

## Medical Overview by Prior Authorization Approval or Denial

### 1st Quarter 2017

SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A
Reproductive Endocrinology	Infertility Services	Infertility	Approved	N/A





SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Female Infertility	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Services	Female Infertility	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Services	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services IUI	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services IUI	Endometriosis	Approved	N/A
Obstetrics/Gynecology	Infertility Services IVF	Female infertility of other origin	Approved	N/A
Obstetrics/Gynecology	Infertility Services IVF	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services IVF	Female Infertility	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Services IVF	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Diagnostic Services	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Diagnostic Services	Fertility Testing	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Diagnostic Testing	Encounter Infertility Testing	Approved	N/A
Obstetrics/Gynecology	Infertility Diagnostic Testing	Encounter Infertility Testing	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Diagnostic Testing	Encounter Infertility Testing	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Diagnostic Testing	Male Testing	Approved	N/A
Obstetrics/Gynecology	Infertility Diagnostic Testing	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Diagnostic Testing	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services Diagnostic Testing	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Services Diagnostic Testing	Female Infertility	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Testing	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Testing	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Testing	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Testing	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility Testing	Female Infertility	Denied	CMD Denial: does not meet Policy Coverage Criteria
Obstetrics/Gynecology	Infertility Testing	Fertility Testing	Denied	CMD Denial: does not meet Policy Coverage Criteria

SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
Obstetrics/Gynecology	Infertility IVF	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility IVF	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility IVF	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility IVF	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility IVF	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility IVF	Female Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility IVF	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility IVF	Male Infertility	Approved	N/A
Obstetrics/Gynecology	Infertility, Preimplantation Genetic Dx	Female infertility of other origin	Partial Denial	Denied Genetics - CMD Denial: does not meet Policy Coverage Criteria
Fertility Specialist	Infertility Services	Infertility	Denied	CMD Denial: does not meet Policy Coverage Criteria
Plastic Surgery	Breast Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic Surgery	Breast Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic Surgery	Breast Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic Surgery	Breast Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic Surgery	Breast Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic Surgery	Breast Mammoplasty	Breast Hypertrophy	Approved	N/A
General Surgery	Breast Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Macromastia	Approved	N/A
Plastic & Reconstructive Surgery	Breast Reduction	Back and neck pain	Approved	N/A
General Surgery	Breast Reduction	Macromastia	Approved	N/A
General Surgery	Breast Reduction	Back and neck pain	Approved	N/A
General Surgery	Breast Reduction	Macromastia	Approved	N/A

SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
General Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Cosmetic Surgery	Breast Reduction	Breast Hypertrophy	Approved	N/A
Specialty Pharmacy	Xolair	Asthma	Approved	N/A
Specialty Pharmacy	Xolair	Asthma	Approved	N/A
Specialty Pharmacy	Xolair	Asthma	Approved	N/A
Specialty Pharmacy	Xolair	Asthma	Approved	N/A
Specialty Pharmacy	Xolair	Asthma	Approved	N/A
Specialty Pharmacy	Xolair	Asthma	Denied	CMD Denial: does not meet Policy Coverage Criteria
Specialty Pharmacy	Xolair	CIU	Approved	N/A
Pharmacy	Xolair	Severe Persistent Asthma	Approved	N/A
Allergy & Immunology	Xolair	Asthma	Approved	N/A
Allergy & Immunology	Xolair	Asthma	Approved	N/A
Allergy & Immunology	Xolair	Asthma	Approved	N/A
Allergy & Immunology	Xolair	Asthma	Approved	N/A
Allergy & Immunology	Xolair	Asthma	Approved	N/A
Allergy & Immunology	Xolair	Asthma	Approved	N/A
Allergy & Immunology	Xolair	Asthma	Approved	N/A
Allergy & Immunology	Xolair	Urticaria	Approved	N/A
Allergy & Immunology	Xolair	Urticaria	Approved	N/A
Allergy & Immunology	Xolair	Urticaria	Approved	N/A
Allergy & Immunology	Xolair	CIU	Denied	CMD Denial: does not meet Policy Coverage Criteria
Allergy & Immunology	Xolair	CIU	Denied	CMD Denial: does not meet Policy Coverage Criteria
Internal Medicine	Xolair	Asthma	Approved	N/A
Pulmologist	Xolair	Asthma	Approved	N/A
Pulmologist	Xolair	Asthma	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A

SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery	Morbid Obesity	Approved	N/A
General Surgery	Bariatric Surgery Revised	Complication	Approved	N/A
General Surgery	Gastric Sleeve	Morbid Obesity	Approved	N/A
General Surgery	Gastric Sleeve	Morbid Obesity	Approved	N/A
General Surgery	Gastric Sleeve	Morbid Obesity	Approved	N/A
General Surgery	Gastric Sleeve	Morbid Obesity	Approved	N/A
General Surgery	Gastric Sleeve	Morbid Obesity	Denied	CMD Denial: does not meet Policy Coverage Criteria
General Surgery	Gastric Sleeve	Morbid Obesity	Denied	CMD Denial: does not meet Policy Coverage Criteria
General Surgery	Gastric Services	Morbid Obesity	Approved	N/A
General Surgery	Gastric Services	Morbid Obesity	Approved	N/A
General Surgery	Gastric Services	Morbid Obesity	Approved	N/A
General Surgery	Gastric Services	Morbid Obesity	Approved	N/A
General Surgery	Gastric Services	Morbid Obesity	Approved	N/A
General Surgery	Gastric Services	Morbid Obesity	Approved	N/A
General Surgery	Gastric Services	Morbid Obesity	Denied	CMD Denial: does not meet Policy Coverage Criteria
Medical Supply	Life Vest	Heart Failure	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Mycardial Infarction (within 40 days)	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Mycardial Infarction (within 40 days)	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Mycardial Infarction	Approved	N/A
DME Provider	Life Vest	Mycardial Infarction	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Mycardial Infarction	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria

SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Non Ischemic Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Non Ischemic Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Low EJ	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Low Ef NICM	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Low EJ & Cardiomyopathy	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Ejection Fraction 10-15%	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Ejection Fraction 15%	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	Atrial Fib & Ejection Fraction 15%	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Life Vest	CHF, EF <20%	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Ventilator	Respiratory Failure	Approved	N/A
DME Provider	Ventilator	Respiratory Failure	Approved	N/A
DME Provider	Pressure Support Ventilator	Obstructive Sleep Apnea	Approved	N/A
DME Provider	Pressure Support Ventilator	Obstructive Sleep Apnea	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Trilogy Portable Ventilator	Obstructive Sleep Apnea	Denied	CMD Denial: does not meet Policy Coverage Criteria
DME Provider	Respiratory Assist Device	ALS	Approved	N/A
DME Provider	Protheses	BKA	Approved	N/A
DME Provider	Protheses	BKA	Approved	N/A
DME Provider	Wheelchair	Cerebal Palsy	Approved	N/A
DME Provider	Wheelchair	Colon Cancer	Approved	N/A
DME Provider	Power Wheelchair, Accessories	Spinal Stenosis	Approved	N/A
Oral Surgeon	TMJ Treatment	TMJ	Approved	N/A
Dentistry	Outpatient & Anesthesia Fee	Dental Caries	Approved	N/A
Dentistry	Outpatient & Anesthesia Fee	Dental Caries	Approved	N/A
Dentistry	Outpatient & Anesthesia Fee	Dental Caries	Approved	N/A