

Medical Overview by Prior Authorization Approval or Denial 4th Quarter 2018

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	2 Year old / unable to cooperate	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	5 Year old / unable to cooperate	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	5 Year old / unable to cooperate	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	6 Year old / unable to cooperate	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	7 Year old / unable to cooperate	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	7 Year old / unable to cooperate	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	7 Year old / unable to cooperate	Approved	N/A
ABC	Pediatric Dentistry	Anesthesia and Outpatient Services	Cerebral Palsy	Approved	N/A
ABC	DME Provider	DME - Ultraviolet light therapy system	Polymorphous	Approved	N/A
ABC	DME Provider	DME - Pneumatic Compression Device	Lymphedema	Approved	N/A
ABC	DME Provider	DME - Pneumatic Compression Device	Lymphedema	Approved	N/A
ABC	Speech Therapist	DME-TheraBite Jaw Motion Rehab Sys.	Trismus and dysphagia	Denied	Benefit Certificate / CMD
ABC	Diagnostic Radiology	Infertility Services	Infertility, unexplained	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, male 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, unexplained	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	Approved	N/A
ABC	Reproductive Endocrinology	Infertility Services	Infertility, anovulation	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, unexplained	Denied	Benefit Certificate / Exclusion
ABC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Denied	Benefit Certificate / Exclusion
ABC	Reproductive Endocrinology	Infertility Services	3 live births	Denied	Benefit Certificate / Exclusion
ABC	Reproductive Endocrinology	Infertility Services	Infertility, male factor	Denied	Coverage Policy / CMD
ABC	Allergy / Immunology	Medication - Nucala	Asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Nucala	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Nucala	Eosinophilic 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	Pulmonology	Medication - Nucala	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Nucala	Severe persistent asthma	Approved	N/A
ABC	Neurology	Medication - Soliris	Multiple Sclerosis	Approved	N/A
ABC	Neurology	Medication - Soliris	Multiple Sclerosis	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Moderate persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Pulmonology	Medication - Xolair	Severe persistent asthma	Approved	N/A
ABC	Allergy / Immunology	Medication - Berinert	Hereditary Angioedema	Denied	Coverage Policy / CMD
ABC	Allergy / Immunology	Medication - Fasenra	Severe persistent asthma	Denied	Coverage Policy / CMD
ABC	Allergy / Immunology	Medication - Fasenra	Severe persistent asthma	Denied	Coverage Policy / CMD
ABC	Allergy / Immunology	Medication - Fasenra	Severe persistent asthma	Denied	Coverage Policy / CMD
ABC	Neurology	Medication - Soliris	Multiple Sclerosis	Denied	Coverage Policy / CMD
ABC	Neurology	Medication - Soliris	Multiple Sclerosis	Denied	Coverage Policy / CMD
ABC	Pulmonology	Medication - Nucala	Severe persistent asthma / cystic fibrosis	Denied	Coverage Policy / CMD
ABC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
EXC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Denied	Benefit Certificate / Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Denied	Benefit Certificate / Exclusion
EXC	Reproductive Endocrinology	Infertility Services	3 live births	Denied	Benefit Certificate / Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Male Factor	Denied	Coverage Policy / CMD
EXC	Reproductive Endocrinology	Infertility Services	Infertility, unspecified	Denied	Coverage Policy / CMD
EXC	Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / tubal ligation	Denied	Benefit Certificate / Exclusion
EXC	Reproductive Endocrinology	Infertility Services	Infertility, voluntary sterilization / tubal ligation	Denied	Benefit Certificate / Exclusion
EXC	Neurology	Medication - Soliris	Multiple Sclerosis	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Idiopathic urticaria	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Idiopathic urticaria	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Severe Persistent Asthma	Approved	N/A
EXC	Allergy / Immunology	Medication - Xolair	Idiopathic 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
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	Gender Dysphoria	Denied	Coverage Policy / CMD
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Gender Dysphoria	Denied	Coverage Policy / CMD
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Gender Dysphoria	Denied	Coverage Policy / CMD
EXC	Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Denied	Benefit Certificate / Exclusion
EXC	DME Provider	DME - BIPAP	Obstructive sleep apnea	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 - High Low Seating System	Cerebral Palsy	Approved	N/A
EXC	DME Provider	DME - Oxygen, continuous	CHF	Approved	N/A
EXC	DME Provider	DME - Oxygen, continuous	COPD	Approved	N/A
EXC	DME Provider	DME - Tilt in Space Wheelchair	Cerebral Palsy	Approved	N/A

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
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 - Oscillatory Device	Cystic Fibrosis	Denied	Coverage Policy / CMD
EXC	General Surgery	Gastric Procedure	Morbid Obesity	Denied	Benefit Certificate / Exclusion
EXC	General Surgery	Gastric Procedure	Morbid Obesity	Denied	Benefit Certificate / Exclusion