

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
Revenue	150	Room & board ward general classification	2	0	0	2	3.50
CPT	15275	SKIN SUB GRAFT FACE/NK/HF/G	0	1	0	1	5.00
CPT	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	1	0	0	1	2.00
CPT	19380	REVJ RECONSTRUCTED BREAST	1	0	0	1	1.00
CPT	29914	ARTHROSCOPY HIP W/FEMOROPLASTY	2	1	0	3	1.50
CPT	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	0	2	0	2	1.50
CPT	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	1	0	0	1	1.00
CPT	31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL	1	1	0	2	1.00
CPT	31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	1	1	0	2	1.00
CPT	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	3	0	0	3	0.00
CPT	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	2	0	0	2	0.00
CPT	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	2	0	0	2	0.00
CPT	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	1	0	0	1	1.00
CPT	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	1	0	0	1	0.00
CPT	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	1	0	0	1	5.00
CPT	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	1	1	0	2	1.00
CPT	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	1	1	0	2	1.00
CPT	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	0	1	0	1	5.00
CPT	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	2	1	0	3	3.00
CPT	77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT	0	1	0	1	2.00
CPT	77071	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	1	0	0	1	2.00
CPT	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	0	1	0	1	5.00
CPT	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	0	1	0	1	5.00
CPT	99415	PROLNG CLIN STAFF SVC 1ST HR	1	0	0	1	0.00
CPT	99417	PROLNG OP E/M EACH 15 MIN	1	0	0	1	0.00
		Grand Total	26	13	0	39	1.70

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Medical necessity	1	1	0	
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 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.