



11. Number of medical necessity reviews decided in favor of the health carrier: \_\_\_\_\_

Briefly list procedures denied: \_\_\_\_\_

12. Number of medical necessity reviews decided in favor of the covered person: \_\_\_\_\_

Briefly list the procedures approved:

13. Number of experimental/investigational reviews decided in favor of the health carrier: \_\_\_\_\_

Briefly list procedures denied:

14. Number of experimental/investigational reviews decided in favor of the covered person: \_\_\_\_\_

Briefly list procedures approved:

15. Number of reviews terminated as the result of a reconsideration by the health carrier: \_\_\_\_\_

16. Number of reviews terminated by the covered person: \_\_\_\_\_

17. Number of reviews declined due to possible conflict with:

Health carrier \_\_\_\_\_ Covered person \_\_\_\_\_ Health care provider \_\_\_\_\_

Describe possible conflicts(s) of interest: \_\_\_\_\_

18. Number of reviews declined due to other reasons not reflected in #17 above: \_\_\_\_\_