



Medical Overview by Prior Authorization Approval or Denial 2nd Quarter 2017

SPECIALTY	PROCEDURE	DIAGNOSIS	DETERMINATION	REASON FOR DENIAL
Obstetrics & Gynecology	Infertility Services	Infertility	Approved	Policy
Allergy & Immunology	Medication - Xolair	Asthma	Approved	N/A
Pulmonary	Medication - Xolair	Asthma	Approved	N/A
General 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	Macromastia	Approved	N/A
DME Provider	Auditory Osseointegrated device	Conductive hearing loss	Approved	N/A
DME Provider	Speech Devices	Speech Delay	Denied	Benefits
Obstetrics & Gynecology	Infertility Services	Infertility	Denied	Not enough information to make a determination. Additional information was requested and not received from provider / CMD
Pediatric Dentist	Outpatient and Anesthesia Fees	Hypoplasia	Denied	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Anxiety	Approved	N/A
Pediatric Dentist	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Endodontist Oral Surgery	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Endodontist Oral Surgery	Outpatient and Anesthesia Fees	Dental Caries	Approved	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Anxiety	Approved	Benefits
Pediatric Dentist	Outpatient and Anesthesia Fees	Anxiety	Approved	Benefits
Plastic & Reconstruction	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
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Plastic & Reconstruction	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
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Plastic & Reconstruction	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Plastic & Reconstruction	Reduction Mammoplasty	Breast Hypertrophy	Approved	N/A
Allergy & Immunology	Medication - Xolair	Asthma	Approved	N/A
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Allergy & Immunology	Medication - Xolair	Asthma	Approved	N/A
Allergy & Immunology	Medication - Xolair	Asthma	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility	Approved	N/A
Obstetrics & Gynecology	Infertility Services	Infertility	Approved	N/A
DME Provider	Atopic Dermatitis	UVB	Approved	N/A
Plastic & Reconstruction	Breast Reduction	Breast Hypertrophy	Denied	Policy
Obstetrics & Gynecology	Infertility Services	Infertility	Denied	Not enough information to make a determination. Add'l Info was req'd and not rec'd from provider