

Medical Overview by Prior Authorization Approval or Denial 3rd Quarter 2021

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|------------------------------------|---|---------------|-------------------|
| HA | Pediatric Dentistry | ,00170 | Autism and severe situational anxiety | Approved | |
| HA | Infusion Therapy | B4152, B4036, E0776 | Malignant Neoplasm of oropharynx | Apprproved | |
| HA | Allergy & Immunology | J2357 (Xolair) | Chronic Idiopathic Urticaria | Denial | CMD |
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| HA | Plastic & Reconstructive Surgery | 19318 (bilateral) | Macromastia | Approved | |
| HA | Plastic & Reconstructive Surgery | 19318-50 | Macromastia | Apprproved | |
| HA | Allergy & Immunology | J2357 Xolair | Chronic Idiopathic Urticaria | Denial | CMD |
| HA | Allergy & Immunology | J2357 Xolair | Asthma | Approved | |
| HA | Dentistry | ,00170 | Dental caries | Approved | |
| HA | Infusion Therapy | B4152 | Malignant neoplasm of oropharynx | Approved | |
| HA | DME Provider | B4153, B4035, B9002, B9998, B4088 | Dysphagia | Approved | |
| HA | Infusion Therapy | B4152, B4036 | Dysphagia | Apprproved | |
| HA | Obstetrics & Gynecology | Infertility Dx Testing | Infertility | Denial | CMD |
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |
| HA | Plastic and Reconstructive Surgery | 19318 | Hypertrophy of Breast | Approved | |
| HA | Plastic and Reconstructive Surgery | 19318 | Macromastia | Apprproved | |
| HA | Plastic & Reconstructive Surgery | 19318 (bilateral breast reduction) | Breast Hypertrophy / Left breast cancer | Approved | |
| HA | Allergy & Immunology | J2357 | Asthma | Apprproved | |
| HA | Dermatology | J2357 | Chronic idiopathic urticaria | Denial | CMD |
| HA | Rheumatology | J3111 (romosozumab aqqg) | Osteoporosis | Denial | CMD |
| HA | Infusion Therapy | B4160, B9002, B4035, BN9998, B4088 | Cleft lip and palate | Approved | |
| HA | Plastic & Reconstructive Surgery | 19318 | Hypertrophy of Breast | Apprproved | |
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | Approved | |

| LOB | SPECIALTY | PROCEDURE | DIAGNOSIS | DETERMINATION | REASON FOR DENIAL |
|-----|------------------------------------|--------------------------|---------------------------------------|---------------|---------------------|
| HA | Plastic & Reconstructive Surgery | 19318 | Macromastia | 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 | 19318-50 | Macromastia | Approved | |
| HA | Rheumatology | J3358 | Ulcerative Colitis | Denial | CMD |
| HA | Ophthalmology | J7351 | Glaucoma | Approved | |
| HAX | Obstetrics & Gynecology | 58340 | Infertility related to tubal ligation | Denial | Benefit Certificate |
| HAX | Reproductive Endocrinology | Infertility Dx Testing | Infertility | Approved | |
| HAX | Pulmonology | Severe persistent asthma | J0517 | Denial | CMD |
| HAX | DME Provider | Sickle Cell | B4152 | Denial | Benefit Certificate |
| ASE | Option Care Enterprises, Inc | B4105 | Dysphagia | Approved | |
| PSE | Finnegan Health Services | B4105 | Dysphagia | Denied | CMD |
| PSE | Eric Paul, MD | 43775 | Morbid Obesity | Approved | |
| ASE | Roxanne Marshall, MD | E0652 | Lymphedema | Approved | |