



## Medical Overview by Prior Authorization Approval or Denial 3rd Quarter 2016

SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
Pediatric Dentist	Outpatient and Anesthesia Fees	Severe Situational Anxiety	Approved	N/A
Pediatric Dentist	Outpatient and Anesthesia Fees	Severe Situational Anxiety	Approved	N/A
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Pediatric Dentist	Outpatient and Anesthesia Fees	Severe Situational Anxiety	Approved	N/A
Pediatric Dentist	Outpatient and Anesthesia Fees	Severe Situational Anxiety	Denied	CMD Denial: does not meet Policy Coverage Criteria
Dentistry	Anesthesia/OP Facility	Dental Caries	Approved	N/A
Allergy Immunology	Medication - Xolair	Asthma	Approved	N/A
Allergy Immunology	Medication - Xolair	Asthma	Approved	N/A
Allergy Immunology	Medication - Xolair	Asthma	Approved	N/A
Allergy Immunology	Medication - Xolair	Asthma	Approved	N/A
Allergy Immunology	Medication - Xolair	Asthma	Approved	N/A
Allergy Immunology	Medication - Xolair	Urticaria	Approved	N/A
Allergy Immunology	Medication - Xolair	Urticaria	Denied	CMD Denial: does not meet Policy Coverage Criteria
Pulmonology	Medication - Xolair	Asthma	Approved	N/A
Pulmonology	Medication - Xolair	Asthma	Approved	N/A
Plastic and Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic and Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic and Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic and Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic and Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A