Aetna

Section III. Prior Authorizations and Concurrent Review

		%
2. Total Number of Authorizations Requested (Prospective and Concurrent) (Total of A, B, C, D & F)	3711	N/A
3. Reauthorization Requests (ongoing care) - Approved	511	95%
4. Reauthorization Requests (ongoing care) - Denied	27	5%
A. Total Reauthorization Requests	**538**	**100%**
5. Standard Requests Approved - not extended	2331	81%
6. Standard Requests Denied - not extended	543	19%
B. Total Standard Requests - not extended	**2874**	**100%**
7. Extended Reviews (Outside Consultation) Approved	45	70%
8. Extended Reviews (Outside Consultation) Denied	19	30%
C. Total Extended Reviews (Outside Consultation)	**64**	**100%**
9. Extended Reviews (Additional Information Requested) Approved	5	28%
10. Extended Reviews (Additional Information Requested) Denied	13	72%
D. Total Extended Reviews (Additional Information Requested)	**18**	**100%**
11. Standard Prior Authorization Determinations Approved After Appeal (Denial overturned) (Includes items 6, 8, & 10 above)	6	32%
12. Standard Prior Authorization Determinations Denied After Appeal (Denial upheld) (Includes items 6, 8, & 10 above)	13	68%
E. Total Appeals of Standard Denied Prior Authorization Requests	**19**	**100%**
13. Expedited Reviews Approved	158	73%

14. Expedited Reviews Denied	59	27%
F. Total Expedited (urgent) Requests	**217**	**100%**
15. Expedited Prior Authorization Determinations Approved After Appeal (Denial overturned)	0	0%
16. Expedited Prior Authorization Determinations Approved After Appeal (Denial upheld)	4	100%
G. Total Appeals of Expedited Denied Prior Authorization Requests	**4**	**100%**
17-a. Standard Request Average Approval Time (Days) (Includes Totals B, C, and D above)	1.4	N/A
17-b. Standard Request Median Approval Time (Days) (Includes Totals B, C, and D above)	1	N/A
18-a. Expedited Review Average Approval Time (Hours)	2.98	N/A
18-b. Expedited Review Median Approval Time (Hours)	1.27	N/A
19-a. Concurrent Care (Reauthorization) Request Average Approval Time (Days)	0.7	N/A
19-b. Concurrent Care (Reauthorization) Request Median Approval Time (Days)	0	N/A
20. Prior authorization requests for chiropractic services	0	N/A

Section VII: List All Items and Services That Required Prior Authorization

CPT Code	Description of Item or Service
150	Room & board ward general classification
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS
33999	UNLISTED CARDIAC SURGERY
33518	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 2 VEI
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG
99223	1ST HOSP IP/OBS HIGH 75
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM
27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR
44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE
45330	SIGMOIDOSCOPY FLX DX W/WO COLLJ SPECIMENS
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX
33405	RPLCMT PROST AORTIC VALVE XCP HOMOGRF/STENT
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS
49204	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM
43775	LAP SLEEVE GASTRECTOMY
60545	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR
61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR
61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS
C1874	STENT, COATED/COV W/DEL SYS
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT
49615	RPR AA HRN RCR 3-10 RDC
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE
43332	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH
64999	UNLISTED PROCEDURE NERVOUS SYSTEM
63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM
22614	ARTHRD PST TQ 1NTRSPC EA ADD
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED
22610	ARTHRD PST TQ 1NTRSPC THRC

20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL
52332	CYSTO W/INSERT URETERAL STENT
49905	OMENTAL FLAP INTRA-ABDOMINAL
44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS
44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL
49593	RPR AA HRN 1ST 3-10 RDC
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS
49002	REOPENING RECENT LAPAROTOMY
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX
43611	EXC LOCAL MALIGNANT TUMOR STOMACH
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG
43245	UPR GI NDSC DILAT GSTR OUTLET FOR OBSTRCJ
43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN
31622	BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX
43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH
33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT
20680	REMOVAL IMPLANT DEEP
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD
22612	ARTHRD PST TQ 1NTRSPC LUMBAR
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY
38573	LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS
J7170	Inj., emicizumab-kxwh 0.5 mg
19318	BREAST REDUCTION

S4011	IVF PACKAGE
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH
89258	CRYOPRSRV EMBRYO
89342	STORAGE PER YEAR EMBRYO
S4022	ASST OOCYTE FERT CASE RATE
99214	OFFICE O/P EST MOD 30 MIN
99205	OFFICE O/P NEW HI 60 MIN
70355	ORTHOPANTOGRAM
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE
58323	SPERM WASHING ARTIFICIAL INSEMINATION
H0035	MH PARTIAL HOSP TX UNDER 24H
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG
762	Treatment or observation room - observation room
90845	PSYCHOANALYSIS
99213	OFFICE O/P EST LOW 20 MIN
15877	SUCTION ASSISTED LIPECTOMY TRUNK
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE
E1399	DURABLE MEDICAL EQUIPMENT MI
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN
81415	EXOME SEQUENCE ANALYSIS
81460	WHOLE MITOCHONDRIAL GENOME
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
96116	NUBHVL STATUS XM PR HR W/PT INTERPJ&PREPJ
96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN
96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR
93653	COMPRE EP EVAL TX SVT
93656	COMPRE EP EVAL ABLTJ ATR FIB
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY
31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS

30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF
61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL
31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL
30465	REPAIR NASAL VESTIBULAR STENOSIS
30400	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL
43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL
99417	PROLNG OP E/M EACH 15 MIN
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES
52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT
52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION
52214	CYSTO W/DESTRUCTION OF LESIONS
54161	CIRCUMCISION AGE >28 DAYS
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT
19342	INSJ/RPLCMT BRST IMPLT SEP D
19380	REVJ RECONSTRUCTED BREAST
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL
S4016	FROZEN IVF CASE RATE
S4018	F EMB TRNS CANC CASE RATE
S4015	COMPLETE IVF NOS CASE RATE
89291	BX OOCYTE MICROTQ >5 EMBRY
89290	BX OOCYTE MICROTQ >/EQUAL 5 EMBRY
58974	EMBRYO TRANSFER INTRAUTERINE
89352	THAWING CRYOPRESERVED EMBRYO
89255	PREPJ EMBRYO TR
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL
21215	GRAFT BONE MANDIBLE
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM
14040	SKIN TISSUE REARRANGEMENT
19357	TISS XPNDR PLMT BRST RCNSTJ
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/<
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM
19340	INSJ BREAST IMPLT SM D MAST
19316	MASTOPEXY
19370	REVJ PERI-IMPLT CAPSULE BRST

11970	RPLCMT TISS XPNDR PERM IMPLT
99202	OFFICE O/P NEW SF 15 MIN
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION
Q2041	Axicabtagene ciloleucel car+
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM
H2036	A/D TX PROGRAM, PER DIEM
H0015	ALCOHOL AND/OR DRUG SERVICES
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE
69436	TYMPANOSTOMY GENERAL ANESTHESIA
L8614	COCHLEAR DEVICE
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES
52000	CYSTOURETHROSCOPY
43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part there of (List separately in addition to code for primary procedure)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs 50 cc or less injectate
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX /SESSION
G0277	Hbot, full body chamber, 30m
81419	EPILEPSY GEN SEQ ALYS PANEL
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN
67900	REPAIR BROW PTOSIS
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ
S9975	TRANSPLANT RELATED PER DIEM
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER
27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR

63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL
11401	EXC B9 LES MRGN XCP SK TG T/A/L 0.6-1.0 CM
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE
64910	NERVE REPAIR W/CONDUIT EACH NERVE
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON
29999	UNLISTED PROCEDURE ARTHROSCOPY
27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON
21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS