



Transplant Overview by Prior Authorization Approval or Denial

3rd Quarter 2020

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
HA	9/11/2020	Transplant	Heart	Nonischemic Cardiomyopathy	Yes	Medical Policy
HA	7/21/2020	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy