



Medical Overview by Prior Authorization Approval or Denial 1st Quarter 2019

Specialty	Procedure	Diagnosis	Determination	Reason for denial
Pediatric Dentistry	Anesthesia and Outpatient Services	Down's Syndrome	Approved	N/A
Pediatric Dentistry	Anesthesia and Outpatient Services	5 Year old / unable to cooperate	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, anovulation	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, cervical stenosis	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, endometriosis	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, endometriosis	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, genetic history	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, genetic history	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, genetic history	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, genetic history	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A

Specialty	Procedure	Diagnosis	Determination	Reason for denial
Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / tubal ligation	Denied	Benefit Certificate / Exclusion
Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / tubal ligation	Denied	Benefit Certificate / Exclusion
Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / vasectomy	Denied	Benefit Certificate / Exclusion
Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / vasectomy	Denied	Benefit Certificate / Exclusion
Pulmonology	Medication - Benralizumab	Severe persistent asthma	Approved	N/A
Pulmonology	Medication - Nucala	Severe Eosinophilic Asthma	Approved	N/A
Pulmonology	Medication - Nucala	Severe persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Severe persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Severe persistent asthma	Approved	N/A
Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Berinert	Hereditary Angioedema	Denied	Coverage Policy / CMD
Rheumatology	Medication - Krystexxa	Gout	Denied	Coverage Policy / CMD
Rheumatology	Medication - Krystexxa	Gout	Denied	Coverage Policy / CMD
Hematology / Oncology	Medication - Soliris	Atypical Uremic Syndrome	Denied	Coverage Policy / CMD
Dermatology	Medication - Soliris	Thermal or cholinergic urticaria	Denied	Coverage Policy / CMD
Family Practice	Medication - Xolair	Severe allergic asthma	Denied	Coverage Policy / CMD
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A

Specialty	Procedure	Diagnosis	Determination	Reason for denial
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Approved	N/A
General Surgery	Gastric Procedure	Severe reflux	Approved	N/A
General Surgery	Gastric Procedure	Severe reflux	Approved	N/A
General Surgery	Gastric Procedure	Severe reflux, vomiting, dysphagia	Approved	N/A
General Surgery	Gastric Procedure	Morbid Obesity	Denied	Coverage Policy / CMD
General Surgery	Gastric Procedure	Morbid Obesity	Denied	Coverage Policy / CMD
General Surgery	Gastric Procedure	Morbid Obesity	Denied	Coverage Policy / CMD
Obstetrics & Gynecology	Infertility Services	Infertility, anovulation	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, anovulation	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, recurrent pregnancy loss	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, cervical stenosis	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, diminished ovarian reserve / RPL	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, diminished ovarian reserve	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility, diminished ovarian reserve	Approved	N/A

Specialty	Procedure	Diagnosis	Determination	Reason for denial
Reproductive Endocrinology	Infertility Services	Infertility - male factor	Denied	Coverage Policy / CMD
Reproductive Endocrinology	Infertility Services	Infertility, unspecified / OON request	Denied	Benefit Certificate / Exclusion
Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / tubal ligation	Denied	Benefit Certificate / Exclusion
Reproductive Endocrinology	Infertility Services	Infertility, has remaining embryo in storage	Denied	Benefit Certificate / Exclusion
Allergy / Immunology	Medication - Fasenna	Allergic moderate persistent asthma	Approved	CMD
Allergy / Immunology	Medication - Haegarda	Hereditary Angioedema	Approved	CMD
Allergy / Immunology	Medication - Haegarda	Hereditary Angioedema	Approved	CMD
Allergy / Immunology	Medication - Nucala	Moderate persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Chronic urticaria / Angioedema	Approved	N/A
Allergy / Immunology	Medication - Xolair	Chronic idiopathic urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Chronic idiopathic urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic urticaria	Approved	CMD / Peer to Peer
Allergy / Immunology	Medication - Xolair	Severe Persistent Asthma	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Asymetry of breasts	Denied	Coverage Policy / CMD
DME Provider	DME - BIPAP	Obstructive sleep apnea	Approved	N/A
DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
DME Provider	DME - Home ventilator	Muscular Dystrophy	Approved	N/A
DME Provider	DME - Home ventilator	Muscular Dystrophy	Approved	N/A
DME Provider	DME - Oxygen, concentrator	Obstructive sleep apnea	Approved	N/A
DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
DME Provider	DME - Oral Appliance	Obstructive sleep apnea	Denied	Coverage Policy / CMD
DME Provider	DME - Oral Appliance	Obstructive sleep apnea	Denied	Coverage Policy / CMD