



Medical Overview by Prior Authorization Approval or Denial 1st Quarter 2022

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	General Surgery	43775	Obesity	Denied	Benefit Certificate Exclusion
HA	Plastic and Reconstructive Surgery	19303, 19350	Gender dysphoria	Approved	
HA	Infusion Therapy	B4088, B9002, B4035, B9998	Cleft lip and palate, dysphagia	Approved	
HA	Rheumatology	J0490	SLE	Denied	CMD
HA	Rheumatology	J0490	SLE	Approved	
HA	Rheumatology	J3590/Saphnelo	Lupus	Approved	
HA	Rheumatology	Q5104, 96413, 96415	RA	Approved	
HA	Plastic and Reconstructive Surgery	19318	Breast Hypertrophy	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Hypertrophy of Breast	Approved	
HA	Plastic and Reconstructive Surgery	19318	Breast Hypertrophy	Approved	
HA	Infusion Therapy	B4152, B4155, B4035, B9998	Aphagia	Denied	CMD
HA	Obstetrics and Gynecology	Infertility Dx Testing	Infertility	Approved	
HA	Allergy Immunology	J2357	CIU	Approved	
HA	Plastic and Reconstructive Surgery	19318	Breast Hypertrophy	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19303, 19350	Gender Dysphoria	Denied	CMD
HA	Plastic and Reconstructive Surgery	19318	Breast Hypertrophy	Approved	
HA	Endocrinology	J3111, 96372	Osteoporosis	Denied	CMD
HA	Rheumatology	J3111, 96372	Osteoporosis	Denied	CMD
HA	Gastroenterology	J3357	Crohns	Approved	
HA	Pediatric Denistry	,00170	Dental Rehabilitation	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Denied	CMD