

Medical Overview by Prior Authorization Approval or Denial 1st Quarter 2019

Specialty	Procedure	Diagnosis	Determination	Reason for denial
Pediatric Dentistry	Anesthesia and Outpatient Services	CHF, pacemaker, DM II, Adverse reaction to anesthesia	Approved	N/A
Pediatric Dentistry	Anesthesia and Outpatient Services	2 yr old with acute situational anxiety	Approved	N/A
Pediatric Dentistry	Anesthesia and Outpatient Services	3 year old / severe situational anxiety	Approved	N/A
Pediatric Dentistry	Anesthesia and Outpatient Services	5 yr old / hypertrophic cardiomyopathy with a patent foramen ovale	Approved	N/A
Pediatric Dentistry	Anesthesia and Outpatient Services	5 yr old with situational anxiety and inability to cooperate	Approved	N/A
Pediatric Dentistry	Anesthesia and Outpatient Services	7 year old / unable to cooperate	Approved	N/A
Oral and Maxillofacial Surgery	Anesthesia and Outpatient Services	18 year old with cleft palate, unilateral cleft lip, malocclusion, developmental delay, autism, ADHD, and severe anxiety.	Approved	N/A
Pulmonology	Medication - Fasenra	Moderate to Severe Persistent Asthma	Approved	N/A
Pulmonology	Medication - Fasenra	Severe Persistent Asthma	Approved	N/A
Pulmonology	Medication - Nucala	Persistent Allergic Asthma	Approved	N/A
Pulmonology	Medication - Xolair	Moderate Persistent Asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Allergic rhinitis and asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Idiopathic Urticaria	Approved	N/A
Allergy / Immunology	Medication - Xolair	Severe Persistent Asthma	Approved	N/A
Allergy / Immunology	Medication - Xolair	Severe Persistent Asthma	Approved	N/A
Family Practice	Medication - Fasenra	Moderate Persistent Asthma	Denied	Coverage Policy / CMD
Neurology	Medication - Lemtrada	Multiple Sclerosis	Denied	Coverage Policy / CMD
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast hypertrophy	Approved	N/A
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Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
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Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
General Surgery	Gastric Procedure	Morbid obesity	Denied	Benefit Certificate / Exclusion
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
DME Provider	DME - Power wheelchair	Polyarthritis, morbid obesity, abn gait	Approved	N/A
DME Provider	DME - Wound VAC	Abdominal wound	Approved	N/A
DME Provider	DME - Zoll Life Vest	Dilated Cardiomyopathy	Denied	Coverage policy / CMD
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast hypertrophy	Approved	N/A
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Plastic & Reconstructive Surgery	Reduction Mammoplasty	Breast hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Reduction Mammoplasty	Macromastia	Approved	N/A
DME Provider	Continuous glucose monitoring device	Type I DM	Approved	N/A
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DME Provider	Continuous glucose monitoring device	Type I DM	Approved	N/A
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DME Provider	Continuous glucose monitoring device	Type I DM	Approved	N/A
DME Provider	Continuous glucose monitoring device	Type I DM, uncontrolled	Approved	N/A