



# CHIP 2024 Prior Authorization Determinations

Treatment Type	Approved	Denied	Partially Approved	Void	Grand Total
ABA	6	3		2	11
Acute Psychiatric Inpatient	21	1	2	1	25
Admission	16	7		6	29
Ambulance	1				1
DME	96	9		25	130
Genetic Testing	504	51	134	51	740
Home Care	1				1
Hospital-Outpatient	9	1		4	14
IOP	3				3
Laboratory	70	4	9	10	93
Maternity	45	3	3	9	60
Medical	448	41	11	54	554
Newborn	1	1			2
Observation				1	1
Occupational Therapy	99	2	1	6	108
Office Visit	2			1	3
Pediatric	36	3	1	1	41
Pediatric Intensive Care Unit	2				2
Pharmaceutical	12			3	15
Physical Therapy	104		1	7	112
Private Duty Nursing	1				1
Psychiatric	12	1	1		14
Psychological Testing	1	1			2
Radiology	268	11	2	20	301
Speech Therapy	316	19	9	27	371
Substance Abuse Rehabilitation			1		1
Surgical	137	1	1	14	153
Therapy	1				1
Transplant	1				1
<b>Grand Total</b>	<b>2213</b>	<b>159</b>	<b>176</b>	<b>242</b>	<b>2790</b>