

## Medical Overview by Prior Authorization Approval or Denial 4th Quarter 2023

LOB	SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
HA	Plastic and Reconstructive Surgery	19318 x 2	Macromastia	Approved	
HA	Gastroenterology	J1745	Ulcerative Colitis	Denied	CMD
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	symptomatic macromastia	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macromastia	Approved	
HA	Nurse Practitioner	J0585	Chronic Migraines	Denied	CMD
HA	Nurse Practitioner	J0585	Chronic Migraines	Approved	
HA	Urology	J0585	OAB	Denied	CMD
HA	Urology	J0585	OAB	Approved	
HA	Hematology Oncology	J0896	Myelodysplastic syndrome	Denied	CMD
HA	Dermatology	J1745	HS	Approved	
HA	Certified Nurse Practitioner	J2323	Multiple sclerosis	Approved	
HA	Infusion Therapy	J3032	Chronic Migraines	Approved	
HA	Rheumatology	J3241	Thyrotoxicosis	Denied	CMD
HA	DME provider	B4149, B4034, B9998, B4088	Di Georges Syndrome	Approved	
HA	Plastic and Reconstructive Surgery	19318	Macormastia	Approved	
HA	Rheumatology	J0490	SLE	Approved	
HA	Neurology	J0585	Migraines	Approved	
HA	Dermatology	J1745	Hidradentitis Suppurativa	Denied	CMD
HA	Neurology	J2350	MS	Approved	
HA	Infusion therapy	J3380	Ulcerative Colitis	Approved	
HAX	Gastroenterology	J1745	Ulcerative colitis	Approved	
HAX	Physician Assistant	J3032	Chronic Migraines	Partial approval	CMD
ASE	Obstetrics and Gynecology	58340	Infertility	Denied	CMD
ASE	Reconstructive Surgery	41899	Cleft Lip	Approved	