

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average TAT for pre-service cases (Days)
Revenue	150	Room & board ward general classification	8	0	0	8	0.5
CPT	61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	1	0	0	1	1.0
CPT	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	2	0	0	2	6.5
CPT	31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	1	0	0	1	0.0
CPT	31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	1	0	0	1	0.0
CPT	30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	1	0	0	1	0.0
CPT	63030	LAMNOTMY INCL W/DCMPSRN NRV ROOT 1 INTRSPC LUMBR	1	0	0	1	2.0
CPT	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	1	0	0	1	2.0
CPT	63035	LAMNOTMY W/DCMPSRN NRV EACH ADDL CRVCL/LMBR	1	0	0	1	2.0
CPT	19371	PERI-IMPLT CAPSLC BRST COMPL	1	0	0	1	0.0
CPT	19380	REVJ RECONSTRUCTED BREAST	1	0	0	1	0.0
HCPCS	L8600	IMPLANT BREAST SILICONE/EQ	1	0	0	1	0.0
CPT	19370	REVJ PERI-IMPLT CAPSULE BRST	1	0	0	1	0.0
CPT	19342	INSJ/RPLCMT BRST IMPLT SEP D	1	0	0	1	0.0
CPT	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	1	0	0	1	2.0

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