



## Medical Overview by Prior Authorization Approval or Denial 3rd Quarter 2018

| SPECIALTY                        | PROCEDURE                          | DIAGNOSIS                           | DETERMINATION | REASON FOR DENIAL     |
|----------------------------------|------------------------------------|-------------------------------------|---------------|-----------------------|
| Pediatric Dentistry              | Anesthesia and Outpatient Services | Acute stress reaction               | Approved      | N/A                   |
| Pediatric Dentistry              | Anesthesia and Outpatient Services | Autism                              | Approved      | N/A                   |
| Pediatric Dentistry              | Anesthesia and Outpatient Services | 3 year old unable to cooperate      | Approved      | N/A                   |
| Pediatric Dentistry              | Anesthesia and Outpatient Services | 3 year old unable to cooperate      | Approved      | N/A                   |
| Neurology                        | Medication - Lemtrada              | Multiple Sclerosis                  | Approved      | N/A                   |
| Allergy / Immunology             | Medication - Nucala                | Severe persistent asthma            | Approved      | N/A                   |
| Allergy / Immunology             | Medication - Nucala                | Severe persistent asthma            | Approved      | N/A                   |
| Hematology / Oncology            | Medication - Soliris               | Atypical Hemolytic Uremic Syndrome  | Approved      | N/A                   |
| Hematology / Oncology            | Medication - Soliris               | Paroxysmal nocturnal hemoglobinuria | Approved      | N/A                   |
| Allergy / Immunology             | Medication - Xolair                | Idiopathic Urticaria                | Approved      | N/A                   |
| Allergy / Immunology             | Medication - Xolair                | Idiopathic Urticaria                | Approved      | N/A                   |
| Allergy / Immunology             | Medication - Xolair                | Idiopathic Urticaria                | Approved      | N/A                   |
| Dermatology                      | 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                   |
| Pulmonology                      | Medication - Xolair                | Severe persistent Asthma            | Approved      | N/A                   |
| Pulmonology                      | Medication - Xolair                | Severe persistent Asthma            | Approved      | N/A                   |
| Allergy / Immunology             | Medication - Xolair                | Idiopathic Urticaria                | Denied        | Coverage Policy / CMD |
| 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              | Breast hypertrophy                  | Approved      | N/A                   |
| Plastic & Reconstructive Surgery | Reduction Mammoplasty              | Breast hypertrophy                  | Approved      | N/A                   |
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| Plastic & Reconstructive Surgery | Reduction Mammoplasty              | Breast hypertrophy                  | Approved      | N/A                   |

| SPECIALTY                        | PROCEDURE             | DIAGNOSIS            | DETERMINATION | REASON FOR DENIAL               |
|----------------------------------|-----------------------|----------------------|---------------|---------------------------------|
| Plastic & Reconstructive Surgery | Reduction Mammoplasty | Macromastia          | Approved      | N/A                             |
| Plastic & Reconstructive Surgery | Reduction Mammoplasty | Macromastia          | Approved      | N/A                             |
| Plastic & Reconstructive Surgery | Reduction Mammoplasty | Macromastia          | Approved      | N/A                             |
| Plastic & Reconstructive Surgery | Reduction Mammoplasty | Macromastia          | Approved      | N/A                             |
| Plastic & Reconstructive Surgery | Reduction Mammoplasty | Macromastia          | Approved      | N/A                             |
| General Surgery                  | Gastric Procedure     | Morbid Obesity       | Denied        | Benefit Certificate / Exclusion |
| General Surgery                  | Gastric Procedure     | Morbid Obesity       | Denied        | Benefit Certificate / Exclusion |
| General Surgery                  | Gastric Procedure     | Morbid Obesity       | Denied        | Benefit Certificate / Exclusion |
| Reproductive Endocrinology       | Infertility Services  | Infertility, testing | Approved      | N/A                             |