



Transplant Overview by Prior Authorization Approval or Denial 3rd Quarter 2019

Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
7/8/2019	Transplant	Liver	Hepatocellular Carcinoma	Yes	Medical Policy
7/23/2019	Transplant	Allogeneic	Fanconi Anemia	Yes	Medical Policy
8/2/2019	Transplant	Liver	Primary Biliary Cirrhosis	Yes	Medical Policy
8/29/2019	Transplant	Heart	Heart Failure	Yes	Medical Policy
9/10/2019	Transplant	Liver	Alcoholic Cirrhosis/ESRD	Yes	Medical Policy

