

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
CPT	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	19	0	0	19	0.2
CPT	70486	Computed tomography, maxillofacial area; without contrast material	8	0	0	8	0.3
CPT	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	6	2	0	8	0.5
CPT	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	3	4	0	7	1.3
CPT	64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, si	6	0	0	6	0.5
CPT	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion de	5	0	0	5	0.6
CPT	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	4	0	0	4	0.8
CPT	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	3	0	1	4	0.5
CPT	78452	Myocardial perfuison imaging, a special test to check blood flow to your heart	3	1	0	4	0.5
CPT	70450	Computed tomography, head or brain; without contrast material	3	0	0	3	0.3
CPT	70491	Computed tomography, soft tissue neck; with contrast material(s)	3	0	0	3	0.3
CPT	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and f	3	0	0	3	0
CPT	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	3	0	0	3	0.7
CPT	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	3	0	0	3	0.3
CPT	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and	3	0	0	3	0
CPT	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequ	3	0	0	3	0.7
CPT	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, es	2	0	0	2	2
CPT	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and fu	2	0	0	2	0
CPT	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2	0	0	2	0
CPT	71250	Computed tomography, thorax, diagnostic; without contrast material	1	1	0	2	0.5
CPT	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	2	0	0	2	0
CPT	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	0	2	0	2	0.5
CPT	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep,with breathing equipement	2	0	0	2	0
CPT	62321	Injection, with imaging guidance C/T	1	0	0	1	0
CPT	70545	Magnetic resonance angiography brain with contrast	1	0	0	1	0
CPT	70548	Magnetic resonance angiography neck with contrast	1	0	0	1	2
CPT	71271	Computed tomography, low dose chest with contrast material(s)	1	0	0	1	0
CPT	71275	Computed tomography angiography, chest, without and with contrast material(s)	1	0	0	1	0
CPT	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	1	0	0	1	0
CPT	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and furt	1	0	0	1	0
CPT	73700	Computed tomography, lower extremity; without contrast material	1	0	0	1	0
CPT	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without and with contrast material(s)	1	0	0	1	0
CPT	74176	Computed tomography, abdomen and pelvis; without contrast material	1	0	0	1	0
CPT	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	0	1	0	1	2
CPT	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	0	1	0	1	2
CPT	76380	Computed tomography, Limited or Localized Follow-up	1	0	0	1	2
CPT	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	0	1	0	1	1
CPT	77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field	1	0	0	1	1
CPT	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical lo	1	0	0	1	0
CPT	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical lo	0	1	0	1	0
CPT	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed under stress	1	0	0	1	0
CPT	93597	Right/Left Heart Catheterization	1	0	0	1	0
CPT	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	0	1	0	1	1
CPT	G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensa	1	0	0	1	1
		Grand Total	105	15	1	121	0.5 Days

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
None	0	0	0	0
Total	0	0	0	0

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 requestion denial.
Appeal Count	Number of intial 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.