

Cigna Health and Life Insurance Prior Authorization Requests: September 2024 - December 2024

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
CP	23410	Rotator Cuff Repair	1			1	1
CP	23430	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coraco	1			1	2
CP	23430	Tenodesis of long tendon of biceps	4			4	2
CP	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	1			1	0
CP	27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	4	3		7	1
CP	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	6			6	2
CP	27405	Knee Ligament Repair	1			1	0
CP	27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	1			1	0
CP	27427	Ligamentous reconstruction (augmentation), knee; extra-articular	2			2	2
CP	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	2	4		6	2
CP	29805	Endoscopy/Arthroscopy Shoulder		1		1	0
CP	29806	Endoscopy/Arthroscopy Shoulder	2			2	1
CP	29807	Endoscopy/Arthroscopy Shoulder	2			2	0
CP	29822	Endoscopy/Arthroscopy Shoulder	2			2	1
CP	29823	Endoscopy/Arthroscopy Shoulder	4			4	1
CP	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	7			7	0

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CP	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	10	1		11	0
CP	29827	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	1			1	2
CP	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	7	1		8	2
CP	29828	Arthroscopy, shoulder, surgical; biceps tenodesis	7	1		8	1
CP	29873	Ligamentous reconstruction (augmentation), knee; extra-articular	1			1	4
CP	29874	Arthroscopic removal of loose/ or foreign body	1			1	0
CP	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	2			2	1
CP	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	5	1		6	0
CP	29879	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	1			1	0
CP	29880	Meniscectomy	2			2	0
CP	29881	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	1			1	0
CP	29881	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	7			7	0

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CP	29881	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	4			4	0
CP	29882	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	1			1	0
CP	29882	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	3	1		4	0
CP	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	1			1	1
CP	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	3			3	1
CP	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	1			1	4
CP	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); dual chamber, atrial and ventricular (DDD)	1			1	1
CP	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg		1		1	2
CP	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated		1		1	2
CP	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	1			1	2
CP	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	6	2		8	0
CP	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	3	3		6	1

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PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
CP	64483	INJ FORAMEN EPIDURAL ADD-ON	1			1	0
CP	64483	INJ FORAMEN EPIDURAL L/S	13	1		14	0
CP	64484	INJ FORAMEN EPIDURAL ADD-ON	5	1		6	0
CP	64490	Introduction/Injection of Anesthetic Agent	2			2	0
CP	64491	Introduction/Injection of Anesthetic Agent	2			2	0
CP	64492	Introduction/Injection of Anesthetic Agent	2			2	0
CP	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	7			7	0
CP	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	5			5	0
CP	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	1			1	0
CP	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	1			1	0
CP	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	1			1	0
CP	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	1			1	0

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CP	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	3			3	0
CP	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	2			2	0
CP	70450	CT HEAD or Brain; without contrast material	2	1		3	2
CP	70480	CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material	3			3	0
CP	70486	CT SINUS, Maxillofacial Area; without contrast material	9			9	5
CP	70487	CT SINUS, Maxillofacial Area; with contrast material(s)	1			1	0
CP	70491	CT NECK Soft Tissue; with contrast material(s)	9			9	1
CP	70492	CT HEAD and NECK		1		1	46
CP	70496	CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	4	1		5	1
CP	70498	CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	1			1	0
CP	70498	CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	3			3	0
CP	70543	MRI FACE AND NECK	4			4	0

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CP	70544	MRI BRAIN (head); without contrast material	1			1	0
CP	70551	MRI BRAIN (head); without contrast material	24	1		25	0
CP	70553	CT NECK Soft Tissue; with contrast material(s)		1		1	4
CP	70553	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	37	1		38	4
CP	71250	CT CHEST (thorax); without contrast material	19	2		21	1
CP	71260	Computed tomography; abdomen and pelvis; with contrast material(s)	1	1		2	2
CP	71260	CT CHEST (thorax); with contrast material(s)	7	1		8	2
CP	71260	CT NECK Soft Tissue; with contrast material(s)	11			11	2
CP	71270	CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections		2		2	5
CP	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	7	1		8	1
CP	71275	CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	5	1		6	1
CP	72125	CT SCAN OF NECK AND SPIN W/O DYE	2			2	0

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CP	72129	CT Thoracic Spine; with contrast material		1		1	6
CP	72131	CT Lumbar Spine; without contrast material	1	1		2	4
CP	72141	MRI Cervical Spine, (spinal canal and contents); without contrast material	11	6		17	5
CP	72146	MRI Cervical Spine, (spinal canal and contents); without contrast material	1			1	44
CP	72146	MRI Thoracic Spine, (spinal canal and contents); without contrast material	3	2		5	44
CP	72148	MRI Lumbar Spine, (spinal canal and contents); without contrast material	11	9		20	5
CP	72149	MRI Lumbar Spine, (spinal canal and contents); without contrast material		1		1	4
CP	72156	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	1			1	4
CP	72156	MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	10	1		11	4
CP	72157	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	1			1	4
CP	72157	MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	9	2		11	4
CP	72158	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	1			1	4

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CP	72158	MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	4	3		7	4
CP	72192	CT PELVIS; without contrast material	2			2	2
CP	72195	MRI PELVIS; without contrast material(s)	1	2		3	4
CP	72197	MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	1			1	5
CP	72197	MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	3	1		4	5
CP	72198	MRA PELVIS, with or without contrast material(s)	1			1	2
CP	73200	CT Upper Extremity; without contrast material	2			2	2
CP	73200	MRI Upper Extremity, any joint; without contrast material(s)	5	1		6	2
CP	73201	CT of UPPER EXTREMITY		1		1	3
CP	73218	MRI UPPER EXTREMITY SHOULDER		1		1	3
CP	73220	MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1	1		2	1
CP	73221	CT Upper Extremity; without contrast material	1			1	3

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CP	73221	MRI Upper Extremity, any joint; without contrast material(s)	25	20		45	3
CP	73222	MRI Upper Extremity, any joint; with contrast material(s)	6	2		8	4
CP	73223	MRI Upper Extremity, any joint; with contrast material(s)	1	4		5	2
CP	73700	CT LOWER EXTREMITY W/O D		2		2	0
CP	73700	CT Lower Extremity; without contrast material	5	4		9	0
CP	73718	MRI Lower Extremity, other than joint; without contrast material(s)	4			4	1
CP	73721	MRI Lower Extremity, any joint; without contrast material(s)	55	9		64	2
CP	73722	MRI		1		1	2
CP	74150	CT ABDOMEN; w/o contract dye	1			1	4
CP	74160	CT ABDOMEN; with contrast material(s)	1	1		2	0
CP	74170	CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	3			3	1
CP	74176	Computed tomography; abdomen and pelvis; without contrast material	12			12	0

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CP	74177	Computed tomography; abdomen and pelvis; with contrast material(s)	36	5		41	1
CP	74178	Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	4			4	1
CP	74181	MRI ABDOMEN; without contrast material(s)	1			1	0
CP	74183	MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	3			3	2
CP	74183	MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	6			6	2
CP	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	2			2	4
CP	75561	Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;	2			2	0
CP	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	1			1	0
CP	75571	CT, HEART, without contrast with quantitative evaluation of coronary calcium	1	3		4	1
CP	76498	Unlisted MRI Procedure		1		1	4
CP	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	5			5	2
CP	78451	HT MUSCLE IMAGE SPECT SI		1		1	0

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CP	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress		1		1	0
CP	78452	HT MUSCLE IMAGE SPECT MU	1			1	0
CP	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	8	1		9	0
CP	78453	HT MUSCLE IMAGE PLANAR S		1		1	0
CP	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		1		1	0
CP	78454	HT MUSC IMAGE PLANAR MUL		1		1	0
CP	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) a		1		1	0
CP	78811	PET scan	1			1	5
CP	78815	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization)	1			1	0
CP	78815	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	8	6		14	0
CP	78816	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	1			1	0
CP	93350	ECHO TRANSTHORACIC	2			2	1

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CP	93350	STRESS TTE ONLY	5	1		6	1
CP	95782	Polysomnography	1			1	1
CP	95810	Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab	5	3		8	1
CP	95811	Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab with breathing equipment	3	5		8	3
CP	72070	Chiropractor	2	1		3	0
CP	0232T	NJX PLATELET PLASMA		1		1	1
CP	15275	SKIN SUB GRAFT FACE/NK/HF/G		1		1	1
CP	15821	BLEPHARP LWR EYELID FAT PAD	1			1	0
CP	15823	BLEPHARP UPR EYELID XCSV SKN	1			1	0
CP	20912	REMOVE CARTILAGE FOR GRAFT	1			1	3
CP	20930	SP BONE ALGRFT MORSEL ADD-ON		1		1	7
CP	20936	SP BONE AGRFT LOCAL ADD-ON		1		1	7

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CP	21235	EAR CARTILAGE GRAFT	1			1	0
CP	22600	ARTHRD PST TQ 1NTRSPC CRV		1		1	7
CP	22614	ARTHRD PST TQ 1NTRSPC EA ADD		1		1	7
CP	22842	INSERT SPINE FIXATION DEVICE		1		1	7
CP	30465	REPAIR NASAL STENOSIS		1		1	3
CP	31295	NSL/SINS NDSC SURG MAX SINS	1			1	1
CP	31298	NSL/SINS NDSC SURG FRNT&SPHN	1			1	1
CP	41899	UNLISTED PX DENTALVLR STRUX	1			1	0
CP	44211	LAP COLECTOMY W/PROCTECTOMY	1			1	0
CP	48150	PARTIAL REMOVAL OF PANCREAS	1			1	0
CP	48152	PANCREATECTOMY	1			1	0
CP	48153	PANCREATECTOMY	1			1	0

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CP	48154	PANCREATECTOMY	1			1	0
CP	64615	CHEMODENERV MUSC MIGRAINE	2			2	2
CP	99214	OFFICE O/P EST MOD 30 MIN	1			1	7
HC	C8908	MRI w/o contract material	1			1	0
HC	E0601	Continuous positive airway pressure (CPAP) device	3			3	0
HC	G0156	HHCP-SVS OF AIDE,EA 15 MIN	1			1	7
HC	G0162	HHC RN E&M PLAN SVS, 15 MIN	1			1	7
HC	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	1	1		2	2
HC	G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	2			2	0
HC	J0256	ALPHA 1 PROTEINASE INHIBITOR	1			1	0
HC	J0585	INJECTION,ONABOTULINUMTOXINA	2			2	2
HC	J0897	DENOSUMAB INJECTION	1			1	0

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HC	J1453	Injection, fosaprepitant, 1 mg	4			4	0
HC	J1745	INFLIXIMAB NOT BIOSIMIL 10MG		1		1	8
HC	J2469	Injection, palonosetron hcl, 25 mcg	4			4	0
HC	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	2	1		3	1
HC	J3304	INJ TRIAMCINOLONE ACE XR 1MG		1		1	4
HC	J7318	INJ, DUROLANE 1 MG	4			4	0
HC	J7323	EUFLEXXA INJ PER DOSE	1			1	0
HC	J7325	SYNVISC OR SYNVISC-ONE		1		1	2
HC	J8999	Prescription drug, oral, chemotherapeutic, nos	2			2	0
HC	J9000	Injection, doxorubicin hydrochloride, 10 mg	1			1	0
HC	J9022	Injection, atezolizumab, 10 mg	1			1	1
HC	J9060	Injection, cisplatin, powder, solution, 10 mg	1			1	0

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HC	J9190	Injection, fluorouracil, 500 mg	4			4	0
HC	J9201	Gemcitabine hcl nos 200 mg	1			1	0
HC	J9202	Goserelin acetate implant, per 3.6 mg	2			2	1
HC	J9205	Injection, irinotecan liposome, 1 mg	1			1	0
HC	J9206	Injection, irinotecan, 20 mg	1			1	0
HC	J9217	Leuprolide acetate, 7.5 mg	1			1	0
HC	J9223	Lurbinectedin, 0.1 mg	1			1	0
HC	J9228	Injection, ipilimumab, 1 mg	1			1	0
HC	J9263	Injection, oxaliplatin, 0.5 mg	3			3	0
HC	J9264	Paclitaxel protein bount	1			1	0
HC	J9299	Injection, nivolumab, 1 mg	1			1	0
HC	J9370	Vincristine sulfate, 1 mg	1			1	0

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HC	J9395	Injection, fulvestrant, 25 mg	2			2	1
HC	Q0138	FERUMOXYTOL, NON-ESRD	1			1	0
HC	Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	1			1	0
HC	Q5111	Pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg		1		1	0
HC	Q5118	Injection, zirabev, 10 mg	1			1	0
HC	Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	1			1	0
	LABTST	Molecular Genetic Test		3		3	2
		Capsule Endoscopy	37	4		41	1
		INPATIENT	1			1	0
		Medical Service	177	23		200	2
RX		ADDERALL XR 10 MG CAP.SR 24H		1		1	1
RX		ADDERALL XR 20 MG CAP.SR 24H		1		1	0

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	RX	AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	1			1	0
	RX	AJOVY SYRINGE 225 MG/1.5 SYRINGE	1			1	2
	RX	ALBUTEROL SULFATE HFA 90 MCG HFA AER AD		1		1	4
	RX	APIDRA SOLOSTAR 100/ML INSULN PEN	1			1	0
	RX	ARMODAFINIL 150 MG TABLET	1			1	0
	RX	ARMOUR THYROID 90 MG TABLET		1		1	0
	RX	ASMANEX HFA 100 MCG HFA AER AD		1		1	0
	RX	BUDESONIDE ER 9 MG TABDR - ER		1		1	3
	RX	CLIMARA PRO 45-15/24H PATCH TDWK		1		1	0
	RX	CREON 24-76-120K CAPSULE DR		1		1	3
	RX	DEXCOM G6 SENSOR EACH	2			2	2
	RX	DEXCOM G6 TRANSMITTER EACH	1			1	3

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	RX	DEXCOM G7 SENSOR EACH	1			1	1
	RX	DEXTROAMPHETAMINE-AMPH 30 MG CAP.SR 24H	1			1	2
	RX	DUPIXENT SYRINGE 300 MG/2ML SYRINGE	1			1	0
	RX	ELIQUIS 5 MG TABLET	3			3	0
	RX	EMGALITY PEN 120 MG/ML PEN INJCTR	1			1	0
	RX	EPCLUSA 400-100 MG TABLET	1			1	1
	RX	FINACEA 15 % FOAM	1			1	0
	RX	FLUTICASONE PROPIONATE 44 MCG AER W/ADAP	1			1	0
	RX	FREESTYLE LIBRE 14 DAY EACH		1		1	0
	RX	HYDROCODONE-ACETAMINOP 10MG-325MG TABLET	1			1	0
	RX	HYDROCODONE-ACETAMINOP 7.5-325 MG TABLET	1			1	1
	RX	KINERET 100MG/0.67 SYRINGE		1		1	1

Cigna Health and Life Insurance Prior Authorization Requests: September 2024 - December 2024

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
	RX	LEVALBUTEROL TARTRATE 45 MCG HFA AER AD		1		1	0
	RX	LEVEMIR FLEXPEN 100/ML (3) INSULN PEN	1			1	0
	RX	LINEZOLID 600 MG TABLET	2			2	0
	RX	MOUNJARO 10MG/0.5ML PEN INJCTR	1	2		3	0
	RX	MOUNJARO 12.5MG/0.5 PEN INJCTR	1			1	2
	RX	MOUNJARO 15MG/0.5ML PEN INJCTR	2	1		3	3
	RX	MOUNJARO 2.5 MG/0.5 PEN INJCTR	4	4		8	0
	RX	MOUNJARO 5 MG/0.5ML PEN INJCTR		1		1	1
	RX	NURTEC ODT 75 MG TAB RAPDIS	1	1		2	1
	RX	OMEPRAZOLE 40 MG CAPSULE DR	1			1	0
	RX	OPZELURA 1.5 % CREAM (G)	1	2		3	3
	RX	ORLADEYO 150 MG CAPSULE	1			1	2

Cigna Health and Life Insurance Prior Authorization Requests: September 2024 - December 2024

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
	RX	OXYCODONE-ACETAMINOPHE 5 MG-325MG TABLET	1			1	0
	RX	OXYCONTIN 10 MG TAB ER 12H		1		1	7
	RX	OXYCONTIN 30 MG TAB ER 12H	1			1	0
	RX	OZEMPIC .25 OR 0.5 PEN INJCTR	2	3		5	0
	RX	OZEMPIC 0.25 OR .5 PEN INJCTR		2		2	0
	RX	OZEMPIC 1/0.75 (3) PEN INJCTR	2			2	1
	RX	OZEMPIC 2MG/0.75ML PEN INJCTR	2			2	2
	RX	PANTOPRAZOLE SODIUM 40 MG TABLET DR	2			2	0
	RX	PROLASTIN C 1000 MG/20 VIAL	1			1	0
	RX	QBREXZA 2.4 % TOWELETTE	1			1	0
	RX	QELBREE 200 MG CAP ER 24H	1			1	3
	RX	RESTASIS MULTIDOSE 0.05 % DROPS		1		1	0

Cigna Health and Life Insurance Prior Authorization Requests: September 2024 - December 2024

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
	RX	REXULTI 4 MG TABLET	1			1	2
	RX	RINVOQ 30 MG TAB ER 24H	1			1	0
	RX	RINVOQ LQ 1 MG/ML SOLUTION	2	1		3	2
	RX	RYBELSUS 7 MG TABLET		1		1	1
	RX	STEGLATRO 15 MG TABLET		1		1	0
	RX	TESTOSTERONE 1.25G-1.62 GEL PACKET		1		1	0
	RX	TESTOSTERONE 20.25/1.25 GEL MD PMP		1		1	1
	RX	TESTOSTERONE 50 MG (1%) GEL PACKET	1			1	0
	RX	TIROSINT 125 MCG CAPSULE		1		1	0
	RX	TRULICITY 0.75MG/0.5 PEN INJCTR	1			1	5
	RX	UBRELVY 100 MG TABLET	1			1	0
	RX	VAGIFEM 10 MCG TABLET		1		1	4

Cigna Health and Life Insurance Prior Authorization Requests: September 2024 - December 2024

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
	RX	VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR		1		1	0
	RX	VYVANSE 30 MG CAPSULE		1		1	0
	RX	WINLEVI 1 % CREAM (G)		1		1	0
	RX	XARELTO 10 MG TABLET	1	1		2	1
	RX	XIFAXAN 550 MG TABLET	4			4	0
	RX	XOLAIR 300 MG/2ML SYRINGE	1			1	0
	RX	ZEPBOUND 12.5MG/0.5 PEN INJCTR		1		1	3
	RX	ZEPBOUND 5 MG/0.5ML PEN INJCTR	1			1	0

Cigna Health and Life Insurance Appeals of Prior Authorization Decisions: September 2024 - December 2024

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Medical Necessity	1		1	1
Total	1		1	1

Healthcare Provider Specialty

Data by healthcare provider specialty is available by request.

Requests shall be sent to:

Name: Cigna Health and Life Insurance Company

Address: PO Box 182223

Chattanooga, TN 37422-7223

Upon receipt of all required information, insurer will provide the report within 30 calendar days to the requesting entity.