	0
Family Medicine	DESVENLAFAXINE ER	Antidepressant	Approved	N/A	N	N/A	0
Allergy & Immunology	DUPIXENT PEN	COPD	Approved	N/A	N	N/A	0
Neurology	EMGALITY PEN	Cluster Headaches	Approved	N/A	N	N/A	0
Rheumatology	ENBREL SURECLICK	Arthritis	Approved	N/A	N	N/A	0
Internal Medicine	EOHILIA	Eosinophilic Esophagitis	Denied	Medical Neccessity	N	N/A	0
Psychiatrist	FLUOXETINE HCL	Depression	Approved	N/A	N	N/A	0
Pediatrics	FREESTYLE LIBRE 3 SENSOR	Diabetes	Approved	N/A	N	N/A	0
Family Medicine	LITFULO	Alopecia	Denied	Medical Neccessity	Y	U	2
Internal Medicine	MOUNJARO	Diabetes	Approved	N/A	N	N/A	0
Optometry	OXERVATE	Neurotrophic Keratitis	Denied	Medical Neccessity	Y	R	3
Optometry	OXERVATE	Neurotrophic Keratitis	Approved	N/A	N	N/A	0
Physician Assistant	OXYCODONE HCL	Pain	Approved	N/A	N	N/A	0



Family Medicine	OZEMPIC	Diabetes	Denied	Medical Neccessity	N	N/A	0
Internal Medicine	OZEMPIC	Diabetes	Approved	N/A	N	N/A	0
Psychiatrist	SPRAVATO	Antidepressant	Approved	N/A	N	N/A	0
Physician Assistant	SYMBRAVO	Migraines	Approved	N/A	N	N/A	0
Urology	TESTOSTERONE	Horomone Therapy	Approved	N/A	N	N/A	0
Endocrinology	TESTOSTERONE CYPIONATE	Horomone Therapy	Approved	N/A	N	N/A	0
Psychiatry	TRINTELLIX	Antidepressant	Approved	N/A	N	N/A	0
Physician Assistant	TRUDHESA	Migraines	Approved	N/A	N	N/A	0
Physician Assistant	UBRELVY	Migraines	Approved	N/A	N	N/A	0
Psychiatry	VYVANSE	ADHD	Approved	N/A	N	N/A	0
Psychiatry	VYVANSE	ADHD	Denied	Medical Neccessity	N	N/A	0
Internal Medicine	WEGOBY	Anti-Obesity	Approved	N/A	N	N/A	0
Dermatology	WINLEVI	Acne	Approved	N/A	N	N/A	0
Neurology	ZAVZPRET	Migraines	Approved	N/A	N	N/A	0
Family Medicine	ZEPBOUND	Anti-Obesity	Approved	N/A	N	N/A	0
Family Medicine	ZEPBOUND	Anti-Obesity	Denied	Medical Neccessity	N	N/A	0
<b>The average median time elapsed between a request for clinical records from the requesting health care provider and receipt of adequate clinical records to complete the prior authorization:</b>							0
<b>The number of appeals generated for cases denied in which there was inadequate or no prior clinical information:</b>							0