

| Procedure Code Type | Procedure Code | Procedure Description | Approved Count | Denied Count | Modified Count (if applicable) | Total Count | Average Processing (Days) |
|---------------------|----------------|-------------------------------------|----------------|--------------|--------------------------------|-------------|---------------------------|
| N/A | N/A | No Prior Authorizations for Q4 2024 | N/A | N/A | N/A | 0 | N/A |
| | | | | | | 0 | |
| | | | | | | 0 | |
| | | | | | | 0 | |
| | | | | | | 0 | |
| | | | | | | 0 | |
| Grand Total | | | 0 | 0 | 0 | 0 | 0 |

| Reason for Adverse Determination | Appeal Count | Upheld Count | Reversed Count | Total |
|----------------------------------|--------------|--------------|----------------|-------|
| No appeals for Q4 2024 | N/A | N/A | N/A | N/A |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

| Healthcare Provider Specialty | |
|--|--|
| | |
| Data by healthcare provider specialty is available by request. | |
| | |
| | |
| Requests shall be sent to: | |

Aetna Inc.
151 Farmington Avenue
Hartford, CT 06156

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 authorization 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) |
| | * 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. |