

## Cigna Health and Life Insurance CompanyPrior Authorization Requests: April 2025 - June 2025

| PROCEDURE<br>CODE TYPE | PROCEDURE<br>CODE | PROCEDURE DESCRIPTION   | Approved<br>Count | Denied<br>Count | Modified<br>Count (if<br>applicable) | Total<br>Count | Average Processing<br>(Days) |
|------------------------|-------------------|---|-------------------|-----------------|--------------------------------------|----------------|------------------------------|
| CP                     | 0449U             | CAR SCR SEV INH COND 5 GENES  | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 64615             | CHEMODENERV MUSC MIGRAINE   | 2                 | 0               |                                      | 2              | 1.5                          |
| CP                     | 44310             | ILEOSTOMY/JEJUNOSTOMY   | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 44205             | LAP COLECTOMY PART W/ILEUM  | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 44213             | LAP MOBIL SPLENIC FL ADD-ON   | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 44139             | MOBILIZATION OF COLON   | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 44160             | REMOVAL OF COLON  | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 60240             | REMOVAL OF THYROID  | 0                 | 1               |                                      | 1              | 1                            |
| CP                     | 15275             | SKIN SUB GRAFT FACE/NK/HF/G   | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 41899             | UNLISTED PX DENTALVLR STRUX   | 2                 | 0               |                                      | 2              | 1                            |
| CP                     | 35585             | VEIN BYP FEM-TIBIAL PERONEAL  | 1                 | 0               |                                      | 1              | 0                            |
| HC                     | A4238             | ADJU CGM SUPPLY ALLOWANCE   | 1                 | 0               |                                      | 1              | 1                            |
| HC                     | J9035             | BEVACIZUMAB INJECTION   | 1                 | 0               |                                      | 1              | 0                            |
| HC                     | J0897             | DENOSUMAB INJECTION   | 1                 | 0               |                                      | 1              | 6                            |
| HC                     | Q4186             | EPIFIX 1 SQ CM  | 1                 | 0               |                                      | 1              | 1                            |
| HC                     | J7323             | EUFLEXXA INJ PER DOSE   | 2                 | 0               |                                      | 2              | 0.5                          |
| HC                     | Q0138             | FERUMOXYTOL, NON-ESRD   | 1                 | 1               |                                      | 2              | 0.5                          |
| HC                     | J1745             | INFLIXIMAB NOT BIOSIMIL 10MG  | 1                 | 0               |                                      | 1              | 1                            |
| HC                     | J2329             | INJ UBLITUXIMAB-XIYY, 1 MG  | 1                 | 0               |                                      | 1              | 7                            |
| HC                     | J7318             | INJ, DUROLANE 1 MG  | 1                 | 0               |                                      | 1              | 0                            |
| HC                     | Q5103             | INJECTION, INFLECTRA  | 2                 | 0               |                                      | 2              | 0                            |
| HC                     | J0585             | INJECTION,ONABOTULINUMTOXINA  | 2                 | 0               |                                      | 2              | 0.5                          |
| HC                     | E0760             | OSTEOGEN ULTRASOUND STIMLTOR  | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 23472             | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))  | 1                 | 0               |                                      | 1              | 2                            |
| CP                     | 27096             | Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid  | 2                 | 0               |                                      | 2              | 1                            |
| CP                     | 27130             | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft   | 1                 | 0               |                                      | 1              | 4                            |
| CP                     | 27418             | Anterior tibial tubercleplasty (eg, Maquet type procedure)  | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 29870             | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)   | 0                 | 1               |                                      | 1              | 1                            |
| CP                     | 29873             | Arthroscopy, knee, surgical;with lateral release  | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 29875             | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)   | 1                 | 0               |                                      | 1              | 1                            |
| CP                     | 29880             | Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)  | 1                 | 0               |                                      | 1              | 0                            |
| CP                     | 29881             | Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)   | 2                 | 0               |                                      | 2              | 0.5                          |
| CP                     | 36471             | Injection Of Sclerosant; Multiple Incompetent Veins (other Than Telangiectasia), Same Leg   | 0                 | 2               |                                      | 2              | 2                            |
| CP                     | 37242             | Vascular Embolization Or Occlusion, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention; Arterial, Other Than Hemorrhage Or Tumor (eg, Congenital Or Acquired Arterial Malformations, Arteriovenous Malformations, Arteriovenous Fistulas, Aneurysms, Pseudoaneurysms) | 0                 | 1               |                                      | 1              | 4                            |

|    |       |   |   |   |  |   |   |
|----|-------|---|---|---|--|---|---|
| CP | 43235 | Esophagogastroduodenoscopy, Flexible, Transoral; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (separate Procedure)  | 3 | 0 |  | 3 | 0 |
| CP | 43239 | Esophagogastroduodenoscopy, Flexible, Transoral; With Biopsy, Single Or Multiple  | 0 | 1 |  | 1 | 5 |
| CP | 43249 | Esophagogastroduodenoscopy, Flexible, Transoral; With Transendoscopic Balloon   | 1 | 0 |  | 1 | 0 |
| CP | 49411 | Placement Of Interstitial Device(s) For Radiation Therapy Guidance (eg, Fiducial Markers, Dosimeter), Percutaneous, Intra-abdominal, Intra-pelvic (except Prostate), And/or Retroperitoneum, Single Or Multiple | 1 | 0 |  | 1 | 2 |
| CP | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances   | 1 | 0 |  | 1 | 0 |
| CP | 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances   | 1 | 0 |  | 1 | 0 |
| CP | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances   | 2 | 0 |  | 2 | 0 |
| CP | 64479 | INJ FORAMEN EPIDURAL C/T  | 1 | 0 |  | 1 | 0 |
| CP | 64483 | INJ FORAMEN EPIDURAL L/S  | 4 | 0 |  | 4 | 0 |
| CP | 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level         | 0 | 1 |  | 1 | 0 |
| CP | 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level                             | 0 | 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 | 0 |  | 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 | 0 |  | 1 | 0 |
| CP | 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint  | 2 | 0 |  | 2 | 0 |
| CP | 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint   | 2 | 0 |  | 2 | 0 |
| CP | 70470 | CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections  | 0 | 1 |  | 1 | 2 |
| CP | 70486 | CT SINUS, Maxillofacial Area; without contrast material   | 1 | 0 |  | 1 | 0 |
| CP | 70490 | CT NECK Soft Tissue; without contrast material  | 0 | 1 |  | 1 | 1 |
| CP | 70491 | CT NECK Soft Tissue; with contrast material(s)  | 3 | 0 |  | 3 | 2 |
| CP | 70540 | MRI Orbit, Face, and Neck without contrast  | 0 | 1 |  | 1 | 4 |
| CP | 70551 | MRI BRAIN (head); without contrast material   | 1 | 0 |  | 1 | 4 |
| CP | 70553 | MRI BRAIN (head); without contrast material, followed by contrast material(s) and   | 2 | 0 |  | 2 | 0 |
| CP | 71250 | CT CHEST (thorax); without contrast material  | 1 | 0 |  | 1 | 0 |
| CP | 71260 | CT CHEST (thorax); with contrast material(s)  | 7 | 1 |  | 7 | 0 |
| CP | 71270 | CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections   | 0 | 3 |  | 3 | 4 |
| CP | 71275 | CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing   | 1 | 0 |  | 1 | 5 |
| CP | 72125 | CT Cervical Spine; without contrast material  | 1 | 0 |  | 1 | 0 |
| CP | 72131 | CT Lumbar Spine; without contrast material  | 1 | 0 |  | 1 | 1 |
| CP | 72141 | MRI Cervical Spine, (spinal canal and contents); without contrast material  | 6 | 0 |  | 6 | 0 |
| CP | 72148 | MRI Lumbar Spine, (spinal canal and contents); without contrast material  | 4 | 2 |  | 6 | 2 |
| CP | 72156 | MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences  | 1 | 0 |  | 1 | 0 |

|    |       |  |    |   |  |    |     |
|----|-------|--|----|---|--|----|-----|
| CP | 72157 | MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences   | 1  | 0 |  | 1  | 0   |
| CP | 72158 | MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences   | 1  | 0 |  | 1  | 0   |
| CP | 72195 | MRI PELVIS; without contrast material(s)   | 1  | 1 |  | 2  | 0   |
| CP | 73200 | CT Upper Extremity; without contrast material  | 1  | 0 |  | 1  | 0   |
| CP | 73221 | MRI Upper Extremity, any joint; without contrast material(s)   | 4  | 2 |  | 6  | 2   |
| CP | 73222 | MRI Upper Extremity, any joint; with contrast material(s)  | 3  | 0 |  | 3  | 0   |
| CP | 73700 | CT Lower Extremity; without contrast material  | 1  | 0 |  | 1  | 0   |
| CP | 73721 | MRI Lower Extremity, any joint; without contrast material(s)   | 13 | 2 |  | 15 | 3.5 |
| CP | 74160 | CT ABDOMEN; with contrast material(s)  | 0  | 1 |  | 1  | 0   |
| CP | 74176 | Computed tomography; abdomen and pelvis; without contrast material   | 2  |   |  | 2  | 0   |
| CP | 74177 | Computed tomography; abdomen and pelvis; with contrast material(s)   | 10 | 1 |  | 11 | 0   |
| 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  | 2  | 2 |  | 4  | 3   |
| CP | 74181 | MRI ABDOMEN; without contrast material(s)  | 1  | 0 |  | 1  | 1   |
| CP | 74183 | MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences   | 1  |   |  | 1  | 0   |
| CP | 75571 | CT, HEART, without contrast with quantitative evaluation of coronary calcium   | 0  | 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  | 2  | 0 |  | 2  | 0   |
| CP | 77263 | Therapeutic Radiology Treatment Planning; Complex  | 1  | 0 |  | 1  | 2   |
| CP | 77293 | Respiratory Motion Management Simulation (list Separately In Addition To Code For Primary Procedure)   | 1  | 0 |  | 1  | 2   |
| CP | 77300 | Basic Radiation Dosimetry Calculation, Central Axis Depth Dose Calculation, Tdf, Nsd, Gap Calculation, Off Axis Factor, Tissue Inhomogeneity Factors, Calculation Of Non-ionizing Radiation Surface And Depth Dose, As Required During Course Of Treatment, Only When Prescribed By The Treating Physician | 1  | 0 |  | 1  | 2   |
| CP | 77301 | Intensity Modulated Radiotherapy Plan, Including Dose-volume Histograms For Target And Critical Structure Partial Tolerance Specifications   | 1  | 0 |  | 1  | 2   |
| CP | 77334 | Treatment Devices, Design And Construction; Complex (irregular Blocks, Special Shields, Compensators, Wedges, Molds Or Casts)  | 1  | 0 |  | 1  | 2   |
| CP | 77336 | Continuing Medical Physics Consultation, Including Assessment Of Treatment Parameters, Quality Assurance Of Dose Delivery, And Review Of Patient Treatment Documentation In Support Of The Radiation Oncologist, Reported Per Week Of Therapy  | 1  | 0 |  | 1  | 2   |
| CP | 77338 | Multi-leaf Collimator (mlc) Device(s) For Intensity Modulated Radiation Therapy (imrt), Design And Construction Per Imrt Plan  | 1  | 0 |  | 1  | 2   |
| CP | 77386 | Intensity Modulated Radiation Treatment Delivery (imrt), Includes Guidance And Tracking, When Performed; Complex   | 1  | 0 |  | 1  | 2   |
| CP | 77387 | Guidance For Localization Of Target Volume For Delivery Of Radiation Treatment, Includes Intrafraction Tracking, When Performed  | 1  | 0 |  | 1  | 2   |
| CP | 77417 | Therapeutic Radiology Port Image(s)  | 1  | 0 |  | 1  | 2   |
| CP | 77427 | Radiation Treatment Management, 5 Treatments   | 1  | 0 |  | 1  | 2   |
| CP | 77470 | Special Treatment Procedure (eg, Total Body Irradiation, Hemibody Radiation, Per Oral Or Endocavitary Irradiation)   | 1  | 0 |  | 1  | 2   |

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|----|-------|--|----|----|----|-----|
| 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 | 2  | 0  | 2  | 0   |
| CP | 78811 | PET Imaging, limited area (eg, chest, head/neck)   | 1  | 0  | 1  | 5   |
| CP | 78815 | PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh   | 2  | 0  | 2  | 2.5 |
| CP | 81479 | Miscellaneous Preimplantation Genetic Screening/diagnosis Testing  | 0  | 1  | 1  | 17  |
| CP | 93451 | Right heart catheterization without left heart cath or coronaries  | 1  | 0  | 1  | 0   |
| CP | 93460 | Native coronary artery catheterization with right and left heart cath  | 1  | 0  | 1  | 0   |
| CP | 95810 | Polysomnography, Sleep Monitoring Of Patient 6 Years Or Older In A Sleep Lab   | 0  | 2  | 1  | 5   |
| CP | 95811 | Polysomnography, Sleep Monitoring Of Patient 6 Years Or Older In A Sleep Lab With Breathing Equipment  | 0  | 1  | 1  | 5   |
| HC | G6002 | Stereoscopic X-ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy  | 1  | 0  | 1  | 2   |
| HC | G6015 | Intensity Modulated Treatment Delivery, Single Or Multiple Fields/arcs,via Narrow Spatially And Temporally Modulated Beams, Binary, Dynamic Mlc, Per Treatment Session   | 1  | 0  | 1  | 2   |
| HC | J1950 | Injection, Leuprolide Acetate (for Depot Suspension), Per 3.75 Mg  | 1  | 0  | 1  | 1   |
| HC | J8999 | Prescription Drug, Oral, Chemotherapeutic, Nos   | 2  | 0  | 2  | 1   |
| HC | J9395 | Injection, Fulvestrant, 25 Mg  | 1  | 0  | 1  | 1   |
|    |       | MENTAL HEALTH RESIDENTIAL  | 1  | 0  | 1  | 0   |
|    |       | MEDICAL SERVICES   | 28 | 18 | 46 | 2   |
|    | RX    | AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT   | 1  | 0  | 1  | 0.0 |
|    | RX    | ALBUTEROL SULFATE HFA 90 MCG HFA AER AD  | 0  | 1  | 1  | 5.0 |
|    | RX    | ARMODAFINIL 200 MG TABLET  | 1  | 1  | 2  | 5.0 |
|    | RX    | ARNUITY ELLIPTA 100 MCG BLST W/DEV   | 0  | 1  | 1  | 5.1 |
|    | RX    | ATOMOXETINE HCL 40 MG CAPSULE  | 1  | 1  | 2  | 2.6 |
|    | RX    | BASAGLAR KWIKPEN U-100 100/ML (3) INSULN PEN   | 0  | 1  | 1  | 4.9 |
|    | RX    | BOSULIF 100 MG TABLET  | 1  | 0  | 1  | 5.8 |
|    | RX    | CAPECITABINE 500 MG TABLET   | 1  | 0  | 1  | 2.7 |
|    | RX    | DAYVIGO 5 MG TABLET  | 0  | 1  | 1  | 4.9 |
|    | RX    | DEXCOM G6 SENSOR EACH  | 1  | 0  | 1  | 2.8 |
|    | RX    | DEXCOM G7 SENSOR EACH  | 3  | 1  | 4  | 3.7 |
|    | RX    | DEXMETHYLPHENIDATE HCL 5 MG CPBP 50-50   | 1  | 0  | 1  | 5.8 |
|    | RX    | DEXTROAMPHETAMINE-AMPH 10 MG CAP.SR 24H  | 1  | 0  | 1  | 4.9 |
|    | RX    | DUPIXENT PEN 300 MG/2ML PEN INJCTR   | 0  | 1  | 1  | 3.1 |
|    | RX    | EMGALITY PEN 120 MG/ML PEN INJCTR  | 1  | 0  | 1  | 5.0 |
|    | RX    | FREESTYLE LIBRE 2 SENS KIT   | 0  | 1  | 1  | 0.1 |
|    | RX    | JARDIANCE 10 MG TABLET   | 2  | 0  | 2  | 0.0 |
|    | RX    | LEXAPRO 20 MG TABLET   | 0  | 1  | 1  | 0.8 |
|    | RX    | LO LOESTRIN FE 1MG-10(24) TABLET   | 2  | 0  | 2  | 2.0 |
|    | RX    | MODAFINIL 200 MG TABLET  | 0  | 1  | 1  | 3.3 |
|    | RX    | MOUNJARO 10MG/0.5ML PEN INJCTR   | 1  | 0  | 1  | 3.8 |
|    | RX    | MOUNJARO 2.5 MG/0.5 PEN INJCTR   | 7  | 3  | 10 | 4.6 |
|    | RX    | MOUNJARO 5 MG/0.5ML PEN INJCTR   | 1  | 0  | 1  | 0.0 |
|    | RX    | MOUNJARO 7.5 MG/0.5 PEN INJCTR   | 2  | 1  | 3  | 3.6 |
|    | RX    | NEMLUVIO 30 MG PEN INJCTR  | 1  | 0  | 1  | 0.0 |
|    | RX    | NOVOLOG FLEXPEN 100/ML (3) INSULN PEN  | 0  | 1  | 1  | 5.3 |
|    | RX    | NURTEC ODT 75 MG TAB RAPDIS  | 3  | 1  | 4  | 0.6 |
|    | RX    | OMNIPOD DASH INTRO KIT EACH  | 0  | 1  | 1  | 3.9 |
|    | RX    | OXYCODONE HCL 10 MG TABLET   | 1  | 0  | 1  | 1.3 |

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|----|--|---|---|---|-----|
| RX | OZEMPIC .25 OR 0.5 PEN INJCTR          | 2 | 0 | 2 | 2.0 |
| RX | OZEMPIC 1/0.75 (3) PEN INJCTR          | 2 | 0 | 2 | 5.1 |
| RX | OZEMPIC 2MG/0.75ML PEN INJCTR          | 1 | 0 | 1 | 5.6 |
| RX | PANTOPRAZOLE SODIUM 40 MG TABLET DR    | 1 | 0 | 1 | 3.5 |
| RX | RINVOQ 15 MG TAB ER 24H                | 1 | 0 | 1 | 5.2 |
| RX | RINVOQ 45 MG TAB ER 24H                | 1 | 0 | 1 | 5.0 |
| RX | RINVOQ LQ 1 MG/ML SOLUTION             | 1 | 0 | 1 | 4.7 |
| RX | RYBELSUS 14 MG TABLET                  | 1 | 0 | 1 | 5.8 |
| RX | STELARA 90 MG/ML SYRINGE               | 1 | 0 | 1 | 0.0 |
| RX | SUTAB 1.479 G TABLET                   | 2 | 0 | 2 | 5.2 |
| RX | TALTZ AUTOINJECTOR 80 MG/ML AUTO INJCT | 1 | 0 | 1 | 0.0 |
| RX | TIROSINT 112 MCG CAPSULE               | 0 | 1 | 1 | 5.2 |
| RX | VOQUEZNA 20 MG TABLET                  | 1 | 0 | 1 | 5.9 |
| RX | ZEPBOUND 2.5 MG/0.5 PEN INJCTR         | 0 | 1 | 1 | 0.0 |

| Reason for Adverse Determination | Appeal Count | Upheld Count | Reversed Count | Total |
|----------------------------------|--------------|--------------|----------------|-------|
| Pharmacy: Pharmacy Benefit       | 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 182233**

**Chattanooga, TN 37422-7223**

The above to be completed by Health Insurers or Utilization Review Entities .

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

| Term/Heading                     | Explanation  |
|----------------------------------|--|
| Approved                         | Prior Auth request was initially or ultimately approved by insurer.  |
| Denied                           | Prior Auth request was initially or ultimately denied by insurer.  |
| Total Count                      | Total sum of prior authorization requests by procedure type, provider specialty or adverse determination reason.   |
| Procedure Code Type              | Specific type of procedure code being used such as CPT or HCPCS.   |
| Procedure Code                   | Specific CPT or HCPCS number or code for procedure or service being requested.   |
| Procedure Description            | Brief description of requested procedure.  |
| Average Processing Days          | Time between initial prior authorization request and the approval or initial adverse determination.  |
| Sent to Appeal                   | Number of initial prior authorizations requests resulting in an adverse determination, requiring any level of additional appeal/review. This count will also be included in the 'Approved' or 'Denied' column as well depending on the outcome.  |
| Reason for Adverse Determination | Reason for prior authorization request denial.   |
| Appeal Count                     | Number of initial prior authorization requests sent to any level of appeal.  |
| Upheld Count                     | Number of prior authorization requests sent to appeal that were ultimately upheld or denied.   |
| Reversed Count                   | Number of prior authorization requests sent to appeal that were ultimately reversed or approved.   |
| Modified Count*                  | Prior Authorization where there is both an approval and a denial. (Example: Originally requested dosage was denied but an alternative was approved)<br>* If your company does not partially approve services, they would not be required to record anything in the modified column. The prior auths will only be documented in approved and denied. If a prior auth is both approved and denied, it should be recorded in the modified column. |