

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	15	1	0	16	0.8 days
	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	10	1	0	11	0.4 days
	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	8	0	0	8	0.6 days
	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	5	3	0	8	1 day
	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	4	3	0	7	1.6 days
	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and fur	6	0	0	6	0.2 days
	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2	3	0	5	2.6 days
	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	3	1	0	4	.3 days
	64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, sin	3	0	0	3	1 day
	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and furth	3	0	0	3	0 days
	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	3	0	0	3	0 days
	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guida	2	0	0	2	3 days
	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guida	2	0	0	2	3 days
	70486	Computed tomography, maxillofacial area; without contrast material	2	0	0	2	0 days
	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2	0	0	2	0 days
	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	2	0	0	2	0 days
	74176	Computed tomography, abdomen and pelvis; without contrast material	1	1	0	2	4.5 days
	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and	2	0	0	2	3 days
	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	1	1	0	2	1 day
	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), inclu	1	0	0	1	0 days
	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, eac	1	0	0	1	2 days
	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	0	1	0	1	3 days
	70450	Computed tomography, head or brain; without contrast material	0	1	0	1	2 days
	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	1	0	0	1	0 days
	70490	Computed tomography, soft tissue neck; without contrast material	0	1	0	1	0 days
	70491	Computed tomography, soft tissue neck; with contrast material(s)	1	0	0	1	2 days
	71250	Computed tomography, thorax, diagnostic; without contrast material	1	0	0	1	0 days
	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	0	1	0	1	1 day
	72131	Computed tomography, lumbar spine; without contrast material	0	1	0	1	10 days
	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	1	0	0	1	0 days
	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and furth	1	0	0	1	0 days
	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	1	0	0	1	0 days
	73700	Computed tomography, lower extremity; without contrast material	0	1	0	1	0 days
	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image pr	1	0	0	1	0 days
	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and	1	0	0	1	3 days
	74160	Computed tomography, abdomen; with contrast material(s)	1	0	0	1	1 day
	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	0	1	0	1	5 days
	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further seque	1	0	0	1	0 days
	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and furth	1	0	0	1	0 days
	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion dete	0	1	0	1	2 days
	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	1	0	0	1	0 days
	77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-i	1	0	0	1	0 days
	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical loc	1	0	0	1	0 days
	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical loc	1	0	0	1	3 days
	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	0	1	0	1	0 days
	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	1	0	0	1	0 days
	G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensat	1	0	0	1	0 days

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
None	N/A	N/A	N/A	0
<b>Total</b>				<b>0</b>

## 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 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) * 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.