

Health plan prior authorization data

2022 annual report to the Legislature

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Background

In 2020, the Washington State Legislature enacted Engrossed Substitute Senate Bill (ESSB) 6404 (Chapter 316, Laws of 2020, codified at [RCW 48.43.0161](#)), which requires that health carriers with at least one percent of the market share in Washington State annually report certain aggregated and de-identified data to the Office of the Insurance Commissioner (OIC). This reported data includes prior authorization information for the following categories of health services:

- Inpatient medical/surgical
- Outpatient medical/surgical
- Inpatient mental health and substance use disorder
- Outpatient mental health and substance use disorder
- Diabetes supplies and equipment
- Durable medical equipment

The carriers must report the following information for the prior plan year (PY) for their individual and group health plans for each category of services:

- The 10 codes with the highest number of prior authorization **requests** and the percent of approved requests.
- The 10 codes with the highest percentage of **approved** prior authorization requests and the total number of requests.
- The 10 codes with the highest percentage of prior authorization requests that were initially denied and then approved on **appeal** and the total number of such requests.

Carriers also must include the average response time in hours for prior authorization requests and the number of requests in each covered service in the above lists for each of the following categories:

- Expedited decisions.
- Standard decisions.
- Extenuating-circumstances decisions.

The reports from carriers were due October 1, 2022, for PY 2021.

The Revised Code of Washington (RCW) 48.43.0161(3) directs the insurance commissioner to submit an annual report by January 1 each year.

OIC implementation of ESSB 6404

The Office of the Insurance Commissioner (OIC) developed its first set of data templates in 2020 for PY 2019 reporting. In reviewing the carrier's PY 2019 responses, OIC found substantial variability in the services or codes reported, and the number of claims reported for such services. In addition, PY 2019 reporting suggested that carriers do not require similar coding when authorizing services.

On June 4, 2021 OIC distributed drafts of a revised filing instruction sheet and response template to carriers for review and comment. The revisions were designed to bring greater clarity to the services reported and improve OIC's ability to compare reports across carriers. Templates used in 2021 were substantially unchanged for 2022. The current template added a field to report the number of each response measured for expedited, standard and extenuating circumstances in order to assess the significance of the measure.

Carriers required to file a report in 2022 for PY 2021 based upon market share as directed in RCW 48.43.0160(1) are:

- Aetna Life Insurance Company
- Asuris Northwest Health
- Cigna Health & Life Insurance Company
- Coordinated Care Corp.
- Kaiser Foundation Health Plan of the Northwest
- Kaiser Foundation Health Plan of Washington Options
- Kaiser Foundation Health Plan of Washington
- LifeWise Health Plan of WA
- Molina HealthCare of WA
- Premera Blue Cross
- Regence BlueCross BlueShield (BCBS) of Oregon
- Regence BlueShield
- UnitedHealthCare Insurance Co.
- UnitedHealthCare of Washington Inc.

The OIC sent carriers the final ESSB 6404 Instruction Sheet ([Appendix A](#)), "Frequently Asked Questions" guidance ([Appendix B](#)), and ESSB 6404 Response Template ([Appendix C](#)). To keep responses consistent and make them easier to compare, the OIC directed the carriers to report data based on the date a service was provided.

Carrier reporting

In 2015, the OIC adopted rules that established minimum program and process standards for carriers' prior authorization activities. The rules, codified in Washington Administrative Code (WAC) 284-43-2000 through 284-43-2060, include but are not limited to:

- Prior authorization program accreditation, e.g. accreditation by the National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), Joint Commission, or Accreditation Association for Ambulatory Health Care (AAAHC).
- Use of evidence-based clinical review criteria.
- Establishment of an online prior authorization submission process to provide more transparency and clearer guidance for providers and enrollees.
- Establishment of a secure online process for providers to submit prior authorization requests.
- Setting time limits for making prior authorization decisions.
- Required content of prior authorization approvals and denials.

RCW 48.43.0161 addresses the clinical services that are subject to prior authorization, rather than the processes used by carriers to conduct prior authorizations.

The Legislature has limited carriers' ability to require prior authorization for certain services (e.g., initial substance use disorder inpatient stays (RCW 48.43.761), medication for treatment of opioid use disorder (RCW 48.43.760), and chiropractic, physical therapy, and East Asian treatments (RCW 48.43.016)). Beyond these prior authorization restrictions, the OIC is not aware of any standardization of service prior authorization.

Findings

The OIC received PY 2021 data from 14 carriers. Some variation was observed in submissions across carriers:

- Not all the carriers reported codes as either CPT, HCPC or Revenue codes. Some carriers used alternate code types making grouping codes and identifying trends across carriers more difficult. Alternate code types include “internal” codes, and “NA” submissions.
- Some of the reports did not include complete responses related to average determination response time for expedited and extenuating circumstances prior authorization decisions.
- There was variation in how carriers reported “tied” codes, with multiple codes having the same number of requests. Some carriers indicated that there were more than 10 codes with 1 request, and did not include them, while others extended the list to include all of the ties.
- Across the carriers, there was substantial variability in both the particular services or codes that were reported, and the number of claims reported for each such service.

As of January 1, 2020, there were over 11,000 Common Procedure Terminology (CPT) codes and 6,700 Healthcare Common Procedural Coding System (HCPCS) codes in use.¹

¹ CPT codes are developed by the American Medical Association, <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>; HCPCS codes are developed by the HHS/Center for Medicare and Medicaid Services, <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo>.

Prior authorization requests across carriers and code types

The carriers' submissions were aggregated to observe and compare trends across carriers, service categories and service code types. All carriers were included in this report.

The health service code with the highest number of prior authorization requests for each health service category are found in Figure 1.

Figure 1 Highest number of prior authorization requests by category

Service Category	Code	Description	Total Requests
Outpatient Med-Surg	99214	Office visit E&M est pt, moderate mdm, 30-39 mins	135,335
Outpatient MH-SUD	90837	Psychotherapy, 60 minutes with patient	24,167
Inpatient Med-Surg	120	Room and board	19,698
DME	E0601	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]	11,006
Diabetes Supplies and Equip	99214	Office visit E&M est pt, moderate mdm, 30-39 mins	2,726
Inpatient MH-SUD	124	Room and board, Semi-Private, Psychiatric	1,414

The two codes with the most prior authorization requests for PY 2021 were:

- CPT 99214 (Office Visit Evaluation and Management – Established Patient, 30-39 mins): 135,335 requests.
- CPT 90837 (Psychotherapy, 60 min): 24,167 requests

This is a notable increase from last year, when the two codes with the most prior authorization requests (PY 2020) were:

- "Office Visit Evaluation and Management (E&M) – Established Patient:" 64,197 requests.
- "Room & Board – General:" 16,522 requests.

Figure 2 details the total number of prior authorization requests for the 10 service codes with the highest number of requests for PY 2021.

Figure 2 Highest number of requests by code totals 2021

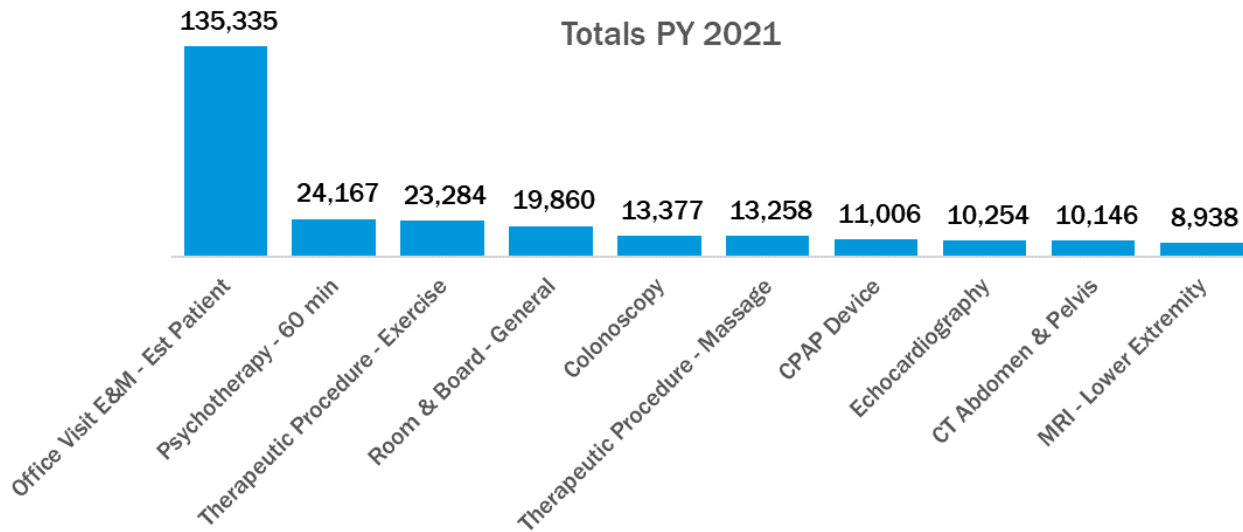
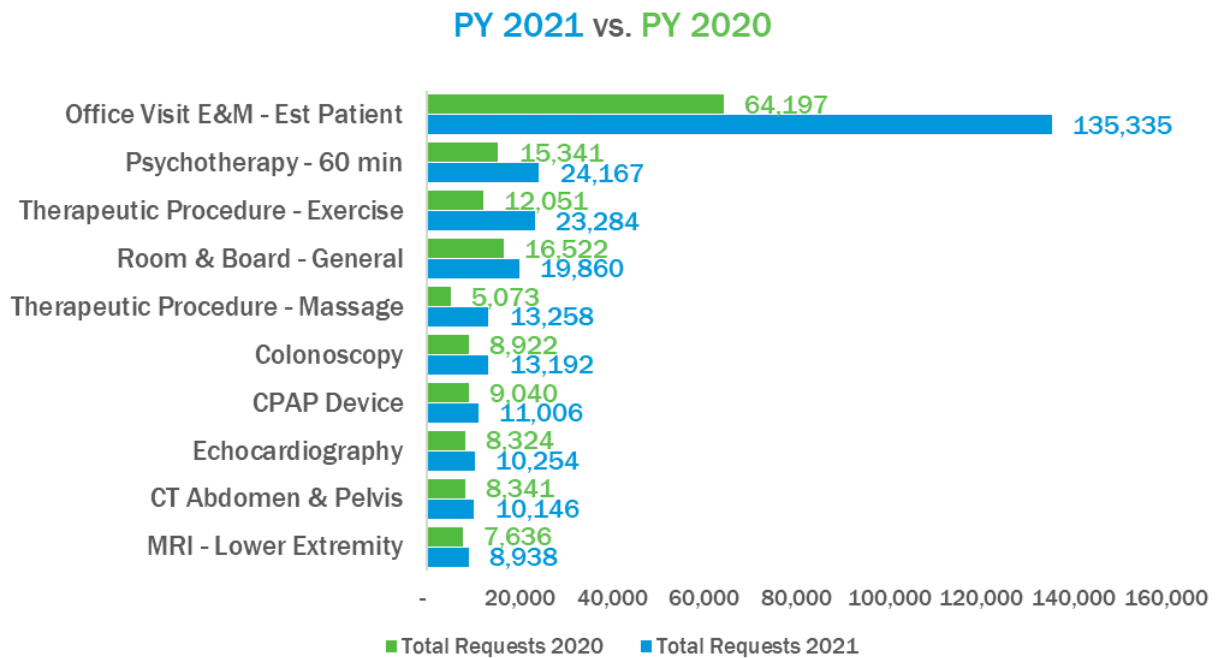


Figure 3 Highest number of requests by code 2021 vs. 2022



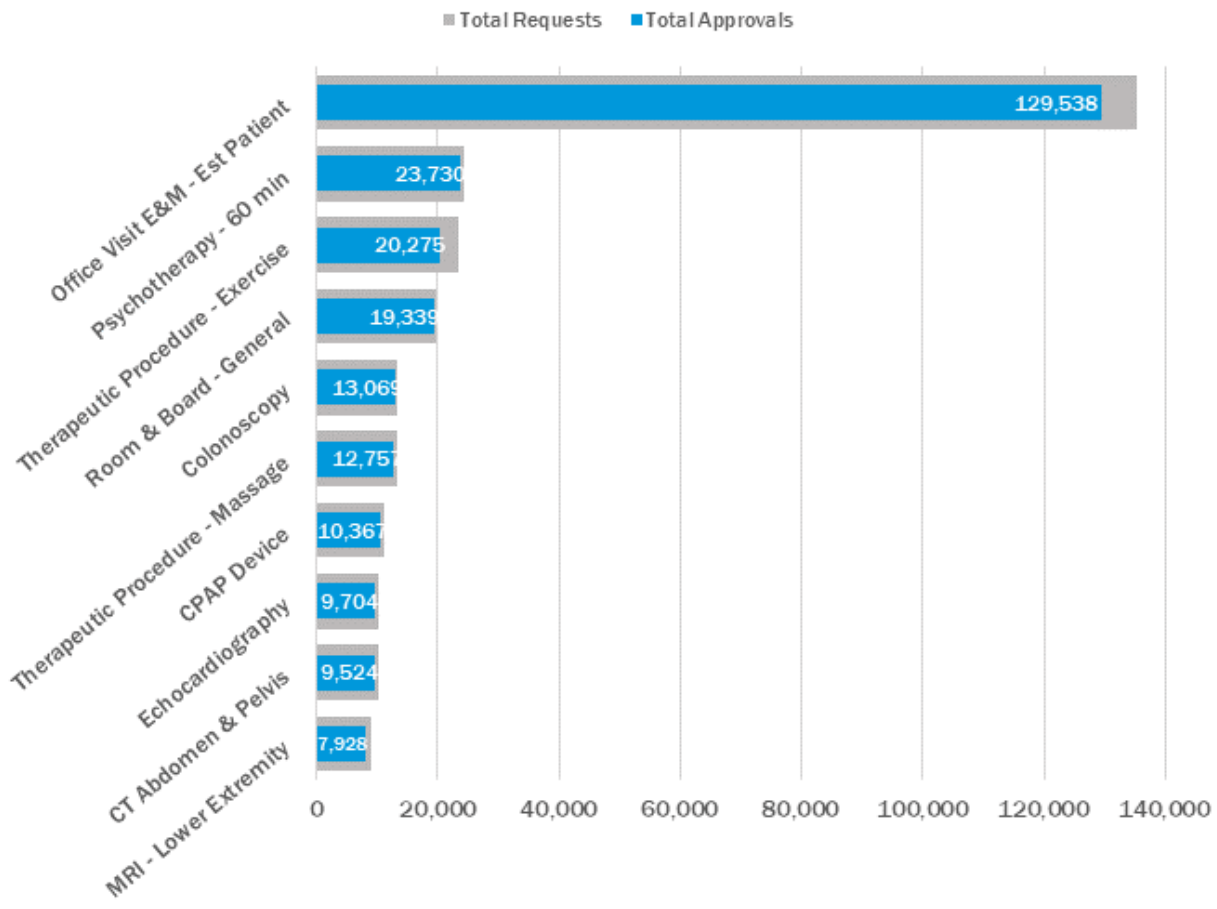
Carriers submitted information about the approval rates for each code. Using the approval rates and the total number of requests, we determined the number and percentage of approved requests for each code. For the service codes with the highest number of requests:

- The average approval rate was 93.45%.

- The lowest approval rate was 4%, for biopsy, oocyte polar body or embryo blastomere (CPT 89290). This is excluding a number of codes that were approved 0% of the time but were only requested once.
- 83 codes had approval rates of 100%. Among these codes, the number of requests ranged from 1 to 433 (73 of these codes had 15 or fewer total requests).

Figure 4 shows the number of approved requests for each of the 10 most-requested codes.

Figure 4 Highest number of requests by code out of total
 Number of approved requests out of the total number of requests



The data presented in Figure 2, Figure 3 and Figure 4 are aggregated in the table in Figure 5 below. This table includes:

- The total number of requests
- The approval rates
- The number of carriers that reported each code

The table in Figure 5 is sorted by Total Prior Authorization Requests in descending order.

Figure 5 Highest number of requests by code table

Code Description	Total Prior Authorization Requests	Number of Approved Requests	Approval Percentage	Number of Carriers that Reported Code
Office Visit E&M - Est Patient	135,335	129,538	95.7%	2
Psychotherapy - 60 min	24,167	23,730	98.2%	6
Therapeutic Procedure - Exercise	23,284	20,275	87.1%	5
Room & Board - General	19,860	19,339	97.4%	3
Colonoscopy	13,337	13,069	97.7%	4
Therapeutic Procedure - Massage	13,258	12,757	96.2%	2
CPAP Device	11,006	10,367	94.2%	7
Echocardiography	10,254	9,704	94.6%	4
CT Abdomen & Pelvis	10,146	9,524	93.9%	4
MRI - Lower Extremity	8,938	7,928	88.7%	5

The OIC collected data from carriers showing the 10 codes with the highest prior authorization approval rate for each category of services. Several service codes appear in the top 10 services for both prior authorization requests and rate of prior authorization approvals.

The aggregated data in the table below shows the 10 service codes with the highest total number of requests of the codes with the highest approval rates.

- Within this group, the lowest average approval percentage is 69.8% for a transcranial magnetic stimulation service. 4 carriers reported 300 total requests.
- 3 codes had approval rates of 100% out of the top 10 in Figure 6:
 - Post-op Shoe Canvas
 - Extracapsular Cataract Removal
 - Echography of Infant Hips
- Beyond the reported top 10 codes in this category, carriers report that most codes had approval rates of 100%. Carriers reported 486 distinct codes and 416, or 86% of them, were approved 100% of the time. This is up from 75% of codes approved 100% of the time for PY 2020.

Figure 6 Highest prior authorization approval rate by code table

Description of Service	Total Requests	Number of Approved Requests	Approval Rate	Number of Carriers that Reported Code
CPAP Device	3,918	3,768	96.2%	3
Room & Board - Psychiatric	1,412	1,374	97.3%	7
Room & Board - Rehabilitation	771	741	96.1%	5
Other Therapy Services	605	591	97.7%	2
Semi-private Bed - Detox	406	401	98.8%	7
Transcranial Magnetic Stimulation	300	209	69.8%	4
Post-op Shoe Canvas	268	268	100.0%	1
Repetitive TMS	242	194	80.1%	3
Extracapsular Cataract Removal	228	228	100.0%	2
Echography, Infant Hips	217	217	100.0%	1

Prior authorization requests by code type

The OIC further examined data within each of the requested health services categories:

- Inpatient medical/surgical
- Outpatient medical/surgical
- Inpatient mental health and substance use disorder
- Outpatient mental health and substance use disorder
- Diabetes supplies and equipment
- Durable medical equipment

Outpatient medical/surgical services had the highest number of total prior authorization requests with 293,424. Inpatient mental health and substance use disorder services had the fewest total requests, with 3,693. The total number of codes reported for the outpatient medical/surgical category saw a 50% increase from the previous year (196,313 in PY 2020). Totals were higher for all other categories as well, but only minimally.

Figure 7 Total prior authorization request by service category

PY 2020 and PY 2021.

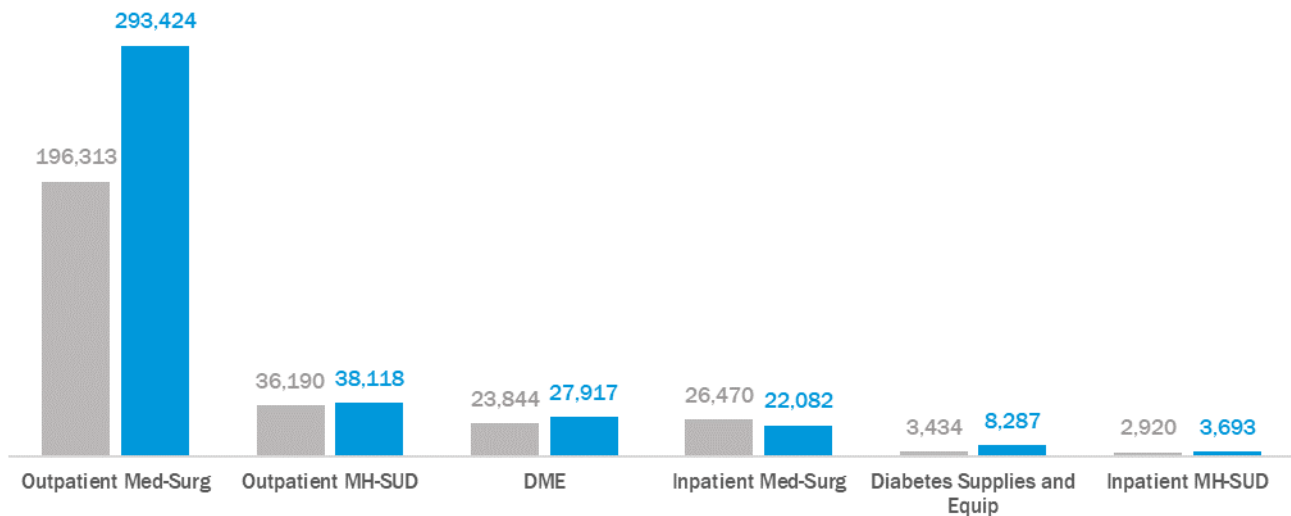


Figure 7 above shows the number of requests for the service codes with the highest number of prior authorization requests for each health service category. Like codes were grouped for comprehension.

Figure 8 Top 10 highest number of code group requests

Total Requests per Code Grouping for Top 10 Most Requested Code Groups

Grouped by Service Category



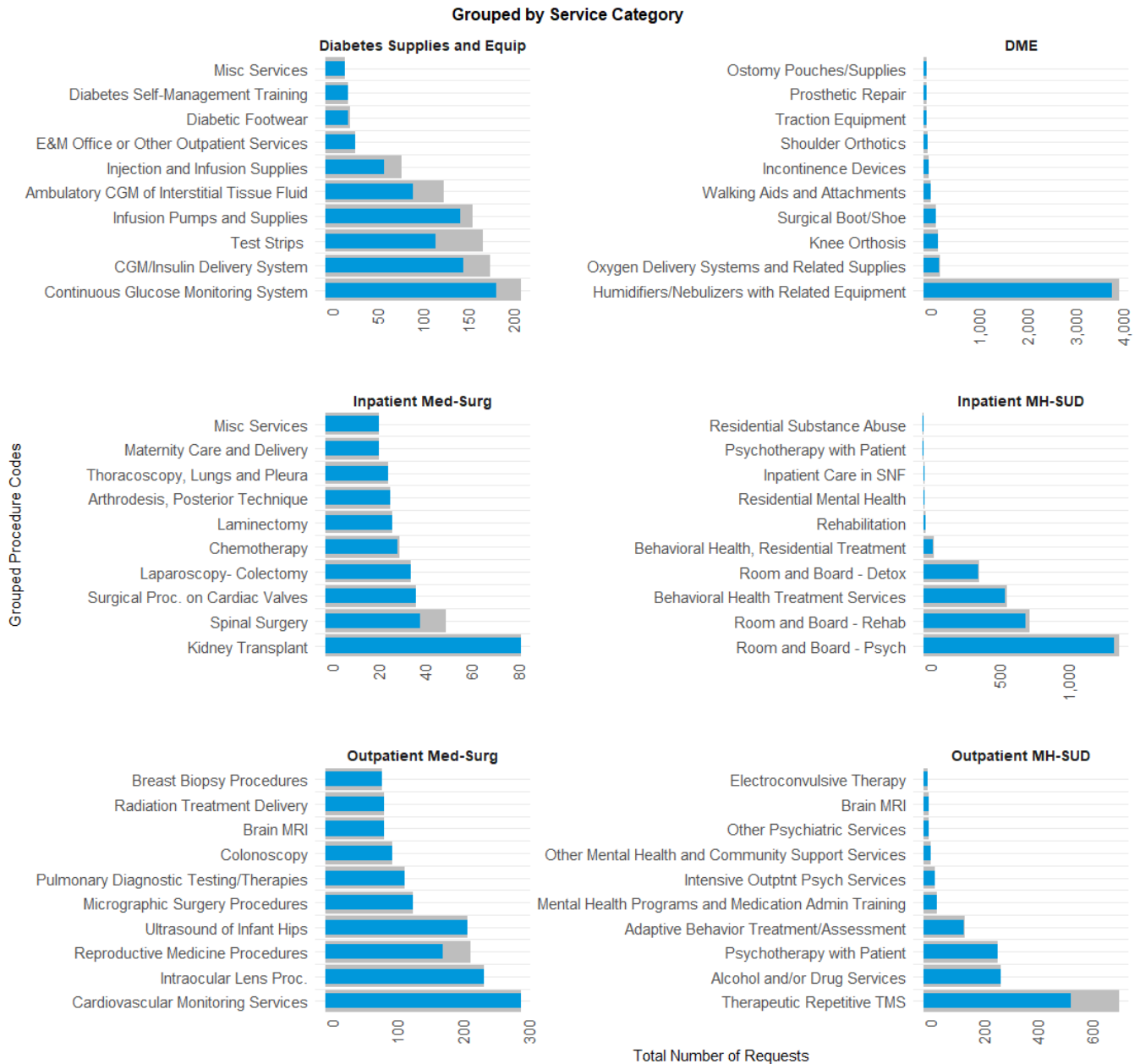
The data show that most health services categories had a single service code group with substantially more requests than other service code groups in the same category. Each group had a few additional codes with a significant number of requests. For example, among the ten code groups with the most requests for **outpatient mental health/substance use disorder codes**:

- The most requests were for the group Psychotherapy with Patient with 31,902 requests.
- The second-highest number was for the Psych Diagnostic Eval Services group with only 2,245 requests.

Figure 9 shows the breakdown of approved requests compared to the total number of requests for codes for each of the 6 health services categories. This figure details the number of approved requests (in blue) out of the total number of requests (in gray) from the codes with the highest approval rates. Similar to Figure 8, like service codes are grouped.

Figure 9 Highest prior authorization approvals

The number of approved requests per code out of total requests for top 10 codes with the highest approval



Both inpatient and outpatient medical/surgical codes tend to have the highest percentage of approved prior authorization requests. The only exceptions are reproductive medicine procedures, and spinal surgery. The code group titled Therapeutic Repetitive TMS under the outpatient mental health and substance use disorder category has a relatively low approval rate of 76.7% (See Figure 9).

Figure 10 details the changes in approval rates by service category. There were not substantial changes in approval rates for reported codes with the highest rates of approval from 2020 to 2021. Inpatient mental health/substance use disorder codes saw the largest increase in approval rates, followed by diabetes supplies and equipment codes. All other service categories saw a slight decrease in the approval rates.

Looking at the top 10 codes is useful to examine the most prevalent codes submitted by the carriers. However, to get a fuller picture, we examined trends across all reported codes within each health services category.

Figure 10 Highest approval rates

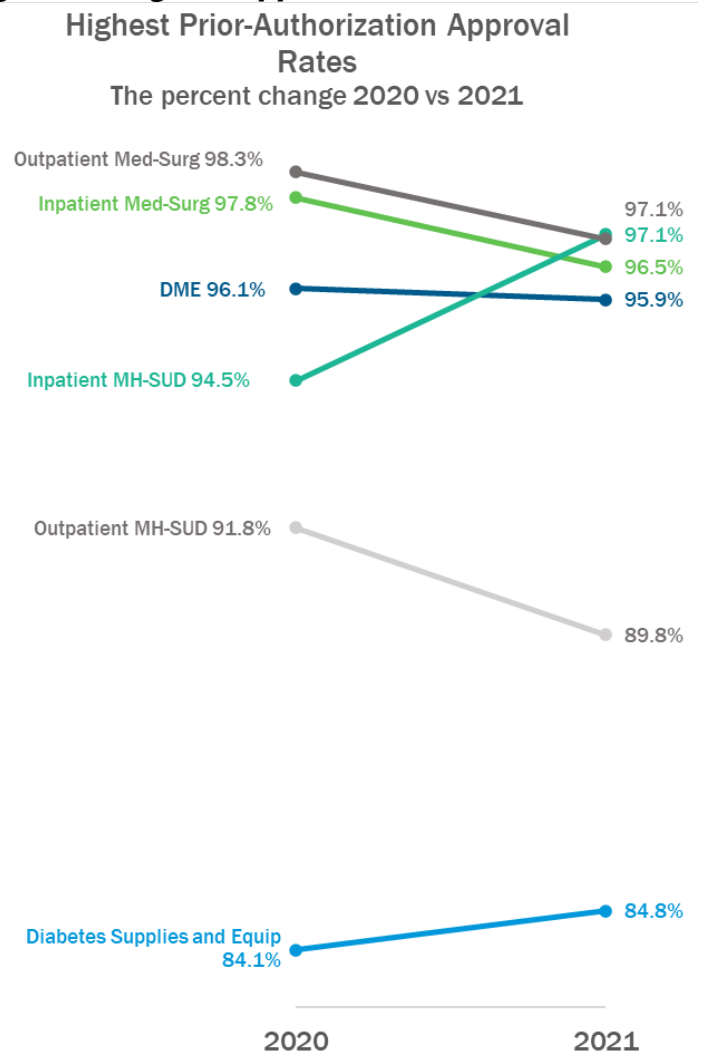


Figure 11 All reported codes table

Service Category	Approval Percentage	Number of Distinct Codes	Total Number of Requests	Count of Distinct Carriers
Inpatient MH-SUD	97.1%	60	3,345	11
Outpatient Med-Surg	97.1%	142	4,695	14
Inpatient Med-Surg	96.5%	157	793	14
DME	95.9%	126	6,300	12
Outpatient MH-SUD	89.8%	121	1,790	12
Diabetes Supplies and Equip	84.8%	62	1,178	11

Prior authorization request response times

For each submitted procedural code, the OIC collected the average standard, expedited and extenuating circumstances response time in hours. This report examines the response times for codes with the highest total number of prior authorization requests during the previous plan year and the response times for codes with the highest percentage of approved prior authorization requests during the previous plan year.

In the table below (Figure 12), the weighted average standard response times, expedited response times, and extenuating circumstances response times are reported for each health services category. The weighted average response times are weighted using the total number of requests for each type (standard, expedited, extenuating circumstances), as each submitted code had a variable number of associated requests. These results are averaged across all carrier submissions. For weighted average standard response times, inpatient mental health/substance use disorder codes had the longest response times.

Figure 12 Weighted average response times

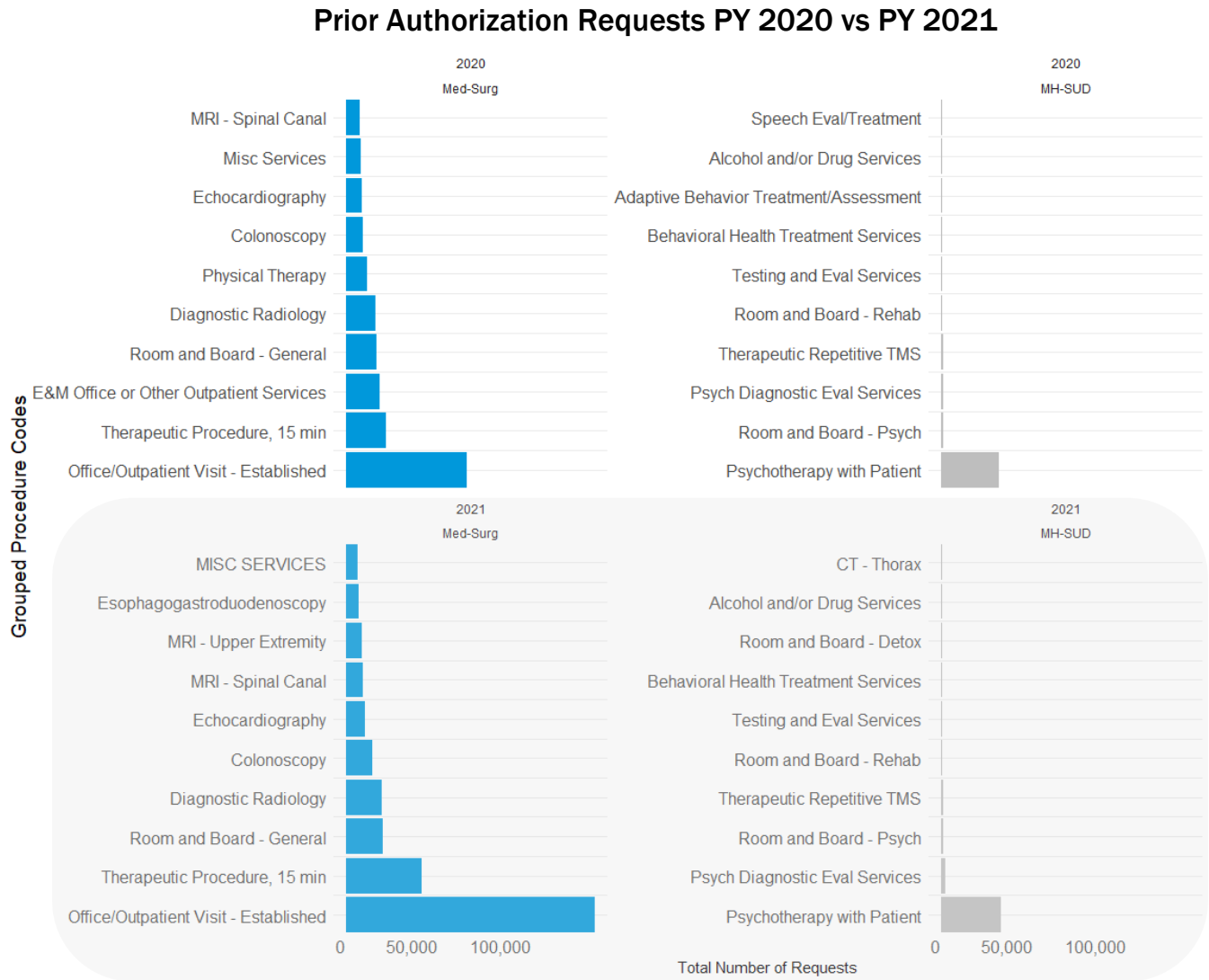
Service Category	Weighted average standard response time (hours)	Weighted average expedited response time (hours)	Weighted average extenuating circumstances response time (hours)
Outpatient Med-Surg	20.0	8.6	271.2
DME	24.0	3.1	40.5
Diabetes Supplies and Equip	41.5	6.8	33.7
Outpatient MH-SUD	45.0	40.6	74.8
Inpatient Med-Surg	59.7	13.7	183.4
Inpatient MH-SUD	75.9	23.1	38.5

Mental Health/Substance Use Disorder (MH/SUD) vs. Medical/Surgical prior authorization request findings

This section examines the difference in prior authorization requests between MH/SUD codes and medical/surgical codes for the prior plan year. To make this comparison, inpatient and outpatient MH/SUD codes were grouped together, and inpatient and outpatient medical/surgical codes were similarly grouped. Codes in both durable medical equipment and diabetes supplies and equipment categories were excluded for this analysis. The goal of this section is to determine whether any differences in the prior authorization processes or outcomes exist between these two categories.

The following chart highlight the difference between top 10 code groups for mental health/substance use disorder and medical/surgical service code prior authorization requests for PY 2020 and 2021.

**Figure 13 Medical-Surgical vs Mental Health/Substance Use Disorder
top 10 code groups**



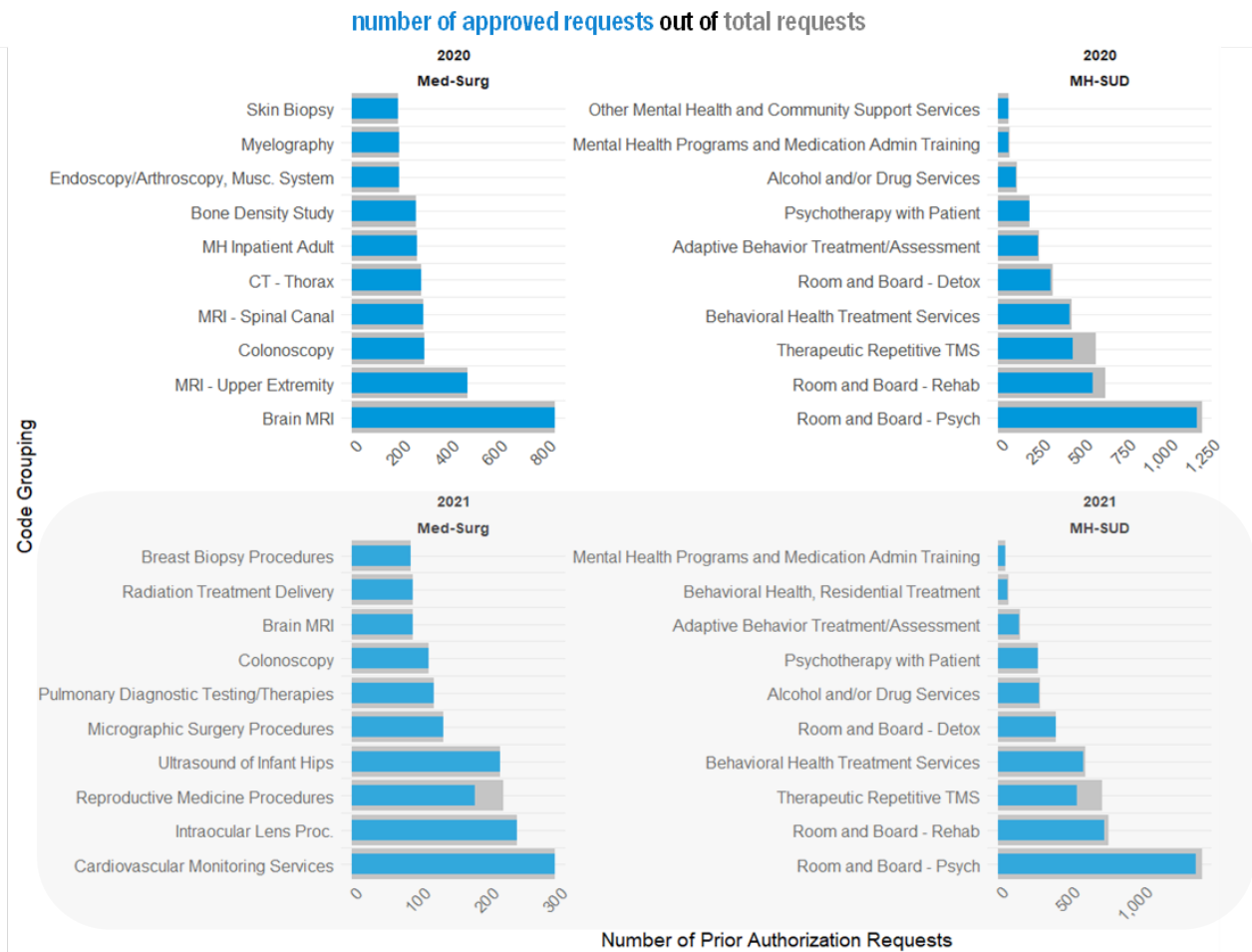
The findings display the 10 service code groups with the highest total number of prior authorization requests.

- For the medical/surgical category, Office/Outpatient Visit for Established Patients had the most requests, with a total of 132,890. Among these requests, 95.6% were approved.
- For the mental health/substance use disorder category, Psychotherapy with Patient had substantially more requests than any other code group, with a total of 31,907. Of these, 98.3% were approved.
- Across all codes that are categorized as medical/surgical, there were 315,548 total prior authorization requests in the previous plan year. For mental health/substance use disorder codes, the total number of requests was only 41,811.

The most notable difference between 2020 and 2021 is the increase in requests for codes including office/outpatient visits for established patients within the medical/surgical category.

The following figure also compares medical/surgical and mental health/substance use disorder codes. Highlighted are the 10 code groups with the highest number of prior authorization requests from the service code groups with the highest approval rates. The blue bars indicate the number of approvals, with gray bars representing the total requests.

Figure 14 Top 10 most approved Medical-Surgical vs Mental Health/Substance Use Disorder code groups



Among top 10 service code groups with the highest approval rates:

- medical/surgical had an approval rate of 100%, except for reproductive medicine procedures, which had an approve rate of 81%.
- The top 10 code groups in mental health/substance use disorder group had approve rates ranging from 75.3% to 100% (only one group, mental health programs and medication administration training, had an approval rate of 100%).
- Medical/surgical code groups tend to have a higher approval percentage (97.0%) as compared to mental health/substance use disorder code groups (94.6%).

The table below details the prior authorization approval rates for all codes in these two groups.

Figure 15 Medical-Surgical vs Mental Health/Substance Use Disorder

prior authorization approval rates

Year	MH or Med Surg	Total Requests	Number of Approvals	Percent Approved
2020	Med-Surg	7862	7721	98.2%
2020	MH-SUD	4567	4266	93.4%
2021	Med-Surg	5488	5324	97.0%
2021	MH-SUD	5135	4857	94.6%

Figure 16 compares the average response time in hours for prior authorization requests for medical/surgical service code groups and mental health/substance use disorder service code groups. It displays the 10 code groupings in each category with the longest reported approval time, out of the codes with the highest number of requests.

Mental health/substance use disorder codes have significantly longer standard response times than medical/surgical codes. When looking at all code groups in these two categories, not just the top 10, the below statistics are observed:

Standard response time for mental health/substance use disorder code groups:

- Weighted average response time: 45.4 hours

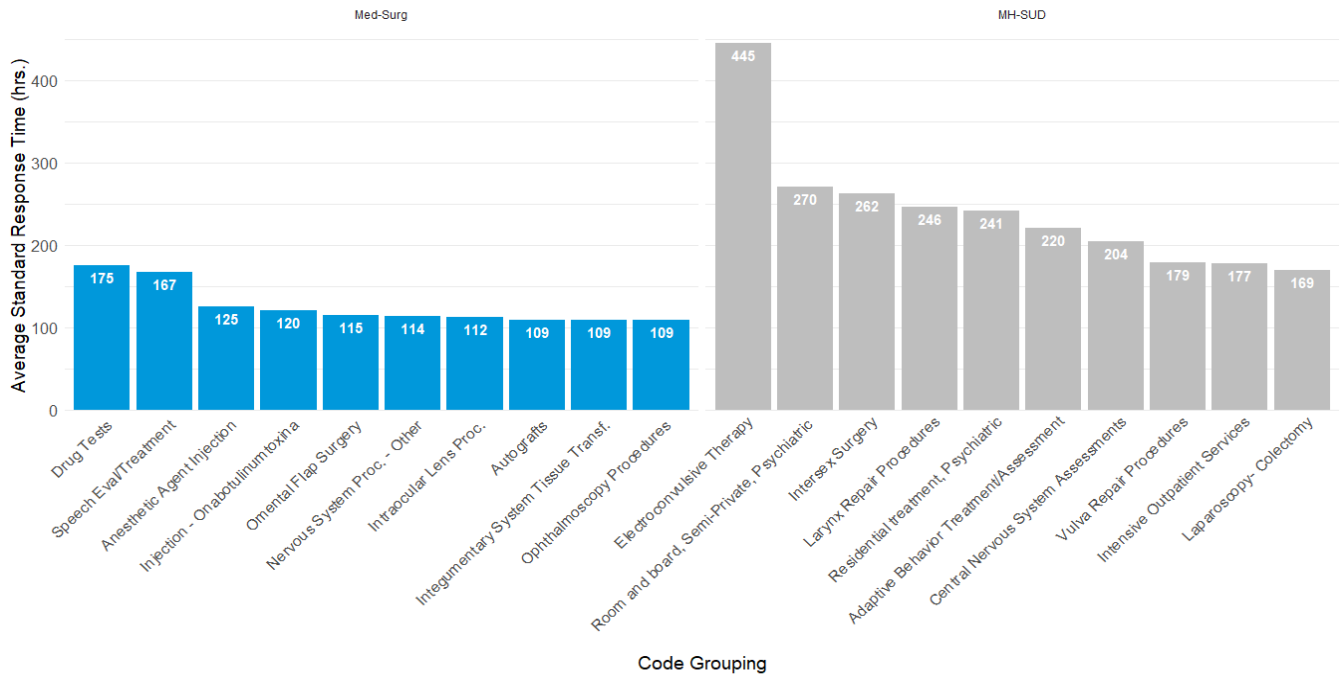
Standard response time for medical/surgical code groups:

- Weighted average response time: 20.3 hours

When reviewing all code groups, the trend observed in the top 10 codes persists. Code groups in the mental health/substance use disorder category have longer standard response times when compared to code groups in the medical/surgical category.

Figure 16 Average standard response time

**Medical-Surgical vs Mental Health/Substance Use Disorder
Code Groups with Most Requests
Prior Authorization Average Standard Response Time**



Conclusion

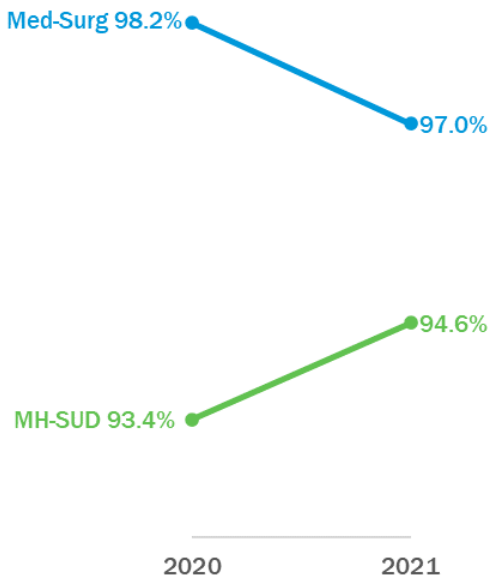
The review of the carrier submissions indicates several trends and notable comparisons. Outpatient medical/surgical codes had the most prior authorization requests. Additionally, outpatient medical/surgical codes had the highest approval rate, with codes in this category having an approval rate of 97.1%. Inpatient medical/surgical codes also had an approval rate of 97.1% for codes reported to have the highest approval rates across carriers. Inpatient mental health/substance use disorder codes have the fewest number of requests, with 3,693. Codes in the category Diabetes Supplies and Equipment have the lowest approval rate (among codes with the highest approval rate), with 84.8%, followed by outpatient mental health-substance use disorder with 89.8%.

From 2020 to 2021, the average approval rate increased for inpatient mental health/substance use disorder and diabetes supplies and equipment codes. The approval rate decreased for all other service categories.

Standard response times varied substantially across health services categories. Inpatient mental health/substance use disorder codes had an average standard response time of 75.9 hours, whereas outpatient medical/surgical codes had an average standard response time of 20.0 hours. As would be expected, expedited response times tended to be faster than both standard and extenuating circumstances response times. Codes with extenuating circumstances tended to have the longest response times as compared to standard response times, except for diabetes supplies and equipment, and inpatient mental health/substance use disorder codes.

Figure 17 Approval percent change

The percent change in approval rates for codes with the highest number of approvals.



There was also variation between mental health/substance use disorder codes and medical/surgical codes. Medical/surgical codes tended to have a shorter standard response time and a higher approval rate. The weighted average standard response time for medical/surgical codes was 20.3 hours, as compared to 45.4 hours for mental health/substance use disorder codes. The average approval rate for mental health/substance use disorder codes was 94.6%, as compared to 97% for medical/surgical codes. This gap has closed somewhat since PY 2020 (See Figure 17). There were substantially fewer mental health/substance use disorder codes reported.

Appendix A

RCW 48.43.0161 Data Reporting Instruction Sheet (Instructions sent to carriers)

For 2022 data submission (based on PY 2021 data)

Responses should be submitted to OIC at: market.conduct@oic.wa.gov

RCW 48.43.0161 requires health carriers to report prior authorization data based upon a threshold percentage of premiums written in Washington state. In interpreting this statute, the Office of Insurance Commissioner (OIC) took into consideration the consistency with existing National Association of Insurance Commissioner (NAIC) carrier financial reporting requirements. OIC has calculated the 1% threshold based upon premiums written in the individual, student health plan, small group and large group markets during 2021 as reported to NAIC in the Supplemental Health Care Exhibit. The following carriers meet the 1% threshold for CY 2021:

- Aetna Life Insurance Company
- Asuris Northwest Health
- Cigna Health & Life Insurance Company
- Coordinated Care Corp.
- Kaiser Foundation Health Plan of the Northwest
- Kaiser Foundation Health Plan of Washington Options
- Kaiser Foundation Health Plan of Washington
- LifeWise Health Plan of WA
- Molina HealthCare of WA
- Premera Blue Cross
- Regence BlueCross BlueShield (BCBS) of Oregon
- Regence BlueShield
- UnitedHealthCare Insurance Co.
- UnitedHealthCare of Washington Inc.

By October 1, 2022, for Washington state residents enrolled in commercial health plans issued in Washington state, the carriers listed above must report the de-identified and aggregated data listed below to the OIC for calendar year 2021 using the Excel workbook accompanying these instructions.

To ensure that the October 1, 2022 reporting deadline is met, **carriers are strongly encouraged to submit their data by September 1, 2022**. This will provide OIC the opportunity to review each carrier's initial submission and ensure that it is in compliance with the requirements of the law prior to the October 1 statutory deadline. Failure to submit the data as specified is a violation that can result in fines and other appropriate penalties.

The data to be reported is as follows:

- The ten inpatient medical or surgical codes, ten outpatient medical or surgical codes, ten inpatient mental health and substance use disorder codes, ten outpatient mental health and substance use disorder codes, ten diabetes supplies and equipment codes, and ten durable medical equipment codes with:
 - The highest total number of prior authorization requests during the previous plan year, including the total number of requests and percent of approved requests for each code;
 - The highest percentage of approved prior authorization requests during the previous plan year, including the total number of requests and percent of approved requests for each code. If more than ten codes have an approval rate of 100%, the carrier should default to those codes with the greatest number of prior authorization requests;
 - The highest percentage of prior authorization requests that were initially denied, appealed by an enrollee and then subsequently approved on appeal, counting internal and external appeals, including the total number of requests and the percent of requests initially denied and then subsequently approved for each code; and
- the average determination response time in hours for prior authorization requests to the plan and the number of requests with respect to each covered service included in the lists above for each of the following categories:
 - expedited decisions;
 - standard decisions; and
 - extenuating circumstances decisions. OIC assumes that per WAC 284-43-2060, prior authorization will not have occurred for these claims. Under WAC 284-43-2060(6), claims and appeals related to an extenuating circumstance may still be reviewed for appropriateness, level of care, effectiveness, benefit coverage and medical necessity under the criteria for the applicable plan, based on the information available to the provider or facility at the time of treatment. For claims processed via extenuating circumstances, the carrier should report the average response time in which authorization occurred following notification to the carrier by the provider or claim submission. In its reporting, a carrier may distinguish between claims for which a provider has notified the carrier of an extenuating circumstance prior to claims submission, and those claims that are administratively denied because a provider did not

report the extenuating circumstances prior to claim submission and are then disputed by the provider.

[RCW 48.43.0161](#) requires reporting of response time in hours. A carrier whose data system does not track time in hours, but rather days, may use 8 hours if the approval occurs within one day, but should report a day as 24 hours if there are multiple days involved.

Attached is an Excel workbook for the carrier to enter its data. Each service category has a tab with a labelled worksheet that contains three (3) tables. The tables correspond with the requirements above. The top ten (10) codes entered into each table are to be unique to each question asked. Please note that the reporting spread sheet has been revised so that CPT, HCPC and revenue codes are listed in separate columns. This is intended to clarify reporting and increase the ability to compare results across carriers.

For each code or codes (if the same service can be billed using more than one type of code) reported, provide a description of the service to which the code applies. Ten codes must be submitted in each table and each code must be accompanied by a description that correlates with the CPT, HCPC, or revenue code. The description should use full words, rather than abbreviations, such that a person who is not a coder can understand the service description. Providing only a description of the service does not meet the requirements for submission.

Prior authorization requests that include multiple services, some of which are approved and some of which are denied, i.e. "partial" prior authorizations, should be treated as denied and not counted more than once in a carrier's calculations.

When calculating the percentage of approved prior authorization requests, please include approved cases, denied cases, voided, withdrawn and pending cases in the denominator. Duplicate requests should not be included in the denominator.

Please report data for calendar year 2021, based upon the date of service.

Definitions:

- Codes - For purposes of this report, codes include CPT, HCPC and revenue codes and only these codes can be utilized to represent a service or prior authorization. Non-industry standard codes cannot be used. If the same service can be paid using more than one type of code, e.g. both a HCPC and a revenue code, then prior authorization requests using either code should be combined in calculating the number of prior authorization requests and utilize one code. However, if a CPT or HCPC code applies to both medical/surgical and mental health/substance use disorder diagnoses, the volume of prior authorization requests for the service should be calculated separately for medical/surgical diagnoses and for mental health/substance use disorder diagnoses to determine whether that code constitutes one of the top ten codes for either medical/surgical or mental health/substance use disorder services. "Unlisted codes", which are used when there is not CPT or HCPC code that accurately identifies the surgery or procedure being performed, should not be considered "codes" for purposes of reporting.

- Diabetes Supplies & Equipment – Materials and equipment used to assist in the monitoring of diabetes, including but not limited to blood sugar (glucose) test strips, blood glucose monitors, lancet devices, lancets, and glucose control solutions for checking the accuracy of test strips and monitors.
- Durable Medical Equipment - Durable medical equipment is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home. As defined in [RCW 48.43.290](#), the [HealthCare.gov glossary](#) and for [Medicare coverage](#), durable medical equipment does not include implantable devices, prosthetics or orthotics.
- Expedited Request Decisions - any request by a provider or facility for approval of a service where the passage of time could seriously jeopardize the life or health of the enrollee, seriously jeopardize the enrollee's ability to regain maximum function, or, in the opinion of a provider or facility with knowledge of the enrollee's medical condition, would subject the enrollee to severe pain that cannot be adequately managed without the service that is the subject of the request (See WAC 284-43-0160 and WAC 284-43-2050).
- Extenuating Circumstance - an extenuating circumstance means an unforeseen event or set of circumstances, which adversely affects the ability of a participating provider or facility to request prior authorization prior to service delivery (See WAC 284-43-2060).
- Prior Authorization – A mandatory process that a carrier or its designated or contracted representative requires a provider or facility to follow before a service is delivered, to determine if a service is a benefit and meets the requirements for medical necessity, clinical appropriateness, level of care, or effectiveness in relation to the applicable plan. This includes any term used by a carrier or its designated or contracted representative to describe this process. Per the definitions of “prior authorization” and “authorization” in WAC 284-43-0160, prior authorization occurs before a service is delivered and does not include concurrent reviews or continued stay reviews.
- Standard Request Decisions - a request by a provider or facility for approval of a service where the request is made in advance of the enrollee obtaining a service that is not required to be expedited (See WAC 284-43-0160 and 284-43-2050).

For questions, please contact Jason Carr at (360) 725-7216 or submit an e-mail to market.conduct@oic.wa.gov.

Appendix B

2022 RCW 48.43.0161 Data Reporting FAQ

1. Could OIC confirm whether the data reported for CY 2021 should be date of service or date of receipt of the prior authorization request?

Response: The data reported for CY 2021 should be based upon the date of service.

2. Can a carrier use non industry standard codes when reporting?

Response: No. The intent of SB 6404 is to identify patterns or commonalities across carriers with respect to carrier prior authorization policies. The use of standard industry CPT, HCPCS and Revenue Codes is the approach most consistent with the statute, as it provides a consistent basis upon which to compare carrier prior authorization policies.

3. When calculating the percentage of approved prior authorization requests, do we include only approved and denied cases in the denominator and exclude voided, pending, withdrawn, duplicate, etc. cases? Are voided, pending, withdrawn, duplicate, etc. cases excluded from this data call?

Response: Duplicates should not be included. Pending or withdrawn prior authorization requests should be included in the data reported. Given the prior authorization processing timelines in WAC 284-43-2050, OIC anticipates there will be few pending claims. Withdrawn or voided prior authorization requests are included because they may include requests for higher intensity services that were withdrawn or voided after a lower intensity service was approved. Excluding those claims could result in under-reporting for particular services, such as inpatient behavioral health services.

4. How should carriers count prior authorization requests that include multiple services, when some of the services are approved while other are denied (aka "partial" prior authorizations)? Under CMS reporting requirement, partial prior authorizations are counted as denied. Under MCAS reporting requirements, partial prior authorizations are counted as approved. Considering the conflicting industry guidelines for how to report partial prior authorizations, we believe the instructions should be updated to explicitly provide direction to ensure all carriers are counting the partial prior authorizations in the same manner.

Response: Partial prior authorizations, i.e. those with some services that have been approved and some denied, should be treated as denied and not counted more than once in the carrier's calculations.

5. How are concurrent reviews reported in the average determination response time categories? Concurrent reviews are when a request is made to extend a previously approved prior authorization, usually for an inpatient stay or ongoing outpatient services, such as physical therapy. Including them would artificially inflate the average response time.

Response: The instructions for SB 6404 reporting included a definition of "prior authorization" as follows:

Prior Authorization – A mandatory process that a carrier or its designated or contracted representative requires a provider or facility to follow before a service is delivered, to determine if a service is a benefit and meets the requirements for medical necessity, clinical appropriateness, level of care, or effectiveness in relation to the applicable plan. This includes any term used by a carrier or its designated or contracted representative to describe this process. Per the definitions of “prior authorization” and “authorization” in WAC 284-43-0160, prior authorization occurs before a service is delivered and **does not include continued stay reviews.**

Consistent with that definition, the 2022 instructions for CY 2021 reporting state that concurrent reviews should not be included in the data reported.

Appendix C

ESSB 6404 Response Template

Each carrier was directed to complete the excel spreadsheet below for each of the following categories of health care service codes:

- Inpatient medical/surgical codes
- Outpatient medical/surgical codes
- Inpatient mental health and substance use disorder codes
- Outpatient mental health and substance use disorder codes
- Diabetes supplies and equipment codes
- Durable medical equipment codes

Codes with the highest total number of prior authorization requests during the previous plan year

Column 1	Description of Service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests for each code	Percentage of approved requests for each code	Average determination response time in hours for prior authorization requests - Expedited Decisions	Average determination response time in hours for prior authorization requests - Standard Decisions	Average determination response time in hours for prior authorization requests - Estimating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Estimating Circumstances Decisions
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

Codes with the highest percentage of approved prior authorization requests during the previous plan year

Column 1	Description of Service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests for each code	Percentage of approved requests for each code	Average determination response time in hours for prior authorization requests - Expedited Decisions	Average determination response time in hours for prior authorization requests - Standard Decisions	Average determination response time in hours for prior authorization requests - Estimating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Estimating Circumstances Decisions
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved for each code

Column 1	Description of Service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests for each code	Percentage of requests initially denied and then subsequently approved for each code	Average determination response time in hours for prior authorization requests - Expedited Decisions	Average determination response time in hours for prior authorization requests - Standard Decisions	Average determination response time in hours for prior authorization requests - Estimating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Estimating Circumstances Decisions
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

Appendix D/ carriers responses

Carrier A

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Laps gstrc restrictiv px longitudinal gastrectomy	43775			55	91%	N/A	80.28	N/A
Code 2	Arthrod,interbdy tech;lumbar,allogf	22558			53	82%	24.00	78.48	N/A
Code 3	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	43644			44	91%	N/A	98.77	N/A
Code 4	Arthrodesis, combined posterior or posterolateral technique wi/ posterior interbody technique incl laminectomy and/or discectomy sufficient to prepare interspace, lumbar	22633			43	77%	40.00	73.67	N/A
Code 5	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below c2	22551			35	89%	33.60	87.27	N/A
Code 6	Replacement hip total simple	27130			29	97%	0.00	70.59	N/A
Code 7	Laminectomy w facetectomy-lumbar	63047			29	87%	0.00	79.76	N/A
Code 8	Replacement knee total	27447			25	82%	24.00	83.00	N/A
Code 9	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	22612			11	64%	24.00	86.77	N/A

Code 10	Arthrodesis post interbody-lumbar	22630			10	70%	N/A	93.82	N/A
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Transcatheter Therapy Embolize Any Meth	75894			8	100.0%	24	51.43	N/A
Code 2	Transcatheter Aortic Valve Replacement (tavr/tavi) With Prosthetic Valve; Percutaneous Femoral Artery Approach	33361			7	100.0%	24	75.43	N/A
Code 3	Laminectomy, Facetectomy & Foraminotomy (unilateral Or Bilateral W/ Decompression of Spinal Cord, Cauda Equina And/or Nerve Root[s], Single Vertebral Segment; Each Addtl	63048			6	100.0%	N/A	133.71	N/A
Code 4	Laminectomy W Facetectomy-cervical	63045			6	100.0%	24	72	N/A
Code 5	Revis.tot.hip Arthroplasty; both Components	27134			5	100.0%	N/A	72	N/A
Code 6	Arthrodesis, Posterior or Posterolateral Technique, Single Interspace; Cervical Below C2 Segment	22600			4	100.0%	24	56	N/A
Code 7	Arthrod, post, spin. deform,gft;7+vert	22802			4	100.0%	N/A	54	N/A
Code 8	Esophagogastroduodenoscopy Flexible, Transoral; Diagnostic, Including Collection of Specimen(s) By Brushing Or Washing, When Performed (separate Procedure)	43235			3	100.0%	N/A	78	N/A
Code 9	Arthrodesis, Anterior Interbody, Incl Disc Space Prep, Discectomy, Osteophytectomy & Decompression of Spinal Cord &/or Nerve	22552			3		24	84	N/A

	Roots; Cervical Below C2 Each Additional Interspace					100.0%			
Code 10	Arthrodesis, Anterior/-lateral,ea Add.in	22585			3		0	48	N/A
						100.0%			

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Replacement Hip Total Simple	27130			29	100.0%	0	70.59	N/A
Code 2	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass and Roux-en-y Gastroenterostomy (roux Limb <= 150 Cm)	43644			44	100.0%	0	98.77	N/A
Code 3	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophyctomy and Decompression of Spinal Cord And/or Nerve Roots; Cervical Below C2	22551			35	100.0%	34	87	N/A
Code 4	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace; Lumbar	22533			9	100.0%	24	87	N/A
Code 5	Laminectomy W Facetectomy-lumbar	63047			29	100.0%	0	80	N/A
Code 6	Intersex Op Male to Female	55970			7	100.0%	0	76	N/A
Code 7	Arthrod,interbdy Tech;lumbar,allogf	22558			53	100.0%	24	78	N/A
Code 8	Replacement Knee Total	27447			25	100.0%	24	83	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year
 2022 Health Plan Prior Authorization Data Report | Jan. 1, 2023

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Echocardiography, Transthoracic, Real-time W/ Image Documentation (2d), Includes M-mode Recording, When Performed	93306			7,010	95%	0.00	3.34	N/A
Code 2	Ct Abd & Pelvis W/o Contrast	74176			7,010	95%	0.18	5.09	N/A
Code 3	Magnetic Resonance Imaging, Any Jnt-lowe	73721			7,010	95%	0.00	7	N/A
Code 4	Mri,spin.canal,lumb;w/o Cntrst Matl	72148			7,010	95%	1.00	9	N/A
Code 5	Home Sleep Test W/type Iii Portable Monitor		G0399		7,010	95%	N/A	3	N/A
Code 6	Mri Brain; W/o Contrast & W/contrast & A	70553			7,010	95%	0.00	6	N/A
Code 7	Esophagogastroduodenoscopy Flexible, Transoral; With Biopsy, Single or Multiple	43239			7,010	95%	0.59	49	N/A
Code 8	Mri, Any Joint of Upper Extremity	73221			7,010	95%	0.00	8	N/A
Code 9	Esophagogastroduodenoscopy Flexible, Transoral; Diagnostic, Including Collection of Specimen(s) By Brushing Or Washing, When Performed (separate Procedure)	43235			7,010	95%	0.69	49	N/A
Code 10	Mri,spin.canal,cerv;w/o Cntrst Mat	72141			7,010	95%	0.00	10.30	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Arthroscopically Aided Anter,cruciate Li	29888			142	100.00%	18	72.81	N/A
Code 2	Sleep Study, Unattended, Simultaneous Recording Of, Heart Rate, Oxygen Saturation, Respiratory Airflow, And	95806			80	100.00%	N/A	104.59	N/A

	Respiratory Effort (eg Thoracoabdominal Movement)								
Code 3	Radiation Treatment Delivery, Sterotactic Radiosurgery (srs), Complete Course of Treatment Of Cranial Lesion(s) Consisting Of 1 Session; Multi-source Cobalt 60 Based	77371			63	100.00%	N/A	20	N/A
Code 4	Arthroscop Knee W Remov Loose Body	29874			58	100.00%	8	73	N/A
Code 5	Arthroscopy,knee,surg;synovec,limited-se	29875			50	100.00%	10	74	N/A
Code 6	Intensity Modulated Radiation Treatment Delivery (imrt), Includes Guidance and Tracking, When Performed; Complex	77386			41	100.00%	53	91	N/A
Code 7	Card Bld Pool Image; 1 Rest W/motn	78472			34	100.00%	N/A	0	N/A
Code 8	Slp Stdy Unatnd W/hrt Rate/o2 Sat/resp/slp Time	95800			32	100.00%	N/A	0	N/A
Code 9	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (includes Chondroplasty Where Necessary) Or Multiple Drilling or Microfracture	29879			28	100.00%	24	95	N/A
Code 10	Arthroscopy, Knee, Surgical; With Lateral Release	29876			27	100.00%	88	68	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Radiation Treatment Delivery, >= 1 Mev; Simple	77402			329	100%	N/A	4	N/A
Code 2	Arthroscopy, Knee, With Meniscectomy Including	29881			501	100%	17	74	N/A

	Debridement/shaving Of Articular Cartilage, Same Or Separate Compartment(s), When Performed								
Code 3	Arthroscopy, Knee, With Meniscectomy Including Debridement/shaving Of Articular Cartilage, Same Or Separate Compartment(s), When Performed	29880			137	100%	0	73	N/A
Code 4	Arthroscopy,knee,surg;debride/shave A.ca	29877			119	100%	21	77	N/A
Code 5	Ct Heart Contrast Eval Cardiac Structure&morph	75572			53	100%	N/A	0	N/A
Code 6	Arthroscop Knee W Tot Meniscus Rep	29883			53	100%	N/A	70	N/A
Code 7	Mri,spinal Canal/contents,thorac;w/cntrs	72147			51	100%	N/A	0	N/A
Code 8	Laminotomy W Dec Nrv Rts;reex;lumb	63042			49	100%	19	77	N/A
Code 9	Arthropls,knee,cond/plat;medor Lat	27446			34	100%	N/A	83	N/A
Code 10	Nasal/sinus Endoscopy,surgical; With Ethmoidectomy,total (anterior And Posterior)	31255			99	100%	16	63	N/A

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)- Rehabilitation	N/A	N/A	128	13	46%	27	17.09	N/A

Code 2	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Psychiatric	N/A	N/A	124	2	0%	25	23.12	N/A
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Codes with the highest percentage of approved prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation	N/A	N/A	128	13	46%	27	17.09	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation	N/A	N/A	128	13	46%	27	17.09	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Therapeutic repetitive transcranial magnetic simulation (tms) treatment;	90868	N/A	N/A	251	69%	24	68	N/A

	initial, including cortical mapping, motor threshold determination, subsequent delivery and mgmt.								
Code 2	Therapeutic repetitive transcranial magnetic simulation (teams) treatment; including cortical mapping, motor threshold determination, delivery and management	90867	N/A	N/A	196	82%	24	64	N/A
Code 3	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	90869	N/A	N/A	150	79%	24	65	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Therapeutic repetitive transcranial magnetic simulation (tms) treatment; including cortical mapping, motor threshold determination, delivery and management	90867	N/A	N/A	196	82%	24	64	N/A
Code 2	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	90869			150	79%	24	65	N/A
Code 3	Therapeutic repetitive transcranial magnetic simulation (tms) treatment; initial, including cortical mapping, motor threshold	90868			251	69%	24	68	N/A

determination, subsequent delivery and mgmt.									
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	90869			150	13%	24	65	N/A
Code 2	Therapeutic repetitive transcranial magnetic simulation (tms) treatment; including cortical mapping, motor threshold determination, delivery and management	90867			196	9%	24	64	N/A
Code 3	Therapeutic repetitive transcranial magnetic simulation (tms) treatment; initial, including cortical mapping, motor threshold determination, subsequent delivery and mgmt.	90868			251	5%	24	68	N/A

2021 Diabetes Supplies and Equip

Codes with the highest total number of prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Test Strips				146	72%	5.90	21.91	N/A

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Oral Device/appliance Confab		E0486		329	99%	99%	99%	99%
Code 2	Wheelchair Component Or Accessory, Not Otherwise Specified		E0487		329	80%	78.00	3.25	N/A
Code 3	Cranial Remolding Orthosis, Rigid, With Soft Interface Material, Custom Fabricated, Includes Fitting And Adjustment(s)		E0488		329	88%	69.23	2.88	N/A
Code 4	Osteogenesis Stimulator (non-invasive)		E0489		329	43%	79.35	3.31	N/A
Code 5	Osteogenic Stimulator, Noninvasive, Spinal Applications		E0490		329	48%	81.23	3.38	N/A
Code 6	Osteogenesis Stimulator Low Intensity Ultrasound Noninvasive		E0491		329	4%	85.03	3.54	N/A
Code 7	Ultralightweight Wheelchair		E0492		329	92%	75.84	3.16	N/A
Code 8	Ko, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension		E0493		329	62%	68.31	2.85	N/A
Code 9	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient PR		E0494		329	85%	56.35	2.35	N/A
Code 10	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width		E0495		329	95%	100.36	4.18	N/A

Codes with the highest percentage of approved prior authorization requests

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Implantable Neurostimulator Electrode Each		L8680		15	100%	24.00	98.82	N/A
Code 2	Addition To Lower Extremity Orthosis Carbon Graphite Lamination		L2755		12	100%	N/A	60.00	N/A
Code 3	Wheelchair, Pediatric Size, Tilt-in-space, Rigid, Adj, Wo Seating		E1233		5	100%	N/A	67.20	N/A
Code 4	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type		E2617		5	100%	N/A	68.00	N/A
Code 5	Custom Fabricated Wheelchair Seat Cushion, Any Size		E2609		5	100%	N/A	82.29	N/A
Code 6	Cranial Remolding Orthosis, Rigid, With Soft Interface Material, Custom Fabricated, Includes Fitting And Adjustment(s)		S1040		5	100%	N/A	84.00	N/A
Code 7	Wheelchair Accessory, Power Seating System, Tilt Only		E1002		4	100%	N/A	110.40	N/A
Code 8	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller A& One Power Seating System Motor, Incl All Related Electronics, Indicator Feature, Mechanical		E2310		3	100%	N/A	56.00	N/A
Code 9	Wheelchair, Pediatric Size, Tilt-in-space, Folding, Adj, Wo Seating		E1234		3	100%	N/A	88.00	N/A
Code 10	Cochlear Implant External Speech Processor And Controller, Integrated System, Replacement		L8619		2	100%	N/A	84.00	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ultralightweight Wheelchair		K0005		25	100%	N/A	75.84	N/A
Code 2	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient PR		E0652		20	100%	N/A	56.35	N/A
Code 3	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width		E2620		18	100%	N/A	100.36	N/A
Code 4	Cochlear Implant External Speech Processor And Controller, Integrated System, Replacement		L8619		9	100%	N/A	80.00	N/A
Code 5	Manual Wheelchair Accessory, Push-rim Activated Power Assist, Each		E0986		5	100%	N/A	76.00	N/A
Code 6	Addition To Lower Extremity Prosthesis, Endo skeletal Knee-shin System,		L5856		5	100%	24.00	100.80	N/A
Code 7	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type		E0766		1	100%	N/A	72.00	N/A
Code 8	Osteogenesis Stimulator (non-invasive)		E0747		1	100%	N/A	120.00	N/A
Code 9	Ko, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension		L1846		1	100%	N/A	96.00	N/A
Code 10	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type		E0766		8	50%	9.60	57.60	N/A

Carrier B

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room and board			120	13,731	97.57%	12	37	NA
Code 2	Room and board			128	174	48.85%	13	53	NA
Code 3	Full rout obste care,vaginal deliv	59400			120	98.33%	4	29	NA
Code 4	Full rout obste care,cesarean deliv	59510			97	94.85%	7	42	NA
Code 5	Surgery			367	72	100.00%	NA	77	NA
Code 6	Colectomy lap partial w/ anast	44204			51	88.24%	4	24	NA
Code 7	Total abdom hysterectomy	58150			34	97.06%	3	20	NA
Code 8	Lap gastric bypass/roux-en-y	43644			33	90.91%	NA	72	NA
Code 9	Office visit e&m est pt, moderate mdm, 30-39 mins	99214			31	64.52%	26	76	NA
Code 10	Arthrodesis ant interbody w/ diskectomy lu	22558			26	65.38%	23	160	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Surgery			367	72	100.00%	NA	77	NA
Code 2	Misc services			762	23	100.00%	0	NA	NA
Code 3	Lap surg; colect part w/anastom w/coloproctost	44207			14	100.00%	2	8	NA
Code 4	Thoracoscopy surg w/ lobectomy total/segmen	32663			10	100.00%	0	33	NA

Code 5	Close enterostomy large/small intestine	44620			10	100.00%	3	22	NA
Code 6	Colonoscopy w/ bx single/mult	45380			9	100.00%	1	18	NA
Code 7	Intersex surg male to female	55970			9	100.00%	NA	67	NA
Code 8	Val-plasty mitral val w/bypass rad cons w/wo ring	33427			8	100.00%	NA	7	NA
Code 9	Rad abd hyst w/ bilat pel lymphadenectomy	58210			8	100.00%	10	42	NA
Code 10	Replace aortic valve perq femoral artry approach	33361			7	100.00%	13	128	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Nephrec w/ part ureterect open w/ rib resect	50220			12	8.33%	11	37	NA
Code 2	Room and board			128	174	2.30%	13	53	NA
Code 3	Room and board			120	13731	0.03%	12	37	NA

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Office visit e&m est pt, moderate mdm, 30-39 mins	99214			108,237	95.03%	7	19	NA
Code 2	Thera proc 1+ areas ea 15 min thera exercises	97110			14,314	90.93%	10	24	NA

Code 3	Thera proc 1+ areas ea 15 min massage	97124			11,498	95.90%	2	5	NA
Code 4	Colonoscopy w/ bx single/mult	45380			10,887	97.74%	2	11	NA
Code 5	Misc services			762	6,340	98.82%	11	45	NA
Code 6	Office visit e&m new pt straightforward mdm, 15-29 mins	99202			3,472	88.51%	14	44	NA
Code 7	Mri, upper extremity	73218			3,263	97.27%	4	17	NA
Code 8	Upper gi endo dx (sep proc)	43235	G0399		3,180	96.92%	2	12	NA
Code 9	Med nutrit thrpy init assess 15 min	97802			2,884	94.94%	8	27	NA
Code 10	Ct scan limited or localized f/u study	76380			2,458	97.80%	3	17	NA

Codes with the highest percentage of approved prior authorization requests

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Echography of infant hips, dynamic	76885			217	100.00%	105	62	NA
Code 2	Bx breast w/ device imaging perc; first lesion, w/ us guide	19083			87	100.00%	3	19	NA
Code 3	Home phototherapy visit	S9098			77	100.00%	NA	32	NA
Code 4	Adm of health risk assess patient focus w/score	96160			76	100.00%	NA	14	NA
Code 5	Tangential biopsy of skin; first lesion	11102			75	100.00%	1	12	NA
Code 6	Bronchoscopy rigid/flex w/wo cell wash (sep proc)	31622			56	100.00%	8	35	NA
Code 7	Colposcopy entire vagina w/cervix if present;	57420			53	100.00%	0	7	NA
Code 8	Rem implant superficial (sep proc)	20670			50	100.00%	1	26	NA
Code 9	Trabeculoplasty laser surg 1+ sessions	65855			48	100.00%	9	22	NA

Code 10	Rem iud complicated w/device (not hemostat)	58301			45	100.00%	6	21	NA
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Fibrinolytics or coagulopathy	85390			1	100.00%	140	NA	NA
Code 2	Online digital em svc, est pt, for up to 7 days, cumulative time; 5-10 mins	99421			1	100.00%	25	NA	NA
Code 3	Ref plastic surgery	99201.276			2	50.00%	NA	63	NA
Code 4	Normal saline sol infus 250 ml	J7050			2	50.00%	Na	242	Na
Code 5	Insertion ant seg aqueous device w/o extraocular res external approach	66183			2	50.00%	48	289	NA
Code 6	Palatopharyngoplasty	42145			5	40.00%	NA	164	NA
Code 7	Proton trmt, simple w/comp	77522			5	40.00%	28	309	NA
Code 8	Excision, excess skin & subqu tissue, abdomen	15830			6	33.33%	25	121	NA
Code 9	Unlisted proc esophagus	43499			3	33.33%	NA	133	NA
Code 10	Transurethral destruct prostat tissue;by radiofrq water thermotherapy	53854			7	28.57%	NA	166	NA
Code 11	Fibrinolytics or coagulopathy	85390			1	100.00%	140	NA	NA
Code 12	Online digital em svc, est pt, for up to 7 days, cumulative time; 5-10 mins	99421			1	100.00%	25	NA	NA
Code 13	Ref plastic surgery	99201.276			2	50.00%	NA	63	NA
Code 14	Normal saline sol infus 250 ml	J7050			2	50.00%	Na	242	Na

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room and board			124	867	96.66%	11	90	NA
Code 2	Room and board			128	378	96.83%	25	NA	NA
Code 3	Other therapy serv			900	368	97.01%	24	2	NA
Code 4	Room and board			126	239	99.16%	51	NA	NA

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room and board			126	239	99.16%	51	NA	NA
Code 2	Other therapy serv			900	368	97.01%	24	2	NA
Code 3	Room and board			128	378	96.83%	25	NA	NA
Code 4	Room and board			124	867	96.66%	11	90	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Other therapy serv			900	368	0.54%	24	2	NA
Code 2	Room and board			128	378	0.26%	25	NA	NA
Code 3	Room and board			124	867	0.23%	11	90	NA

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Psychotherapy 60 min patient	90837			20,864	98.07%	30	39	NA
Code 2	Psychotherapy 45 min patient with medical svcs	90836			4,188	99.07%	18	64	NA
Code 3	Psychotherapy 45 min patient	90834			1,237	99.27%	7	19	NA
Code 4	Group psychotherapy	90853			1,067	98.97%	445	32	NA
Code 5	Psychiatric diagnostic eval w/o medical services	90791			631	85.90%	41	106	NA
Code 6	Psychological testing eval by phys or qual prof; first hour	96130			401	98.25%	29	44	NA
Code 7	Neuropsychological test eval by phys or qual prof; first hour	96132			176	92.61%	50	105	NA
Code 8	Transcranial mag stimj tx dlvr & mgmt	90868			167	83.23%	NA	85	NA
Code 9	Psychiatric diagnostic evaluation w/medical services	90792			129	79.07%	110	81	NA
Code 10	Psychotherapy 30 min patient with medical svcs	90833			124	99.19%	47	57	NA

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Psych svc intensive outpt	S9480			36	100.00%	111	101	Na
Code 2	Health behavior assessment, or re-assessment	96156			12	100.00%	NA	26	NA
Code 3	Psychotherapy 30 min patient	90832			7	100.00%	1	132	NA

Code 4	Med nutrit thrpy reassess per 15 min	97803			6	100.00%	NA	15	NA
Code 5	Med nutrit thrpy init assess 15 min	97802			5	100.00%	NA	110	NA
Code 6	Ref mental health internal (for mh providers only)	99214.101			3	100.00%	NA	220	NA
Code 7	Psychological or neuropsychological test by phys,2 or more;addl 30 mins	96137			2	100.00%	NA	159	NA
Code 8	Health behavior intervention, individual, face-to-face; initial 30 mins	96158			2	100.00%	NA	2	NA
Code 9	Ind psychotherapy office 45-50 min w/ e & m	90807			1	100.00%	NA	281	NA
Code 10	Room and board			126	1	100.00%	0	NA	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Office visit e&m est pt, high mdm, 40-54 mins	99215			2	50.00%	123	113	NA
Code 2	Office visit e&m new self limit/minor 10	99201			24	4.17%	NA	257	NA
Code 3	Psychiatric diagnostic evaluation w/medical services	90792			129	3.10%	110	82	NA
Code 4	Adaptive behav tx by protocol, adm by tech/sup by phys, ea 15 mins	97153			49	2.04%	30	201	NA
Code 5	Neuropsychological test eval by phys or qual prof; first hour	96132			176	0.57%	50	105	NA
Code 6	Psychotherapy 60 min patient	90837			20864	0.12%	30	39	NA
Code 7	Psychotherapy 45 min patient with medical svcs	90836			4188	0.05%	18	64	NA

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Office visit e&m est pt, moderate mdm, 30-39 mins	99214			2,160	96.53%	5	19	NA
Code 2	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories	K0553			827	80.05%	7	83	NA
Code 3	Med nutrit thrpy init assess 15 min	97802			718	97.63%	1	20	NA
Code 4	Sensor;invsv disp intrstl cont glu mon sys 1u=1d	A9276			629	85.85%	6	99	NA
Code 5	Infus set insulin pump non needle	A4230			473	99.15%	2	53	NA
Code 6	Diab only fit cstm prep&spl shoe mx dnsity insrt per shoe	A5500			260	93.08%	6	47	NA
Code 7	Extern ambul insulin infus pump	E0784			186	83.87%	19	85	NA
Code 8	Inj bevacizumab 10 mg	J9035			128	96.09%	6	43	NA
Code 9	Room and board			120	117	95.73%	11	NA	NA
Code 10	Diab mgmt trn per indiv	G0108			85	92.94%	3	47	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Glucose monitoring 72 hrs md or oth qual, equip prov, rec/storage gl	95250			73	100.00%	1	7	NA
Code 2	Diabetic custom molded shoe	A5501			23	100.00%	NA	47	NA
Code 3	Misc services			762	22	100.00%	13	NA	NA
Code 4	Debride skin & subq tissue	11042			16	100.00%	0	28	NA
Code 5	Oct macular/retina w/interp & report; unil/bilat	92134			12	100.00%	10	30	NA
Code 6	Repair orthotic dev labor per 15 min	L4205			10	100.00%	0	20	NA
Code 7	Debride nail(s) any method(s) 6+	11721			9	100.00%	NA	75	NA
Code 8	Comprehensive eye exam established pt 1+ visits	92014			9	100.00%	9	28	NA
Code 9	Non-invasive study le artery post t	93924			9	100.00%	0	39	NA
Code 10	Office visit e&m new pt moderate mdm, 45-59 mins	99204			8	100.00%	25	42	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Extern ambul insulin infus pump	E0784			186	2.15%	19	85	NA
Code 2	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories	K0553			827	0.85%	7	83	NA
Code 3	Sensor;invsv disp intrstl cont glu mon sys 1u=1d	A9276			629	0.64%	6	99	NA

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Cpap device	E0601			4,746	91.61%	4	43	NA
Code 2	Nasal application device	A7034			3,691	98.35%	2	8	NA
Code 3	Dme electric breast pump kit purchase	E0603			2,191	99.45%	1	30	NA
Code 4	Dme electric breast pump kit rental	E0604			1,252	95.69%	2	28	NA
Code 5	Walker, folding, wheeled, adjustable or fixed height	E0143			690	97.25%	10	28	NA
Code 6	Crutches metal underarm pair	E0114			658	99.39%	3	14	NA
Code 7	Pneumatic, walking boot	L4361			632	98.89%	1	12	NA
Code 8	Crutch substitute, lower leg platform, with or without wheels, each	E0118			574	95.30%	4	40	NA
Code 9	Shoulder orthosis, figure of eight design abduction restrainer, canvas and	L3660			559	99.82%	NA	7	NA
Code 10	Stationary liquid 02	E0439			539	97.40%	5	27	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Post-op shoe canvas	L3260			268	100.00%	0	7	Na
Code 2	Indwelling cath latex	A4338			117	100.00%	1	6	Na
Code 3	Seat attachment, walker	E0156			111	100.00%	2	26	Na
Code 4	Ko w adj flex/ext rotat mold	L1846			108	100.00%	0	7	Na
Code 5	Traction equip,cervical,free stand,traction force other than mandible	E0849			75	100.00%	1	20	Na

Code 6	Repair prosth dev labor per 15 min	L7520			72	100.00%	5	45	Na
Code 7	Canes of any material	E0100			48	100.00%	0	13	Na
Code 8	Oscillatory positive expiratory pressure dev, nonelec, any type, each	E0484			47	100.00%	1	32	Na
Code 9	Walking boot, prefab, nonpneumatic	L4386			46	100.00%	3	33	Na
Code 10	Commode chair stationary	E0165			42	100.00%	1	29	Na

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Unlisted maxillofacial prosth proc	21089			1	100.00%	NA	98	NA
Code 2	Pwr wheelchair, grp 3 stndrd, sling/solid seat/back,cap up to/incl 300 lbs	K0848			1	100.00%	NA	306	NA
Code 3	Ostomy pouch, drainable; use on barrier w locking	A4427			1	100.00%	74	NA	NA
Code 4	In-line cartridge containing digestive enzyme(s) enteral feeding; ea	B4105			2	50.00%	NA	75	NA
Code 5	Wheelchair access, manual swingaway, mult power option, position access	E1028			2	0.00%	NA	312	NA
Code 6	Elect stimulation dev used for cancer tx, incl all access, any type	E0766			29	6.90%	22	118	NA
Code 7	Addtn to low extrmty below/above knee,custom fab,use w/locking mech	L5673			19	5.26%	0	80	NA
Code 8	Replace socket bel knee pt model	L5700			20	5.00%	13	133	NA
Code 9	Gradient compression stocking/sleeve nos	A6549			165	1.21%	34	89	NA

Code 10	Repair or nonroutn svc dme other than o2 equip,req tech skill,per 15 mins	K0739			215	0.47%	11	87	NA
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Carrier C

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	22853			44	93%	N/A	46.52218632	N/A
Code 2	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			33	21%	1.428810834	32.52842918	N/A
Code 3	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial trans articular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	22840			32	88%	N/A	47.11753477	N/A
Code 4	Laparoscopy, surgical; colectomy, partial, with anastomosis	44204			28	7%	0.006783332	16.29482006	N/A
Code 5	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047			25	88%	N/A	57.31271103	480

Code 6	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	44207			24		8%	0.002777777	8.561956111	N/A
Code 7	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stent less valve	33405			21		0%	16.85067514	22.84802685	N/A
Code 8	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			21		90%	N/A	39.50508894	N/A
Code 9	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	96416			20		0%	0.005555556	6.504863889	N/A
Code 10	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	22633			20		90%	N/A	41.60779043	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			19	100%	N/A	48.37969797	N/A
Code 2	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			12	100%	N/A	70.4370587	N/A
Code 3	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (e.g., total shoulder))	23472			11	100%	N/A	38.07345989	N/A
Code 4	Exploration of spinal fusion	22830			7	100%	N/A	55.4825526	N/A
Code 5	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare	22634			5	100%	N/A	52.86069182	N/A

	interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)								
Code 6	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	22843			5	100%	N/A	19.04977232	N/A
Code 7	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; lumbar	63042			4	100%	N/A	72.86497719	N/A
Code 8	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	22216			4	100%	N/A	15.81222586	N/A
Code 9	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	22585			4	100%	N/A	50.71772813	N/A
Code 10	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical	63045			3	100%	5.107969833	0.384678611	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110			5525	74%	9.454080013	39.65143342	610.5
Code 2	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			5040	73%	17.5520936	42.13966487	591
Code 3	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			4657	73%	24.91352116	39.53006852	810.6666667
Code 4	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	97112			3679	71%	48.72115167	43.90158338	568
Code 5	CT Abd & pelvis	74176			3024	94%	3.520114943	9.638329536	N/A
Code 6	ECHO, transthoracic w/doppler, complete	93306			2782	94%	0.087222221	6.260145469	660
Code 7	MRI, lower extremity any joint; wo contr	73721			2511	88%	0.239722222	11.00589676	648
Code 8	MRI of lumbar spine	72148			1845	86%	1.048194444	8.480348817	672
Code 9	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation		G0399		1717	96%	N/A	4.55158774	N/A
Code 10	MRI of brain and further sequences	70553			1535	95%	0.0875	9.113422664	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (e.g., total shoulder))	23472			31			37.73359205	
						100%	31.7586825		N/A
Code 2	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; lumbar	63042			30			32.48858983	
						100%	51.48078611		N/A
Code 3	Contrast MRI of thoracic spine	72147			29	100%	N/A	2.430747127	N/A
Code 4	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	64492			25			3.868942683	
						100%	N/A		N/A
Code 5	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	63685			23			31.10083644	
						100%	N/A		600
Code 6	Nuclear scan, cardiac blood pool	78472			22	100%	N/A	0.000113636	N/A
Code 7	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial trans articular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	22840			22			60.95812965	
						100%	N/A		N/A
Code 8	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	77435			18			59.41540741	
						100%	11.74046296		600
Code 9	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image	77373			17			60.40331349	
						100%	11.74046296		N/A

	guidance, entire course not to exceed 5 fractions								
Code 10	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	77432			13	100%	1.974444444	86.46290404	N/A
Code 11	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (e.g., total shoulder))	23472			31	100%	31.7586825	37.73359205	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Injection procedure for discography, each level; lumbar	62290			4	25%	N/A	44.09172875	N/A
Code 2	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	63655			5	20%	N/A	75.65615687	N/A
Code 3	Arthroplasty, glenohumeral joint; hemiarthroplasty	23470			5	20%	N/A	80.84910755	N/A
Code 4	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	63020			7	14%	N/A	46.31105176	N/A
Code 5	MYOCDR IMG PET METAB EVAL SINGLE STUDY	78459			8	13%	N/A	28.07048611	N/A
Code 6	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	64520			21	5%	N/A	15.36934318	N/A
Code 7	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	64405			93	4%	0.221404167	54.87779854	648

Code 8	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	64493			309	3%	23.44836431	15.21216818	N/A
Code 9	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	22856			40	3%	N/A	42.60520565	N/A
Code 10	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	64479			153	2%	N/A	14.66959782	N/A

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Residential treatment, substance use disorder			1002	238	93%	N/A	50.64727495	N/A
Code 2	Residential treatment, Psychiatric			1001	47	72%	28.53694444	241.0093836	N/A
Code 3	Room and board, Semi-Private, Psychiatric			0124	32	94%	8.061203704	269.5459427	N/A
Code 4	Room and board, Semiprivate Detoxification			0126	4	100%	N/A	46.05034722	N/A
Code 5	Clitoroplasty for intersex state	56805			3	100%	N/A	128.3168519	N/A
Code 6	Orchiectomy, simple (including subcapsular), with or without	54520			3	100%	N/A	128.3168519	N/A

	testicular prosthesis, scrotal or inguinal approach								
Code 7	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	13121			2	50%	N/A	70.93978211	N/A
Code 8	Amputation of penis; complete	54125			2	100%	N/A	26.24138889	N/A
Code 9	Urethroplasty, reconstruction of female urethra	53430			2	100%	N/A	26.1616358	N/A
Code 10	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	15002			1	0%	N/A	48.62139917	N/A
Code 11	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	64859			1	0%	N/A	48.62139917	N/A
Code 12	Vaginectomy, complete removal of vaginal wall;	57110			1	100%	N/A	71.76638889	N/A
Code 13	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	15240			1	0%	N/A	48.62139917	N/A
Code 14	Alcohol And/or Drug Services		H0018		1	0%	N/A	0.003226944	N/A
Code 15	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15273			1	0%	N/A	48.62139917	N/A
Code 16	Plastic repair of introitus	56800			1	100%	N/A	332.4677778	N/A
Code 17	Application of skin substitute graft to trunk, arms, legs, total wound surface	15274			1	0%	N/A	48.62139917	N/A

	area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)								
Code 18	Construction of artificial vagina; with graft	57292			1	100%	N/A	332.4677778	N/A
Code 19	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15277			1	0%	N/A	48.62139917	N/A
Code 20	Nerve repair; with synthetic conduit or vein allograft (e.g., nerve tube), each nerve	64910			1	0%	N/A	48.62139917	N/A
Code 21	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	15574			1	0%	N/A	48.62139917	N/A
Code 22	Crisis Intervention Mental H		S9485		1	0%	0.005361943	N/A	N/A
Code 23	Flap; neurovascular pedicle	15750			1	0%	N/A	48.62139917	N/A
Code 24	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	15100			1	0%	N/A	48.62139917	N/A
Code 25	Free skin flap with microvascular anastomosis	15757			1	0%	N/A	48.62139917	N/A
Code 26	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	14301			1	0%	N/A	48.62139917	N/A
Code 27	Application of short arm splint	29125			1	0%	N/A	48.62139917	N/A

	(forearm to hand); static								
Code 28	Construction of artificial vagina; without graft	57291			1	100%	N/A	26.95916667	N/A
Code 29	Laryngoplasty, cricoid split, without graft placement	31587			1	0%	N/A	246.25	N/A
Code 30	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	64856			1	0%	N/A	48.62139917	N/A
Code 31	Aspiration of bladder; with insertion of suprapubic catheter	51102			1	0%	N/A	48.62139917	N/A
Code 32	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	64874			1	0%	N/A	48.62139917	N/A
Code 33	Urethroplasty, 1-stage reconstruction of male anterior urethra	53410			1	100%	N/A	71.76638889	N/A
Code 34	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	97606			1	0%	N/A	48.62139917	N/A
Code 35	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	13122			1	0%	N/A	48.62139917	N/A
Code 36	Alcohol and/or other drug treatment program, per diem		H2036		1	100%	N/A	18.8475	N/A
Code 37	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	14040			1	0%	N/A	48.62139917	N/A

Code 38	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	14302			1	0%	N/A	48.62139917	N/A
Code 39	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	14041			1	0%	N/A	48.62139917	N/A
Code 40	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	15003			1	0%	N/A	48.62139917	N/A
Code 41	Scrotoplasty; complicated	55180			1	100%	N/A	71.76638889	N/A
Code 42	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	15101			1	0%	N/A	48.62139917	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room and board, Semiprivate Detoxification			0126	4	100%	N/A	46.05034722	N/A

Code 2	Clitoroplasty for intersex state	56805			3	100%	N/A	128.3168519	N/A
Code 3	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	54520			3	100%	N/A	128.3168519	N/A
Code 4	Amputation of penis; complete	54125			2	100%	N/A	26.24138889	N/A
Code 5	Urethroplasty, reconstruction of female urethra	53430			2	100%	N/A	26.1616358	N/A
Code 6	Vaginectomy, complete removal of vaginal wall;	57110			1	100%	N/A	71.76638889	N/A
Code 7	Plastic repair of introitus	56800			1	100%	N/A	332.4677778	N/A
Code 8	Construction of artificial vagina; with graft	57292			1	100%	N/A	332.4677778	N/A
Code 9	Construction of artificial vagina; without graft	57291			1	100%	N/A	26.95916667	N/A
Code 10	Urethroplasty, 1-stage reconstruction of male anterior urethra	53410			1	100%	N/A	71.76638889	N/A
Code 11	Alcohol and/or other drug treatment program, per diem		H2036		1	100%	N/A	18.8475	N/A
Code 12	Scrotoplasty; complicated	55180			1	100%	N/A	71.76638889	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Residential treatment, Psychiatric			1001	47	2%	28.53694444	241.0093836	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			282	73%	314.7020528	67.41074406	N/A
Code 2	CT THORAX LW DOSE LNG CA SCR C-	71271			198	90%	N/A	3.088960078	N/A
Code 3	Alcohol And/or Drug Services		H0015		187	100%	7.529548055	32.13749977	N/A
Code 4	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		115	91%	54.67930556	62.02926565	N/A
Code 5	Alcohol and/or other drug treatment program, per diem		H2036		99	97%	N/A	43.77723558	N/A
Code 6	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			82	89%	25.81089663	44.54946906	N/A
Code 7	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			78	90%	25.81089712	47.67570908	552
Code 8	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			52	90%	22.35729512	44.10535269	N/A
Code 9	Mastectomy, simple, complete	19303			35	94%	N/A	83.99884921	696
Code 10	Nipple/areola reconstruction	19350			34	94%	243.6577778	85.11815657	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Alcohol And/or Drug Services		H0015		187	100%	7.529548055	32.13749977	N/A
Code 2	MRI of brain and further sequences	70553			12	100%	N/A	0.026828704	N/A

Code 3	Electrolysis epilation, each 30 minutes	17380			7	100%	N/A	268.1345238	N/A
Code 4	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	17999			5	100%	N/A	103.4391667	N/A
Code 5	FMR1 (fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles	81243			4	100%	N/A	26.46513889	N/A
Code 6	Polysomnography; Age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	95810			4	100%	0.289444445	0	N/A
Code 7	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	81229			4	100%	N/A	25.55006944	N/A
Code 8	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	98943			4	100%	N/A	7.354965972	N/A
Code 9	Breast augmentation with implant	19325			3	100%	N/A	88.2137037	N/A
Code 10	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	77373			2	100%	N/A	32.12763889	N/A
Code 11	Vulvectomy simple; complete	56625			2	100%	N/A	81.96222222	N/A
Code 12	Brain imaging, PET, metabolic eval	78608			2	100%	N/A	13.57888889	N/A
Code 13	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	81415			2	100%	N/A	17.92347222	N/A
Code 14	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	81416			2	100%	N/A	17.92347222	N/A
Code 15	Orchiectomy, simple (including subcapsular), with or without	54520			2	100%	N/A	119.01875	N/A

	testicular prosthesis, scrotal or inguinal approach								
Code 16	Scrotoplasty; simple	55175			2	100%	N/A	119.01875	N/A
Code 17	Telehealth originating site facility fee		Q3014		2	100%	N/A	50.49276014	N/A

2020 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext Amb Infusion Pump Insulin		E0784		91	92%	N/A	61.06683382	N/A
Code 2	Infusion Insulin Pump Non Needle		A4230		8	0%	N/A	18.08044733	N/A
Code 3	External transmitter, CGM		A9277		8	0%	N/A	17.18122456	N/A
Code 4	Syringe W/Needle Insulin 3cc		A4232		8	0%	N/A	18.08048913	N/A
Code 5	Disposable sensor, CGM sys		A9276		7	0%	N/A	20.0444625	N/A
Code 6	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service 2017-07-01 00:00:00.000 2199-12-31 23:59:59.000 ADD		K0553		2	0%	N/A	10.04166667	N/A
Code 7	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		K0554		1	0%	N/A	0.094166667	N/A
Code 8	Ext amb insulin delivery sys		A9274		1	0%	N/A	0.004824166	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Ext Amb Infusion Pump Insulin		E0784		91	92%	N/A	61.06683382	N/A
Code 2	Infusion Insulin Pump Non Needle		A4230		8	0%	N/A	18.08044733	N/A
Code 3	External transmitter, CGM		A9277		8	0%	N/A	17.18122456	N/A
Code 4	Syringe W/Needle Insulin 3cc		A4232		8	0%	N/A	18.08048913	N/A
Code 5	Disposable sensor, CGM sys		A9276		7	0%	N/A	20.0444625	N/A
Code 6	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service 2017-07-01 00:00:00.000 2199-12-31 23:59:59.000 ADD		K0553		2	0%	N/A	10.04166667	N/A
Code 7	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		K0554		1	0%	N/A	0.094166667	N/A
Code 8	Ext amb insuline delivery sys		A9274		1	0%	N/A	0.004824166	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		3483	96%	46.34777778	2.304491152	612
Code 2	Respiratory assist device, bi-level pressure capability, without back-up		E0470		176	97%	46.34777778	1.666598413	N/A

	rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)							
Code 3	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	E0471		74	86%	33.63027778	10.69826984	N/A
Code 4	Osteogen Ultrasound Simulator	E0760		25	20%	N/A	110.5392436	N/A
Code 5	Durable Medical Equipment Mi	E1399		20	25%	71.13215972	122.0365107	N/A
Code 6	Elec Osteogen Stim Not Spine	E0747		19	16%	N/A	130.5461698	N/A
Code 7	Elec Osteogen Stim Spinal	E0748		8	38%	N/A	136.7358895	N/A
Code 8	Wheelchair Anti-Tipping Devi	E0971		7	0%	N/A	40.98090317	N/A
Code 9	HOME VENT NON-INVASIVE INTER	E0466		7	29%	33.63027778	111.8903704	N/A
Code 10	Wheelchair Belt W/Airplane B	E0978		6	0%	N/A	47.79669463	N/A
Code 11	Wheelchair Adjustabl Height	E0973		6	0%	N/A	30.69141032	N/A

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Accessory for speech generating device, not otherwise classified		E2599		4	100%	N/A	140.6114583	N/A
Code 2	Humidifier, non-heated, used with positive airway pressure device		E0561		1	100%	46.34777778	N/A	N/A
Code 3	Humidifier, heated, used with positive airway pressure device		E0562		1	100%	46.34777778	N/A	576
Code 4	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with		E0470		176	97%	46.34777778	1.666598413	N/A

	continuous positive airway pressure device)								
Code 5	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]	E0601			3483	96%	46.34777778	2.304491152	612
Code 6	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	E0471			74	86%	33.63027778	10.69826984	N/A
Code 7	Elec Osteogen Stim Spinal	E0748			8	38%	N/A	136.7358895	N/A
Code 8	HOME VENT NON-INVASIVE INTER	E0466			7	29%	33.63027778	111.8903704	N/A
Code 9	Durable Medical Equipment Mi	E1399			20	25%	71.13215972	122.0365107	N/A
Code 10	Osteogen Ultrasound Stimltor	E0760			25	20%	N/A	110.5392436	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		3483	0.03%	46.34777778	2.304491152	612

Carrier D

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room and board			120	5,942	96.92%	17	72	NA
Code 2	Room and board			128	72	36.11%	27	NA	NA
Code 3	Full rout obste care,cesarean deliv	59510			31	96.77%	1	22	NA
Code 4	Arthrodesis ant interbody w/ diskectomy lu	22558			25	88.00%	NA	187	NA
Code 5	Full rout obste care,vaginal deliv	59400			23	100.00%	0	78	NA
Code 6	Lap gastric bypass/roux-en-y	43644			22	86.36%	NA	72	NA
Code 7	Lap sleeve gastrectomy	43775			22	54.55%	NA	109	NA
Code 8	Total abdom hysterectomy	58150			13	100.00%	5	16	NA
Code 9	Chemo admin iv infus >8 hrs w/port/implanted pump	96416			12	100.00%	12	32	NA
Code 10	Surgery			367	12	100.00%	NA	83	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Full rout obste care,vaginal deliv	59400			23	100.00%	1	79	NA
Code 2	Total abdom hysterectomy	58150			13	100.00%	5	16	NA
Code 3	Surgery			367	12	100.00%	NA	83	NA
Code 4	Chemo admin iv infus >8 hrs w/port/implanted pump	96416			12	100.00%	12	32	NA
Code 5	Colectomy lap partial w/ anast	44204			11	100.00%	0	3	NA
Code 6	Lap surg; colect part w/anastom w/coloproctost	44207			11	100.00%	7	41	NA
Code 7	Thoracoscopy surg w/ pleurodesis (mechanica	32650			10	100.00%	1	2	NA
Code 8	Breast reconstruction; with free flap	19364			9	100.00%	10	100	NA
Code 9	Replace prosth aortic valve, open, w/bypass non-homo	33405			9	100.00%	3	17	NA
Code 10	Initial hospital care,levl i	99221			9	100.00%	1	23	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Lap sleeve gastrectomy	43775			22	9.09%	NA	109	NA
Code 2	Room and board			128	72	4.17%	27	NA	NA
Code 3	Room and board			120	5942	0.02%	17	72	NA

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Office visit e&m est pt, moderate mdm, 30-39 mins	99214			24,318	98.80%	5	19	NA
Code 2	Misc services			762	2,761	98.15%	15	NA	NA
Code 3	Thera proc 1+ areas ea 15 min thera exercises	97110			2,679	98.13%	6	15	NA
Code 4	Colonoscopy w/ bx single/mult	45380			2,194	99.32%	7	13	NA
Code 5	Mri, upper extremity	73218			1,862	98.98%	3	14	NA
Code 6	Thera proc 1+ areas ea 15 min massage	97124			1,760	98.30%	34	11	NA
Code 7	Ct scan limited or localized f/u study	76380			1,369	99.49%	2	13	NA
Code 8	Mri lumbar w/wo contrst spine	72158			884	39.59%	26	120	NA
Code 9	Office visit e&m new pt straightforward mdm, 15-29 mins	99202			663	97.74%	6	31	NA

Code 10	Computed tomography, thorax, diagnostic; w/o contrast material	71250			651	83.56%	12	47	NA
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext ecg record >48 hrs up to 7 days by cont rhythm, incl rec/scan w/interp & rep	93241			142	100.00%	1	22	NA
Code 2	Mohs hd, nck, hnd, feet, gen 1st stge up to 5 blk	17311			134	100.00%	2	14	NA
Code 3	Extracapsular cat rem w/ insert lens prosthesis; w/o ecp	66984			127	100.00%	1	31	NA
Code 4	Spirometry w/graphic record/vital capacity/flow	94010			121	100.00%	7	11	NA
Code 5	Rad tx delivery custom block 5 mev	77412			90	100.00%	3	16	NA
Code 6	Event monitor - hookup record & discon only	93270			85	100.00%	3	13	NA
Code 7	Open cardiac rehab w/o cont ekg monitoring	93797			84	100.00%	13	122	NA
Code 8	Repair collat ligament metacarpophalangeal/ip jnt	26540			75	100.00%	9	23	NA
Code 9	Ext ecg record >48 hrs up to 7 days by cont rhythm recording/storage	93242			71	100.00%	11	36	NA
Code 10	Debridement, open wound, assessment, ongoing care, per session, first 20 sq cm or less	97597			70	100.00%	2	21	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Microdissection; manual	88381			1	100.00%	44	NA	NA

Code 2	Egd, flex, trnsoral; w eg fundoplasty, partial /complete, inc duodenoscopy	43210			1	100.00%	NA	105	NA
Code 3	Unlisted proc pelvis/hip jnt	27299			1	100.00%	NA	125	NA
Code 4	Rep blepharoptosis conj	67908			2	50.00%	NA	202	NA
Code 5	Transurethral destruct prostat tissue;by radiofrq water thermotherapy	53854			3	33.33%	NA	87	NA
Code 6	Therapeutic radiology field simple	77280			3	33.33%	2	142	NA
Code 7	Proton trmt, simple w/comp	77522			4	25.00%	98	131	NA
Code 8	Lap gastric bypass/roux-en-y	43644			4	25.00%	NA	171	NA
Code 9	Exc malig les trunk arms/legs >4.0 cm	11606			4	25.00%	35	82	NA
Code 10	Arthroscopy hip w/labral repair	29916			4	25.00%	4	77	NA

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room and board			124	445	98.43%	9	NA	NA
Code 2	Room and board			128	373	97.86%	51	NA	NA
Code 3	Other therapy serv			900	237	98.73%	13	NA	NA
Code 4	Room and board			126	146	97.95%	28	NA	NA
Code 5	Other therapy serv			912	1	100.00%	NA	10	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Other therapy serv			912	1	100.00%	NA	10	NA
Code 2	Other therapy serv			900	237	98.73%	13	NA	NA

Code 3	Room and board			124	445	98.43%	9	NA	NA
Code 4	Room and board			126	146	97.95%	28	NA	NA
Code 5	Room and board			128	373	97.86%	51	NA	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Other therapy serv			900	237	0.42%	13	NA	NA
Code 2	Room and board			128	373	0.27%	51	NA	NA
Code 3	Room and board			124	445	0.22%	9	NA	NA

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Psychotherapy 60 min patient	90837			2,794	98.68%	8	25	NA
Code 2	Psychotherapy 45 min patient with medical svcs	90836			641	98.75%	13	48	NA
Code 3	Psychotherapy 45 min patient	90834			248	99.19%	NA	6	NA
Code 4	Group psychotherapy	90853			153	100.00%	NA	26	NA
Code 5	Psychiatric diagnostic eval w/o medical services	90791			120	88.33%	44	127	NA
Code 6	Neuropsychological test eval by phys or qual prof; first hour	96132			81	92.59%	13	199	NA
Code 7	Transcranial mag stimj tx dlvr & mgmt	90868			77	83.12%	NA	86	NA
Code 8	Psychological testing eval by phys or qual prof; first hour	96130			64	95.31%	1	65	NA
Code 9	Psychiatric diagnostic evaluation w/medical services	90792			26	88.46%	NA	96	NA

Code 10	Office visit e&m est pt, moderate mdm, 30-39 mins	99214			23	91.30%	NA	139	NA
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Group psychotherapy	90853			153	100.00%	NA	26	NA
Code 2	Ect (w/ monitoring) single seizure	90870			13	100.00%	NA	109	NA
Code 3	Alcohol and/or drug services	H0020			13	100.00%	NA	106	NA
Code 4	Psychotherapy 30 min patient with medical svcs	90833			7	100.00%	NA	14	NA
Code 5	Ref mental health external	90806.102			5	100.00%	NA	63	NA
Code 6	Health behavior assessment, or re-assessment	96156			2	100.00%	NA	65	NA
Code 7	Psychotherapy 30 min patient	90832			1	100.00%	NA	317	NA
Code 8	Neurobehavioral status exam, phys or qual prof, first hour	96116			1	100.00%	NA	308	NA
Code 9	Psychological or neuropsychological test by tech,2 or more;first 30 mins	96138			1	100.00%	NA	74	NA
Code 10	Health behavior intervention, individual, face-to-face; ea addl 15 mins	96159			1	100.00%	NA	8	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Visit for eval/mgmt est pt req superviso in md, up to 56 mg of esketamine nasal, self admim	G2082			5	20.00%	NA	74	NA
Code 2	Psych svc intensive outpt	S9480			6	16.67%	1	358	NA
Code 3	Transcranial mag stimj tx dlvr & mgmt	90868			77	3.90%	NA	86	NA

Code 4	Neuropsychological test eval by phys or qual prof; first hour	96132			81	2.47%	13	199	NA
Code 5	Psychotherapy 60 min patient	90837			2794	0.04%	8	25	NA

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Office visit e&m est pt, moderate mdm, 30-39 mins	99214			566	99.12%	5	16	NA
Code 2	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories	K0553			391	70.59%	12	97	NA
Code 3	Sensor;invsv disp intrstl cont glu mon sys 1u=1d	A9276			293	80.20%	8	114	NA
Code 4	Med nutrit thrpy init assess 15 min	97802			165	98.79%	3	22	NA
Code 5	Infus set insulin pump non needle	A4230			88	98.86%	3	59	NA
Code 6	Extern ambul insulin infus pump	E0784			85	74.12%	29	129	NA
Code 7	Diab only fit cstm prep&spl shoe mx dnsity insrt per shoe	A5500			73	98.63%	1	38	NA
Code 8	Inj bevacizumab 10 mg	J9035			64	98.44%	9	28	NA
Code 9	Inj aflibercept (eylea) 1 mg	J0178			53	92.45%	15	47	NA
Code 10	Room and board			120	44	97.73%	14	NA	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Diab mgmt trn per indiv	G0108			26	100.00%	3	38	NA
Code 2	Misc services			762	17	100.00%	16	NA	NA
Code 3	Office visit e&m new pt straightforward mdm, 15-29 mins	99202			16	100.00%	1	24	NA
Code 4	External amb insulin del system disposable ea	A9274			12	100.00%	4	61	NA
Code 5	Other therapy serv			551	10	100.00%	0	23	NA
Code 6	Glucose monitoring 72 hrs, pt provided equip, training and recording	95249			10	100.00%	NA	27	NA
Code 7	Office visit e&m new self limit/minor 10	99201			9	100.00%	NA	46	NA
Code 8	Glucose monitoring 72 hrs md or oth qual, equip prov, rec/storage gl	95250			7	100.00%	NA	17	NA
Code 9	Trimming nondystrophic nails any number	11719			6	100.00%	NA	49	NA
Code 10	For diab only mx dnsity insrt cstm mold cstm ea	A5513			6	100.00%	NA	29	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Extern ambul insulin infus pump	E0784			85	4.71%	29	129	NA
Code 2	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories	K0553			391	1.02%	12	97	NA
Code 3	Sensor;invsv disp intrstl cont glu mon sys 1u=1d	A9276			293	1.02%	8	114	NA

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Cpap device	E0601			1,843	96.04%	3	40	Na
Code 2	Nasal application device	A7034			877	98.63%	2	21	Na
Code 3	Dme electric breast pump kit purchase	E0603			731	99.45%	1	45	Na
Code 4	Crutches metal underarm pair	E0114			364	99.18%	0	17	Na
Code 5	Pneumatic, walking boot	L4361			335	99.10%	Na	15	Na
Code 6	Dme electric breast pump kit rental	E0604			293	96.59%	2	33	Na
Code 7	Shoulder orthosis, figure of eight design abduction restrainer, canvas and	L3660			281	98.58%	Na	21	Na
Code 8	Wrist splint w/wo cock-up	L3908			235	99.57%	Na	15	Na
Code 9	Stationary liquid O2	E0439			205	98.05%	5	38	Na
Code 10	Walker, folding, wheeled, adjustable or fixed height	E0143			196	97.96%	3	35	Na

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Warrior wrap with hinges/flex stop	L1833			97	100.00%	0	13	NA
Code 2	Shlder immob w/abduction pillow	L3670			91	100.00%	1	16	NA
Code 3	Ko immobilizer canvas longit	L1830			78	100.00%	NA	20	NA
Code 4	Drainable pch w ex wear barr	A4388			69	100.00%	3	29	NA
Code 5	Dme nebulize home/portable	E0570			49	100.00%	3	27	NA
Code 6	Repair orthotic dev labor per 15 min	L4205			45	100.00%	5	40	NA
Code 7	Knee orthosis, elast w/joints, prefab,off-the-shelf	L1812			44	100.00%	NA	17	NA
Code 8	Walking boot, prefab, nonpneumatic	L4387			33	100.00%	NA	12	NA
Code 9	Polishing artificial eye	V2624			24	100.00%	NA	41	NA
Code 10	Lso sagittal-coronal control, sacrococcyg juct to t-9 vert, prefab	L0650			22	100.00%	NA	29	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Gait trainer, pediatric size, posterior support incl all accessories & comp	E8000			1	100.00%	NA	100	NA
Code 2	Power wc, group 2 std, captains, pt wt up to/include 300 lbs	K0823			3	33.33%	NA	138	NA
Code 3	Pneumatic compress segmnt w grad	E0652			21	4.76%	114	188	NA
Code 4	Osteogen u/s stimltor	E0760			31	3.23%	24	149	NA
Code 5	Repair or nonroutn svc dme other than o2 equip,req tech skill,per 15 mins	K0739			52	1.92%	19	119	NA
Code 6	Crutches metal underarm pair	E0114			364	0.27%	0	17	NA
Code 7	Cpap device	E0601			1843	0.11%	3	40	NA

Carrier E

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Insj biomchn dev intervertebral dsc spc w/arthr	22853			19	78.9%	7.5	133.6	N/A
Code 2	Arthdsispost/posterolatr/postinterbody lumbar	22633			13	92.3%	N/A	159.9	N/A
Code 3	Posterior non-segmental instrumentation	22840			13	84.6%	N/A	132.8	N/A
Code 4	Arthrp acetblr/prox fem prosc agrft/algrft	27130			13	84.6%	N/A	42.7	N/A
Code 5	Lam facetectomy and foramotomy 1 segment lumbar	63047			11	90.9%	N/A	159	N/A
Code 6	Room & board - semiprivate - 2 beds -general			0120	10	100.0%	32.6	N/A	18.3
Code 7	Allograft for spine surgery only morselized	20930			12	83.3%	N/A	132	N/A
Code 8	Chemotx admn tq init prolng chemotx nfus pmp	96416			11	81.8%	32.3	42.2	N/A

Code 9	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	63048			10	90.0%	N/A	145.9	N/A
Code 10	Autograft spine surgery local from same incision	20936			11	81.8%	N/A	139.2	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Renal allotransplantation, implantation of graft	50360			3	100%	.	20.2	35.1
Code 2	Initial hospital care/day 70 minutes	99223			2	100%	.	0.1	.
Code 3	D0303non-traumatic brain injury with motor >26.15 & motor <35.05.,comorbidity in tier 3		D0303		1	100%	.	.	0.0
Code 4	D0106stroke with motor >30.05 & motor <34.25.,comorbidity in tier 3		D0106		1	100%	.	25.2	.
Code 5	D0102stroke with motor >44.45 & motor <51.05 & cognitive >18.5.,comorbidity in tier 3		D0102		1	100%	.	0.0	.
Code 6	C0302non-traumatic brain injury with motor >35.05 & motor <41.05.,comorbidity in tier 2		C0302		1	100%	.	0.0	.
Code 7	A0502non-traumatic spinal cord injury with motor >40.15 & motor <51.35.,without comorbi		A0502		1	100%	.	0.1	.
Code 8	Ambulance basic emergency all		A0302		1	100%	.	0.0	.
Code 9	A0301non-traumatic brain injury with motor >41.05.,without comorbidities		A0301		1	100%	.	2.0	.
Code 10	A0106stroke with motor >30.05 & motor <34.25.,without comorbidities		A0106		1	100%	.	52.1	.

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Physical therapy evaluation low complex 20 mins	97161			919	98%	3.4	38.6	26.8
Code 2	Office/outpatient new low mdm 30-44 minutes	99203			433	100%	5.6	39.2	35.2
Code 3	Acupuncture 1/> ndles w/o elec stimj init 15 min	97810			372	96%	.	42.6	1.0
Code 4	Chiropractic manipulative tx spinal 1-2 regions	98940			194	97%	.	45.1	.
Code 5	Office/outpatient est pt may not req phys/qhp	99211			123	90%	3.2	36.6	24.0
Code 6	Colonoscopy flx dx w/collj spec when pfrmd	45378			120	98%	.	27.8	10.0
Code 7	Office/outpatient established low mdm 20-29 min	99213			103	96%	.	35.2	43.8
Code 8	Colsc flx w/rmvl of tumor polyp lesion snare tq	45385			101	100%	.	21.6	3.8
Code 9	Physical therapy evaluation mod complex 30 mins	97162			99	99%	0.5	34.2	31.9
Code 10	Office/outpatient new moderate mdm 45-59 minutes	99204			95	96%	7.9	37.5	20.3

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Colsc flx w/rmvl of tumor polyp lesion snare tq	45385			101	100%	.	21.6	3.8
Code 2	Therapeutic px 1/> areas each 15 min exercises	97110			76	100%	0.8	35.4	4.9
Code 3	Mri brain wo/w contrast	70553			60	100%	10.5	35.9	.
Code 4	Pt in the home per diem		S9131		59	100%	.	9.3	.

Code 5	Iadna sars-cov-2 covid-19 amplified probe tq	87635			36	100%	.	24.9	.
Code 6	Mri right knee no contrast	73721			36	100%	6.3	38.6	0.4
Code 7	Acupuncture 1/> ndls w/elec stimj 1st 15 min	97813			35	100%	.	43.5	.
Code 8	Mri brain no contrast	70551			30	100%	6.3	44.7	27.3
Code 9	Chiropractic manipulative tx spinal 3-4 regions	98941			28	100%	.	44.9	.
Code 10	Ct abd and pelvis w contrast	74177			28	100%	13.4	50.2	7.0

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Acupuncture 1/> ndles w/o elec stimj init 15 min	97810			372	1%	.	42.6	1.0
Code 2	Office/outpatient new sf mdm 15-29 minutes	99202			62	2%	46.9	43.5	.
Code 3	Referral portland, referrals external	21126			37	3%	2.6	73.2	56.7

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board, semiprivate two-bed - psychiatric			124	48	100%	.	14.2	8.2
Code 2	Behavioral health accommodations, residential treatment, chem dep			1002	29	93%	127.5	75.2	62.4
Code 3	Behavioral health accommodations, residential treatment, psychiatric			1001	11	100%	.	.	39.4

Code 4	Room & board, semiprivate two-bed - detoxification			126	9	100%	.	80.2	49.1
Code 5	Subacute care, level iv			194	7	100%	.	.	45.5
Code 6	Psychotherapy w/patient 30 minutes	90832			5	80%	.	32.2	58.5
Code 7	Room & board, semiprivate two-bed - rehabilitation			128	3	100%	.	19.2	53.4
Code 8	Hospital discharge day management 30 min/<	99238			1	100%	.	.	92.6
Code 9	Referral portland, referrals external	21126			1	100%	.	.	30.9

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board, semiprivate two-bed - psychiatric			124	48	100%	.	14.2	8.2
Code 2	Behavioral health accommodations, residential treatment, psychiatric			1001	11	100%	.	.	39.4
Code 3	Room & board, semiprivate two-bed - detoxification			126	9	100%	.	80.2	49.1
Code 4	Subacute care, level iv			194	7	100%	.	.	45.5
Code 5	Room & board, semiprivate two-bed - rehabilitation			128	3	100%	.	19.2	53.4
Code 6	Hospital discharge day management 30 min/<	99238			1	100%	.	.	92.6
Code 7	Referral portland, referrals external	21126			1	100%	.	.	30.9
Code 8	Behavioral health accommodations, residential treatment, chem dep			1002	29	93%	127.5	75.2	62.4
Code 9	Psychotherapy w/patient 30 minutes	90832			5	80%	.	32.2	58.5

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Psychiatric diagnostic evaluation	90791			1322	98%	.	39.8	61.3
Code 2	Psychotherapy w/patient 60 minutes	90837			459	99%	.	50.9	44.6
Code 3	Adaptive behavior tx by protocol tech ea 15 min	97153			52	98%	.	62.4	.
Code 4	Alcohol and/or drug services methadone administration		H0020		35	100%	.	39.9	14.0
Code 5	Psychotherapy w/patient 45 minutes	90834			31	100%	.	56.7	69.8
Code 6	Psychotherapy w/patient 30 minutes	90832			27	100%	.	35.8	0.8
Code 7	Alcohol and/or drug assess		H0001		25	100%	.	43.9	6.4
Code 8	Behavior id assessment by phys/qhp ea 15 min	97151			22	100%	.	37.6	.
Code 9	Unlisted psychiatric service/procedure	90899			21	100%	.	45.2	6.3
Code 10	Adapt bhv tx prtcl modifcaj phys/qhp ea 15 min	97155			19	100%	.	64.7	.

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Alcohol and/or drug services methadone administration		H0020		35	100%	.	39.9	14.0
Code 2	Psychotherapy w/patient 45 minutes	90834			31	100%	.	56.7	69.8
Code 3	Psychotherapy w/patient 30 minutes	90832			27	100%	.	35.8	0.8
Code 4	Alcohol and/or drug assess		H0001		25	100%	.	43.9	6.4
Code 5	Behavior id assessment by phys/qhp ea 15 min	97151			22	100%	.	37.6	.
Code 6	Unlisted psychiatric service/procedure	90899			21	100%	.	45.2	6.3
Code 7	Adapt bhv tx prtcl modifcaj phys/qhp ea 15 min	97155			19	100%	.	64.7	.
Code 8	Family adapt bhv tx gdn phys/qhp ea 15 min	97156			18	100%	.	44.7	.

Code 9	Behavioral health treatments/svcs, partial hospital - less intensive			912	8	100%	.	47.5	79.7
Code 10	Alcohol and/or drug services group counseling by clinician		H0005		6	100%	.	39.3	.

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Psychiatric diagnostic evaluation	90791			1322	0.08%	.	39.8	61.3

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Supply allow for tx cgm1 mo spl = 1 u of service		K0553		158	96%	.	27.7	.
Code 2	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous	95250			51	33%	.	27.4	.
Code 3	Infus insulin pump non needl		A4230		37	100%	93.8	55.3	.
Code 4	Receiver dedicated for use w/therapeutic gcm sys		K0554		36	81%	.	35.4	33.7
Code 5	Syringe w/needle insulin 3cc		A4232		21	100%	.	97.1	.
Code 6	Ext amb infusn pump insulin		E0784		19	100%	.	114.6	.
Code 7	Sensor;invsv disp intrstl cont glu mon sys 1u=1d		A9276		6	100%	.	28.9	.
Code 8	Transparent film sterl 16 sq in or less ea dress		A6257		1	100%	.	23.9	.

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Infus insulin pump non needl		A4230		37	100%	93.8	55.3	.
Code 2	Syringe w/needle insulin 3cc		A4232		21	100%	.	97.1	.
Code 3	Ext amb infusn pump insulin		E0784		19	100%	.	114.6	.
Code 4	Sensor;invsv disp intrstl cont glu mon sys 1u=1d		A9276		6	100%	.	28.9	.
Code 5	Transparent film sterl 16 sq in or less ea dress		A6257		1	100%	.	23.9	.
Code 6	Supply allow for tx cgm1 mo spl = 1 u of service		K0553		158	96%	.	27.7	.
Code 7	Receiver dedicated for use w/therapeutic gcm sys		K0554		36	81%	.	35.4	33.7
Code 8	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous	95250			51	33%	.	27.4	.

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Oxygen concentrator		E1390		191	98%	5.8	26.8	17.5
Code 2	Walker folding wheeled w/o s		E0143		161	99%	0.4	14.5	13.2
Code 3	Breast pump heavy duty hosp grade piston op		E0604		141	92%	3.6	24.4	36.0
Code 4	Tens device 4/more leads multi nerve stimulation		E0730		84	94%	.	45.7	52.6

Code 5	Nebulizer with compressor		E0570		78	100%	9.5	8.7	74.3
Code 6	Diab only fit cstm prep&spl shoe mx dnsity insrt per shoe		A5500		78	97%	.	52.1	33.2
Code 7	Enteral nutrition infusion pump any type		B9002		42	100%	.	16.0	22.9
Code 8	Gradient compression stk belw knee 18-30 mmhg ea		A6530		38	63%	.	117.7	35.3
Code 9	Standard wheelchair		K0001		34	97%	.	35.7	0.0
Code 10	Phototherapy light w/ photom		E0202		34	100%	0.6	26.5	22.5

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Nebulizer with compressor		E0570		78	100%	9.5	8.7	74.3
Code 2	Enteral nutrition infusion pump any type		B9002		42	100%	.	16.0	22.9
Code 3	Phototherapy light w/ photom		E0202		34	100%	0.6	26.5	22.5
Code 4	Neg press wound therapy pump		E2402		26	100%	3.0	13.9	28.0
Code 5	Uv light tx sys bulb/lamp timer; tx 2 sq ft/less		E0691		26	100%	.	20.1	30.9
Code 6	Foam dress sterl pad sz 16 sq/> w/adhes bordr ea		A6212		26	100%	.	65.7	.
Code 7	Nondisposable nebulizer set		A7005		22	100%	0.7	21.0	0.1
Code 8	Uv lt tx sys panl w/bulbs/lamps timer 6 ft panel		E0693		21	100%	.	19.9	.
Code 9	Knee orthosis double upright thigh & calf custom		L1846		19	100%	.	291.8	57.9
Code 10	Ext breastprosthesis garment		L8015		18	100%	.	62.7	20.2

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Gradient compression stk belw knee 18-30 mmhg ea		A6530		37	3%	.	92.3	.

Carrier F

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board - semiprivate - 2 beds - general			0120	25	96%	78.1	0	N/A
Code 2	Microsurg tqz req use operating microscope	69990			18	94%	15.6	82.8	N/A
Code 3	Strtctc cptr asstd px cranial intradural	61781			16	88%	5.3	69.6	N/A
Code 4	Insj biomchn dev intervertebral dsc spc w/arthr	22853			16	81%	66.2	64.1	N/A
Code 5	Cervical lymphadec modified radical neck dsj	38724			12	100%	9.8	57.1	N/A
Code 6	Allograft for spine surgery only morselized	20930			15	73%	26.3	66.5	N/A
Code 7	Autograft spine surgery local from same incision	20936			14	79%	26.3	68.3	N/A
Code 8	Craniec trephine bone flp brain tumor suprtentor	61510			11	91%	13	64.4	N/A
Code 9	Laps colectomy prtl w/colopxtstmy lw anast	44207			11	91%	N/A	27	N/A
Code 10	Laparoscopy colectomy partial w/anastomosis	44204			10	100%	6.7	123.2	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board - private - general			0110	3	100%	11	N/A	N/A
Code 2	Room & board - private - pediatric			0113	1	100%	46.2	N/A	N/A
Code 3	Room & board - semiprivate - 2 beds - ob			0122	1	100%	49.5	N/A	N/A
Code 4	Room & board - semiprivate - 2 beds - oncology			0127	1	100%	N/A	N/A	N/A
Code 5	Intensive care - general			0200	7	100%	0	N/A	N/A
Code 6	Intensive care - intermediate (icu)			0206	5	100%	0	167	N/A
Code 7	Coronary care - intermediate coronary care unit (ccu)			0214	4	100%	17.9	0	N/A
Code 8	Debridement subcutaneous tissue 20 sq cm or lt	11042			2	100%	N/A	97.1	N/A
Code 9	Dbrdmt subcutaneous tissue ea addl 20 sq cm	11045			2	100%	N/A	97.1	N/A
Code 10	Excision malignant lesion f/e/e/n/l gt 4.0 cm	11646			1	100%	14.7	N/A	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board - private - pediatric			0113	1	100%	46.2	N/A	N/A
Code 2	Room & board - semiprivate - 2 beds - ob			0122	1	100%	49.5	N/A	N/A
Code 3	Laps total hysterect 250 gm or lt w/rmvl tube/ovary	58571			1	100%	N/A	120	N/A
Code 4	Craniofacial ant cranial fossa w/o orbital extnj	61580			1	100%	N/A	195.3	N/A
Code 5	Rescj/exc les base ant cranial fossa extradural	61600			1	100%	N/A	195.3	N/A

Code 6	Prednisone immediate rlse/delayed rlse oral 1 mg	J7512			1	100%	4.8	N/A	N/A
Code 7	Injection etoposide 10 mg	J9181			1	100%	4.8	N/A	N/A
Code 8	Injection rituximab 10 mg	J9312			1	100%	4.8	N/A	N/A
Code 9	Room & board - semiprivate - 2 beds - medical/surgical/gyn			0121	5	80%	189.61	N/A	N/A
Code 10	Flap island pedicle anatomic named axial artery	15740			4	50%	N/A	127.8	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Esophagogastroduodenoscopy transoral diagnostic	43235			2	50%	14.9	N/A	N/A
Code 2	Strtctc cptr asstd px extradural cranial	61782			2	50%	N/A	18.4	N/A
Code 3	LAPS ABD PRTM and OMENTUM DX W/WO SPEC BR/WA SPX	49320			2	50%	14.9	N/A	N/A
Code 4	Brnchsc incl fluor gdnce dx w/cell washg spx	31622			2	0%	N/A	N/A	N/A
Code 5	Unlisted procedure accessory sinuses	31299			2	50%	N/A	18.4	N/A
Code 6	Microsurg tqz req use operating microscope	69990			2	0%	43.6	20.6	N/A
Code 7	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN	33518			2	0%	N/A	N/A	N/A
Code 8	Lam exc/evac ispi les oth/thn neo xdrl thoracic	63266			1	0%	43.6	N/A	N/A
Code 9	Hepatectomy rescj partial lobectomy	47120			1	0%	N/A	N/A	N/A
Code 10	Rescj diaphragm w/complex repair	39561			1	0%	N/A	N/A	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Pterygomaxillary fossa surgery any approach	31040			1	100%	N/A	37.8	N/A
Code 2	Nasal/sinus ndsc w/lig sphenopalatine artery	31241			1	100%	N/A	37.8	N/A
Code 3	Nasal/sinus ndsc w/total ethoidectomy	31255			1	100%	N/A	37.8	N/A
Code 4	Nasal/sinus endoscopy w/maxillary antrostomy	31256			1	100%	N/A	37.8	N/A
Code 5	Nasal/sinus ndsc total with sphenoidotomy	31257			1	100%	N/A	37.8	N/A
Code 6	Nasal/sinus ndsc tot w/sphendt w/sphen tiss rmvl	31259			1	100%	N/A	37.8	N/A
Code 7	Nasal/sinus ndsc w/rmvl tiss from frontal sinus	31276			1	100%	N/A	37.8	N/A
Code 8	Laparoscopy surgical jejunostomy	44186			1	100%	14.9	N/A	N/A
Code 9	Initial hospital care/day 50 minutes	99222			1	100%	0	N/A	N/A
Code 10	Initial hospital care/day 70 minutes	99223			1	100%	0	N/A	N/A

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board - semiprivate - 2 beds - psychiatric			0124	3	100%	24	0	N/A
Code 2	Vaginoplasty intersex state	57335			2	100%	N/A	169.3	N/A
Code 3	Laparoscopy colectomy partial w/anastomosis	44204			2	100%	N/A	169.3	N/A
Code 4	Sbsq hospital care/day 15 minutes	99231			1	100%	24	N/A	N/A
Code 5	Room & board - semiprivate - 2 beds - general			0120	1	100%	57.5	N/A	N/A
Code 6	Appendec indicated purpose oth major px not spx	44955			1	100%	N/A	95.7	N/A

Code 7	Frmj direct/tubed pedicle w/wo transfer trunk	15570			1	0%	N/A	N/A	N/A
Code 8	Psychiatric diagnostic eval w/medical services	90792			1	100%	24	N/A	N/A
Code 9	Suction assisted lipectomy trunk	15877			1	0%	N/A	N/A	N/A
Code 10	Hospital discharge day management 30 min or lt	99238			1	100%	24	N/A	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board - semiprivate - 2 beds - general			0120	1	100%	57.5	N/A	N/A
Code 2	Room & board - semiprivate - 2 beds - psychiatric			0124	3	100%	48	0	N/A
Code 3	Laparoscopy colectomy partial w/anastomosis	44204			2	100%	N/A	338.6	N/A
Code 4	Appendec indicated purpose oth major px not spx	44955			1	100%	N/A	95.7	N/A
Code 5	Vaginoplasty intersex state	57335			2	100%	N/A	338.6	N/A
Code 6	Psychiatric diagnostic eval w/medical services	90792			1	100%	24	N/A	N/A
Code 7	Sbsq hospital care/day 15 minutes	99231			1	100%	24	N/A	N/A
Code 8	Hospital discharge day management 30 min or lt	99238			1	100%	24	N/A	N/A
Code 9	Frmj direct/tubed pedicle w/wo transfer trunk	15570			1	0%	N/A	N/A	N/A
Code 10	Suction assisted lipectomy trunk	15877			1	0%	N/A	N/A	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & Board - Semiprivate - 2 Beds - General			0120	1	100.0%	57.5	N/A	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Computed tomography thorax lw dose lng ca scr c-	71271			110	86%	37.1	95.8	N/A
Code 2	Therap repetitive tms tx subseq delivery and mng	90868			19	63%	N/A	71.9	N/A
Code 3	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL and M	90867			17	65%	N/A	71.9	N/A
Code 4	Psychiatric diagnostic evaluation	90791			17	47%	47.3	69.1	N/A
Code 5	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	H0011			15	100%	10.4	N/A	N/A
Code 6	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV and MN	90869			15	67%	N/A	77	N/A
Code 7	BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD-DIEM	H0018			13	92%	17.7	22	N/A
Code 8	Adaptive behavior tx by protocol tech ea 15 min	97153			12	92%	N/A	105.5	N/A
Code 9	Adapt bhv tx prtcl modificaj phys/qhp ea 15 min	97155			12	92%	N/A	105.5	N/A
Code 10	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 30 MIN	90833			11	64%	N/A	53.4	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room & board - semiprivate - 2 beds - detoxification			0126	4	100%	24.3	N/A	N/A
Code 2	Behavioral health treatments/services -iop psychiatric			0905	1	100%	96	N/A	N/A
Code 3	Behavioral health treatments/services - iop chemical depende			0906	1	100%	N/A	55.2	N/A
Code 4	Mri brain brain stem w/o contrast material	70551			1	100%	N/A	71.4	N/A
Code 5	Hla class i typing high resolution one locus ea	81380			1	100%	N/A	N/A	N/A
Code 6	Hla i typing high resolution 1 allele/allele grp	81381			2	100%	N/A	N/A	N/A
Code 7	Behavioral Health Treatments_Services - Intensive outpatient			906	1	100%	N/A	48	N/A
Code 8	Family psychotherapy w/o patient present 50 mins	90846			1	100%	N/A	0	N/A
Code 9	Behavioral Health Treatments_Services - Partial hospitalizat			912	2	100%	35.5	N/A	N/A
Code 10	Evaluation of speech fluency (stutter clutter)	92521			1	100%	N/A	6.9	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	E-stim 1 or gt areas oth than wnd care part tx plan	G0283			1	100.0%	N/A	74.6	N/A
Code 2	Room & board - semiprivate - 2 beds - detoxification			0126	4	25.0%	24.3	N/A	N/A
Code 3	Psychiatric diagnostic evaluation	90791			17	5.9%	47.3	69.1	N/A
Code 4	Computed tomography thorax lw dose lng ca scr c-	71271			110	0.9%	37.1	95.8	N/A

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	External ambulatory infusion pump insulin	E0784			23	83%	23.9	39.6	N/A
Code 2	Infus set ext insulin pump nonndle cannula type	A4230			5	80%	6.4	69.2	N/A
Code 3	Syringe w/ndle external insulin pump sterile 3cc	A4232			4	75%	6.4	62.1	N/A
Code 4	Diab only mx den insrt direct carv custom fab ea	A5514			3	100%	N/A	15.4	N/A
Code 5	External amb insulin del system disposable ea	A9274			1	100%	N/A	140.3	N/A
Code 6	Ft insrt mold pt mdl ucb type berkly shell ea	L3000			1	0%	N/A	N/A	N/A
Code 7	Diab only fit cstm prep and spl shoe mx dnsity insrt	A5500			2	0%	N/A	N/A	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Diab only mx den insrt direct carv custom fab ea	A5514			3	100%	N/A	15.4	N/A
Code 2	External amb insulin del system disposable ea	A9274			1	100%	N/A	140.3	N/A
Code 3	External ambulatory infusion pump insulin	E0784			23	83%	23.9	39.6	N/A
Code 4	Infus set ext insulin pump nonndle cannula type	A4230			5	80%	6.4	69.2	N/A
Code 5	Syringe w/ndle external insulin pump sterile 3cc	A4232			4	75%	6.4	62.1	N/A

Code 6	Diab only fit cstm prep and spl shoe mx density insrt	A5500			2	0%	N/A	N/A	N/A
Code 7	Ft insrt mold pt mdl ucb type berkly shell ea	L3000			1	0%	N/A	N/A	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Syringe w/ndle external insulin pump sterile 3cc	A4232			4	25.00%	6.4	62.1	N/A
Code 2	Infus set ext insulin pump nonndle cannula type	A4230			5	20%	6.4	69.2	N/A
Code 3	External ambulatory infusion pump insulin	E0784			23	17.40%	23.9	39.6	N/A

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	External ambulatory infusion pump insulin	E0784			23	83%	23.9	39.6	N/A
Code 2	Ft insrt mold pt mdl ucb type berkly shell ea	L3000			13	0%	N/A	28	N/A
Code 3	Pneumat comprs seg hom mdl w/calbrtd gradnt prss	E0652			12	33%	N/A	78.5	N/A
Code 4	Wnd care set neg prss wnd tx elec pump spl	A6550			11	36%	69.8	52.1	N/A
Code 5	Neg press wound therapy elec pump station/prtble	E2402			11	36%	69.8	52.1	N/A
Code 6	Canister disposable used with suction pump each	A7000			11	36%	69.8	52.1	N/A

Code 7	Afo plastic with ankle joint custom fabricated	L1970			9	89%	N/A	53.2	N/A
Code 8	Orl devc/appl rduc up airway collapsibility cstm	E0486			9	44%	N/A	104.2	N/A
Code 9	Polishing/resurfacing of ocular prosthesis	V2624			9	78%	N/A	35	N/A
Code 10	Seg pneumat applinc w/pneumat comprs full leg	E0667			8	38%	N/A	85.7	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Mri spinal canal cervical w/o contrast matrl	72141			1	100%	50.1	N/A	N/A
Code 2	Mri spinal canal lumbar w/o contrast material	72148			1	100%	50.1	N/A	N/A
Code 3	Ground mileage per statute mile	A0425			1	100%	N/A	91.3	N/A
Code 4	Ambulance service bls nonemergency transport	A0428			1	100%	N/A	91.3	N/A
Code 5	Diab only mx den insrt direct carv custom fab ea	A5514			3	100%	N/A	15.4	N/A
Code 6	Vacuum drainage collection unit and tubing kit ea	A7048			2	100%	17.4	N/A	N/A
Code 7	Noncovered item or service	A9270			1	100%	N/A	120	N/A
Code 8	External amb insulin del system disposable ea	A9274			1	100%	N/A	140.3	N/A
Code 9	Walker folding wheeled adjustable/fixed height	E0143			1	100%	N/A	28.1	N/A
Code 10	Hos bed semi-elec any type side rail w/o matrrs	E0261			1	100%	N/A	213	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Ground mileage per statute mile	A0425			1	100%	N/A	91.3	N/A
Code 2	Ambulance service bls nonemergency transport	A0428			1	100%	N/A	91.3	N/A
Code 3	Walker folding wheeled adjustable/fixed height	E0143			1	100%	N/A	28.1	N/A
Code 4	Dyn adj ankle ext/flex devc incl soft intf matl	E1815			1	100%	N/A	126.8	N/A
Code 5	Bathtub wall rail each	E0241			2	50%	N/A	4.4	N/A
Code 6	Tub stool or bench	E0245			2	50%	N/A	4.4	N/A
Code 7	Home ventilator any type used w/non-invasv intf	E0466			4	50%	N/A	72.3	N/A
Code 8	Continuous passive mot exercise devc knee only	E0935			2	50%	N/A	168.6	N/A
Code 9	Syringe w/ndle external insulin pump sterile 3cc	A4232			4	25%	6.4	62.1	N/A
Code 10	Pneumat comprs seg hom mdl w/calbrtd gradnt prss	E0652			12	25%	N/A	78.5	N/A

Carrier G

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inte	22853			22	50%	N/A	41.5	

Code 2	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	96416			20	95%	N/A	32.4	
Code 3	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	20930			14	50%	N/A	34.3	
Code 4	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	43775			14	93%	N/A	96.0	
Code 5	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (list separately in addition to code for primary procedure)	20936			13	54%	N/A	42.5	
Code 6	Posterior non-segmental instrumentation (eg, harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at c1, facet screw fixation) (list separately in addition to code for primary pro	22840			13	46%	N/A	60.9	
Code 7	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s) (eg; spinal or lateral recess stenosis) single vertebral segment; lumbar	63047			12	58%	N/A	196.0	
Code 8	Injection, rituximab, 10 mg		J9312		12	100%	N/A	42.0	
Code 9	Arthrodesis, combined posterior or posterolateral technique with	22633			10	60%	N/A	67.2	

	posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar								
Code 10	Arthrodesis, posterior or posterolateral technique, single level ; lumbar (with lateral transverse technique, when performed)	22612			9	78%	N/A	72.0	

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	96416			20	95%	N/A	32.4	
Code 2	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	43775			14	93%	N/A	96.0	
Code 3	Injection, rituximab, 10 mg		J9312		12	100%	N/A	42.0	
Code 4	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inte	22853			22	50%	N/A	41.5	
Code 5	Cyclophosphamide, 100 mg		J9070		9	100%	N/A	72.0	
Code 6	Injection, etoposide, 10 mg		J9181		9	100%	N/A	56.0	

Code 7	Spine fusion, extra segment	22614			8	100%	N/A	45.0	
Code 8	Injection, doxorubicin hydrochloride, 10 mg		J9000		8	100%	N/A	63.0	
Code 9	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	20930			14	50%	N/A	34.3	
Code 10	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (list separately in addition to code for primary procedure)	20936			13	54%	N/A	42.5	

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inte	22853			11	64%	N/A	58.9	NA
Code 2	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	20930			7	43%	N/A	51.4	NA
Code 3	Posterior non-segmental instrumentation (eg, harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation,	22840			7	57%	N/A	61.7	NA

	sublaminar wiring at c1, facet screw fixation) (list separately in addition to code for primary pro								
Code 4	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (list separately in addition to code for primary procedure)	20936			6	50%	N/A	72.0	NA
Code 5	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s) (eg; spinal or lateral recess stenosis) single vertebral segment; lumbar	63047			5	60%	N/A	81.6	NA
Code 6	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	22633			4	75%	N/A	108.0	NA
Code 7	Arthrodesis, anterior interbody technique, including minimal descectomy to prepare interspace (other than for decompression); lumbar	22558			3	33%	N/A	72.0	NA
Code 8	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	22612			3	33%	N/A	144.0	NA
Code 9	Revise, extra spine segment	22216			2	50%	N/A	156.0	NA
Code 10	Arthrodesis, posterior or posterolateral technique, single level ; lumbar (with lateral	22612			2	50%	N/A	24.0	NA

	transverse technique, when performed)								
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2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	66984			101	100%	N/A	0.0	NA
Code 2	Assisted embryo hatching, microtechniques (any method)	89253			87	55%	N/A	54.9	NA
Code 3	Assisted oocyte fertilization, case rate		S4022		82	37%	N/A	53.3	NA
Code 4	Breast reduction	19318			75	73%	N/A	22.4	NA
Code 5	In vitro fertilization; including but not limited to identification		S4011		73	75%	N/A	78.2	NA
Code 6	Cryopreservation; embryo	89258			68	97%	N/A	30.4	NA
Code 7	Storage, (per year); embryo(s)	89342			67	99%	N/A	30.8	NA
Code 8	Frozen in vitro fertilization cycle, case rate		S4016		58	100%	N/A	8.7	NA
Code 9	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	89291			49	4%	N/A	52.9	NA
Code 10	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-	89290			48	4%	N/A	54.0	NA

implantation genetic diagnosis); less than or equal to 5 embryos								
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	66984			101	100%	N/A	0.0	NA
Code 2	Cryopreservation; embryo	89258			68	97%	N/A	30.4	NA
Code 3	Storage, (per year); embryo(s)	89342			67	99%	N/A	30.8	NA
Code 4	Frozen in vitro fertilization cycle, case rate		S4016		58	100%	N/A	8.7	NA
Code 5	Breast reduction	19318			75	73%	N/A	22.4	NA
Code 6	In vitro fertilization; including but not limited to identification		S4011		73	75%	N/A	78.2	NA
Code 7	Assisted embryo hatching, microtechniques (any method)	89253			87	55%	N/A	54.9	NA
Code 8	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	36475			44	100%	N/A	9.8	NA
Code 9	Assisted oocyte fertilization, case rate		S4022		82	37%	N/A	53.3	NA
Code 10	Artificial insemination; intra-uterine	58322			31	90%	N/A	37.9	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Assisted oocyte fertilization, case rate		S4022		52	2%	N/A	36.0	NA
Code 2	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	89291			47	0%	N/A	55.1	NA
Code 3	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	89290			46	0%	N/A	56.3	NA
Code 4	Assisted embryo hatching, microtechniques (any method)	89253			39	5%	N/A	17.8	NA
Code 5	Breast reduction	19318			20	20%	N/A	34.8	NA
Code 6	In vitro fertilization; including but not limited to identification		S4011		18	6%	N/A	36.0	NA
Code 7	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	30410			8	0%	N/A	45.0	NA
Code 8	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	31256			7	43%	N/A	78.9	NA
Code 9	Punch graft for hair transplant; more than 15 punch grafts	15776			6	0%	N/A	12.0	NA
Code 10	Reduction forehead; contouring only contouring and set back of anterior frontal sinus wall	21139			6	0%	N/A	32.0	NA

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Rehabilitation	REH				21	90%	N/A	6.9
Code 2	Residential Mental Health	RMH				8	100%	N/A	9.0
Code 3	Residential Substance Abuse	RSA				5	80%	N/A	14.4
Code 4	Detoxification	DAA				2	50%	N/A	24.0
Code 5	Mental Health	Men				2	100%	N/A	0.0

Codes with the highest percentage of approved prior authorization requests during the previous plan year

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Rehabilitation	REH			21	90%	N/A	6.9	N/A
Code 2	Residential Mental Health	RMH			8	100%	N/A	9.0	N/A
Code 3	Residential Substance Abuse	RSA			5	80%	N/A	14.4	N/A
Code 4	Mental Health	MEN			2	100%	N/A	0.0	N/A
Code 5	Detoxification	DAA			2	50%	N/A	24.0	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Rehabilitation	REH			2	0%	N/A	12.0	N/A
Code 2	Detoxification	DAA			1	0%	N/A	48.0	N/A
Code 3	Residential Substance Abuse	RSA			1	0%	N/A	0.0	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Mental health partial hospitalization, treatment, less than 24 hours		H0035		50	100%	N/A	14.4	NA
Code 2	Psychotherapy, 60 minutes with patient	90837			48	100%	N/A	35.5	NA
Code 3	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			38	66%	N/A	135.2	NA
Code 4	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	90868			38	66%	N/A	135.2	NA
Code 5	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	90869			28	68%	N/A	105.4	NA
Code 6	Alcohol and/or drug treatment program, per diem		H2036		20	100%	N/A	10.8	NA
Code 7	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	97153			18	100%	N/A	766.7	NA
Code 8	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155			18	100%	N/A	766.7	NA

Code 9	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156			18	100%	N/A	766.7	NA
Code 10	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physicians or other qualified health care professionals time face-to-face with patient and/or guardian(s)/caregiver(s)	97151			17	100%	N/A	21.2	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Mental health partial hospitalization, treatment, less than 24 hours		H0035		50	100%	N/A	14.4	NA
Code 2	Psychotherapy, 60 minutes with patient	90837			48	100%	N/A	35.5	NA
Code 3	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			38	66%	N/A	135.2	NA
Code 4	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	90868			38	66%	N/A	135.2	NA
Code 5	Alcohol and/or drug treatment program, per diem		H2036		20	100%	N/A	10.8	NA

Code 6	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	90869			28	68%	N/A	105.4	NA
Code 7	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	97153			18	100%	N/A	766.7	NA
Code 8	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155			18	100%	N/A	766.7	NA
Code 9	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156			18	100%	N/A	766.7	NA
Code 10	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physicians or other qualified health care professionals time face-to-face with patient and/or guardian(s)/caregiver(s) a	97151			17	100%	N/A	21.2	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			13	0%	N/A	236.3	NA
Code 2	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	90868			13	0%	N/A	236.3	NA
Code 3	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	90869			9	0%	N/A	184.0	NA
Code 4	Behavior identificationsupporting assessment, administered by one technician u nder the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	97152			1	0%	N/A	72.0	NA
Code 5	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158			1	0%	N/A	3024.0	NA

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		E1007		3	67%	N/A	56.0	NA
Code 2	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware		E2311		2	100%	N/A	72.0	NA
Code 3	Wheelchair component or accessory, not otherwise specified		K0108		2	100%	N/A	72.0	NA
Code 4	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		K0861		2	100%	N/A	72.0	NA
Code 5	Unlisted otorhinolaryngological service or procedure		92700		1	100%	N/A	48.0	NA
Code 6	Heel loop/holder, with or without ankle strap, each		E0951		1	100%	N/A	48.0	NA
Code 7	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each		E0953		1	100%	N/A	48.0	NA
Code 8	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed hardware, each		E0955		1	100%	N/A	48.0	NA
Code 9	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		E0973		1	100%	N/A	96.0	NA
Code 10	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each		E1012		1	100%	N/A	48.0	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		E1007		3	67%	N/A	56.0	NA
Code 2	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixedmounting hardware		E2311		2	100%	N/A	72.0	NA
Code 3	Wheelchair component or accessory, not otherwise specified		K0108		2	100%	N/A	72.0	NA
Code 4	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		K0861		2	100%	N/A	72.0	NA
Code 5	Unlisted otorhinolaryngological service or procedure		92700		1	100%	N/A	48.0	NA
Code 6	Heel loop/holder, with or without ankle strap, each		E0951		1	100%	N/A	48.0	NA
Code 7	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each		E0953		1	100%	N/A	48.0	NA
Code 8	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed hardware, each		E0955		1	100%	N/A	48.0	NA
Code 9	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		E0973		1	100%	N/A	96.0	NA
Code 10	Wheelchair accessory, addition to power seating system, center mount power elevating leg		E1012		1	100%	N/A	48.0	NA

rest/platform, complete system, any type, each									
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		E1007		1	0%	N/A	24.0	
Code 2	Wheelchair accessory, power seat elevation system, any type		E2300		1	0%	N/A	48.0	
Code 3	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware		E2321		1	0%	N/A	96.0	
Code 4	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)		E2361		1	100%	N/A	96.0	
Code 5	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		K0841		1	0%	N/A	24.0	

Carrier H

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	19364			3	100%	NA	37.3	NA
Code 2	Replacement of tissue expander with permanent implant	11970			2	100%	NA	22	NA
Code 3	Removal of tissue expander without insertion of implant	11971			2	100%	NA	56	NA
Code 4	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	14302			2	50%	NA	108.8	NA
Code 5	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	15240			2	50%	NA	108.8	NA
Code 6	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	15241			2	50%	NA	108.8	NA
Code 7	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	19380			2	100%	NA	22	NA
Code 8	Unlisted procedure, abdomen, peritoneum and omentum	49999			2	100%	NA	115	NA
Code 9	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	52332			2	50%	NA	118.3	NA

Code 10	Urethroplasty, reconstruction of female urethra	53430			2	50%	NA	108.5	NA
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	19364			3	100%	NA	37.3	NA
Code 2	Replacement of tissue expander with permanent implant	11970			2	100%	NA	22	NA
Code 3	Removal of tissue expander without insertion of implant	11971			2	100%	NA	56	NA
Code 4	Unlisted procedure, abdomen, peritoneum and omentum	19380			2	100%	NA	22	NA
Code 5	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	49999			2	100%	NA	115	NA

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	45378			126	91%	0.2	15.1	NA
Code 2	Colonoscopy, flexible; with biopsy, single or multiple	45380			111	90%	25.1	17.01	NA

Code 3	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45385			85	91%	0.2	15.11	NA
Code 4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45384			65	91%	0.2	16.4	NA
Code 5	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			55	100%	9.7	3.66	NA
Code 6	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			53	100%	12.9	3.8	NA
Code 7	Unlisted molecular pathology procedure	81479			53	96%	NA	10.28	NA
Code 8	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	95810			36	50%	42.3	52.9	NA
Code 9	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	81420			35	94%	NA	9.8	NA
Code 10	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	95811			29	59%	48.9	36.8	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
						Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			55	100%	9.7	3.66	NA
Code 2	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			53	100%	12.9	3.8	NA
Code 3	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	43249			20	100%	NA	1.3	NA
Code 4	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	52356			13	100%	11.3	2.1	NA
Code 5	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	43248			11	100%	NA	0.2	NA
Code 6	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	81374			10	100%	NA	0.17	NA
Code 7	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	81162			10	100%	NA	0.12	NA
Code 8	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or	64490			9	100%	NA	5.7	NA

	CT), cervical or thoracic; single level								
Code 9	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	81241			7	100%	NA	4.2	NA
Code 10	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	93656			7	100%	25	45.6	NA

2021 Inpatient MH-SUD

No data available

2021 Outpatient MH-SUD

No data available

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Osteogenesis stimulator, electrical, noninvasive, spinal applications		E0748		3	100%	NA	40.5	NA
Code 2	Durable medical equipment, miscellaneous		E1399		3	0%	NA	140.8	NA
Code 3	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes		K0739		2	100%	NA	84.9	NA
Code 4	Below knee, molded socket, shin, sach foot, endoskeletal system		L5301		2	100%	NA	104.7	NA
Code 5	Addition to lower extremity, test socket, below knee		L5620		2	100%	NA	104.7	NA
Code 6	Addition to lower extremity, below knee, acrylic socket		L5629		2	100%	NA	104.7	NA
Code 7	Addition to lower extremity, below knee, total contact		L5637		2	100%	NA	104.7	NA
Code 8	Addition to lower extremity, below knee, flexible inner socket, external frame		L5645		2	100%	NA	104.7	NA
Code 9	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert		L5671		2	100%	NA	104.7	NA
Code 10	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism		L5673		2	100%	NA	104.7	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Osteogenesis stimulator, electrical, noninvasive, spinal applications		E0748		3	100%	NA	40.5	NA
Code 2	Below knee, molded socket, shin, sach foot, endoskeletal system		L5301		2	100%	NA	104.7	NA
Code 3	Addition to lower extremity, test socket, below knee		L5620		2	100%	NA	104.7	NA
Code 4	Addition to lower extremity, below knee, acrylic socket		L5629		2	100%	NA	104.7	NA
Code 5	Addition to lower extremity, below knee, total contact		L5637		2	100%	NA	104.7	NA
Code 6	Addition to lower extremity, below knee, flexible inner socket, external frame		L5645		2	100%	NA	104.7	NA
Code 7	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert		L5671		2	100%	NA	104.7	NA
Code 8	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism		L5673		2	100%	NA	104.7	NA
Code 9	Addition, endoskeletal system, below knee, alignable system		L5910		2	100%	NA	104.7	NA
Code 10	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)		L5940		2	100%	NA	104.7	NA

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Durable medical equipment, miscellaneous		E1399		1	100%	NA	325.44	NA
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2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	External ambulatory infusion pump, insulin		E0784		6	100%	NA	7.03	NA
Code 2	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service		K0553		2	50%	NA	85.5	NA
Code 3	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		K0554		2	50%	NA	85.5	NA
Code 4	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		A9274		1	100%	NA	23.5	NA
Code 5	Home blood glucose monitor		E0607		1	100%	NA	23.5	NA

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	External ambulatory infusion pump, insulin		E0784		6	100%	NA	7.03	NA
Code 2	External ambulatory insulin delivery system, disposable,		A9274		1	100%	NA	23.5	NA

	each, includes all supplies and accessories								
Code 3	Home blood glucose monitor		E0607		1	100%	NA	23.5	NA

Carrier I

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Metallic mesh between vertebrae	22853			17	88%	-	44.27	N/A
Code 2	Bone graft material attached to spine	20930			16	88%	-	47.91	N/A
Code 3	Autograft to bone during spinal surgery	20936			16	94%	-	45.44	N/A
Code 4	Instrumentation inserted to correct a spinal space	22840			12	92%	-	32.84	N/A
Code 5	Laporscopy removal of part of the colon	44207			11	100%	2.18	97.98	N/A
Code 6	Total abdominal hysterectomy	58150			9	100%	-	86.77	N/A
Code 7	Lumbar spine fusion	22612			9	78%	-	51.61	N/A
Code 8	Spinal fusion to join two vertebrae	22614			9	89%	-	58.92	N/A
Code 9	Spinal fusion to join two vertebrae in low back	22558			7	86%	-	61.72	N/A
Code 10	Single vertebrae laminectomy surgery	63047			7	71%	-	49.16	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Laparoscopic procedure done during a partial colectomy	44213			6	100%	2.18	132.15	N/A
Code 2	Intracranial scan performed during intercranial surgery	61781			1	100%	19.48	-	N/A
Code 3	Inspection of inside of bladder with a scope	52332			1	100%	-	65.90	N/A
Code 4	T-lymphocytes frozen for transport	0538T			1	100%	-	29.18	N/A
Code 5	Cyclophosphamide 100mg		J9070		4	100%	-	125.57	N/A
Code 6	Labortatory receipt and prep of t-lymphocytes	0539T			1	100%	-	29.18	N/A
Code 7	Omentectomy/epiploectomy-resection omentum	49255			1	100%	-	42.68	N/A
Code 8	Repair of mitral vlave defect with prothesis	0569T			1	100%	-	95.57	N/A
Code 9	Laparoscopic removal of uterus, fallopian tubes, ovaries, and ligaments	58548			1	100%	-	71.63	N/A
Code 10	Repair of tricuspic valve with prosthic device	0570T			1	100%	-	95.80	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Lumbar artifical diskectomy	22857			1	100%	0	59.23	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Office/outpatient established member lasting 10-19 min	99212			201	63%	70.64	124.25	0.05
Code 2	Sleep study greater than 6 yrs old	95810			180	78%	23.73	153.51	-
Code 3	Sleep study greater than 6 yrs old with cpap machine	95811			163	80%	71.41	152.17	-
Code 4	Skilled nurse visit in home			551	148	99%	64.88	101.90	-
Code 5	Injection,onabotulinumtoxina		J0585		113	76%	26.15	146.46	-
Code 6	Anesthetic agen and/or steriod injection for transforaminal epidural injection into a single level	64483			79	90%	-	143.40	-
Code 7	Zoledronic acid 1mg	J3489			64	97%	13.66	52.46	-
Code 8	Definitive drug test of classes 1-7		G0480		63	40%	-	175.29	-
Code 9	Definitive drug test of classes 8-14		G0481		64	39%	-	175.26	-
Code 10	Inj filgrastim g-csf biosimulator		Q5101		61	100%	15.60	56.91	-

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Injection nivolumab 1 milligram		J9299		19	100%	4.06	113.87	0
Code 2	Injection mepolizumab 1milligram		J2182		2	100%	-	129.42	0
Code 3	Dialysis acute kidney without end stage renal disease		G0491		1	100%	5.65	-	0
Code 4	Bcr/abl1 genetic test for chromosome 22	81208			3	100%	-	176.89	0

Code 5	Injection atezolizumab 10 milligram		J9022		11	100%	10.01	76.68	0
Code 6	Hfe gene (hemochromatosis gene) test for changes	81256			2	100%	-	97.74	0
Code 7	Injection bevacizumab-bvcr biosimilar 10 milligram (zirabev)		Q5118		26	100%	24.06	82.62	0
Code 8	Hba1/hba2 genetic test for alpha thalassemia	81257			3	100%	-	69.44	0
Code 9	Injection cefoxitin sodium 1 gram		J0694		1	100%	-	22.23	0
Code 10	Igh genetic test for lymphoid neoplasms	81261			1	100%	-	117.75	0

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Office/outpatient visit established	99213			1	100%	0	-	-
Code 2	Psycho therapy for less than 60 minutes	90837			1	100%	0	-	0.04
Code 3	Test for amounts of lactate	83605			1	100%	0	-	-
Code 4	Level iii-surgical path gross/microscopic exam	88304			1	100%	0	-	-
Code 5	Injection procedure to the shoulder joint	23350			1	100%	0	-	-
Code 6	Screening mammography	77067			3	100%	0	-	-
Code 7	Diagnostic mammography computer-aided	77065			1	100%	0	-	-
Code 8	Punch biopsy skin single lesion	11104			1	100%	0	-	1.17
Code 9	Osteoplasty facial bones; reduction	21209			1	100%	0	270.06	-
Code 10	Comprehensive metabolic panel	80053			1	100%	0	-	0.07

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Semi-private psychiatric inpatient stay			124	43	95%	0	26.15	0
Code 2	Behavioral health accommodations-residential treatment psychiatric			1001	4	100%	0	206.78	0
Code 3	Semi-private detoxification bed inpatient			126	2	100%	0	2.45	0
Code 4	Behavioral health accommodations-related to chemical dependency			1002	1	100%	0	54.00	0

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Behavioral health accommodations-residential treatment psychiatric			1001	4	100%	0	206.78	0
Code 2	Semi-private detoxification bed inpatient			126	2	100%	0	2.45	0
Code 3	Behavioral health accommodations-related to chemical dependency			1002	1	100%	0	54.00	0
Code 4	Semi-private psychiatric inpatient stay			124	43	95%	0	26.15	0

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Professional fee for psychology			906	24	92%	0	176.91	0
Code 2	Psychological testing per hour face to face time with patient	96101			10	100%	0	204.01	0
Code 3	Intensive outpatient psychiatric services per diem		S9480		4	100%	0	113.31	0
Code 4	Partial hospitalization psychiatric program			912	3	100%	0	159.13	0
Code 5	Partial hospitalization services <24 hr-per diem		S0201		2	100%	0	74.53	0
Code 6	Intensive behavioral health treatment services			905	2	100%	0	31.89	0
Code 7	Electric convulsive therapy	90870			2	100%	0	445.40	0
Code 8	Alcohol and/or drug services; methadone administration/service		H0020		1	100%	0	200.57	0
Code 9	Psychotherapy session under 60 minutes	90837			1	100%	0	98.12	0
Code 10	Intensive outpatient program for chemical dependency treatment		H0015		1	100%	0	136.87	0

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Alcohol and/or drug services;methadone administration/service		H0020		1	100%	0	200.57	0
Code 2	Psychological testing evaluation services physician/qualified health professional for the first hour	96130			1	100%	0	236.25	0
Code 3	Intensive outpt psych serv per diem		S9480		4	100%	0	113.31	0
Code 4	Psychotherapy session under 60 minutes	90837			1	100%	0	98.12	0
Code 5	Intensive outpatient program for chemical dependency treatment		H0015		1	100%	0	136.87	0
Code 6	Electric convulsive therapy	90870			2	100%	0	445.40	0
Code 7	Partial hospitalztion services <24 hr-per diem		S0201		2	100%	0	74.53	0
Code 8	Partial hospitalization psychiatric program			912	3	100%	0	159.13	0
Code 9	Intensive behavioral health treatment services			905	2	100%	0	31.89	0
Code 10	Psychological testing per hour face to face time with patient	96101			10	100%	0	204.01	0

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	External transmitter continous glucose monitor daily		A9277		83	94%	48.60	106.08	0
Code 2	External receiver for continous glucose monitoring		A9278		29	86%	-	119.73	0

Code 3	Disposable sensor for continuous glucose monitoring system daily	A9276		21	90%	72.62	85.73	0
Code 4	Continuous glucose monitoring system supplies month at a time	K0553		12	50%	-	157.41	0
Code 5	External ambulatory insulin delivery system	A9274		11	100%	-	87.54	0
Code 6	External ambulatory infusion pump, insulin	E0784		9	89%	-	79.04	0
Code 7	Therapeutic continuous glucose monitoring receiver/monitor monthly	K0554		7	29%	-	137.89	0

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	External ambulatory insulin delivery system		A9274		11	100%	-	87.54	0
Code 2	External transmitter continuous glucose monitor daily		A9277		83	94%	48.60	106.08	0
Code 3	Disposable sensor for continuous glucose monitoring system daily		A9276		21	90%	72.62	85.73	0
Code 4	External ambulatory infusion pump, insulin		E0784		9	89%	-	79.04	0
Code 5	External receiver for continuous glucose monitoring		A9278		29	86%	-	119.73	0
Code 6	Continuous glucose monitoring system supplies month at a time		K0553		12	50%	-	157.41	0
Code 7	Therapeutic continuous glucose monitoring receiver/monitor monthly		K0554		7	29%	-	137.89	0

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Continuous airway pressure (cpap) device		E0601		491	98%	43.82	101.64	-
Code 2	Portable oxygen concentrator		E1390		152	97%	11.90	75.63	-
Code 3	Ambulatory infusion pump 1 or multiple channels patient wears		E0781		72	88%	-	98.80	0.04
Code 4	Bi-pap respiratory assist device with out backup		E0470		30	97%	60.75	123.58	-
Code 5	Negative pressure wound pump		E2402		20	100%	21.48	148.93	-
Code 6	Bi-pap respiratory assist device with backup		E0471		19	95%	69.86	85.64	-
Code 7	Home vent type used non-invasive		E0466		17	82%	21.40	121.07	-
Code 8	Passive motion exercise device		E0935		12	100%	-	120.87	-
Code 9	Other accessory		K0108		10	80%	-	143.61	-
Code 10	Standard wheelchair		K0001		9	100%	29.66	82.34	-

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Durable medical equipment miscellaneous		E1399		5	100%	-	112.21	0
Code 2	Extra heavy-duty wheelchair		K0007		2	100%	-	84.45	0

Code 3	Speech generating device/synthized speech, permitting multiple methods of message formulation	E2510			3	100%	-	101.37	0
Code 4	Supplies-maintaince drug infusion catheters per week	A4221			1	100%	-	69.45	0
Code 5	Hearing aid, digital, binaural, ite	V5260			1	100%	-	112.25	0
Code 6	Supplies external drug infusion pump per cassette/bag	A4222			4	100%	-	152.56	0
Code 7	Power wheelchair accessory, group 34 sealed lead acid battery	E2359			1	100%	-	193.22	0
Code 8	Ostomy pouch, drainable use on barrier with non-locking flange w non-locking flange-2 piece system	A4425			1	100%	-	153.35	0
Code 9	Standard wheelchair	K0001			9	100%	29.66	82.34	0
Code 10	Monitor feature/device, stand-alone or integrat, any type, not otherwise classified	A9279			1	100%	-	124.40	0

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Segmental pneumatic-use w/compressor full arm		E0668		2	50%	0	408.82	0
Code 2	Oral device/appliance to reduce up/airway collapsibility adjustable orthotic		E0486		3	33%	0	248.67	0
Code 3	Pneumatic compress segmental w ith gradient press		E0652		3	33%	0	392.91	0
Code 4	Home vent type used non-invasive		E0466		17	6%	21.4	121.07	0

Carrier J

2020 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Accommodation Codes - Room & Board Semiprivate (Two Beds)- Medical/Surgical/GYN			121	244	67%	30	65	N/A
Code 2	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	22853			27	70%	24	61	N/A
Code 3	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	20930			18	67%	25	57	N/A
Code 4	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	22842			17	59%	25	34	N/A
Code 5	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	20936			16	63%	25	55	N/A

Code 6	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047			15	67%	23	48	N/A
Code 7	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			14	64%	24	65	N/A
Code 8	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	22633			14	71%	25	54	N/A
Code 9	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	22614			12	67%	25	56	N/A
Code 10	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	22840			11	82%	24	94	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Total abdominal hysterectomy (corpus and cervix), with or	58150			8	100%	33	46	N/A

	without removal of tube(s), with or without removal of ovary(s);								
Code 2	Thoracoscopy, surgical; with lobectomy (single lobe)	32663			6	100%	17	85	N/A
Code 3	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	22214			5	100%	25	96	N/A
Code 4	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	33427			5	100%	42	67	N/A
Code 5	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	20937			4	100%	76	110	N/A
Code 6	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	61781			4	100%	6	89	N/A
Code 7	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769			3	100%	N/A	95	N/A
Code 8	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	19364			3	100%	29	105	N/A
Code 9	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	22216			3	100%	25	64	N/A
Code 10	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	22600			3	100%	24	96	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	49205			1	100%	5	N/A	N/A
Code 2	Enterolysis (freeing of intestinal adhesion) (separate procedure)	44005			1	100%	5	N/A	N/A
Code 3	Unlisted chemotherapy procedure	96549			1	100%	6	N/A	N/A
Code 4	Omentectomy, epiploectomy, resection of omentum (separate procedure)	49255			2	100%	5	27	N/A
Code 5	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	43848			2	100%	N/A	86	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			538	95%	33	111	N/A
Code 2	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s)	43235			471	94%	35	112	N/A

	by brushing or washing, when performed (separate procedure)								
Code 3	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	64483			140	91%	34	113	N/A
Code 4	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	66984			138	89%	34	112	N/A
Code 5	Fundus photography with interpretation and report	92250			134	90%	33	109	N/A
Code 6	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			114	82%	28	119	N/A
Code 7	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29881			83	89%	30	105	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	27096			57	100%	36	110	N/A

Code 2	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	36471			29	100%	N/A	102	N/A
Code 3	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	43238			23	100%	30	105	N/A
Code 4	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	69990			20	100%	47	115	N/A
Code 5	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	36482			14	100%	N/A	98	N/A
Code 6	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	66982			14	100%	16	104	N/A

Code 7	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	93460			14	100%	34	96	N/A
Code 8	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	64633			12	100%	75	120	N/A
Code 9	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	31267			11	100%	30	113	N/A
Code 10	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	43242			11	100%	17	112	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Unlisted procedure, stomach	43999			1	100%	N/A	91	N/A
Code 2	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	27329			1	100%	27	N/A	N/A

Code 3	Repair of ectropion; extensive (eg, tarsal strip operations)	67917			1	100%	N/A	223	N/A
Code 4	Intersex surgery; male to female	55970			2	50%	N/A	108	N/A
Code 5	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	54520			2	50%	N/A	108	N/A
Code 6	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	67971			2	50%	N/A	171	N/A
Code 7	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	77065			3	33%	24	156	N/A
Code 8	Neuroplasty and/or transposition; ulnar nerve at elbow	64718			4	25%	N/A	79	N/A

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	4	25%	21	N/A	N/A
Code 2	Mental health partial hospitalization, treatment, less than 24 hours		H0035		2	0%	26	5	N/A
Code 3	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem		H0018		1	100%	26	N/A	N/A

Code 4	Accommodation Codes - Room & Board Semiprivate (Two Beds)- Psychiatric			124	1	0%	N/A	5	N/A
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem		H0018		1	100%	26	N/A	N/A
Code 2	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)- Rehabilitation			128	4	25%	21	N/A	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Mental health partial hospitalization, treatment, less than 24 hours		H0035		108	85%	24	66	N/A
Code 2	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education		H0015		49	86%	166	40	N/A

Code 3	Intensive outpatient psychiatric services, per diem		S9480		31	94%	15	60	N/A
Code 4	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			29	72%	17	48	N/A
Code 5	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			25	68%	17	48	N/A
Code 6	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	97151			25	84%	27	66	N/A
Code 7	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156			25	84%	29	91	N/A
Code 8	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	97153			20	90%	18	65	N/A

Code 9	Partial hospitalization services, less than 24 hours, per diem		S0201		19	79%	33	82	N/A
Code 10	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			16	63%	17	58	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Electroconvulsive therapy (includes necessary monitoring)	90870			2	100%	N/A	62	N/A
Code 2	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	99442			2	100%	N/A	0	N/A
Code 3	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care	0373T			1	100%	N/A	95	N/A

	professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.								
Code 4	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	90887			1	100%	N/A	23	N/A
Code 5	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	96372			1	100%	N/A	16	N/A
Code 6	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	99213			1	100%	N/A	0	N/A
Code 7	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24	99443			1	100%	N/A	0	N/A

	hours or soonest available appointment; 21-30 minutes of medical discussion								
Code 8	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)		H0012		1	100%	N/A	28	N/A
Code 9	Esketamine, nasal spray, 1 mg		S0013		1	100%	25	N/A	N/A
Code 10	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158			23	87%	35	77	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155			80	1.25%	32	103	N/A
Code 2	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156			85	1.18%	32	99	N/A

Code 3	Mental health partial hospitalization, treatment, less than 24 hours		H0035		120	0.83%	25	48	N/A
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2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	test strips				28	61%	5.76	32.61	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	test strips				28	61%	5.76	32.61	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	test strips				28	0%	5.76	32.61	N/A

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply		A9276		33	91%	19	122	N/A
Code 2	Transmitter; external, for use with interstitial continuous glucose monitoring system		A9277		18	89%	36	114	N/A
Code 3	Breast pump, electric (AC and/or DC), any type		E0603		13	15%	N/A	186	N/A
Code 4	External ambulatory infusion pump, insulin		E0784		13	69%	28	150	N/A
Code 5	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf		L1852		10	90%	N/A	133	N/A
Code 6	Infusion set for external insulin pump, nonneedle cannula type		A4230		10	80%	26	159	N/A
Code 7	Continuous positive airway pressure (CPAP) device		E0601		8	13%	N/A	110	N/A
Code 8	Durable medical equipment, miscellaneous		E1399		8	63%	52	153	N/A
Code 9	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment		E0486		7	100%	N/A	112	N/A
Code 10	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications		E0747		8	86%	N/A	111	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:
2022 Health Plan Prior Authorization Data Report | Jan. 1, 2023

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment		E0486		7	100%	N/A	112	N/A
Code 2	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated		L1846		6	100%	23	88	N/A
Code 3	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated		L1970		5	100%	63	107	N/A
Code 4	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section		L2820		5	100%	N/A	116	N/A
Code 5	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories		A6550		4	100%	N/A	119	N/A
Code 6	Canister, disposable, used with suction pump, each		A7000		4	100%	N/A	119	N/A
Code 7	Electrical stimulation device used for cancer treatment, includes all accessories, any type		E0766		4	100%	50	104	N/A
Code 8	Negative pressure wound therapy electrical pump, stationary or portable		E2402		4	100%	N/A	118	N/A
Code 9	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral		L0650		4	100%	63	112	N/A

	frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf								
Code 10	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf		L1851		4	100%	N/A	108	

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		B4152		1	100%	NULL	122	
Code 2	Lower extremity orthoses, not otherwise specified		L2999		2	50%	NULL	99	
Code 3	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite,		L2755		2	50%	NULL	99	

per segment, for custom fabricated orthosis only									
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Carrier K

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Sp bone algrft morsel add-on	20930	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 2	Sp bone agrft local add-on	20936	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 3	Arthrd ant ntrbd min dsc thc	22556	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 4	Arthrd pst tq 1ntrspc thrc	22610	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 5	Insert spine fixation device	22840	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 6	Insj biomechanical device	22853	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 7	Decompress spinal cord thrc	63064	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 8	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	58150	Not Available	Not Available	4	75%	19.3	47.3	NA
Code 9	Muscle, myocutaneous, or fasciocutaneous flap; trunk	15734	Not Available	Not Available	2	100%	NA	41.4	NA

Code 10	Repair initial incisional or ventral hernia; reducible	49560	Not Available	Not Available	2	100%	NA	41.4	NA
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Sp bone algrft morsel add-on	20930	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 2	Sp bone agrft local add-on	20936	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 3	Arthrd ant ntrbd min dsc thc	22556	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 4	Arthrd pst tq 1ntrspc thrc	22610	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 5	Insert spine fixation device	22840	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 6	Insj biomechanical device	22853	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 7	Decompress spinal cord thrc	63064	Not Available	Not Available	6	100%	29	Not Applicable	0
Code 8	Muscle, myocutaneous, or fasciocutaneous flap; trunk	15734	Not Available	Not Available	2	100%	NA	41.4	NA
Code 9	Repair initial incisional or ventral hernia; reducible	49560	Not Available	Not Available	2	100%	NA	41.4	NA
Code 10	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection	49568	Not Available	Not Available	2	100%	NA	41.4	NA

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	45378			192	84%	0.2	16.1	NA
Code 2	Colonoscopy, flexible; with biopsy, single or multiple	45380			185	83%	6.7	17.9	NA
Code 3	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45385			138	80%	11.6	19.6	NA
Code 4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45384			86	81%	NA	19.2	NA
Code 5	Unlisted molecular pathology procedure	81479			74	93%	NA	9.7	NA
Code 6	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			66	98%	0.4	4.2	NA
Code 7	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			64	98%	0.2	4.4	NA
Code 8	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	95810			62	61%	22.8	43.2	NA
Code 9	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	95811			49	63%	48	47.4	NA
Code 10	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic	81420			27	96%	NA	7.7	NA

sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21								
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	45378			1	100%	0	346.08	N/A
Code 2	Colonoscopy, flexible; with biopsy, single or multiple	45380			1	100%	0	684.48	N/A
Code 3	Unlisted molecular pathology procedure	81479			1	100%	0	344.88	N/A
Code 4	SHO ARTHRS SRG RT8TR CUF RPR	29827							N/A
Code 5	SHO ARTHRS SRG LMTD DBRDMT	29822							N/A
Code 6	SHORTEN RADIUS OR ULNA	25390							N/A
Code 7	ARTHRODESIS SACROILIAC JOINT	27279							N/A
Code 8	TOTAL KNEE ARTHROPLASTY	27447							N/A
Code 9	SHO ARTHRS SRG BICP TENODSIS	29828							N/A
Code 10	WRIST ARTHROSCOPY/SURGERY	29846							N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	none to report								

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2021 Inpatient MH-SUD

No data available

2021 Outpatient MH-SUD

No data available

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory		E1028		4	100%	NA	117.2	NA
Code 2	Durable medical equipment, miscellaneous		E1399		4	0%	NA	100	NA
Code 3	Miscellaneous dme supply or accessory, not otherwise specified		A9999		3	0%	NA	139.4	NA
Code 4	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment		E0486		2	0%	NA	124.7	NA

Code 5	Negative pressure wound therapy electrical pump, stationary or portable		E2402		2	50%	NA	106.8	NA
Code 6	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)		S1040		2	50%	NA	46.4	NA

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	External ambulatory infusion pump, insulin		E0784		9	100%	13.7	16.4	NA
Code 2	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service		K0553		1	100%	NA	0.1	NA

Carrier L

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Arthr d cmbn 1ntrspc lumbar	22633			5	60		91	
Code 2	Partial removal of colon	44145			1	100		0	
Code 3	Muscle-skin graft trunk	15734			1	100		0	
Code 4	Prepare face/oral prosthesis	21085			1	100		24	
Code 5	Lsh uterus above 250 g	58543			1	100		0	
Code 6	L colectomy/coloproctostomy	44207			1	100		0	
Code 7	Thoracoscopy w/w resect addl	32667			1	100		0	
Code 8	Open skull for exploration	61304			1	100		24	
Code 9	Laparoscope procedure liver	47379			1	100		48	
Code 10	Tah rad debulk/lymph remove	58954			1	100		0	

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Partial removal of colon	44145			1	100		0	
Code 2	Muscle-skin graft trunk	15734			1	100		0	
Code 3	Prepare face/oral prosthesis	21085			1	100		24	
Code 4	Lsh uterus above 250 g	58543			1	100		0	
Code 5	L colectomy/coloproctostomy	44207			1	100		0	
Code 6	Thoracoscopy w/w resect addl	32667			1	100		0	
Code 7	Open skull for exploration	61304			1	100		24	
Code 8	Laparoscope procedure liver	47379			1	100		48	
Code 9	Tah rad debulk/lymph remove	58954			1	100		0	
Code 10	Lam facetec & foramot lumbar	63047			1	100		24	

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Speech/hearing therapy	92507			53	94.3	120	167.1	
Code 2	Sleep study unatt&resp efft	95806			41	97.6	0	7.6	
Code 3	Injection,onabotulinumtoxina	J0585			40	85	24	48	
Code 4	Polysom 6/> yrs 4/> param	95810			28	92.9	0	57.4	
Code 5	Chemodenerv musc migraine	64615			22	90.9	0	38.2	
Code 6	Polysom 6/>yrs cpap 4/> parm	95811			19	78.9	0	73.3	
Code 7	Injection, inflectra	Q5103			15	100	32	14	
Code 8	Infliximab not biosimil 10mg	J1745			14	42.9	0	90.9	
Code 9	MRI (eg, proton) ANY JOINT OF LOWER EXTREMITY	73721			16	75	0	69	
Code 10	Nervous system surgery	64999			11	81.8	0	113.5	

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Injection, inflectra	Q5103			15	100	32	14	
Code 2	Hhs/hospice of rn ea 15 min	G0299			10	100	0	12	
Code 3	Slp stdy unattended	95800			9	100	0	0	
Code 4	Bevacizumab injection	J9035			9	100	0	2.7	
Code 5	Inj. Avsola, 10 mg	Q5121			7	100	0	0	
Code 6	Endovenous rf 1st vein	36475			6	100	0	72	
Code 7	Aflibercept injection	J0178			6	100	0	400	
Code 8	Inj menotropins 75 iu	S0122			6	100	0	0	
Code 9	Inj follitropin alfa 75 iu	S0126			6	100	0	0	
Code 10	Home sleep test/type 3 porta	G0399			6	100	0	0	

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Repair eyelid defect	67904			1	100%		24	
Code 2	Gammaplex injection	J1557			3	33%		24	

2021 inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Substance Abuse Residential	Not Applicable	Not Applicable	Not Applicable	3	100	Not Applicable	Not Applicable	Not Applicable
Code 2	Mental Health Inpatient	Not Applicable	Not Applicable	Not Applicable	1	100	Not Applicable	Not Applicable	Not Applicable

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Substance Abuse Residential	Not Applicable	Not Applicable	Not Applicable	3	100	Not Applicable	Not Applicable	Not Applicable
Code 2	Mental Health Inpatient	Not Applicable	Not Applicable	Not Applicable	1	100	Not Applicable	Not Applicable	Not Applicable

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Transcranial Magnetic Stimulation (TMS)	90868		Not Applicable	4	100	Not Applicable	<24 hours	Not Applicable
Code 2	Mental Health Intensive Outpatient Program	S9480		Not Applicable	3	100	Not Applicable	<24 hours	Not Applicable
Code 3	Psychiatric Treatment Partial Hospitalization	H0035		Not Applicable	2	100	Not Applicable	<24 hours	Not Applicable
Code 4	Substance Abuse Intensive Outpatient Program	H0015		Not Applicable	2	100	Not Applicable	<24 hours	Not Applicable
Code 5	Mental Health Individual and Family Therapy	90837		Not Applicable	1	100	Not Applicable	69.25	Not Applicable

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Transcranial Magnetic Stimulation (TMS)	90868		Not Applicable	4	100	Not Applicable	<24 hours	Not Applicable
Code 2	Mental Health Intensive Outpatient Program	S9480		Not Applicable	3	100	Not Applicable	<24 hours	Not Applicable

Code 3	Psychiatric Treatment Partial Hospitalization	H0035		Not Applicable	2	100	Not Applicable	<24 hours	Not Applicable
Code 4	Substance Abuse Intensive Outpatient Program	H0015		Not Applicable	2	100	Not Applicable	<24 hours	Not Applicable
Code 5	Mental Health Individual and Family Therapy	90837		Not Applicable	1	100	Not Applicable	69.25	Not Applicable

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 Diabetes Supplies & Equip

No data available

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext amb infusn pump insulin	E0784			7	100	96	56	
Code 2	Elec stim cancer treatment	E0766			2	100	0	36	
Code 3	Coch imp ext proc/contr rplc	L8619			1	100	0	96	
Code 4	Implt nrostm pls gen sng rec	L8685			1	100	0	24	
Code 5	Implt neurostim elctr each	L8680			1	100	0	24	
Code 6	Ko w adj flex/ext rotat mold	L1846			1	0	0	72	
Code 7	Cochlear device	L8614			1	100	0	168	

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext amb infusn pump insulin	E0784			7	100	96	56	
Code 2	Elec stim cancer treatment	E0766			2	100	0	36	
Code 3	Coch imp ext proc/contr rplc	L8619			1	100	0	96	
Code 4	Implt nrostm pls gen sng rec	L8685			1	100	0	24	
Code 5	Implt neurostim elctr each	L8680			1	100	0	24	
Code 6	Cochlear device	L8614			1	100	0	168	

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

Carrier M

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Microsurgical techniques, requiring use of operating microscope (List	69990			3	0%	N/A	1.091204352	N/A

	separately in addition to code for primary procedure)								
Code 2	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	22853			3	67%	N/A	7.384826028	N/A
Code 3	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	61781			3	0%	0.086944445	1.593333334	N/A
Code 4	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	22840			3	67%	N/A	7.384826028	N/A
Code 5	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	52005			3	0%	N/A	0.058389166	N/A
Code 6	Flap; neurovascular pedicle	15750			2	0%	0.087222221	0.005827778	N/A
Code 7	Cranioplasty for skull defect; larger than 5 cm diameter	62141			2	0%	N/A	0.081991667	N/A
Code 8	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare	22633			2	50%	N/A	36.49746347	N/A

	interspace (other than for decompression), single interspace and segment; lumbar								
Code 9	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	52332			2	0%	N/A	0.046121806	N/A
Code 10	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	63012			2	100%	N/A	3.670543426	N/A
Code 11	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			2	0%	N/A	0.002916667	N/A
Code 12	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	61512			2	0%	N/A	1.593333334	N/A
Code 13	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	44207			2	0%	N/A	2.85989861	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	63012			2	100%	N/A	3.670543426	N/A
Code 2	Arthrodesis, posterior interbody technique, including laminectomy	22630			1	100%	N/A	0.106666667	N/A

	and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar								
Code 3	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			1	100%	N/A	19.34411111	N/A
Code 4	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	27446			1	100%	N/A	11.44515194	N/A
Code 5	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	27487			1	100%	N/A	21.71432139	N/A
Code 6	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	33361			1	100%	N/A	1.821111113	N/A
Code 7	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	33362			1	100%	N/A	1.821111113	N/A
Code 8	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	47135			1	100%	N/A	17.83	N/A
Code 9	Repair initial incisional or ventral hernia; reducible	49560			1	100%	N/A	240.5268472	N/A
Code 10	Muscle, myocutaneous, or fasciocutaneous flap; trunk	15734			1	100%	N/A	240.5268508	N/A
Code 11	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	43644			1	100%	N/A	2.738888887	N/A
Code 12	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769			1	100%	24.15111111	N/A	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110			270	74%	N/A	30.39479178	N/A
Code 2	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			256	72%	N/A	33.19778745	N/A
Code 3	CT abd & pelvis	74176			223	89%	N/A	16.77075072	N/A
Code 4	ECHO, transthoracic w/doppler, complete	93306			211	93%	N/A	9.101342806	N/A
Code 5	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			196	68%	N/A	28.1757568	N/A
Code 6	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1		G0399		156	93%	N/A	6.463750842	N/A

	ECG/heart rate and 1 oxygen saturation								
Code 7	MRI, lower extremity any joint; wo contr	73721			148	85%	N/A	13.98278651	N/A
Code 8	MRI of lumbar spine	72148			140	85%	0.280555558	7.621059028	672
Code 9	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	97112			139	62%	N/A	38.76119208	N/A
Code 10	MRI of brain and further sequences	70553			132	94%	N/A	14.74452149	N/A

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Code 1	ECHO, transthoracic, complete cng	93303			31	100%	N/A	2.592382155	N/A
Code 2	CT THORAX LW DOSE LNG CA SCR C-	71271			27	100%	N/A	0.000164609	N/A
Code 3	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447			24	100%	N/A	28.47179523	N/A
Code 4	Contrast CAT scan of neck tissue	70491			19	100%	N/A	7.380423977	N/A
Code 5	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	98943			17	100%	N/A	0.124270915	N/A
Code 6	MRI orb/fc/nck w/o cntrst flwd cntr	70543			14	100%	N/A	24.03807407	N/A
Code 7	MRI of thoracic spine	72157			11	100%	N/A	2.040023148	N/A
Code 8	ECHO, transesophageal, heart, compl	93312			9	100%	N/A	0.000185185	N/A
Code 9	ECHO, transthoracic, heart, limited	93308			8	100%	N/A	3.355902778	N/A

Code 10	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	64635			7	100%	N/A	25.14872683	N/A
Code 11	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation		G0398		7	100%	N/A	15.69222222	N/A
Code 12	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	95805			7	100%	N/A	0.000119048	N/A
Code 13	CT, orbit, sella or pos fos wo contrast	70480			7	100%	N/A	0.081825397	N/A
Code 14	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	29888			7	100%	N/A	13.32367756	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

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							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Contrast CAT scan of head/brain	70460			2	50%	N/A	73.52277778	N/A
Code 2	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic;	62321			6	17%	N/A	12.31216825	N/A

	with imaging guidance (ie, fluoroscopy or CT)								
Code 3	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	64405			13	15%	N/A	38.698896	N/A
Code 4	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	27096			16	6%	N/A	23.89125918	N/A
Code 5	MRI of brain and further sequences	70553			132	1%	N/A	14.74452149	N/A
Code 6	MRI of lumbar spine	72148			140	1%	0.280555558	7.621059028	672

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

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Code 1	Residential treatment, Substance Use Disorder			1002	14	100%	N/A	43.07273148	N/A
Code 2	Room and board, Semi-Private, Psychiatric			0124	2	100%	N/A	21.58013889	N/A
Code 3	Residential treatment, Psychiatric			1001	1	100%	N/A	88.88666667	N/A
Code 4	Room and board, Semi Private Detoxification			0126	1	100%	N/A	0.2019675	N/A

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							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Residential treatment, Substance Use Disorder			1002	14	100%	N/A	43.07273148	N/A

Code 2	Room and board, Semi-Private, Psychiatric			0124	2	100%	N/A	21.58013889	N/A
Code 3	Residential treatment, Psychiatric			1001	1	100%	N/A	88.88666667	N/A
Code 4	Room and board, Semi Private Detoxification			0126	1	100%	N/A	0.2019675	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
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Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			17	82%	N/A	34.68305429	N/A
Code 2	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		11	91%	N/A	51.78626263	N/A
Code 3	Treatment of swallowing dysfunction and/or oral function for feeding	92526			9	56%	N/A	59.48722672	N/A
Code 4	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			8	100%	62.71416666	39.60111111	N/A
Code 5	Alcohol And/Or Drug Services		H0015		7	100%	N/A	19.33206349	N/A

Code 6	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			7	100%	62.71416666	46.20037037	N/A
Code 7	CT THORAX LW DOSE LNG CA SCR C-	71271			6	83%	N/A	10.37777778	N/A
Code 8	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			6	100%	62.71416666	45.77027778	N/A
Code 9	Alcohol and/or other drug treatment program, per diem		H2036		5	100%	N/A	35.11915778	N/A
Code 10	Mastectomy, simple, complete	19303			4	50%	N/A	80.90268519	N/A
Code 11	Nipple/areola reconstruction	19350			4	50%	N/A	80.90268519	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

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							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			8	100%	62.71416666	39.60111111	N/A
Code 2	Alcohol And/Or Drug Services		H0015		7	100%	N/A	19.33206349	N/A
Code 3	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			7	100%	62.71416666	46.20037037	N/A
Code 4	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			6	100%	62.71416666	45.77027778	N/A
Code 5	Alcohol and/or other drug treatment program, per diem		H2036		5	100%	N/A	35.11915778	N/A

Code 6	MRI of brain and further sequences	70553			3	100%	N/A	0.00037037	N/A
Code 7	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	17999			3	100%	N/A	63.60092593	N/A
Code 8	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	54520			2	100%	N/A	21.31138889	N/A
Code 9	Electrolysis epilation, each 30 minutes	17380			1	100%	N/A	45.00833334	N/A
Code 10	Breast augmentation with implant	19325			1	100%	N/A	3.03138889	N/A
Code 11	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	92523			1	100%	N/A	0.075277778	N/A
Code 12	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	77386			1	100%	0.003902779	N/A	N/A

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Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Ext Amb Infusn Pump Insulin		E0784		11	91%	N/A	70.35487886	N/A
Code 2	Syringe W/Needle Insulin 3cc		A4232		1	0%	N/A	0.002192501	N/A
Code 3	Infus Insulin Pump Non Needl		A4230		1	0%	N/A	0.002075832	N/A
Code 4	Infusion Insulin Pump Needle		A4231		1	0%	N/A	0.00213611	N/A

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							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		11	91%	N/A	70.35487886	N/A
Code 2	Syringe W/Needle Insulin 3cc		A4232		1	0%	N/A	0.002192501	N/A
Code 3	Infus Insulin Pump Non Needl		A4230		1	0%	N/A	0.002075832	N/A
Code 4	Infusion Insulin Pump Needle		A4231		1	0%	N/A	0.00213611	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		11	9%	N/A	70.35487886	N/A

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		239	98%	N/A	2.043918472	N/A

Code 2	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		E0470		13	85%	N/A	4.681773504	N/A
Code 3	Osteogen Ultrasound Stimltor		E0760		4	25%	N/A	96.94006944	N/A
Code 4	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		E0471		3	67%	N/A	9.361759259	N/A
Code 5	Power wheelchair accessory, power seat elevation system		E2300		2	0%	N/A	12.06875	N/A
Code 6	Adj skin pro/pos cus<22in		E2624		1	0%	0.086358331	N/A	N/A
Code 7	Wheelchair Anti-Tipping Devi		E0971		1	0%	0.086472221	N/A	N/A
Code 8	Wheelchair Adjustabl Height		E0973		1	0%	0.086313055	N/A	N/A
Code 9	Elec Osteogen Stim Spinal		E0748		1	0%	N/A	26.89350917	N/A
Code 10	WC planar back cush wd <22in		E2620		1	0%	0.086410277	N/A	N/A
	Oral device/appliance cusfab		E0486		1	0%	N/A	0.070833334	N/A
	Humidifier, heated, used with positive airway pressure device		E0562		1	100%	N/A	51.8439325	N/A
	Wheelchair Brake Extension		E0961		1	0%	0.086274166	N/A	N/A

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							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Humidifier, heated, used with positive airway pressure device		E0562		1	100%	N/A	51.8439325	N/A
Code 2	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		239	98%	N/A	2.043918472	N/A
Code 3	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		E0470		13	85%	N/A	4.681773504	N/A
Code 4	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		E0471		3	67%	N/A	9.361759259	N/A
Code 5	Osteogen Ultrasound Stimitor		E0760		4	25%	N/A	96.94006944	N/A
Code 6	Power wheelchair accessory, power seat elevation system		E2300		2	0%	N/A	12.06875	N/A
Code 7	Adj skin pro/pos cus<22in		E2624		1	0%	0.086358331	N/A	N/A
Code 8	Wheelchair Anti-Tipping Devi		E0971		1	0%	0.086472221	N/A	N/A
Code 9	Wheelchair Adjustabl Height		E0973		1	0%	0.086313055	N/A	N/A
Code 10	Elec Osteogen Stim Spinal		E0748		1	0%	N/A	26.89350917	N/A
Code 11	WC planar back cush wd <22in		E2620		1	0%	0.086410277	N/A	N/A
Code 12	Oral device/appliance cusfab		E0486		1	0%	N/A	0.070833334	N/A
Code 13	Wheelchair Brake Extension		E0961		1	0%	0.086274166	N/A	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

Carrier N

2021 Inpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	96416			10	0%	N/A	41.18195907	N/A
Code 2	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	22853			8	88%	N/A	66.6517052	N/A
Code 3	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	22840			7	100%	N/A	52.77394383	N/A
Code 4	Arthrodesis, posterior or posterolateral technique, single	22612			6	100%	N/A	67.90327581	N/A

	level; lumbar (with lateral transverse technique, when performed)								
Code 5	Methotrexate Sodium Inj		J9250		6	0%	N/A	34.9061865	N/A
Code 6	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047			5	100%	N/A	70.2762026	N/A
Code 7	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	19364			5	0%	N/A	13.92645522	N/A
Code 8	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	69990			5	0%	N/A	0.020715556	N/A
Code 9	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			5	100%	N/A	70.46072986	N/A
Code 10	Breast DIEP flap reconstruct		S2068		5	0%	N/A	13.92634167	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	22840			7	100%	N/A	52.77394383	N/A

Code 2	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			6	100%	N/A	67.90327581	N/A
Code 3	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047			5	100%	N/A	70.2762026	N/A
Code 4	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			5	100%	N/A	70.46072986	N/A
Code 5	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	22842			4	100%	N/A	76.09473587	N/A
Code 6	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	22585			2	100%	N/A	57.4230399	N/A
Code 7	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List	63048			2	100%	N/A	57.4230399	N/A

	separately in addition to code for primary procedure)								
Code 8	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	23472			2	100%	N/A	12.81386847	N/A
Code 9	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	22614			2	100%	N/A	57.4230399	N/A
Code 10	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	33929			1	100%	3.79888889	N/A	N/A
Code 11	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	22856			1	100%	N/A	22.43535278	N/A
Code 12	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	22800			1	100%	N/A	25.19059361	N/A
Code 13	Insertion of ventricular assist device; extracorporeal, biventricular	33976			1	100%	3.79888889	N/A	N/A
Code 14	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	22633			1	100%	N/A	44.73411944	N/A

Code 15	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	27132			1	100%	N/A	36.80007583	N/A
Code 16	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	63252			1	100%	N/A	0.030555556	N/A
Code 17	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769			1	100%	N/A	71.77944444	N/A
Code 18	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	33927			1	100%	3.79888889	N/A	N/A
Code 19	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	33340			1	100%	N/A	1.785277778	N/A
Code 20	Heart transplant, with or without recipient cardiectomy	33945			1	100%	3.79888889	N/A	N/A
Code 21	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	22630			1	100%	N/A	25.19059361	N/A
Code 22	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	33979			1	100%	3.79888889	N/A	N/A
Code 23	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	33361			1	100%	0.004444445	N/A	N/A
Code 24	Allograft, structural, for spine surgery only (List separately in	20931			1	100%	N/A	16.89200917	N/A

addition to code for primary procedure)									
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

2021 Outpatient Med-Surg

Codes with the highest total number of prior authorization requests during the previous plan year:

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110			496	70%	40.14867806	37.51292904	N/A
Code 2	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			474	71%	40.14867806	40.97692555	N/A
Code 3	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	97112			258	68%	16.51276292	43.91067717	624
Code 4	ECHO, transthoracic w/doppler, complete	93306			251	93%	N/A	6.987740448	720

Code 5	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			246	69%	30.694312	39.348981	N/A
Code 6	CT abd & pelvis	74176			226	93%	N/A	12.2330689	N/A
Code 7	MRI, lower extremity any joint; wo contr	73721			211	92%	0.108611112	8.666618187	N/A
Code 8	MRI of lumbar spine	72148			159	84%	N/A	12.34567115	N/A
Code 9	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation		G0399		145	94%	N/A	9.725153257	N/A
Code 10	MRI, any joint of upper extremity; wo co	73221			114	87%	0.153055555	11.97213207	672

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			22	100%	N/A	8.486309407	N/A
Code 2	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	64494			18	100%	N/A	0.031796595	N/A
Code 3	MRI of thoracic spine	72157			17	100%	N/A	1.824656863	N/A
Code 4	ct angio abd&pelv w/o&w/dye	74174			16	100%	N/A	7.785902778	N/A
Code 5	Contrast MRI of brain	70552			15	100%	N/A	11.70940741	N/A

Code 6	ECHO, transthoracic, complete cng	93303			14	100%	N/A	0.014484127	N/A
Code 7	MRI orb/fc/nck w/o cntrst flwd cntr	70543			14	100%	N/A	12.11799603	N/A
Code 8	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	29882			13	100%	N/A	41.81070067	N/A
Code 9	MRI, lower extremity other than joint; w	73720			13	100%	N/A	5.170683761	N/A
Code 10	ECHO, transesophageal, heart, compl	93312			12	100%	N/A	6.94444E-05	N/A
Code 11	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	29888			12	100%	N/A	34.0108765	N/A
Code 12	CTA, head, w/o cntrst flwd by cntrst	70496			12	100%	N/A	7.942286325	N/A
Code 13	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	64636			12	100%	N/A	32.99390504	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	63048			5	20%	N/A	29.84955181	N/A

Code 2	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	63030			8	13%	0.195765222	109.3666737	N/A
Code 3	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047			10	10%	0.044166667	25.80615524	N/A
Code 4	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	64635			15	7%	N/A	28.19355546	N/A
Code 5	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	27096			34	6%	N/A	28.75976059	N/A
Code 6	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	64483			71	4%	0.437153611	27.52914773	N/A
Code 7	MRI of lumbar spine	72148			159	2%	N/A	12.34567115	N/A

2021 Inpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
						Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	Residential treatment, Substance Use Disorder			1002	13	92%	N/A	62.60147669	N/A
Code 2	Room and board, Semi-Private, Psychiatric			0124	4	100%	1.234166666	1.459653055	N/A
Code 3	Alcohol And/Or Drug Services		H0019		1	0%	102.2166667	N/A	N/A
Code 4	Residential treatment, Psychiatric			1001	1	0%	N/A	138.8416667	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Room and board, Semi-Private, Psychiatric			0124	4	100%	1.234166666	1.459653055	N/A
Code 2	Residential treatment, Substance Use Disorder			1002	13	92%	N/A	62.60147669	N/A
Code 3	Alcohol And/Or Drug Services		H0019		1	0%	102.2166667	N/A	N/A
Code 4	Residential treatment, Psychiatric			1001	1	0%	N/A	138.8416667	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 Outpatient MH-SUD

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions

Code 1	CT THORAX LW DOSE LNG CA SCR C-	71271			31	74%	N/A	9.081451613	N/A
Code 2	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			18	33%	N/A	65.46100057	648
Code 3	Alcohol And/Or Drug Services		H0015		12	100%	N/A	18.82247263	N/A
Code 4	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			8	75%	N/A	101.5087823	N/A
Code 5	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			6	67%	N/A	34.4736869	N/A
Code 6	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			6	67%	N/A	34.44148148	N/A
Code 7	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			6	67%	N/A	34.4736869	N/A
Code 8	Alcohol and/or other drug treatment program, per diem		H2036		5	100%	N/A	13.01069444	N/A
Code 9	Psychotherapy, 45 minutes with patient	90834			4	0%	13.71211111	11.89154565	N/A
Code 10	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	92523			4	25%	N/A	125.2505176	N/A
Code 11	Therapeutic procedure, 1 or more areas, each 15 minutes;	97112			4	75%	N/A	46.18055993	N/A

	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities								
Code 12	Group psychotherapy (other than of a multiple-family group)	90853			4	0%	13.71211028	4.345258982	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Alcohol And/Or Drug Services		H0015		12	100%	N/A	18.82247263	N/A
Code 2	Alcohol and/or other drug treatment program, per diem		H2036		5	100%	N/A	13.01069444	N/A
Code 3	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	77301			3	100%	0.010277777	60.31208333	N/A
Code 4	Physical therapy, in the home, per diem		S9131		2	100%	N/A	23.16153292	N/A
Code 5	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	77338			2	100%	0.010277777	23.92027778	N/A
Code 6	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	97124			2	100%	N/A	1.439357917	N/A
Code 7	MRI of brain and further sequences	70553			2	100%	N/A	44.52694444	N/A
Code 8	RADIATION TX DELIVERY IMRT		G6015		2	100%	0.010555555	96.70388889	N/A
Code 9	MRI of brain	70551			2	100%	N/A	0	N/A

Code 10	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	81229			1	100%	N/A	0.009444446	N/A
Code 11	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	97032			1	100%	N/A	0.178888889	N/A
Code 12	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	77385			1	100%	0.010277777	N/A	N/A
Code 13	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	77386			1	100%	N/A	23.92027778	N/A
Code 14	Application of a modality to 1 or more areas; infrared	97026			1	100%	N/A	0.178888889	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	CT THORAX LW DOSE LNG CA SCR C-	71271			31	3%	N/A	9.081451613	N/A

2021 Diabetes Supplies & Equip

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		4	100%	N/A	108.2401342	N/A

Code 2	Disposable sensor, CGM sys		A9276		1	0%	N/A	160.5394444	N/A
Code 3	External transmitter, CGM		A9277		1	0%	N/A	160.5394444	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		4	100%	N/A	108.2401342	N/A
Code 2	Disposable sensor, CGM sys		A9276		1	0%	N/A	160.5394444	N/A
Code 3	External transmitter, CGM		A9277		1	0%	N/A	160.5394444	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A

2021 DME

Codes with the highest total number of prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		196	97%	N/A	1.340782313	N/A
Code 2	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist		E0471		14	86%	N/A	19.04505952	N/A

	device with continuous positive airway pressure device)								
Code 3	Durable Medical Equipment Mi		E1399		11	18%	N/A	182.9355853	N/A
Code 4	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		E0470		9	100%	N/A	8.702746913	N/A
Code 5	External Ambulatory Infus Pu		E0781		4	0%	N/A	0.00438632	N/A
Code 6	Elec Osteogen Stim Spinal		E0748		3	33%	N/A	62.68567991	N/A
Code 7	Wheelchair Belt W/Airplane B		E0978		2	0%	N/A	0.010277779	N/A
Code 8	HOME VENT NON-INVASIVE INTER		E0466		2	0%	17.2175	92.87083333	N/A
Code 9	Tray		E0950		2	0%	N/A	0.010729166	N/A
Code 10	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		2	0%	N/A	0.010413334	N/A
Code 11	Speech generating device, synthesized speech, permitting multiple methods		E2510		2	0%	N/A	12.02839625	N/A
Code 12	Accessory for speech generating device, not otherwise classified		E2599		2	100%	N/A	105.9313889	N/A
Code 13	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		E0960		2	0%	N/A	0.010150973	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist		E0470		9	100%	N/A	8.702746913	N/A

	device with continuous positive airway pressure device)								
Code 2	Accessory for speech generating device, not otherwise classified		E2599		2	100%	N/A	105.9313889	N/A
Code 3	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		196	97%	N/A	1.340782313	N/A
Code 4	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		E0471		14	86%	N/A	19.04505952	N/A
Code 5	Elec Osteogen Stim Spinal		E0748		3	33%	N/A	62.68567991	N/A
Code 6	Durable Medical Equipment Mi		E1399		11	18%	N/A	182.9355853	N/A
Code 7	External Ambulatory Infus Pu		E0781		4	0%	N/A	0.00438632	N/A
Code 8	Wheelchair Belt W/Airplane B		E0978		2	0%	N/A	0.010277779	N/A
Code 9	HOME VENT NON-INVASIVE INTER		E0466		2	0%	17.2175	92.87083333	N/A
Code 10	Tray		E0950		2	0%	N/A	0.010729166	N/A
Code 11	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		2	0%	N/A	0.010413334	N/A
Code 12	Speech generating device, synthesized speech, permitting multiple methods		E2510		2	0%	N/A	12.02839625	N/A
Code 13	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		E0960		2	0%	N/A	0.010150973	N/A

Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	N/A				N/A	N/A	N/A	N/A	N/A