



Medical Overview by Prior Authorization Approval or Denial 4th Quarter 2021

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	DME Supplier	B4152, B9002, B4035, E0776	Dysphagia and gastroparesis	Approved	
HA	Hospital	J2505	Neutropenia	Approved	
HA	Infusion Therapy	B4154, B4155, B4034	Dysphagia	Approved	
HA	Nurse Practitioner	J3111, 96372	Osteoporosis	Denial	CMD
HA	Plastic & Reconstructive Surgery	19318	Genetic Susceptibility to Bx CA, Macromastia	Denial	CMD
HA	Plastic & Reconstructive Surgery	19318	Hypertrophy of Breast	Approved	
HA	Plastic & Reconstructive Surgery	19318	Hypertrophy of Breast	Approved	
HA	Plastic & Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic & Reconstructive Surgery	19318	Symptomatic Macromastia	Approved	
HA	Plastic & Reconstructive Surgery	19318-50	Hypertrophy of Breast	Approved	
HA	Rheumatology	J0490, 96413	Lupus	Denial	CMD
HA	Rheumatology	J0490, 96413	Systemic lupus erythematosus	Approved	
HA	Rheumatology	J3111, 96372	Osteoporosis	Denial	CMD
HA	Dentistry	,00170	Dental caries	Approved	
HA	Infusion Therapy	B4103	Gastroparesis	Denial	Benefit Certificate
HA	Nurse Practitioner	B4153, S9342, B9002	Anorexia nervosa	Denial	CMD
HA	DME Provider	B4160, B4034, B9998	Gastroparesis	Approved	
HA	Plastic and Reconstructive Surgery	19303, 19350	Gender dysphoria	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Pulmonology	J0517, 96401	Asthma	Denial	CMD
HA	Pulmonologist	J0517, 96401	Asthma	Denial	CMD
HA	Neurology	J1300	Myasthenia gravis	Denial	CMD
HA	Rheumatology	J1300, 96413	Myasthenia gravis without (acute) exacerbation	Approved	

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	Nephrology	J2507	Gout	Denial	CMD
HA	Rheumatology	J3358	Crohn's disease	Approved	
HA	Pulmonology	J0517 Fasenra	Asthma	Denial	CMD
HA	Plastic and Reconstructive Surgery	19318	Breast hypertrophy	Approved	
HA	Allergy and Immunology	J2357	Chronic idiopathic urticaria	Denial	CMD
HA	Gastroenterology	J3358	Crohn's disease	Denial	CMD
HA	Gastroenterology	J3358	Crohn's disease	Denial	CMD
HAX	Obstetrics & Gynecology	Infertility Dx Testing	Infertility	Denial	CMD
ASE	DME Provider	K0837, K0108	PVD, Polyarthritis	Approval	
ASE	DME Provider	K0606	Dilated Cardiomyopathy	Approval	