

Medical Overview by Prior Authorization Approval or Denial 3rd Quarter 2018

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	Acute situational anxiety	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	Acute situational anxiety	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	ADHD / dental anxiety	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	Autism	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	Cerebral palsy / intellectual disabilities	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	Young age, unable to cooperate (2 years old)	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, endometriosis	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, endometriosis	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, male factor	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, male factor	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, male factor	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, ovulatory dysfunction	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, ovulatory dysfunction / male factor	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, tubal factor	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, tubal factor	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unexplained	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Approved	N/A
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, tubal factor	Denied	Coverage Policy / CMD
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Denied	Coverage Policy / CMD
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Denied	Coverage Policy / CMD
ABC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Denied	Coverage Policy / CMD
ABC	Reproductive Endocrinology	Infertility Services	Infertility, genetic	Denied	Coverage Policy / CMD
ABC	Reproductive Endocrinology	Infertility Services	Infertility, male factor / lymphoma	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / tubal ligation	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / vasectomy	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified / single	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	Same-sex relationship	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	3 live births	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	3 live births	Denied	Exclusion
ABC	Reproductive Endocrinology	Infertility Services	3 live births	Denied	Exclusion
ABC	Neurology	Medication - Lemtrada	Multiple Sclerosis	Approved	N/A
ABC	Allergy / Immunology	Medication - Nucala	Severe persistent asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Nucala	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Nucala	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Nucala	Severe persistent asthma	Approved	N/A
ABC	Nephrology	Medication - Soliris	Atypical Hemolytic Uremic Syndrome	Approved	N/A
ABC	Hematology	Medication - Soliris	Paroxysmal nocturnal hemoglobinuria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair		Approved	N/A
ABC	Pulmonology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Moderate persistent asthma	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Pulmonology	Medication - Xolair		Approved	N/A
ABC	Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Chronic Urticaria	Approved	N/A
ABC	Pulmonology	Medication - Fasentra	Severe persistent asthma	Denied	Coverage Policy / CMD
ABC	Otolaryngology	Medication - Nucala	Asthma	Denied	Coverage Policy / CMD
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Denied	Coverage Policy / CMD
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Cancer	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	General Surgery	Gastric Procedure	Morbid Obesity	Denied	Exclusion
ABC	General Surgery	Gastric Procedure	Morbid Obesity	Denied	Exclusion
ABC	General Surgery	Gastric Procedure	Morbid Obesity	Denied	Exclusion
ABC	DME Provider	DME - Insulin Pump	Type 1 IDDM	Approved	N/A
ABC	DME Provider	DME - Oscillating Device	Cystic Fibrosis	Approved	N/A
EXC	Pediatric Dentistry	Anesthesia and Outpatient Services	Severe dental anxiety / uncooperative / 4 years old	Approved	N/A
EXC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
EXC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
EXC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
EXC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
EXC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
EXC	Obstetrics & Gynecology	Infertility Services	Infertility, unspecified	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, endometriosis	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, endometriosis	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, genetic	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, low ovarian reserve	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, premature ovarian failure	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, tubal factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, tubal factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, tubal factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, tubal factor	Approved	N/A
EXC	Reproductive Endocrinology	Infertility Services	Infertility, tubal factor	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Denied	Coverage Policy / CMD
EXC	Reproductive Endocrinology	Infertility Services	Recurrent Pregnancy Loss	Denied	Coverage Policy / CMD
EXC	Reproductive Endocrinology	Infertility Services	Perimenopausal, 45 years old	Denied	Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Infertility, Unspecified, Single	Denied	Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Infertility, Unspecified, Single	Denied	Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Infertility, Unspecified, Single	Denied	Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Infertility, Unspecified, Single	Denied	Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / tubal ligation	Denied	Exclusion
EXC	Pulmonology	Medication - Fasenra	Eosinophil Asthma	Approved	N/A
EXC	Allergy / Immunology	Medication - C1 Esterase Inhibitor	Hereditary Angioedema	Approved	N/A
EXC	Neurology	Medication - Lemtrada	Multiple Sclerosis	Approved	N/A
EXC	Pulmonology	Medication - Nucala	Severe persistent asthma	Approved	N/A
EXC	Pulmonology	Medication - Nucala	Severe Persistent Asthma	Approved	N/A
EXC	Pulmonology	Medication - Nucala	Severe Persistent Asthma	Approved	N/A
EXC	Pulmonology	Medication - Nucala	Severe Persistent Asthma	Approved	N/A
EXC	Pediatric Nephrology	Medication - Soliris	C3 Glomerulopathy	Approved	N/A
EXC	Hematology / Oncology	Medication - Soliris	Hemolytic Uremic Syndrome	Approved	N/A
EXC	Hematology / Oncology	Medication - Soliris	Paroxysmal Nocturnal Hemoglobinuria	Approved	N/A
EXC	Hematology / Oncology	Medication - Soliris	Paroxysmal Nocturnal Hemoglobinuria	Approved	N/A
EXC	Hematology / Oncology	Medication - Soliris	Paroxysmal Nocturnal Hemoglobinuria	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Chronic idiopathic urticaria	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Chronic Idiopathic Urticaria	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Moderate Persistent Asthma	Approved	N/A
EXC	Pulmonology	Medication - Xolair	Severe Persistent Asthma	Approved	N/A
EXC	Pulmonology	Medication - Xolair	Severe Persistent Asthma	Approved	N/A
EXC	Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
EXC	Pulmonology	Medication - Xolair	Unspecified Asthma	Approved	N/A
EXC	Allergy / Immunology	Medication - Fasenra	Moderate persistent asthma	Denied	Coverage Policy / CMD
EXC	Allergy / Immunology	Medication - Fasenra	Severe persistent asthma	Denied	Coverage Policy / CMD
EXC	Allergy / Immunology	Medication - Fasenra	Severe persistent asthma / Eosinophilic asthma	Denied	Coverage Policy / CMD
EXC	Dermatology	Medication - Xolair	Autoimmune Urticaria	Denied	Coverage Policy / CMD
EXC	Pulmonology	Medication - Xolair	Moderate persistent asthma	Denied	Coverage Policy / CMD
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
EXC	DME Provider	DME - BIPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - CPAP	Obstructive sleep apnea	Approved	N/A
EXC	DME Provider	DME - Lumbar Sacral Orthosis	Back Pain	Approved	N/A
EXC	DME Provider	DME - Manual Wheelchair	Gangrene with amputation of left toes	Approved	N/A
EXC	DME Provider	DME - Manual Wheelchair	Paraplegia	Approved	N/A
EXC	DME Provider	DME - Manual Wheelchair	Prostate Cancer	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	DME Provider	DME - Manual Wheelchair	Prostate Cancer with Mets	Approved	N/A
EXC	DME Provider	DME - Oxygen, continuous	COPD	Approved	N/A
EXC	DME Provider	DME - Power Wheelchair	Cerebral Palsy	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, abdominal	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, buttock	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, chest	Approved	N/A
EXC	DME Provider	DME - Wound VAC	wound, head	Approved	N/A
EXC	DME Provider	DME - Wound VAC	wound, knee	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, left foot	Approved	N/A
EXC	DME Provider	DME - Wound VAC	Wound, left foot	Approved	N/A
EXC	DME Provider	DME - Wound VAC	wound, right cervical	Approved	N/A
EXC	DME Provider	DME - Wound VAC	wound, right groin	Approved	N/A
EXC	DME Provider	DME - Wound VAC	wound, right groin	Approved	N/A
EXC	DME Provider	DME - Wound VAC	wound, right lateral foot	Approved	N/A
EXC	DME Provider	DME - Wound VAC	wound, sacral	Approved	N/A
EXC	DME Provider	DME - Bone Growth Stimulator	Cervicalgia	Denied	Exclusion
EXC	DME Provider	DME - Bone Growth Stimulator	Cervical stenosis with myelopathy	Denied	Exclusion
EXC	DME Provider	DME - Bone Growth Stimulator	Cervical stenosis with radiculopathy	Denied	Exclusion
EXC	DME Provider	DME - Bone Growth Stimulator	Scapula fracture	Denied	Exclusion
EXC	DME Provider	DME - Hospital Bed	Cervical radiculopathy	Denied	Exclusion
EXC	DME Provider	DME - Hospital Bed	Gangrene with amputation of left toes	Denied	CMD / Exclusion
EXC	DME Provider	DME - Hospital Bed	Lumbosacral disc degeneration	Denied	Exclusion
EXC	DME Provider	DME - Insulin pump	IDDM with hyperglycemia	Denied	Coverage Policy / CMD