

Health plan prior authorization data

2023 annual report to the Legislature

Jan. 1, 2024

Mike Kreidler, *Insurance Commissioner*

www.insurance.wa.gov

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Background

In 2020, the Washington state Legislature passed Engrossed Substitute Senate Bill (ESSB) 6404 (Chapter 316, Laws of 2020, codified at [RCW 48.43.0161](#)). This law requires health carriers with at least 1% of the market share in Washington state to annually report certain aggregated and de-identified data related to prior authorization to the Office of the Insurance Commissioner (OIC). Prior authorization is a utilization review tool used by carriers to review the medical necessity of requested health care services for specific health plan enrollees. Carriers choose the services that are subject to prior authorization review. The 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 for each covered service in the lists above for:

- Expedited decisions
- Standard decisions
- Extenuating-circumstances decisions

[Engrossed Second Substitute House Bill 1357](#) added additional prescription drug prior authorization reporting requirements for health carriers starting in reporting year 2024. Carriers had the opportunity to submit voluntary prescription drug prior authorization data for the current reporting period. Voluntary submissions provided an opportunity for the OIC to test a reporting format with the goal of providing clear information to the legislature in 2025.

The reports from carriers were due Oct. 1, 2023, for PY 2022. The deidentified carrier submissions are reported in [Appendix D](#).

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

OIC implementation of ESSB 6404

The OIC developed its first set of data templates in 2020 for PY 2019 reporting. In reviewing the carrier's PY 2019 responses, the OIC found substantial variability in the services and codes reported, as well as the number of claims reported for such services. In addition, PY 2019 reporting suggested carriers do not require similar coding when authorizing services. Since then, the OIC standardized and refined the report to yield more informative results.

On June 1, 2023, the OIC distributed drafts of a revised filing instruction sheet and response template including the prescription drug component to carriers for review and comment. The revisions were designed to bring greater clarity to the services reported and improve the OIC's ability to compare reports across carriers. On June 16, 2023, the OIC held a meeting with all carriers required to submit prior authorization data to seek input on how to structure the prescription drug prior authorization data collection component of the template. Based on the input, the updated template added a prescription drug reporting tab, with prior authorization requests reported at the Generic Product Identifier (GPI-10) code level, or the 9-digit National Drug Code (NDC) level if GPI-10 codes are not available. No other changes were made to the previous year's reporting template. Reporting is based on the date a service was provided.

Carriers required to file a report in 2023 for PY 2022 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](#)) and ESSB 6404 Response Template ([Appendix B](#)) on Aug. 2, 2023. For deidentified submissions, go to [Appendix C - carriers responses](#).

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.

In 2023, the Legislature enacted E2SHB 1357, which modified several components of prior authorization review. New timelines were set for carrier responses to prior authorization requests and new standards were set related to access to and substance of carriers' prior authorization criteria. These changes impact health plans issued or renewed on or after Jan. 1, 2024. 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)).

Findings

The OIC received PY 2022 data from 14 carriers. Eight carriers submitted voluntary prescription drug prior authorization data.

Some variation was observed in submissions across carriers:

- Some reports included both a Healthcare Common Procedural Code (HCPCS) and Common Procedure Terminology (CPT) code for the same submitted line item.
- Not all carriers reported codes as CPT, HCPCS 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 “N/A” submissions.
- Some of the reports did not include complete responses for average determination response time for expedited and extenuating circumstances 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 “tied” codes.
- 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.
- Among the carriers that submitted prescription drug data, not all used the drug classes designated in the reporting template to categorize the submitted prescription drug data.
- There were variations in the drug name submitted for each carrier.

As of Jan. 1, 2020, there were over 11,000 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>; HCPCSS codes are developed by the HHS/Center for Medicare and Medicaid Services, <https://www.cms.gov/Medicare/Coding/MedHCPCSSGenInfo>.

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. The total number of requests for the previous reporting year (PY 2021) are shown in parentheses.

Figure 1: Highest number of prior authorization requests by service category

Service Category	Code	Description	Total Requests
Outpatient Med-Surg	99214	Office visit E&M est pt, moderate mdm, 30-39 mins	116,477 (132,555)
Inpatient Med-Surg	120	Room and board	15,542 (19,698)
Outpatient MH-SUD	90837	Psychotherapy, 60 minutes with patient	12,233 (24,167)
Durable Medical Equipment (DME)	E0601	Continuous positive airway pressure (CPAP) device	10,563 (11,006)
Diabetes Supplies and Equip	99214	Office visit E&M est pt, moderate mdm, 30-39 mins	2,097 (2,726)
Inpatient MH-SUD	124	Room and board, Semi-Private, Psychiatric	961 (1,414)

For the reported codes with the highest number of prior authorization requests, the code 99214 (Office visit evaluation & management – established patient, 30-39 mins) within the service category Outpatient Med-Surg saw the highest number of requests. This code also had the highest number of total requests for the Diabetes Supplies and Equipment service category.

Within each service category, the code with the most requests remained unchanged from last year’s reporting (PY 2021). However, the number of requests did change slightly, with fewer requests for 99214.

Figure 1 excludes the prior authorization request data submitted for prescription drugs. A later section, beginning on page 26 of this report describes submitted prescription drug data.

Figure 2 details the total number of prior authorization requests for the 10 service codes with the highest number of requests for PY 2022, excluding prescription drugs.

Figure 2: Highest number of requests by code totals 2022

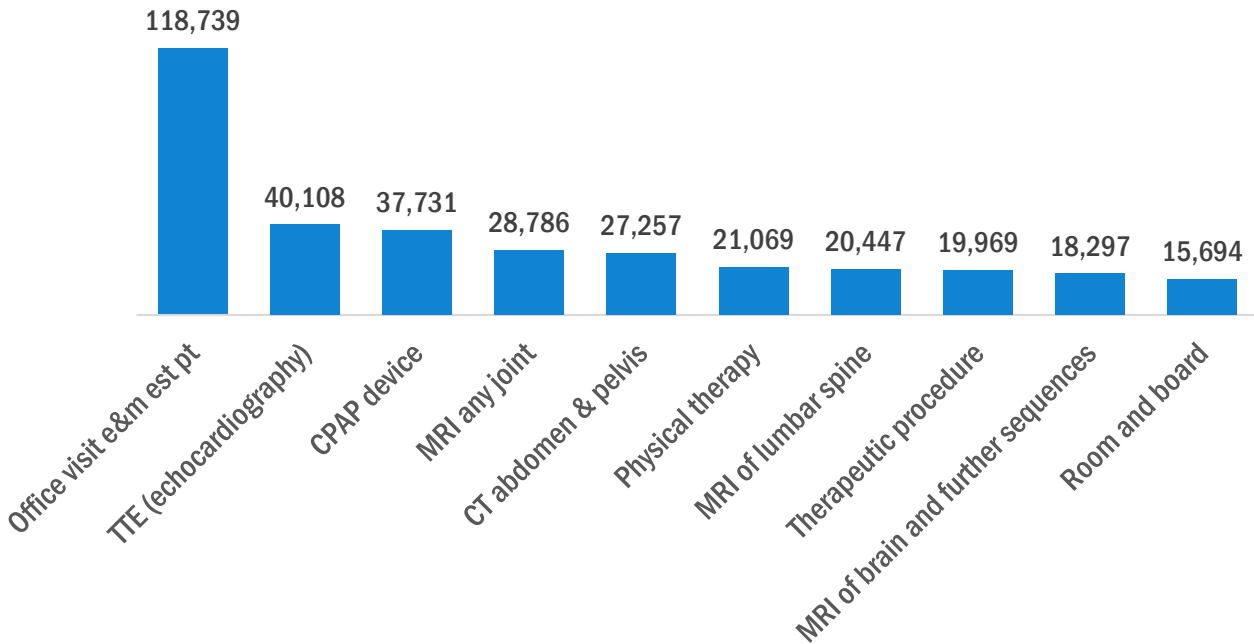
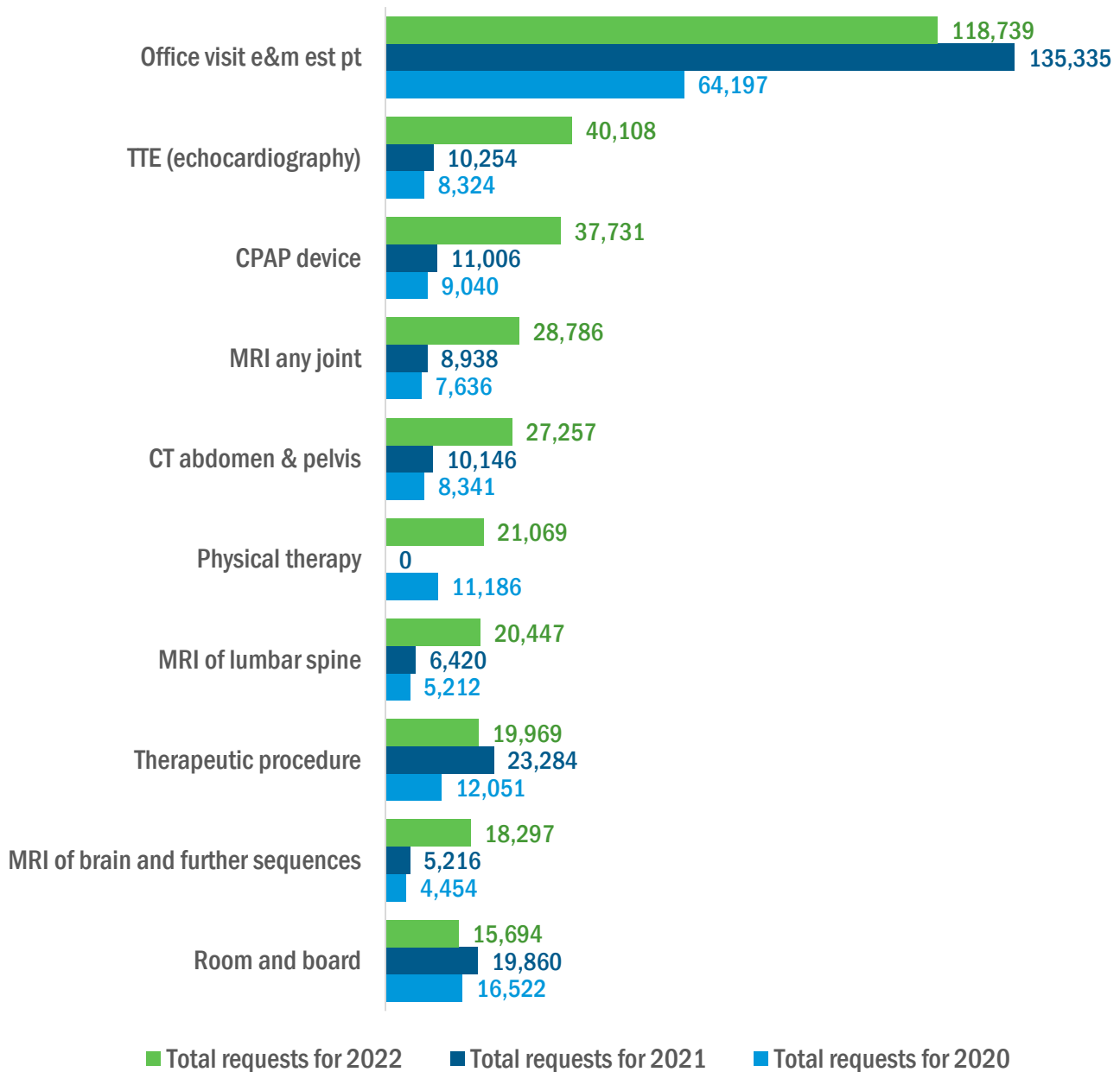


Figure 3 shows the total number of prior authorization requests for the 10 services codes with the highest number of requests for PY 2022, compared to the number of requests for those same service codes in PY 2021 and PY 2020.

Figure 3: Highest number of requests by code for 2022, 2021 and 2020 sorted by codes submitted for 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. Excluding prescription drug prior authorization requests, for the service codes with the highest number of requests:

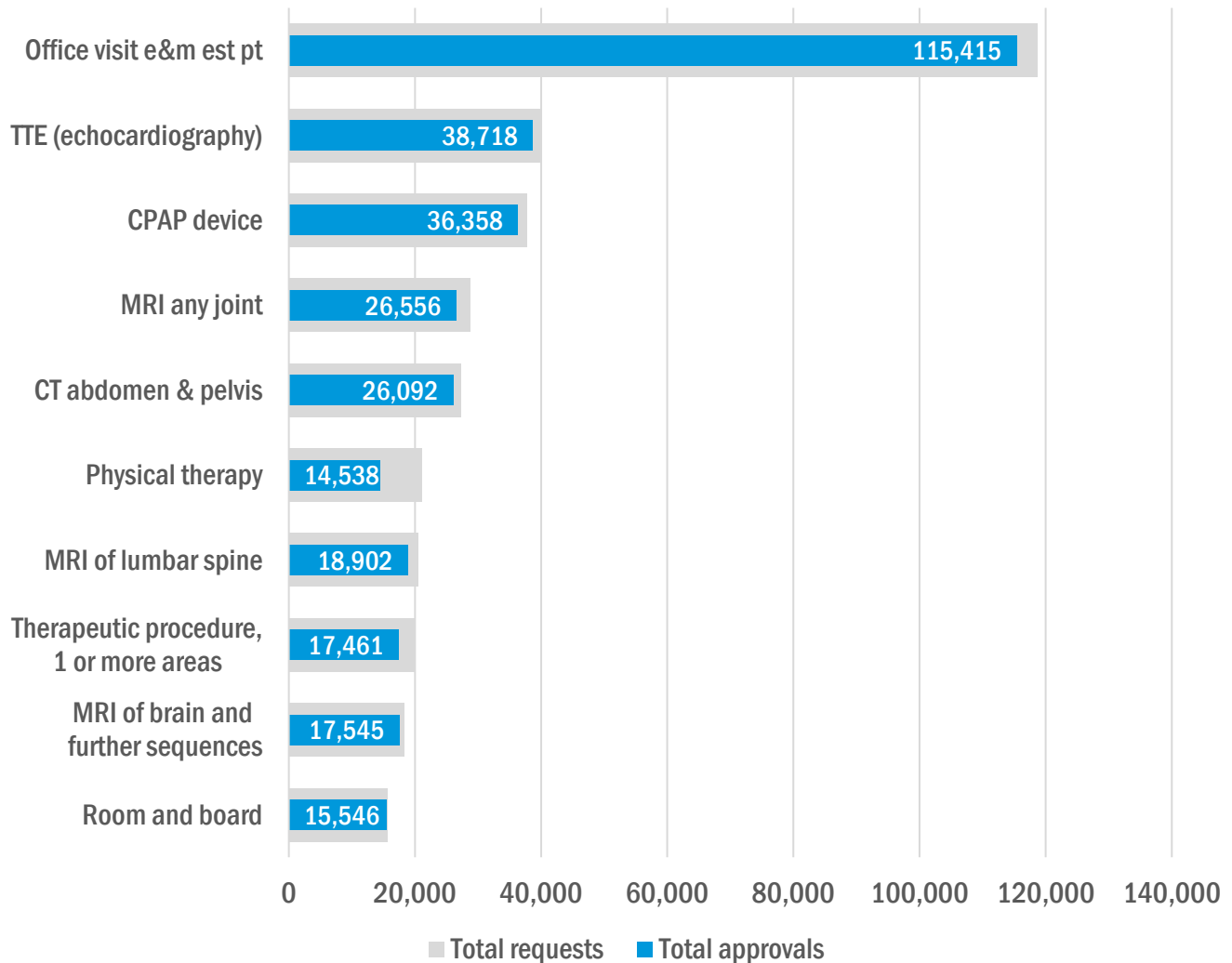
- The average approval rate was 93.3%.
- Thirty-six codes had 0% approval rates, with the number of requests ranging from 1 to 16.
- The lowest approval rate (excluding codes approved 0% of the time) was 7%, for removal of intact breast implant (CPT 19328).

- Eighty-eight codes had approval rates of 100%. Among these codes, the number of requests ranged from 1 to 166 (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: Approved number of requests by code out of total requests

Number of approved requests out of the total number of requests for the codes with the highest number of prior authorization requests.



The data presented in Figures 2 - 4 are aggregated in the table in Figure 5 below. This table includes the:

- Total number of requests
- Approval rates
- 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 pt	118,739	115,415	97.2%	4
TTE (echocardiography)	40,108	38,718	96.5%	7
CPAP device	37,731	36,358	96.4%	9
MRI any joint	28,786	26,556	92.3%	5
CT abdomen & pelvis	27,257	26,092	95.7%	4
Physical therapy	21,069	14,538	69.0%	1
MRI of lumbar spine	20,447	18,902	92.4%	5
Therapeutic procedure	19,969	17,461	87.4%	4
MRI of brain and further sequences	18,297	17,545	95.9%	6
Room and board	15,694	15,546	99.1%	2

Physical therapy was reported as the sixth most common code for prior authorization requests and had the lowest approval rate by a large margin. Compared to other codes in the top 10, physical therapy was only reported by a single carrier. This is a shift from last year, where physical therapy (code MSMPT) was not included in the list of top 10 codes. It was not reported at all for PY 2021. However, it was reported in 2020 by a single carrier, with 11,186 total prior authorization requests and an approval rate of 71%.

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 the number of requests and rate of approvals.

The aggregated data in the following tables shows prior authorization data for the codes submitted by carriers with the highest approval rates. Tables in Figure 6 and Figure 7 show the top 10 codes with the highest total number of requests. The first table (Figure 6) shows the 10 codes from this year's reporting (PY 2022), and the second table (Figure 7) is for last year's reporting (PY 2021). Comparing the two, the number of total requests and approval rates are generally similar, with the exception of Transcranial

Magnetic Stimulation (TMS) from last year’s reporting, which had an approval rate of 69.8%, lower than other codes. This service did not appear in the top 10 codes for this year’s reporting.

For this year’s reporting, the lowest average approval percentage was 95.8% for a continuous positive airway pressure (CPAP) device. Three carriers reported a total of 4,171 requests for this service.

Four codes had approval rates of 100% out of the top 10 in Figure 6:

- Genetics counseling
- Shoulder orthosis
- Ostomy pouch, drainable
- Bone density study

Beyond the reported top 10 codes in this category, carriers report that most codes had approval rates of 100%. Carriers reported 488 distinct codes and 417, or 85% of them, were approved 100% of the time. This is similar to PY 2021, where 86% or codes were approved 100% of the time.

Figure 6: Highest prior authorization approval rate by code table, PY 2022

Code Description	Total Requests	Number of Approved Requests	Approval Rate	Number of Carriers that Reported Code
CPAP device	4,171	3,996	95.8%	3
Room & Board - Psychiatric	961	947	98.5%	9
Chiropractic Care	626	618	98.7%	1
Room & Board - Rehabilitation	551	532	96.5%	5
Other therapy services	476	471	99.0%	2
Genetics counseling	391	391	100.0%	2
Shoulder orthosis	371	371	100.0%	1
Residential treatment, SUD	354	349	98.6%	5
Ostomy pouch, drainable	311	311	100.0%	2
Bone density study	272	272	100.0%	1

Figure 7: Highest prior authorization approval rate by code table, PY 2021

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 for top 10 codes with 414,251 requests. Inpatient mental health/substance abuse disorder (MH/SUD) services had the fewest total requests for top 10 codes, with 2,744. The total number of codes reported for the outpatient medical/surgical category increased by 41% from the previous year (293,424 in PY 2021). Totals were either the same or slightly less for other service categories.

Figure 8: Total prior authorization requests by service category for PY 2022, PY 2021, and PY 2020.

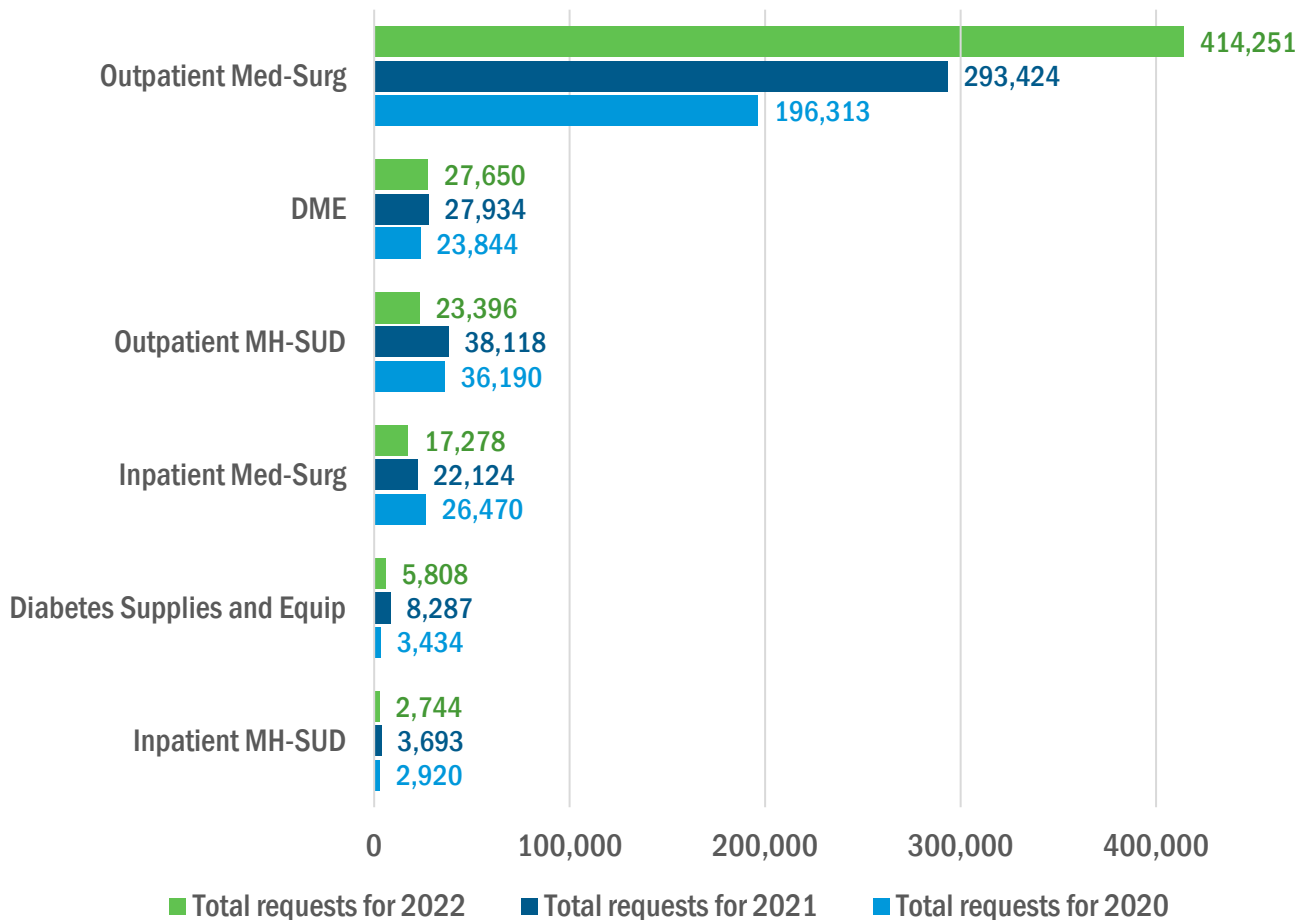
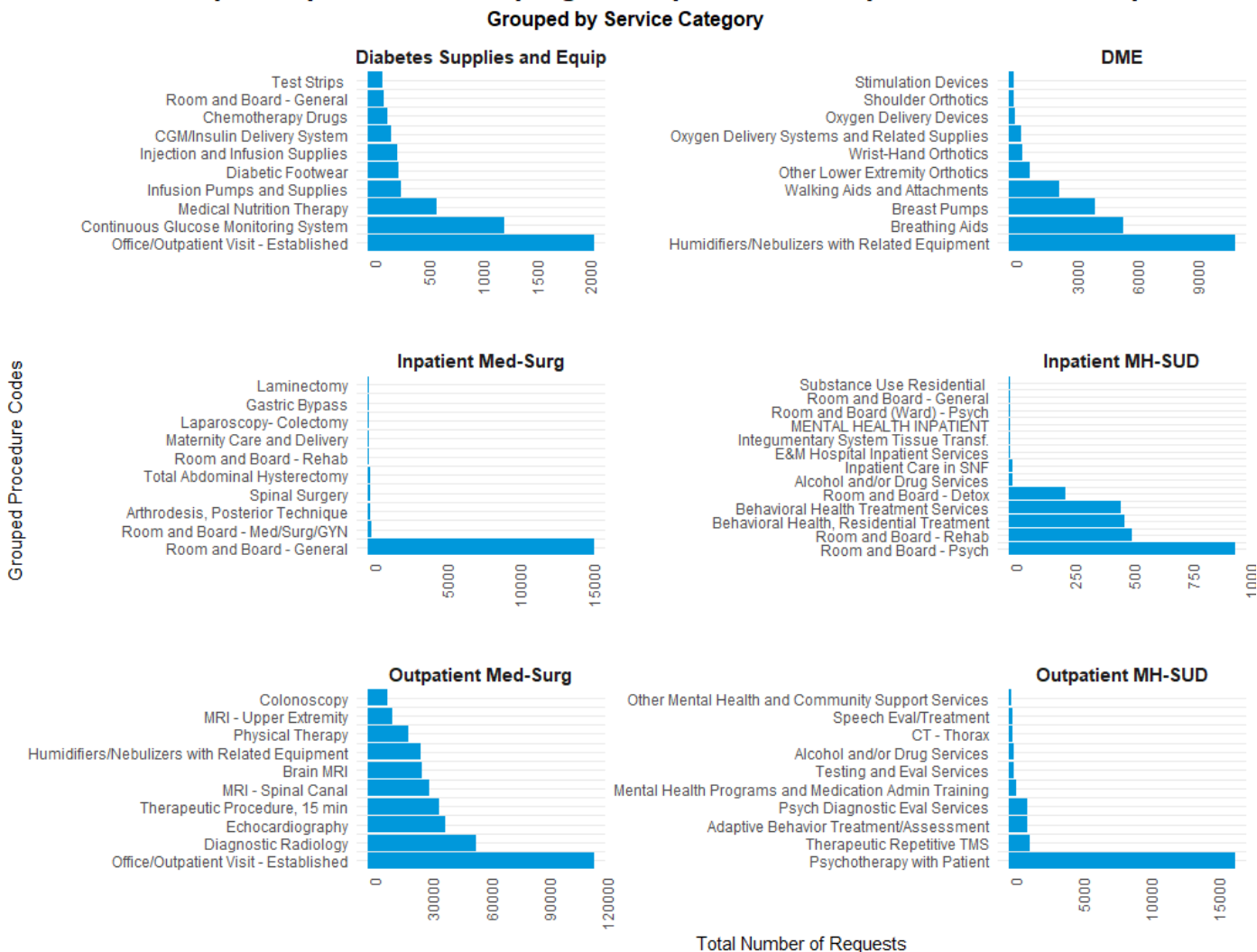


Figure 8 above shows the number of requests for each health service category. The figure uses the codes submitted for the top 10 codes with the highest number of prior authorization requests.

Figure 9: Top 10 highest number of code group requests PY 2022

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



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, as seen in Figure 9 above. Each group had a few additional codes with a significant number of requests. For example, among the 10 code groups with the most requests for outpatient MH/SUD codes:

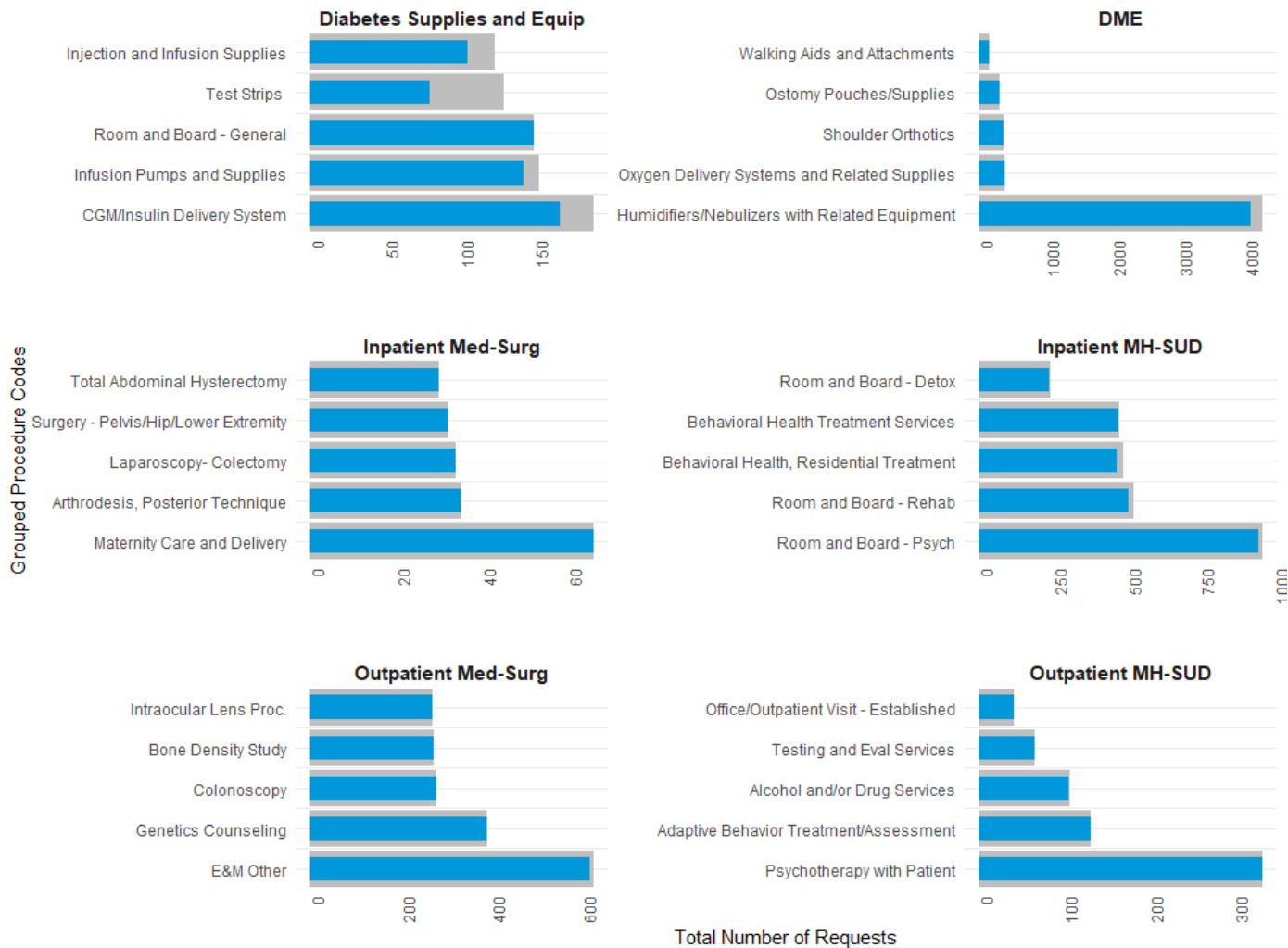
- The most requests were for the group Psychotherapy with Patient with 16,717 requests (down from PY 2021).
- The second-highest number was for the Therapeutic Repetitive TMS group with only 1,565 requests.

Figure 10 shows the breakdown of approved requests compared to the total number of requests for codes for each of the six 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 9, like service codes are grouped.

Figure 10: Highest prior authorization approvals

Total Requests per Code Grouping for Top 10 Most Requested Code Groups
Grouped by Service Category



Both inpatient and outpatient medical/surgical codes tend to have the highest percentage of approved requests.

Figure 11 details the changes in approval rates by service category. Outpatient Med-Surg, Inpatient Med-Surg, and Outpatient Mental Health/Substance Use Disorder (MH/SUD) were the service categories with the highest approval rates for PY 2022 among submitted codes. The Outpatient MH/SUD service category saw the largest increase in approval rate from 2021 to 2022. Outpatient and Inpatient Med-Surg, as well as Diabetes Supplies and Equipment also saw increases in approval rates from 2021 to 2022. Durable medical equipment (DME) and Inpatient MH/SUD remained relatively constant.

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

Figure 11: Highest approval rates

Prior authorization approval rates by service category over time.

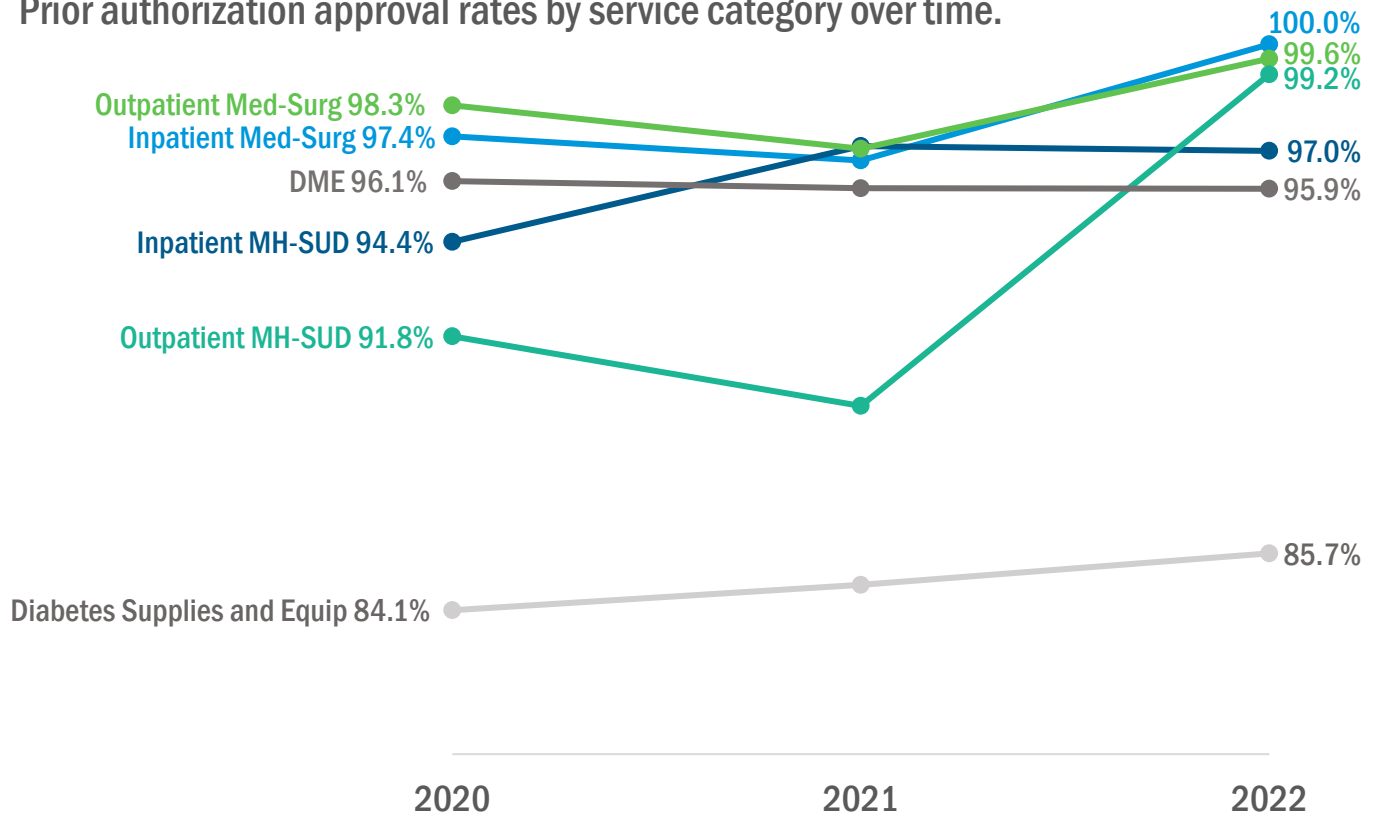


Figure 12: All reported codes table

Service Category	Approval Percentage	Number of Distinct Codes	Total Number of Requests	Count of Distinct Carriers
Inpatient Med-Surg	100%	176	647	14
Outpatient Med-Surg	100%	146	5,888	14
Outpatient MH-SUD	99%	118	1,002	12
Inpatient MH-SUD	97%	69	2,744	12
DME	96%	149	6,984	14
Diabetes Supplies and Equip	86%	68	1,137	12

Prior authorization request response times

For each submitted procedure 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 Figure 13, 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 MH/SUD codes had the longest response times.

The average extenuating circumstances response time is substantially longer than other types of requests, and longer than previous years' reporting. The number of extenuating circumstances requests was very low when compared to both standard and expedited requests. The number of extenuating circumstances requests in PY 2022 ranged from one (Diabetes Supplies and Equipment) to 81 (Outpatient Med-Surg).

Figure 13: Weighted average response times for PY 2022 (PY 2021).

Service Category	Weighted average standard response time in hours	Weighted average expedited response time in hours	Weighted average extenuating circumstances response time in hours
Outpatient Med-Surg	11.3 (20.0)	8.51 (8.6)	2,238 (271.2)
DME	17.3 (24.0)	1.8 (3.1)	2,584 (40.5)
Diabetes Supplies and Equip	33.5 (41.5)	7.5 (6.8)	624 (33.7)
Outpatient MH-SUD	30.5 (45.0)	12.3 (40.6)	734.8 (74.8)
Inpatient Med-Surg	54.4 (59.7)	18.0 (13.7)	N/A (183.4)
Inpatient MH-SUD	45.1 (75.9)	17.8 (23.1)	1,783 (38.5)

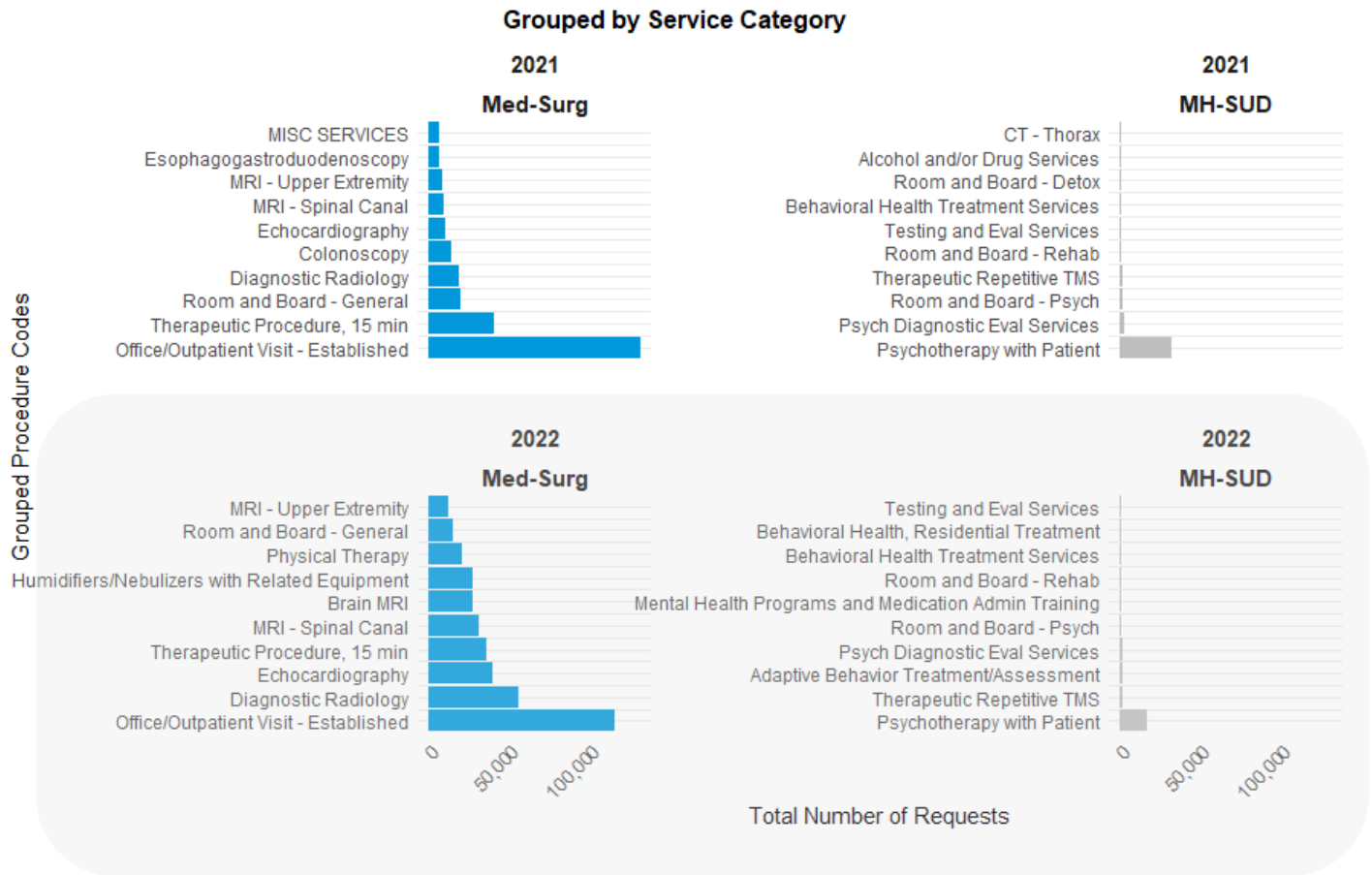
Mental health/substance use disorder (MH/SUD) vs. medical/surgical prior authorization request findings

This section examines the difference in prior authorization requests between MH/SUD codes and medical/surgical codes for PY 2021 and PY 2022. 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 Figure 14 highlights the difference between the top 10 code groups for MH/SUD and medical/surgical service code prior authorization requests for PY 2022 and 2021.

Figure 14 Medical-Surgical vs Mental Health/Substance Use Disorder

Total Requests per Code Grouping for Top 10 Most Requested 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, for PY 2022 with a total of 116,664. Among these requests, 97.2% were approved.
- For the MH/SUD category, Psychotherapy with Patient had substantially more requests than any other code group, with a total of 16,717. Of these, 99.6% were approved. This is down from last year (PY 2021) when Psychotherapy with Patient had 31,907 requests.
- Across all medical/surgical codes, there were 431,529 total prior authorization requests in the previous plan year (up from 315,548 in PY 2021). For MH/SUD codes, the total number of requests was only 26,140 (down from 41,811 PY 2021).

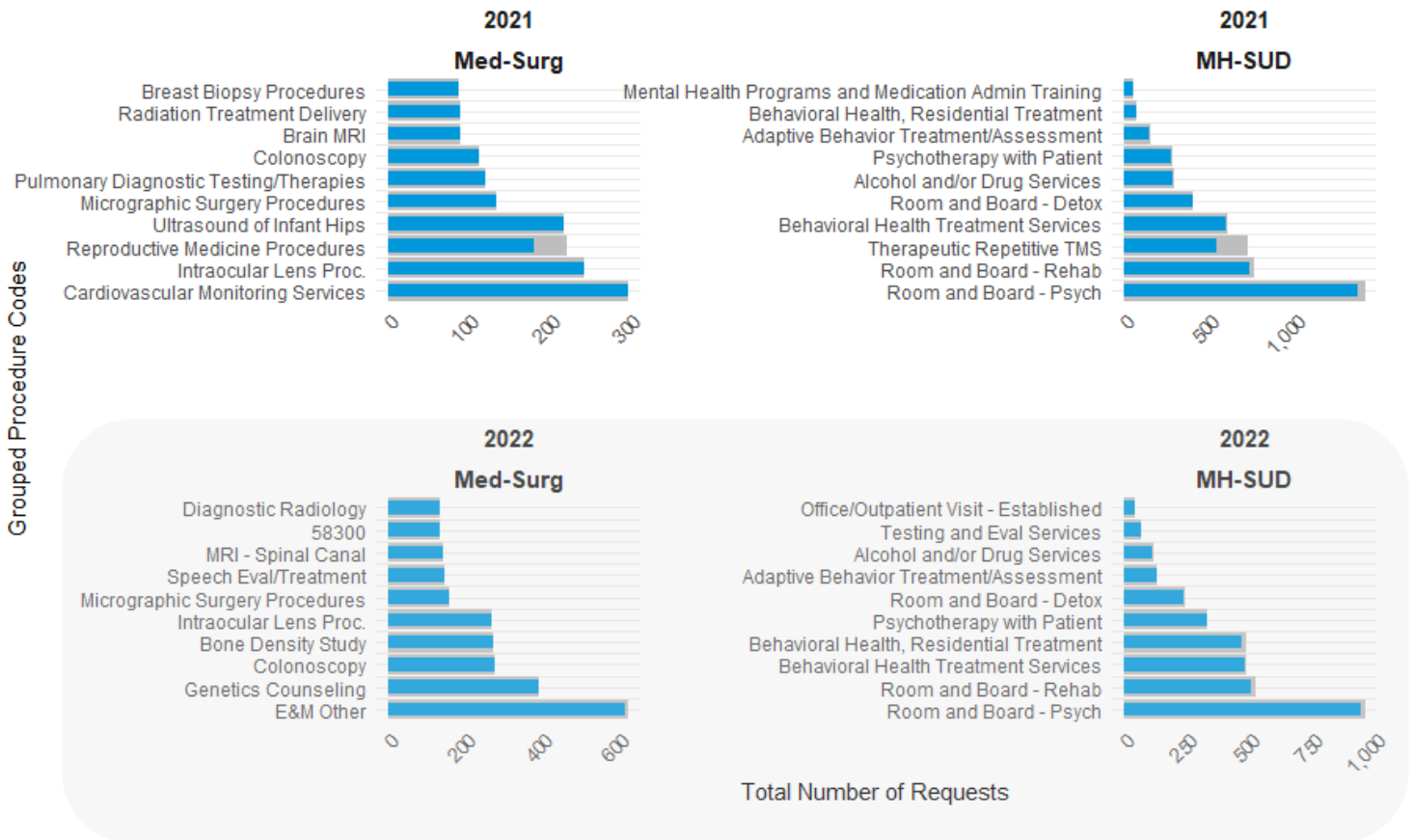
The most notable difference between 2021 and 2022 is the general increase in medical surgical prior authorization requests, and corresponding decline in MH/SUD requests.

Figure 15 also compares medical/surgical and MH/SUD 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 15: Top 10 most approved Medical-Surgical vs Mental Health/Substance Use Disorder code groups

Med-Surg vs. MH-SUD Prior Authorization Approvals, 2021 - 2022

Grouped by Service Category



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

- Medical/surgical codes had an approval rate of 100%, except for Evaluation & Management (E&M) Other, which had an approval rate of 98.7%.
- The top 10 code groups in the MH/SUD group had approval rates ranging from 92.6% to 100% (three code groups had approval rates of 100%: Office/Outpatient Visit – Established, Testing and Eval Services and Psychotherapy with Patient).
- For this year’s reporting, medical/surgical code groups had an approval rate of 99.6% (up from 97% last year), and MH/SUD codes had an approval rate of 97.6% (up from 94.6% last year). These are the aggregate approval rates for the top 10 most approved codes submitted by each carrier. The overall approval rates described here are not representative of all prior authorization requests.

Figure 16 details the approval rates for all codes in these two groups.

Figure 16: 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%
2022	Med-Surg	6535	6511	99.6%
2022	MH-SUD	3746	3655	97.6%

Figure 17 compares the average response time in hours for prior authorization requests for medical/surgical service code groups and MH/SUD service code groups. Out of the codes with the highest number of requests, it displays the 10 code groupings in each category with the longest reported approval time.

MH/SUD codes generally have longer standard response times than medical/surgical codes. The OIC analyzed all code groups in these two categories.

Standard response time for MH/SUD code groups:

- Weighted average response time: 30.9 hours (down from 45.4 hours in PY 2021)

Standard response time for medical/surgical code groups:

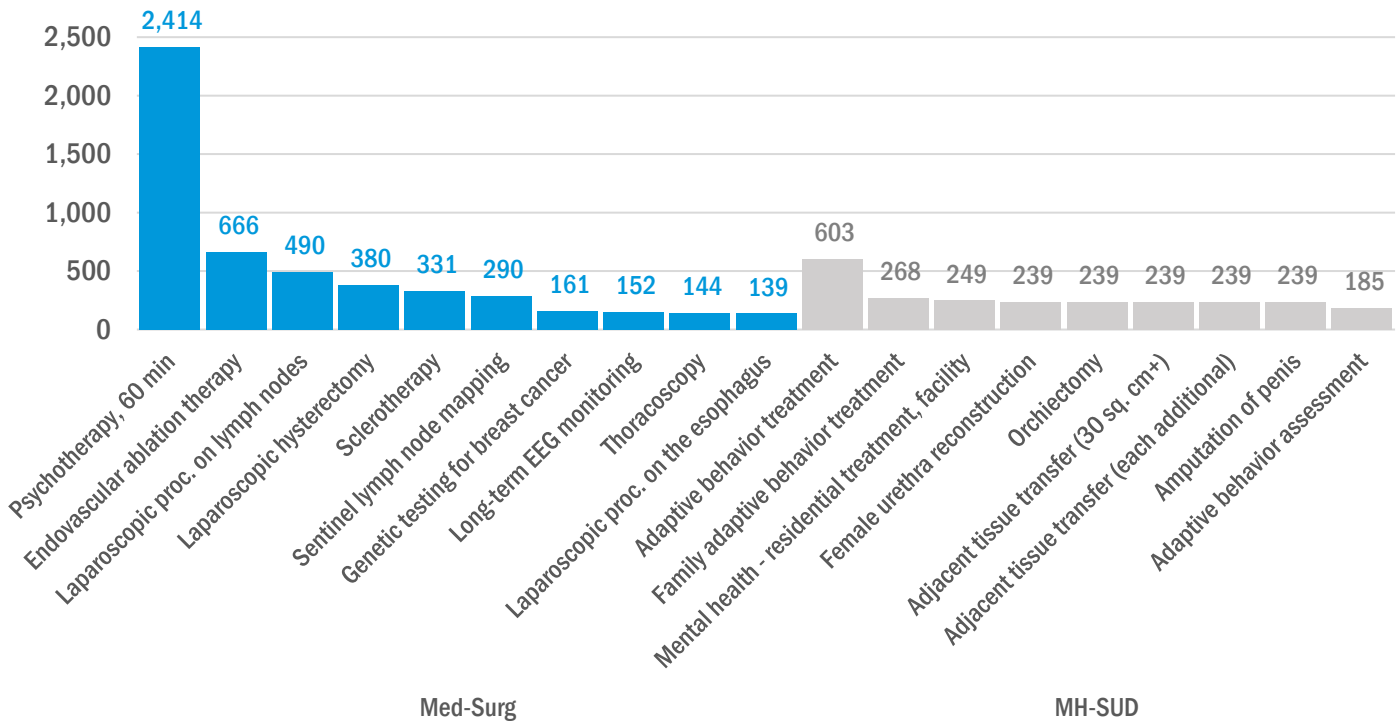
- Weighted average response time: 11.5 hours (down from 20.3 hours in PY 2021)

For medical/surgical codes, the standard response time is driven largely by outpatient prior authorization requests, which had a total of 392,556 standard requests compared to inpatient codes, which had 17,251 standard requests in PY 2021.

Looking at just the top 10 reported codes with the longest standard response time across all carriers, medical/surgical codes had some of the longest response times. One code in particular, psychotherapy for 60 minutes, as reported in the Outpatient Med-Surg service category by a single carrier had a standard response time of 2,414 hours. This code had 62 reported prior authorization requests, with 61 approvals. The top 10 reported codes with the longest standard response times for both medical/surgical and MH/SUD codes can be seen below in Figure 17.

Figure 17: Average standard response time (hours)

Standard response time for Med-Surg vs. MH-SUD codes, 2022



Prescription drug prior authorization reporting

[Engrossed Second Substitute House Bill 1357](#) directs the OIC to collect prescription drug prior authorization data from health carriers starting in 2024 for PY 2023. To fine tune the collection process, the OIC provided carriers the opportunity to submit voluntary prescription drug prior authorization data for the PY 2022 reporting period.

The OIC received prescription drug data from eight carriers, however, there were differences in how each carrier submitted the prior authorization data.

Similar to the non-prescription drug data, the OIC requested the following information about codes with the highest:

- Total number of prescription drug prior authorization requests during the previous plan year.
- Percentage of approved prior authorization requests during the previous plan year.
- Percentage of prior authorization requests that were initially denied and then subsequently approved on appeal.

Five carriers submitted prescription drug data for all three of the requests listed above. Two carriers submitted data for the first and second request, and one carrier submitted data only for the third request.

To compare prescription drug prior authorization reporting data across carriers, the OIC requested carriers submit prior authorization data at the Generic Product Identifier (GPI-10) level. The GPI-10 is a drug classification system created by Wolters Kluwer’s Medi-Span.² Specifically, the 10-character GPI was requested to capture a reasonable level of detail. Several carriers indicated they did not have the GPI-10 codes available. In these cases, the OIC requested the 9-digit National Drug Code (NDC-9). Of the eight carriers that submitted prescription drug data in some capacity, six provided GPI-10 codes. The remaining two submitted NDC-9 codes.

The OIC also requested the associated drug class for each code submitted. For uniformity, the data submission template included a dropdown list of general drug categories derived from the [FDA general drug categories](#). Of the eight carriers that submitted prescription drug data, five used the drug classes included in the reporting template, and the remaining three reported their own drug classes. One carrier indicated that the drug classes in the reporting template did not align with the classes used for internal reporting. Because of the misalignment, it was difficult for the carrier to classify drugs into the FDA categories.

In addition to GPI-10 or NDC-9 code and drug class, the reporting template also included a field for drug name. The name had to correlate with the GPI-10 or NDC-9 code reported. Only the ingredient name was requested. Several carriers also included packaging or dosage information in the name field.

To ensure proper reporting, the OIC will investigate standardized approaches to collecting drug class and prescription drug codes that all carriers will be able to readily submit and will allow for comparison across carrier submissions.

Prescription drugs with the most prior authorization requests

For the requested top 10 codes with the highest number of prior authorization requests, Adalimumab (brand name Humira) had the most requests. Adalimumab is used to treat inflammatory conditions such as arthritis, ulcerative colitis and Crohn’s disease. Several carriers reported the drug name as Adalimumab, while others used the brand name Humira. The OIC was able to aggregate the results on the GPI-10 code provided. Five carriers reported Adalimumab within their respective top 10 codes with the highest number of requests. Across all five submitting carriers, there were 936 requests for Adalimumab in PY 2022, with 755 approvals (80.7% approval rate). Below is a table of the top 10 prescription drugs with the highest number of prior authorization requests across all carriers.

Figure 18: Prescription drug codes with the highest number of prior authorization requests (PY 2022)

Code	Code type	Drug class	Drug name	Total requests	Total approvals	Approval rate	No. of insurers
6627001500	GPI10	Analgesics - Anti-Inflammatory	Adalimumab	936	755	80.7%	5
2717007000	GPI10	Antidiabetics	Ozempic/Rybelsus	663	233	35.1%	3

² <https://www.wolterskluwer.com/en/solutions/medi-span/about/gpi>

Code	Code type	Drug class	Drug name	Total requests	Total approvals	Approval rate	No. of insurers
8672002000	GPI10	Antibacterials	Cyclosporine (Ophth)	485	339	69.9%	3
6599170210	GPI10	Analgesics - Opioid	Hydrocodone-Acetaminophen	472	302	64.0%	4
2710400300	GPI10	Hormones	Insulin Glargine	451	77	17.0%	3
2717308000	GPI10	Hormones	Tirzepatide	323	22	6.8%	2
6770203530	GPI10	Anti-Inflammatories	Galcanezumab-Gnlm	321	223	69.4%	3
9027302000	GPI10	Immuno-suppressives	Dupilumab	306	99	32.4%	3
6510007510	GPI10	Analgesics	Oxycodone HCL	295	153	51.9%	1
6629003000	GPI10	Analgesics	Etanercept	284	219	77.1%	3

The 10 codes in Figure 18 account for 69% of all prescription drug codes reported for the codes with the most prior authorization requests. Because two carriers reported NDC-9 codes, it is possible that the Figure 18 excludes some reported prior authorization requests, as all the above codes use GPI-10.

Prescription drugs with the highest prior authorization approval rates

The OIC also collected information on the prescription drugs with the highest approval rates. Seven of the eight carriers that submitted prescription drug data reported information for this particular request category. All drug codes submitted for this request had approval rates of 100%. Figure 19 details the top 10 drug codes with the highest approval rates ordered by total number of requests.

Figure 19: Prescription drug codes with the highest prior authorization approval rates, ordered by total requests (PY 2022)

Code	Code type	Drug class	Drug name	Total requests	Total approvals	Approval rate	No. of insurers
8337006000	GPI10	Anticoagulants, Thrombolytics	Rivaroxaban	49	49	100%	1
6627001500	GPI10	Anti-Inflammatories	Adalimumab	35	35	100%	1
8515847000	GPI10	Anticoagulants, Thrombolytics	Ticagrelor	28	28	100%	1
000740554	NDC9	Antiarthritics	Humira	26	26	100%	1
9025057070	GPI10	Dermatologicals	Skyrizi	25	25	100%	1
7260003000	GPI10	Anticonvulsants	Gabapentin	22	22	100%	1

Code	Code type	Drug class	Drug name	Total requests	Total approvals	Approval rate	No. of insurers
000021434	NDC9	Diabetic Therapy	Trulicity	21	21	100%	1
4927007610	GPI10	Ulcer Drugs/ Antispasmodics	Omeprazole/ Pantoprazole	20	20	100%	1
001151489	NDC9	Amphetamine Preparations	Dextroamphetamine- Amphetamine	18	18	100%	1
584060032	NDC9	Antiarthritics	Enbrel Sureclick	16	16	100%	1

The top 10 drug code prior authorization requests above account for 49% of all submissions for this requested category, the 10 codes with the highest approval rates.

Prescription drugs prior authorization response times

The average standard response time for prescription drug prior authorization requests ranged from under one hour (Eliquis, with 16 standard requests) to 554.9 hours (Risankizumab, with 17 standard requests). Figure 20 shows the 10 prescription drugs with the longest average standard response time.

Figure 20: Prescription drug codes with the longest prior authorization standard response time, hours (PY 2022)

Code	Code type	Drug class	Drug name	Avg. standard response time	Total standard requests	No. of insurers
9025057070	GPI10	Immuno-suppressives	Risankizumab-Rzaa	554.9	17	1
86270053	NDC9	Medical Supplies	Dexcom G6 Each/Dexcom G6 Sensor Each	155.8	24	1
86270016	NDC9	Medical Supplies	Dexcom G6 Each/Dexcom G6 Transmitter Each	151.7	20	1
578940061	NDC9	Miscellaneous	Stelara 90 Mg/MI Syringe	138.3	16	1
6599000220	GPI10	Analgesics	Oxycodone W/ Acetaminophen	136.1	12	1
6510007510	GPI10	Analgesics	Oxycodone HCl	134.8	166	1
619582002	NDC9	Antivirals	Descovy 200Mg- 25Mg Tablet	122.4	19	1
3935002000	GPI10	Anti-Inflammatories	Evolocumab	98.4	22	1
001694130	NDC9	Diabetic Therapy	Ozempic 1/0.75 (3) Pen Injctr	90.6	45	1
6599170210	GPI10	Analgesics - Opioid	Hydrocodone- Acetaminophen	88.1	318	4

In the 10 drugs codes listed above in Figure 20, several prescription drugs appear more than once in slightly different forms. Dexcom, a continuous glucose monitoring system, appears twice: once for the sensor, and a second time for the transmitter. Oxycodone also appears twice: once with acetaminophen, and again with HCl (brand name OxyContin). Both have similar standard response times, however, Oxycodone HCl had more standard prior authorization requests.

Conclusion

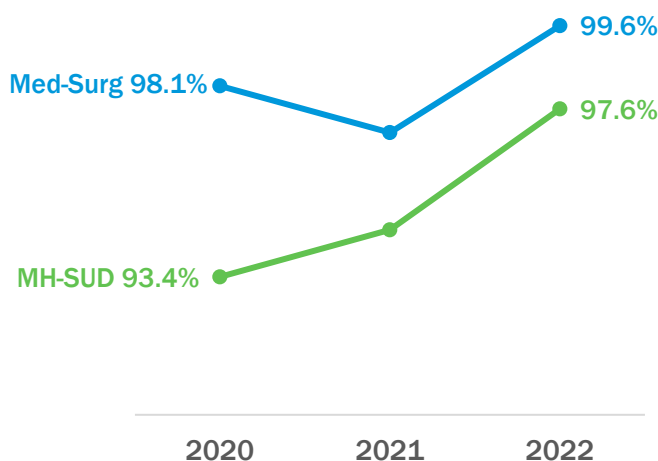
The review of the carrier submissions indicates several trends and notable comparisons. Outpatient medical/surgical codes had the most prior authorization requests. Inpatient medical/surgical codes had the highest approval rate, with codes in this category having an approval rate of 100%, up from 96.7% in PY 2021. Inpatient mental health/substance use disorder (MH/SUD) codes have the fewest number of requests, with 2,744, down from 3,693 in 2021. Out of the codes with the highest approval rates, Diabetes Supplies and Equipment codes have the lowest rate, with 85.7%, followed by durable medical equipment (DME) with 95.9%. Outpatient MH/SUD codes saw the largest increase in approval rates, jumping from 89.8% in 2021 to 99.2% in 2022.

From 2020 to 2022, the average approval rate decreased slightly for DME, down from 96.1% to 95.9%. The approval rates for all other reported categories increased over this period.

Standard response times varied substantially across health services categories. Inpatient medical/surgical codes had an average standard response time of 54.4 hours (down from 59.7 hours in 2021), whereas outpatient medical/surgical codes had an average standard response time of 11.3 hours (down from 20.0 hours in 2021). As would be expected, expedited response times tended to be faster than both standard and extenuating circumstances response times. Codes with extenuating circumstances had the longest response times as compared to standard response times by a significant margin. The response times for extenuating circumstances saw a drastic increase from previous years. It should be noted that this category of response time had a low total number of requests; most prior authorization requests are either standard or expedited.

Figure 21: Approval percent change

Change in approval rates for codes with the highest number of approvals.



There was also variation between MH/SUD 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 11.5 hours, as compared to 30.9 hours for MH/SUD codes. Both response times are down from last year's reporting. The average approval rate for MH/SUD codes was 97.6%, as compared to 99.6% for medical/surgical codes. This gap has closed somewhat since PY 2020, and both categories have seen increases in approval rates since 2021. (See Figure 21). There were substantially fewer MH/SUD codes reported.

Appendix A

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

For 2022 data submission (based on PY 2022 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 2022 as reported to NAIC in the Supplemental Health Care Exhibit. The following carriers meet the 1% threshold for CY 2022:

- 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, 2023, 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 2022 using the Excel workbook accompanying these instructions. 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.

For reporting year 2024, Engrossed Second Substitute House Bill 1357 has added additional prior authorization reporting requirements for health carriers. **Reporting the prescription drug prior authorization data is voluntary this year (2023). However, we are requesting voluntary prescription drug prior authorization reporting this year so that we have an opportunity to perfect the 2024 data reporting process and provide clear information to the legislature in 2025.**

Carriers should report the ten prescription drugs:

- With the highest total number of prior authorization requests during the previous plan year, including the total number of prior authorization requests for each prescription drug; and
- With the highest percentage of approved prior authorization requests during the previous plan year, including the total number of prior authorization requests for each prescription drug and the percent of approved requests for each prescription drug; and
- With the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal, including the total number of prior authorization requests for each prescription drug and the percent of requests that were initially denied and then subsequently approved for each prescription drug.

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, HCPCS 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, HCPCS, 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.

For prescription drug reporting, GPI 10 codes or 9-digit NDC codes are used to identify prescription drugs and are listed in separate columns in the Excel workbook. **We are requesting that carriers submit GPI 10 codes if available. 9-digit NDC codes should be used if GPI 10 codes are not available.** If the carrier is reporting using NDC codes, when reporting the 9-digit NDC code in the template, please only include the labeler code (5 digits) and the product code (4 digits) excluding the packaging code (2 digits) of the NDC code. **The GPI 10 codes reported must be 10 digits long and any NDC code reported must be nine digits long. Both fields must maintain leading zeros.** This is intended to clarify reporting and increase the ability to compare results across carriers.

The drug name must correlate with the GPI 10 or NDC code provided. For the drug name, only include the ingredient name. For example: the drug Palbociclib should not include any packaging information. The GPI should be 2153106000, or the 9-digit NDC code would be 000690189. In the "Drug Class" field,

please use the drop-down function to select the applicable drug class for the corresponding GPI 10 or 9-digit NDC code. The list of drug classes was generated from the [FDA General Drug Categories](#).

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 2022, based upon the date of service.

Definitions:

- Codes - For purposes of this report, codes include CPT, HCPCS 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 HCPCS 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 HCPCS 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 HCPCS code that accurately identifies the surgery or procedure being performed, should not be considered "codes" for purposes of reporting. For prescription drugs (Excel spreadsheet tab 7), codes include the GPI 10 or the 9-digit NDC codes. For NDC codes, please only include the labeler code (5 digits) and the product code (4 digits) excluding the packaging code (2 digits) of the NDC code.
- 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. For the purposes of this reporting, only include “clinical prior authorizations”. “Administrative prior authorizations” should be excluded. Prior authorizations for specialist out-of-network referrals should be excluded.
- 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 John Kelcher at (360) 725-7216 or submit an e-mail to market.conduct@oic.wa.gov.

Appendix B

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
- Prescription drug codes

Codes with the highest total number of prior authorization requests during the previous plan year												
Column1	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 - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating 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												
Column1	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 - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating 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												
Column1	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 - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating 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 total number of prior authorization requests during the					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 - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating Circumstances Decisions
Column1	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC-9 Code								
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					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 - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating Circumstances Decisions
Column1	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC-9 Code								
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					Total number of prior authorization requests for each code	Percentage of requests initially denied and then subsequently	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 - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating Circumstances Decisions
Column1	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC-9 Code								
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

Appendix C - carriers responses

Carrier A

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	120			11080	99%	18	24	NA	11060	20	NA
Code 2	ROOM AND BOARD	128			77	97%	15	3	NA	76	1	NA
Code 3	FULL ROUT OBSTE CARE,CESAREAN DELIV	59510			40	95%	2	24	NA	1	39	NA
Code 4	FULL ROUT OBSTE CARE,VAGINAL DELIV	59400			25	100%	NA	6	NA	0	25	NA
Code 5	COLECTOMY LAP PARTIAL W/ ANAST	44204			19	89%	9	16	NA	3	16	NA
Code 6	CABG USING ART GRFTS 1 ART GRFT	33533			15	80%	2	10	NA	5	10	NA
Code 7	ARTHRODESIS ANT INTERBODY W/ DISKECTOMY LU	22558			15	80%	25	95	NA	4	11	NA
Code 8	TOTAL ABDOM HYSTERECTOMY	58150			13	92%	1.5	11	NA	2	11	NA
Code 9	THROMBOENDARTECTMY NECK,NECK INCIS	35301			11	82%	NA	14	NA	0	11	NA
Code 10	REPLACE PROSTH AORTIC VALVE, OPEN, W/BYPASS NON-HOMO	33405			9	78%	9	31	NA	3	6	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	FULL ROUT OBSTE CARE,VAGINAL DELIV	59400			25	100%	NA	6	NA	0	25	NA
Code 2	ARTHRODESIS ANT INTERBODY CERVICAL BELOW C2	22551			7	100%	18	35	NA	1	6	NA
Code 3	THORACOSCOPY SURG W/ LOBECTOMY TOTAL/SEGMENT	32663			7	100%	NA	39	NA	0	7	NA
Code 4	MISC SERVICES	762			6	100%	93	NA	NA	6	0	NA
Code 5	THORACOSCOPY SURG W/ PLEURODESIS (MECHANICA	32650			6	100%	0	1.5	NA	2	4	NA
Code 6	VAG DELIVERY ONLY W/ POSTPARTUM CARE	59410			4	100%	NA	0	NA	0	4	NA
Code 7	CESAREAN DELIVERY ONLY	59514			4	100%	0	7	NA	1	3	NA
Code 8	TOTAL KNEE ARTHROPLASTY	27447			3	100%	NA	44	NA	0	3	NA
Code 9	UPPER GI ENDO W/ BX SINGLE/MULT	43239			3	100%	NA	84	NA	0	3	NA
Code 10	LAP,ESOPHAGOGAST FUNDOPLASTY	43280			3	100%	NA	24	NA	0	3	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	120			11080	0.01%	18	24	NA	11060	20	NA

2022 Outpatient Med-Surg

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			92371	97%	4.7	13.6	NA	9679	82692	NA
Code 2	THERA PROC 1+ AREAS EA 15 MIN THERA EXERCISES	97110			11294	94%	6.3	17.6	NA	391	10903	NA
Code 3	THERA PROC 1+ AREAS EA 15 MIN MASSAGE	97124			10397	99%	1	7	NA	183	10214	NA
Code 4	COLONOSCOPY W/ BX SINGLE/MULT	45380			7042	97%	1	4.5	NA	342	6700	NA
Code 5	MISC SERVICES	762			4748	99%	17	4	NA	4747	1	NA
Code 6	TTE (ECHO) WITH SPECTRAL & COLOR FLOW DOPPLER	93306			2382	97%	2.7	14	NA	263	2119	NA
Code 7	UPPER GI ENDO DX (SEP PROC)	43235			1945	96%	1	5.5	NA	179	1766	NA
Code 8	OFFICE VISIT E&M NEW PT STRAIGHTFORWARD MDM, 15-29 MINS	99202			1942	92%	7	29	NA	334	1608	NA
Code 9	THERA ACTVI DIRECT PAT CONTACT EA 15 MIN	97530			1747	95%	8.5	22.3	NA	88	1659	NA
Code 10	MED NUTRIT THRPY INIT ASSESS 15 MIN	97802			1629	96%	5.3	16.3	NA	77	1552	NA

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	INSERT INTRAUTERINE DEVICE	58300			136	100%	2	4.7	NA	31	105	NA
Code 2	TRIAMCINOLONE ACETONIDE INJ PER 10 MG	J3301			126	100%	1	20	NA	5	121	NA
Code 3	EVALUATION OF SPEECH SOUND PRODUCTION W/EVAL LANG COMP/EXPRESSION	92523			114	100%	0	8.7	NA	1	113	NA
Code 4	DESTRUCT MALIG LES TRUNK/ARM/LEG < 0.5 CM	17260			112	100%	0.6	2.5	NA	8	104	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	MEASUREMENT PVR URIN&/BLADD CAPACTY US NON-IMAG	51798			92	100%	4	8	NA	2	90	NA
Code 6	TX SWALLOWING DYSFUNCTION &/OR ORAL FUNCTION FEED	92526			68	100%	4	35.4	NA	7	61	NA
Code 7	PROFES SVC IMMUNOTHER NON-PROV EXTRACT SINGLE INJ	95115			65	100%	0.3	11.3	NA	3	62	NA
Code 8	FLURO GUIDE FOR CENT VENOUS ACCESS DEVICE	77001			62	100%	5.4	7	NA	11	51	NA
Code 9	OTHER THERAPY SERV	559			59	100%	NA	158.5	NA	0	59	NA
Code 10	CARDIOVERSION ELECTIVE EXT	92960			57	100%	0.5	9	NA	10	47	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	CHANGE URETEROSTOMY TUBE	50688			1	100%	NA	19	NA	0	1	NA
Code 2	ENDO DECOMPRESS NEURAL ELEMNTS/EXCIS HERNIATD DISK, 1 INTERSPACE, LUMBAR	62380			2	50%	NA	168	NA	0	2	NA
Code 3	MAGNETIC RESONANCE ANGIO, HEAD W/DYE	70545			2	50%	NA	125	NA	0	2	NA
Code 4	MRI SPECTROSCOPY	76390			2	50%	NA	65	NA	0	2	NA
Code 5	TRIMALLEOLAR FX W/WO FIX W/O FIX POST LIP OP TX	27822			4	25%	2	4	NA	2	2	NA
Code 6	PERCUTANEOUS VERTBRAL AUGMENT, UNILATRL OR BILAT CANNULATION; THORACIC	22513			5	20%	24.3	39	NA	3	2	NA
Code 7	INSRT/REDO NEUROSTIM 1 ARRAY	61885			5	20%	16	124.3	NA	2	3	NA
Code 8	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	66991			10	20%	0.5	64.8	NA	2	8	NA
Code 9	TGSAP SO/HEMATOLYMPHOID NEO/DO 51/<DNA/DNA&RNA	81455			6	17%	3.5	48.8	NA	2	4	NA
Code 10	LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830			8	13%	13.5	77.3	NA	2	6	NA

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	124			569	98%	7.3	11	NA	567	2	NA
Code 2	ROOM AND BOARD	128			345	98%	29	17	NA	343	2	NA
Code 3	OTHER THERAPY SERV	900			333	99%	22	34	NA	332	1	NA
Code 4	ROOM AND BOARD	126			153	99%	14	NA	NA	153	0	NA
Code 5	ROOM AND BOARD	120			1	100%	58	NA	NA	1	0	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	120			1	100%	58	NA	NA	1	0	NA
Code 2	ROOM AND BOARD	126			153	99%	14	NA	NA	153	0	NA
Code 3	OTHER THERAPY SERV	900			333	99%	22	34	NA	332	1	NA
Code 4	ROOM AND BOARD	124			569	98%	7.3	11	NA	567	2	NA
Code 5	ROOM AND BOARD	128			345	98%	29	17	NA	343	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	124			569	0.5%	7.3	11	NA	567	2	NA

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHOTHERAPY 60 MIN PATIENT	90837			10830	100%	3	8	NA	269	10561	NA
Code 2	PSYCHOTHERAPY 45 MIN PATIENT WITH MEDICAL SVCS	90836			3106	100%	5	5	NA	106	3000	NA
Code 3	GROUP PSYCHOTHERAPY	90853			724	100%	6.6	6	NA	8	716	NA
Code 4	PSYCHIATRIC DIAGNOSTIC EVAL W/O MEDICAL SERVICES	90791			594	99%	5.5	16.7	NA	25	569	NA
Code 5	ADAPTIVE BEHAV TX BY PROTOCOL, ADM BY TECH/SUP BY PHYS, EA 15 MINS	97153			284	93%	108	180	NA	7	277	NA
Code 6	PSYCHOLOGICAL TESTING EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96130			244	98%	6.7	14.3	NA	3	241	NA
Code 7	TRANSCRANIAL MAG STIMJ TX DLVR & MGMT	90868			211	77%	NA	61.7	NA	0	211	NA
Code 8	BEHAV IDENTIFICATION ASSESSMNT, ADM BY PHYS OR QUAL PROF, EA 15 MINS	97151			152	82%	47.8	140	NA	6	146	NA
Code 9	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			127	99%	1.3	5	NA	2	125	NA
Code 10	PSYCHOTHERAPY 30 MIN PATIENT WITH MEDICAL SVCS	90833			127	100%	2	9.2	NA	3	124	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHOTHERAPY 30 MIN PATIENT WITH MEDICAL SVCS	90833			127	100%	2	9.2	NA	3	124	NA
Code 2	ALCOHOL AND/OR DRUG SERVICES	H0020			47	100%	43	26	NA	1	46	NA
Code 3	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	96156			18	100%	NA	21	NA	0	18	NA
Code 4	PSYCH SVC INTENSIVE OUTPT	S9480			6	100%	NA	73	NA	0	6	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	PSYCHOTHERAPY 45 MIN PATIENT	90834			4	100%	4	5	NA	1	3	NA
Code 6	MED NUTRIT THRPY INIT ASSESS 15 MIN	97802			2	100%	NA	3.5	NA	0	2	NA
Code 7	IND PSYCHOTHERAPY OFFICE 45-50 MIN	90806			1	100%	NA	8	NA	0	1	NA
Code 8	PSYCHOLOGICAL TESTING EVAL BY PHYS OR QUAL PROF; EA ADDL HOUR	96131			1	100%	NA	18	NA	0	1	NA
Code 9	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY PHYS,2 OR MORE;FIRST 30 MINS	96136			1	100%	NA	38	NA	0	1	NA
Code 10	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECH,2 OR MORE;FIRST 30 MINS	96138			1	100%	NA	137	NA	0	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	VISIT FOR EVAL/MGMT EST PT REQ SUPERVISOR MD, UP TO 56 MG OF ESKETAMINE NASAL, SELF ADMIM	G2082			23	4.3%	88	59.3	NA	3	20	NA
Code 2	TRANSCRANIAL MAG STIMJ TX DLVR & MGMT	90868			211	3.8%	NA	61.7	NA	0	211	NA
Code 3	PSYCHOTHERAPY 60 MIN PATIENT	90837			10830	0.01%	3	8	NA	269	10561	NA

2022 Diabetes Supplies and Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			1634	97%	2.6	15.6	NA	111	1523	NA
Code 2	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES	K0553			857	75%	7.3	61.7	NA	312	545	NA
Code 3	MED NUTRIT THRPY INIT ASSESS 15 MIN	97802			494	96%	6	13	NA	20	474	NA
Code 4	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT PER SHOE	A5500			217	94%	5	29.6	NA	4	213	NA
Code 5	INFUS SET INSULIN PUMP NON NEEDLE	A4230			161	98%	1.5	35	NA	142	19	NA
Code 6	INJ BEVACIZUMAB 10 MG	J9035			113	96%	6	28.6	NA	30	83	NA
Code 7	ROOM AND BOARD	120			109	100%	13.4	NA	NA	109	0	NA
Code 8	EXTERN AMBUL INSULIN INFUS PUMP	E0784			106	80%	118	72	NA	7	99	NA
Code 9	DIAB MGMT TRN PER INDIV	G0108			95	96%	6	31.5	NA	15	80	NA
Code 10	SNSR;INVSV DISP USE NONDME INTRSTL CGM 1U=1D SPL	A9276			76	91%	1	52.3	NA	37	39	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	120			109	100%	13.4	NA	NA	109	0	NA
Code 2	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	A9274			45	100%	1.3	15.5	NA	24	21	NA
Code 3	GLUCOSE MONITORING 72 HRS, PT PROVIDED EQUIP, TRAINING AND RECORDING	95249			20	100%	NA	11.6	NA	0	20	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	PREV BEHAVIOR CHANGE, INTENS DIAB PRGRM TO INDIVIDUAL IN A GRP SETTING, MINIMUM 60 MIN, PR DY	0403T			19	100%	NA	54.4	NA	0	19	NA
Code 5	MISC SERVICES	762			15	100%	19.3	NA	NA	15	0	NA
Code 6	DESTRUCT LOCALIZED RET LES 1+ SESS PHOTOCOAGULA	67210			10	100%	7	39	NA	2	8	NA
Code 7	WEEKLY SUPPLIES DRUG INFUS CATH	A4221			9	100%	NA	23	NA	0	9	NA
Code 8	LUCENTIS 0.1MG, INJECTION	J2778			9	100%	0.1	26	NA	1	8	NA
Code 9	GLUC MNTR CONT REC FROM NTRSTL TISS FLU, ANALYSIS/INTERP/REP	95251			7	100%	NA	45.6	NA	0	7	NA
Code 10	THERA PROC 1+ AREAS EA 15 MIN MASSAGE	97124			7	100%	NA	15.6	NA	0	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES	K0553			857	0.2%	7.3	61.7	NA	312	545	NA

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	NASAL APPLICATION DEVICE	A7034			4552	99%	1	7.5	NA	98	4454	NA
Code 2	CPAP DEVICE	E0601			4416	94%	1.5	28.4	NA	894	3522	NA
Code 3	DME ELECTRIC BREAST PUMP KIT PURCHASE	E0603			2021	99%	1.2	24	NA	1876	145	NA
Code 4	DME ELECTRIC BREAST PUMP KIT RENTAL	E0604			1141	97%	1.3	23	NA	736	405	NA
Code 5	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	E0143			687	98%	1.7	14	NA	333	354	NA
Code 6	PNEUMATIC, WALKING BOOT	L4361			687	99%	8	11.7	NA	3	684	NA
Code 7	CRUTCHES METAL UNDERARM PAIR	E0114			624	99%	5	16	NA	21	603	NA
Code 8	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	E0118			524	97%	2.3	28	NA	176	348	NA
Code 9	DME NEBULIZE HOME/PORTABLE	E0570			478	98%	2.3	11.4	NA	148	330	NA
Code 10	WRIST SPLINT W/WO COCK-UP	L3908			438	99%	0.6	11.3	NA	9	429	NA

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND	L3660			371	100%	8	7.3	NA	2	369	NA
Code 2	DRAINABLE PCH W EX WEAR BARR	A4388			247	100%	0.5	10	NA	184	63	NA
Code 3	AUTOMATIC BP MONITOR DIAL	A4670			129	100%	0.7	6	NA	13	116	NA
Code 4	INDWELLING CATH LATEX	A4338			118	100%	1	6	NA	84	34	NA
Code 5	WALKING BOOT, PREFAB, NONPNEUMATIC	L4387			82	100%	15	9	NA	1	81	NA
Code 6	PLANTAR FASCITIS NIGHT SPLINT	L4397			47	100%	NA	8.4	NA	0	47	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 7	LSO SAGITTAL-CORONAL CONTROL, SACROCOCCYG JUCT TO T-9 VERT, PREFAB	L0650			44	100%	1.4	13	NA	8	36	NA
Code 8	TRACTION EQUIP,CERVICAL,FREE STAND,TRACTION FORCE OTHER THAN MANDIBLE	E0849			43	100%	0.1	11	NA	1	42	NA
Code 9	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEV, NONELEC, ANY TYPE, EACH	E0484			41	100%	3.6	21.3	NA	17	24	NA
Code 10	AFO, SPIRAL, PLASTIC OR OTHER, PREFAB	L1951			41	100%	NA	17	NA	0	41	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	A5512			3	67%	NA	26	NA	0	3	NA
Code 2	AK OPEN END SACH	L5321			4	25%	NA	67	NA	0	4	NA
Code 3	ALL LE PROSTHESES	L5981			6	17%	NA	100	NA	0	6	NA
Code 4	ELECT STIMULATION DEV USED FOR CANCER TX, INCL ALL ACCESS, ANY TYPE	E0766			10	10%	3.7	145	NA	3	7	NA
Code 5	ENTERAL FORMULA, PEDS, NUTRITIONALLY COMP CALORIE DENSE, 100 CAL = 1 UNIT	B4160			17	6%	NA	108.3	NA	0	17	NA
Code 6	FOOT INSERT REMOV MOLDED TO PT	L3000			154	0.6%	8	40.6	NA	5	149	NA
Code 7	RESP ASSIST DEV, BI-LEVEL PRESSRE CAPABL, W/O BACK UP RATE FEATURE, NONINVAS	E0470			190	0.5%	1.5	31.7	NA	46	144	NA
Code 8	NEGATIVE PRESSURE WOUND THERAPY ELECT PUMP, STATIONARY OR PORTABLE	E2402			204	0.5%	21.7	79.6	NA	176	28	NA
Code 9	WHEELCHAIR STANDARD	K0001			277	0.4%	2	19	NA	104	173	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 10	DME ELECTRIC BREAST PUMP KIT RENTAL	E0604			1141	0.1%	1.3	22.8	NA	736	405	NA

2022 prescription drugs

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

	Prescription drug class	Prescription drug name	GPI 10	NDC 9 code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Prescription drug class	Prescription drug name	GPI 10	NDC 9 code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Prescription drug class	Prescription drug name	GPI 10	NDC 9 code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

Carrier B

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	120			4462	99%	18.4	32	NA	4445	17	NA
Code 2	FULL ROUT OBSTE CARE,CESAREAN DELIV	59510			29	100%	6	23	NA	1	28	NA
Code 3	ROOM AND BOARD	128			27	100%	23	NA	NA	27	0	NA
Code 4	ARTHRODESIS ANT INTERBODY W/ DISKECTOMY LU	22558			9	89%	29	91	NA	1	8	NA
Code 5	CABG USING ART GRFTS 1 ART GRFT	33533			8	100%	0.7	15	NA	3	5	NA
Code 6	FULL ROUT OBSTE CARE,VAGINAL DELIV	59400			8	100%	0	4	NA	1	7	NA
Code 7	LAP GASTRIC BYPASS/ROUX-EN-Y	43644			7	100%	NA	60	NA	0	7	NA
Code 8	TOTAL KNEE ARTHROPLASTY	27447			6	50%	4	111	NA	1	5	NA
Code 9	TOTAL ABDOM HYSTERECTOMY	58150			6	100%	1	16	NA	2	4	NA
Code 10	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	99221			6	100%	0	14	NA	1	5	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	FULL ROUT OBSTE CARE,CESAREAN DELIV	59510			29	100%	6	23	NA	1	28	NA
Code 2	ROOM AND BOARD	128			27	100%	23	NA	NA	27	0	NA
Code 3	CABG USING ART GRFTS 1 ART GRFT	33533			8	100%	0.7	15	NA	3	5	NA
Code 4	FULL ROUT OBSTE CARE,VAGINAL DELIV	59400			8	100%	0	4	NA	1	7	NA
Code 5	LAP GASTRIC BYPASS/ROUX-EN-Y	43644			7	100%	NA	60	NA	0	7	NA
Code 6	TOTAL ABDOM HYSTERECTOMY	58150			6	100%	1	16	NA	2	4	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 7	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	99221			6	100%	0	14	NA	1	5	NA
Code 8	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	32666			5	100%	1.5	35	NA	2	3	NA
Code 9	REPLACE PROSTH AORTIC VALVE, OPEN, W/BYPASS NON-HOMO	33405			5	100%	3	0.5	NA	2	3	NA
Code 10	COLECTOMY LAP PARTIAL W/ ANAST	44204			5	100%	NA	36	NA	0	5	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			23991	99%	3	20	NA	2415	21576	NA
Code 2	THERA PROC 1+ AREAS EA 15 MIN THERA EXERCISES	97110			2851	98%	4.7	20.7	NA	123	2728	NA
Code 3	MISC SERVICES	762			2202	99%	15.6	4	NA	2201	1	NA
Code 4	THERA PROC 1+ AREAS EA 15 MIN MASSAGE	97124			1779	99%	4	14.5	NA	34	1745	NA
Code 5	COLONOSCOPY W/ BX SINGLE/MULT	45380			1420	99%	1	7	NA	110	1310	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	MRI BRAIN W/ & W/O CONTRAST,	70553			828	75%	14.7	55	NA	117	711	NA
Code 7	TTE (ECHO) WITH SPECTRAL & COLOR FLOW DOPPLER	93306			809	99%	2	19	NA	68	741	NA
Code 8	MRI ANY JOINT	73721			625	86%	9	46	NA	58	567	NA
Code 9	MRI LUMBAR W/WO CONTRST SPINE	72158			619	33%	27.7	93.3	NA	61	558	NA
Code 10	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; W/O CONTRAST MATERIAL	71250			595	80%	10	40.7	NA	132	463	NA

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	DXA BONE DENSITY STUDY 1+ SITS AXIAL SKE	77080			272	100%	0.2	19	NA	15	257	NA
Code 2	GENETICS COUNSELING, EACH 30 MIN, W/ PT/FAMILY	96040			225	100%	2.4	12	NA	18	207	NA
Code 3	MOHS HD, NCK, HND, FEET, GEN 1ST STGE UP TO 5 BLCK	17311			160	100%	1.3	12	NA	29	131	NA
Code 4	EXTRACAPSULAR CAT REM W/ INSERT LENS PROSTHESIS; W/O ECP	66984			158	100%	3	20.5	NA	19	139	NA
Code 5	COLONOSCOPY DX W/WO SPEC/COLON DECOMP (SEP PROC)	45378			99	100%	3	24	NA	1	98	NA
Code 6	DESTRUCT 1ST AK PREMALIGN LESION	17000			92	100%	2.7	20.4	NA	3	89	NA
Code 7	KNEE SCOPE,MED/LAT MENISECTOMY W/DEBRIDE/CHONDRO	29881			88	100%	1	16	NA	3	85	NA
Code 8	OFFICE VISIT E&M EST PT, LOW MDM, 20-29 MINS	99213			87	100%	2	33.5	NA	3	84	NA
Code 9	ARTHROCENTESIS ASP/INJ MAJOR JNT/BURSA, WITHOUT ULTRASOUND GUIDANCE.	20610			70	100%	2.4	32	NA	7	63	NA
Code 10	EMG NEEDLE 3 EXTREMITIES W/WO RELATED PARASPINAL	95863			69	100%	1	15	NA	5	64	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	I & D ABSCESS SIMP/SINGLE	10060			4	25%	14	60.5	NA	2	2	NA
Code 2	EXCISION, EXCESS SKIN & SUBQU TISSUE, ABDOMEN	15830			5	20%	NA	122.4	NA	0	5	NA
Code 3	INSRT/REDO SPINE N GENERATOR	63685			5	20%	NA	65	NA	0	5	NA
Code 4	GUIDANCE LOCALIZTION TARGET VOLUME DELIVERY RADIATION TX	77387			6	17%	10	42	NA	2	4	NA
Code 5	CIRCUMCISION SURG EXC NOT CLAMP EXCEPT NEWBORN	54161			8	13%	3	58.3	NA	1	7	NA
Code 6	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	81229			9	11%	4	88.3	NA	3	6	NA
Code 7	PHYSICN ATTENDNCE HYPERBARIC OXYGEN THERAPY	99183			9	11%	NA	100	NA	0	9	NA
Code 8	TUMOR IMAGE PET/CT FULL BODY	78816			10	10%	95	97.7	NA	1	9	NA
Code 9	MRI TEMPOROMANDIBULAR JOINT	70336			14	7%	11	50	NA	3	11	NA
Code 10	COLLAGEN CROSS-LINKING OF CORNEA	0402T			17	6%	17	66	NA	2	15	NA

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM AND BOARD	124			268	99%	5	1	NA	267	1	NA
Code 2	ROOM AND BOARD	128			157	99%	29	NA	NA	157	0	NA
Code 3	OTHER THERAPY SERV	900			143	100%	31.6	NA	NA	143	0	NA
Code 4	ROOM AND BOARD	126			41	100%	11	NA	NA	41	0	NA
Code 5	ROOM AND BOARD	120			1	100%	7	NA	NA	1	0	NA

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	OTHER THERAPY SERV	900			143	100%	31.6	NA	NA	143	0	NA
Code 2	ROOM AND BOARD	126			41	100%	11	NA	NA	41	0	NA
Code 3	ROOM AND BOARD	120			1	100%	7	NA	NA	1	0	NA
Code 4	ROOM AND BOARD	128			157	99%	29	NA	NA	157	0	NA
Code 5	ROOM AND BOARD	124			268	99%	5	1	NA	267	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHOTHERAPY 60 MIN PATIENT	90837			1243	100%	1.5	13.6	NA	63	1180	NA
Code 2	PSYCHOTHERAPY 45 MIN PATIENT WITH MEDICAL SVCS	90836			429	100%	4	3	NA	31	398	NA
Code 3	PSYCHIATRIC DIAGNOSTIC EVAL W/O MEDICAL SERVICES	90791			169	98%	4	8.5	NA	9	160	NA
Code 4	ADAPTIVE BEHAV TX BY PROTOCOL, ADM BY TECH/SUP BY PHYS, EA 15 MINS	97153			85	92%	NA	180	NA	0	85	NA
Code 5	GROUP PSYCHOTHERAPY	90853			75	100%	NA	8.7	NA	0	75	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	TRANSCRANIAL MAG STIMJ TX DLVR & MGMT	90868			72	74%	NA	76.6	NA	0	72	NA
Code 7	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			52	100%	61	18	NA	1	51	NA
Code 8	BEHAV IDENTIFICATION ASSESSMNT, ADM BY PHYS OR QUAL PROF, EA 15 MINS	97151			51	84%	NA	170	NA	0	51	NA
Code 9	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			38	100%	1	5	NA	1	37	NA
Code 10	PSYCHOLOGICAL TESTING EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96130			37	92%	1	13.7	NA	1	36	NA

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	GROUP PSYCHOTHERAPY	90853			75	100%	NA	8.7	NA	0	75	NA
Code 2	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			52	100%	61	18	NA	1	51	NA
Code 3	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			38	100%	1	5	NA	1	37	NA
Code 4	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY PHYS, 2 OR MORE; FIRST 30 MINS	96136			7	100%	NA	47	NA	0	7	NA
Code 5	ECT (W/ MONITORING) SINGLE SEIZURE	90870			5	100%	NA	46	NA	0	5	NA
Code 6	INIT PSYCHIATRIC COLLABORATIVE CARE MGMT, FIRST 70 MINS/FIRST CAL MONTH	99492			2	100%	NA	108	NA	0	2	NA
Code 7	NALTREXONE, DEPOT FORM, 1 MG INJECTION	J2315			2	100%	NA	26	NA	0	2	NA
Code 8	PSYCHOTHERAPY 30 MIN PATIENT WITH MEDICAL SVCS	90833			1	100%	NA	0	NA	0	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 9	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; EA ADDL HOUR	96133			1	100%	NA	246	NA	0	1	NA
Code 10	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECH,2 OR MORE;FIRST 30 MINS	96138			1	100%	NA	0.5	NA	0	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	TRANSCRANIAL MAG STIMJ TX DLVR & MGMT	90868			72	4%	NA	76.6	NA	0	72	NA

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			463	99%	2	21	NA	40	423	NA
Code 2	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES	K0553			347	73%	11.3	77	NA	135	212	NA
Code 3	MED NUTRIT THRPY INIT ASSESS 15 MIN	97802			148	99%	2.6	27	NA	11	137	NA
Code 4	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT PER SHOE	A5500			69	96%	0.3	28.7	NA	1	68	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	INJ BEVACIZUMAB 10 MG	J9035			63	100%	3	28.5	NA	8	55	NA
Code 6	EXTERN AMBUL INSULIN INFUS PUMP	E0784			48	63%	12.5	94	NA	6	42	NA
Code 7	INFUS SET INSULIN PUMP NON NEEDLE	A4230			47	100%	2	15	NA	39	8	NA
Code 8	ROOM AND BOARD	120			41	100%	12.4	NA	NA	41	0	NA
Code 9	INJ AFLIBERCEPT (EYLEA) 1 MG	J0178			34	94%	7	25	NA	4	30	NA
Code 10	DIAB MGMT TRN PER INDIV	G0108			33	100%	2	48.6	NA	5	28	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	INJ BEVACIZUMAB 10 MG	J9035			63	100%	3	28.5	NA	8	55	NA
Code 2	INFUS SET INSULIN PUMP NON NEEDLE	A4230			47	100%	2	15	NA	39	8	NA
Code 3	ROOM AND BOARD	120			41	100%	12.4	NA	NA	41	0	NA
Code 4	DIAB MGMT TRN PER INDIV	G0108			33	100%	2	48.6	NA	5	28	NA
Code 5	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	A9274			10	100%	3	26	NA	5	5	NA
Code 6	MISC SERVICES	762			9	100%	28.3	NA	NA	9	0	NA
Code 7	DESTRUCT EXTENSIVE/PROG RETINOPATHY PHOTOCOAGULATN	67228			9	100%	0.5	35	NA	2	7	NA
Code 8	GLUCOSE MONITORING 72 HRS, PT PROVIDED EQUIP, TRAINING AND RECORDING	95249			8	100%	NA	25	NA	0	8	NA
Code 9	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	E0118			8	100%	0.4	105	NA	2	6	NA
Code 10	DEBRIDE SKIN & SUBQ TISSUE	11042			7	100%	NA	71.7	NA	0	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	EXTERN AMBUL INSULIN INFUS PUMP	E0784			48	4%	12.5	94	NA	6	42	NA

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	CPAP DEVICE	E0601			1664	96%	1.4	23.7	NA	186	1478	NA
Code 2	NASAL APPLICATION DEVICE	A7034			1090	99%	1	12	NA	9	1081	NA
Code 3	DME ELECTRIC BREAST PUMP KIT PURCHASE	E0603			706	100%	1.5	24	NA	637	69	NA
Code 4	PNEUMATIC, WALKING BOOT	L4361			353	97%	0.2	15	NA	2	351	NA
Code 5	CRUTCHES METAL UNDERARM PAIR	E0114			301	97%	2	14.4	NA	5	296	NA
Code 6	DME ELECTRIC BREAST PUMP KIT RENTAL	E0604			260	95%	2	26	NA	167	93	NA
Code 7	WRIST SPLINT W/WO COCK-UP	L3908			217	94%	NA	17	NA	0	217	NA
Code 8	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND	L3660			212	99%	NA	18	NA	0	212	NA
Code 9	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	E0143			202	97%	2	24.4	NA	103	99	NA
Code 10	WRIST THUMB SPICA	L3809			181	98%	15	15	NA	1	180	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	DME NEBULIZE HOME/PORTABLE	E0570			99	100%	2.7	15.5	NA	31	68	NA
Code 2	REPAIR ORTHOTIC DEV LABOR PER 15 MIN	L4205			89	100%	1	28.6	NA	6	83	NA
Code 3	DRAINABLE PCH W EX WEAR BARR	A4388			64	100%	1.6	7.6	NA	45	19	NA
Code 4	PASSIVE EXERCISE DEVICE	E0935			48	100%	NA	23	NA	0	48	NA
Code 5	KO ELAS W/ CONDYLE PADS & JO	L1820			42	100%	NA	13.5	NA	0	42	NA
Code 6	WALKING BOOT, PREFAB, NONPNEUMATIC	L4387			41	100%	NA	11	NA	0	41	NA
Code 7	PORTABLE GASEOUS O2	E0431			39	100%	4	19.5	NA	26	13	NA
Code 8	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH/CALF, PREFAB, OFF-THE-SHELF	L1852			36	100%	3	19.7	NA	6	30	NA
Code 9	DME BREAST PROTHESIS ONLY	L8030			36	100%	6	15	NA	3	33	NA
Code 10	LSO SAGITTAL-CORONAL CONTROL, SACROCOCCYJG JUCT TO T-9 VERT, PREFAB	L0650			32	100%	1.4	22	NA	3	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT INCL ALL ACCESSORIES & COMP	E8000			2	50%	NA	85	NA	0	2	NA
Code 2	REPAIR OR NONROUTN SVC DME OTHER THAN O2 EQUIP,REQ TECH SKILL,PER 15 MINS	K0739			35	6%	36	79.7	NA	5	30	NA

2022 prescription drugs

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

	Prescription drug class	Prescription drug name	GPI 10	NDC 9 code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Prescription drug class	Prescription drug name	GPI 10	NDC 9 code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Prescription drug class	Prescription drug name	GPI 10	NDC 9 code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

Carrier C

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	99223			4	100%	23.7	18.7		1	3	
Code 2	OPERATING ROOM SERVICES, KIDNEY TRANSPLANT			0367	4	100%		46.6			4	
Code 3	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	99221			2	100%		45.4			2	
Code 4	RADIOLOGIC EXAM CHEST 2 VIEWS	71046			2	100%		66.0			2	
Code 5	REFERRAL REHAB, ACUTE	23586			2	100%		0.0			2	
Code 6	RADIOLOGY, THERAPEUTIC AND/OR CHEMO ADMIN - RADIATION THERAPY			0333	2	100%		70.2			2	
Code 7	ROOM & BOARD, WARD - GENERAL			0150	2	100%	2.9	50.6		1	1	
Code 8	MANAGEMENT OF OVULATION INDUCTION PER CYCLE		S4042		1			97.8			1	
Code 9	HISTOPATHOLOGIC EXAMINATIONS		D0501		1	100%		0.0			1	
Code 10	C1901GUILLIAN BARRE WITH MOTOR >35.95.,COMORBIDITY IN TIER 2		C1901		1	100%		0.0			1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	99223			4	100%	23.7	18.7		1	3	
Code 2	OPERATING ROOM SERVICES, KIDNEY TRANSPLANT			0367	4	100%		46.6			4	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	99221			2	100%		45.4			2	
Code 4	RADIOLOGIC EXAM CHEST 2 VIEWS	71046			2	100%		66.0			2	
Code 5	REFERRAL REHAB, ACUTE	23586			2	100%		0.0			2	
Code 6	RADIOLOGY, THERAPEUTIC AND/OR CHEMO ADMIN - RADIATION THERAPY			0333	2	100%		70.2			2	
Code 7	ROOM & BOARD, WARD - GENERAL			0150	2	100%	2.9	50.6		1	1	
Code 8	HISTOPATHOLOGIC EXAMINATIONS		D0501		1	100%		0.0			1	
Code 9	C1901GUILLIAN BARRE WITH MOTOR >35.95,COMORBIDITY IN TIER 2		C1901		1	100%		0.0			1	
Code 10	C0305NON-TRAUMATIC BRAIN INJURY M <42.50 AND A <78.50.COMORBIDITY IN TIER 2		C0305		1	100%		0.1			1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	99203			408	100%	4.3	35.7		26	382	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161			273	96%	7.5	36.4		13	260	
Code 3	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	96040			166	100%	0.5	21.1	115.8	3	162	1
Code 4	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385			114	100%		30.7			114	
Code 5	MRI LUMBAR SPINE NO CONTRAST	72148			107	100%	10.7	30.6		39	68	
Code 6	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	99204			93	100%	8.3	45.1		2	91	
Code 7	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	99213			81	98%	26.7	38.2		3	78	
Code 8	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN		G0151		76	100%		3.0			76	
Code 9	MRI BRAIN WO/W CONTRAST	70553			74	100%	7.9	24.3		22	52	
Code 10	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	97810			72	82%		57.6			72	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	96040			166	100%	0.5	21.1	115.8	3	162	1
Code 2	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385			114	100%		30.7			114	
Code 3	MRI LUMBAR SPINE NO CONTRAST	72148			107	100%	10.7	30.6		39	68	
Code 4	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	99204			93	100%	8.3	45.1		2	91	
Code 5	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN		G0151		76	100%		3.0			76	
Code 6	MRI BRAIN WO/W CONTRAST	70553			74	100%	7.9	24.3		22	52	
Code 7	MRI RIGHT KNEE NO CONTRAST	73721			72	100%	6.0	22.3		41	31	
Code 8	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378			66	100%	3.8	36.6		1	65	
Code 9	MRI LEFT KNEE NO CONTRAST	73721			64	100%	11.1	19.7		41	23	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 10	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162			55	100%	10.0	42.6		2	53	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	97810			72	1%		57.6			72	
Code 2	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306			16	6%	25.0	59.5		1	15	
Code 3	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148			9	11%	1.1	61.9		1	8	
Code 4	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG		Q5103		6	17%	45.6	49.7		1	5	
Code 5	EXT REFERRAL OBGYN	23683			5	20%		69.0			5	

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM & BOARD, SEMIPRIVATE TWO-BED - PSYCHIATRIC			0124	41	100%		15.7	26.0		39	2
Code 2	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, CHEM DEP			1002	32	100%		42.5	12.8		30	2
Code 3	ROOM & BOARD, SEMIPRIVATE TWO-BED - DETOXIFICATION			0126	20	100%	23.6	38.0	3.4	1	18	1

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	SUBACUTE CARE, LEVEL IV			0194	12	100%		46.4			12	
Code 5	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, PSYCHIATRIC			1001	10	100%		32.6			10	
Code 6	ROOM & BOARD, WARD - PSYCHIATRIC			0154	2	100%		24.2			2	
Code 7	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	99223			1	100%		0.5			1	
Code 8	INITIAL OBSERVATION CARE/DAY 70 MINUTES	99220			1	100%		95.9			1	
Code 9	BEHAVIORAL HEALTH TREATMENTS/SVCS, PARTIAL HOSPITAL - LESS INTENSIVE			0912	1	100%			0.2			1
Code 10	ROOM & BOARD, SEMIPRIVATE TWO-BED - REHABILITATION			0128	1	100%		50.1			1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ROOM & BOARD, SEMIPRIVATE TWO-BED - PSYCHIATRIC			0124	41	100%		15.7	26.0		39	2
Code 2	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, CHEM DEP			1002	32	100%		42.5	12.8		30	2
Code 3	ROOM & BOARD, SEMIPRIVATE TWO-BED - DETOXIFICATION			0126	20	100%	23.6	38.0	3.4	1	18	1
Code 4	SUBACUTE CARE, LEVEL IV			0194	12	100%		46.4			12	
Code 5	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, PSYCHIATRIC			1001	10	100%		32.6			10	
Code 6	ROOM & BOARD, WARD - PSYCHIATRIC			0154	2	100%		24.2			2	
Code 7	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	99223			1	100%		0.5			1	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	INITIAL OBSERVATION CARE/DAY 70 MINUTES	99220			1	100%		95.9			1	
Code 9	BEHAVIORAL HEALTH TREATMENTS/SVCS, PARTIAL HOSPITAL - LESS INTENSIVE			0912	1	100%			0.2			1
Code 10	ROOM & BOARD, SEMIPRIVATE TWO-BED - REHABILITATION			0128	1	100%		50.1			1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHIATRIC DIAGNOSTIC EVALUATION	90791			522	99%		41.0			522	
Code 2	PSYCHOTHERAPY W/PATIENT 60 MINUTES	90837			106	100%		44.9			106	
Code 3	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	97153			56	100%		50.2			56	
Code 4	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	90899			23	100%		15.7	83.9		20	3
Code 5	ALCOHOL AND/OR DRUG SERVICES METHADONE ADMINISTRATION		H0020		18	100%		27.5	20.1		17	1

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	ALCOHOL AND/OR DRUG ASSESS		H0001		17	100%		48.5	38.7		16	1
Code 7	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	97151			15	100%		14.2			15	
Code 8	PSYCHOTHERAPY W/PATIENT 45 MINUTES	90834			13	100%		51.2			13	
Code 9	BEHAVIORAL HEALTH TREATMENTS/SVCS, INTENSIVE OP, PSYCHIATRIC			0905	13	100%		26.4			13	
Code 10	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	97152			11	100%		37.5			11	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHOTHERAPY W/PATIENT 60 MINUTES	90837			106	100%		44.9			106	
Code 2	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	97153			56	100%		50.2			56	
Code 3	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	90899			23	100%		15.7	83.9		20	3
Code 4	ALCOHOL AND/OR DRUG SERVICES METHADONE ADMINISTRATION		H0020		18	100%		27.5	20.1		17	1
Code 5	ALCOHOL AND/OR DRUG ASSESS		H0001		17	100%		48.5	38.7		16	1
Code 6	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	97151			15	100%		14.2			15	
Code 7	PSYCHOTHERAPY W/PATIENT 45 MINUTES	90834			13	100%		51.2			13	
Code 8	BEHAVIORAL HEALTH TREATMENTS/SVCS, INTENSIVE OP, PSYCHIATRIC			0905	13	100%		26.4			13	
Code 9	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	97152			11	100%		37.5			11	
Code 10	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	97156			10	100%		30.4			10	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHIATRIC DIAGNOSTIC EVALUATION	90791			521	0%		41.0			521	

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous	95250			67	39%		29.2			67	
Code 2	SUPPLY ALLOW FOR TX CGM1 MO SPL = 1 U OF SERVICE		K0553		43	100%		90.4			43	
Code 3	INFUS INSULIN PUMP NON NEEDL		A4230		28	100%		94.7			28	
Code 4	SUPP FOR SELF-ADM INJECTIONS		A4211		23	100%	22.8	10.3		1	22	
Code 5	SYRINGE W/NEEDLE INSULIN 3CC		A4232		21	100%		35.6			21	
Code 6	EXT AMB INFUSN PUMP INSULIN		E0784		15	100%		129.8			15	
Code 7	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS		A6257		3	100%		408.4			3	
Code 8	ADHESIVE REMOVER WIPES ANY TYPE EACH		A4456		2	100%		331.0			2	
Code 9	RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS		K0554		1	100%		29.8			1	
Code 10	SNSR;INVSV DISP USE NONDME INTRSTL CGM 1U=1D SPL		A9276		1	100%		0.1			1	

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SUPPLY ALLOW FOR TX CGM1 MO SPL = 1 U OF SERVICE		K0553		43	100%		90.4			43	
Code 2	INFUS INSULIN PUMP NON NEEDL		A4230		28	100%		94.7			28	
Code 3	SUPP FOR SELF-ADM INJECTIONS		A4211		23	100%	22.8	10.3		1	22	
Code 4	SYRINGE W/NEEDLE INSULIN 3CC		A4232		21	100%		35.6			21	
Code 5	EXT AMB INFUSN PUMP INSULIN		E0784		15	100%		129.8			15	
Code 6	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS		A6257		3	100%		408.4			3	
Code 7	ADHESIVE REMOVER WIPES ANY TYPE EACH		A4456		2	100%		331.0			2	
Code 8	RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS		K0554		1	100%		29.8			1	
Code 9	SNSR;INVSV DISP USE NONDME INTRSTL CGM 1U=1D SPL		A9276		1	100%		0.1			1	
Code 10	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous	95250			67	39%		29.2			67	

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous	95250			67	1.5%		29.2			67	

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	WALKER FOLDING WHEELED W/O S		E0143		160	100%	12.3	17.5		5	155	
Code 2	BREAST PUMP HEAVY DUTY HOSP GRADE PISTON OP		E0604		133	98%	4.9	17.1		15	118	
Code 3	NEBULIZER WITH COMPRESSOR		E0570		121	99%	9.5	10.7		8	113	
Code 4	OXYGEN CONCENTRATOR		E1390		86	99%	7.9	26.0		10	76	
Code 5	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		E0730		81	100%		27.9			81	
Code 6	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT PER SHOE		A5500		71	100%		50.9			71	
Code 7	STANDARD WHEELCHAIR		K0001		28	100%	0.3	15.3		1	27	
Code 8	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL		E0693		23	100%		23.9			23	
Code 9	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF CUSTOM		L1846		22	100%		77.9			22	
Code 10	NEG PRESS WOUND THERAPY PUMP		E2402		22	100%	5.7	13.6		4	18	

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	WALKER FOLDING WHEELED W/O S		E0143		160	100%	12.3	17.5		5	155	
Code 2	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		E0730		81	100%		27.9			81	
Code 3	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT PER SHOE		A5500		71	100%		50.9			71	
Code 4	STANDARD WHEELCHAIR		K0001		28	100%	0.3	15.3		1	27	
Code 5	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL		E0693		23	100%		23.9			23	
Code 6	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF CUSTOM		L1846		22	100%		77.9			22	
Code 7	NEG PRESS WOUND THERAPY PUMP		E2402		22	100%	5.7	13.6		4	18	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	UV LIGHT TX SYS BULB/LAMP TIMER; TX 2 SQ FT/LESS		E0691		22	100%		43.2			22	
Code 9	NONDISPOSABLE NEBULIZER SET		A7005		20	100%		5.2			20	
Code 10	AFO SPRNG WIR DRSFLX CALF BD		L1900		19	100%		107.6			19	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PNEUM COMPRESSOR SEGMENTAL		E0651		3	33%		60.2			3	

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Hypoglycemics (Oral)	EMPAGLIFLOZIN	2770005000		122	82%		23.91155738		0	122	0
Code 2	Smoking Cessation	VARENICLINE TARTRATE	6210008020		66	47%		30.93660354		0	66	0
Code 3	Anti-Migraines	UBROGEPANT	6770108000		57	96%		18.10929337		0	57	0
Code 4	Hormones	INSULIN GLARGINE	2710400300		51	65%		17.95818627		0	51	0
Code 5	Anticoagulants and Thrombolytics	RIVAROXABAN	8337006000		49	100%		29.88755102		0	49	0
Code 6	Hormones	SEMAGLUTIDE	2717007000		45	49%		25.21466667		0	45	0

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 7	Anti-Inflammatories	SECUKINUMAB	9025057500		40	98%		13.00740972		0	40	0
Code 8	Anti-Migraines	FREMANEZUMAB-VFRM	6770203020		39	97%		17.96470085		0	39	0
Code 9	Stimulants	LISDEXAMFETAMINE DIMESYLATE	6110002510		35	63%		27.68711111		0	35	0
Code 10	Anti-Inflammatories	ADALIMUMAB	6627001500		35	100%		14.15750794		0	35	0

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Anticoagulants and Thrombolytics	RIVAROXABAN	8337006000		49	100%		29.88755102		0	49	0
Code 2	Anti-Inflammatories	ADALIMUMAB	6627001500		35	100%		14.15750794		0	35	0
Code 3	Anticoagulants and Thrombolytics	TICAGRELOR	8515847000		28	100%		76.1397619		0	28	0
Code 4	Anti-Migraines	GALCANEZUMAB-GNLM	6770203530		11	100%		21.82257576		0	11	0
Code 5	Anti-Migraines	GUSELKUMAB	9025054200		10	100%		10.72491667		0	10	0
Code 6	Antidepressants	VORTIOXETINE HBR	5812009310		5	100%		12.0475		0	5	0
Code 7	Antipsychotics	BREXPIRAZOLE	5925002000		5	100%		28.54044444		0	5	0
Code 8	Anti-Inflammatories	ABATACEPT	6640001000		4	100%		17.31354167		0	4	0
Code 9	Antivirals	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE	1210990229		4	100%		37.44520833		0	4	0

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 10	Anticonvulsants	LACOSAMIDE	7260003600		3	100%		8.633796296		0	3	0

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

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Hormones	INSULIN GLARGINE	2710400300		51	2%		17.95818627		0	51	0

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	20930			12	50%		167.0		0	12	
Code 2	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	44207			12	100%		21.2		0	12	
Code 3	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	43644			11	55%	70.3	53.1		1	10	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	43775			10	80%	.	57.4		0	10	
Code 5	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	58150			10	100%	92.4	11.2		1	9	
Code 6	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22842			10	80%	63.4	88.5		1	9	
Code 7	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRE	95720			10	60%	.	44.2		0	10	
Code 8	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	44213			8	100%	.	17.1		0	8	
Code 9	ARTHRO ACETABULUM/PROX FEMUR PROSTHETIC REPLACEMENT	27130			8	63%	.	45.5		0	8	
Code 10	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	20936			7	71%	.	149.0		0	7	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	44207			12	100%	.	21.2		0	12	
Code 2	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT	58150			10	100%	92.4	11.2		1	9	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);											
Code 3	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	44213			8	100%	.	17.1		0	8	
Code 4	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	44204			7	100%	.	6.2		0	7	
Code 5	INJECTION, IFOSFAMIDE, 1 GRAM	J9208			7	100%	.	102.3		0	7	
Code 6	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	22614			7	100%	.	100.7		0	7	
Code 7	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416			6	100%	.	50.8		0	6	
Code 8	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	45330			6	100%	.	20.7		0	6	
Code 9	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	55866			5	100%	6.5	3.3		1	4	
Code 10	INJECTION, ETOPOSIDE, 10 MG	J9181			5	100%	.	124.1		0	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	43644			11	55%	70.3	53.1		1	10	
Code 2	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING	22633			6	33%	63.4	63.8		1	5	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR											
Code 3	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	43775			10	80%	.	57.4		0	10	
Code 4	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22842			10	80%	63.4	88.5		1	9	
Code 5	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	20930			12	50%	.	167.0		0	12	
Code 6	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG, SPINAL OR LATERAL RECESS STENOSIS)), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; EACH ADDITIONAL SEGMENT (LIS	63053			1	0%	.	25.3		0	1	
Code 7	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			4	50%	.	91.9		0	4	
Code 8	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE	27279			1	0%	.	24.0		0	1	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE											
Code 9	ARTHROPLASTY, ACETABULAR/PROXIMAL FEMUR, PROSTHESIS, ALLOGRAFT	27130			8	63%	.	45.5		0	8	
Code 10	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	20931			2	50%	.	273.7		0	2	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Botox		J0585		141	89%	26	42		2	139	
Code 2	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			98	100%	4.0	27.4		1	97	
Code 3	ASSTD EMBRYO HATCHING MICROTQS ANY METH	89253			94	57%	.	107.8		0	94	
Code 4	CRYOPRESERVED EMBRYO	89258			89	75%	.	94.4		0	89	
Code 5	STORAGE, (PER YEAR); EMBRYO(S)	89342			81	78%	.	81.3		0	81	
Code 6	BREAST REDUCTION	19318			81	70%	.	69.5		0	81	
Code 7	ASST OOCYTE FERT CASE RATE	S4022			73	42%	.	91.5		0	73	
Code 8	FROZEN IVF CASE RATE	S4016			66	89%	.	55.8		0	66	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 9	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837			62	98%	.	2414.3		0	62	
Code 10	IVF PACKAGE	S4011			61	67%	.	98.0		0	61	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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			98	100%	4	27.4		1	97	
Code 2	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	36475			52	100%	.	55.4		0	52	
Code 3	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	58558			33	100%	19.1	78.8		1	32	
Code 4	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	36478			16	100%	.	51.8		0	16	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	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 ROUTIN	66982			15	100%	.	10.8		0	15	
Code 6	REVJ RECONSTRUCTED BREAST	19380			13	100%	.	24.1		0	13	
Code 7	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	19357			13	100%	.	7.8		0	13	
Code 8	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	15823			12	100%	.	24.9		0	12	
Code 9	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	36471			11	100%	.	54.4		0	11	
Code 10	PROLNG SVC O/P 1ST HOUR	99354			10	100%	33.9	61.6		2	8	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	27447			61	67%	.	38.1		0	61	
Code 2	CRYOPRSRV EMBRYO	89258			89	75%	.	94.4		0	89	
Code 3	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	27130			54	76%	.	39.3		0	54	
Code 4	IVF PACKAGE	S4011			61	67%	.	98.0		0	61	
Code 5	STORAGE, (PER YEAR); EMBRYO(S)	89342			81	78%	.	81.3		0	81	
Code 6	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	31267			30	53%	1.9	60.6		1	29	
Code 7	BREAST REDUCTION	19318			81	70%	.	69.5		0	81	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION	31276			27	59%	9.7	79.2		2	25	
Code 9	COMPLETE IVF NOS CASE RATE	S4015			26	73%	.	205.6		0	26	
Code 10	ASSTD EMBRYO HATCHING MICROTQS ANY METH	89253			94	57%	.	107.8		0	94	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY				47	91%	26.8	249.3		4	43	
Code 2	CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT FACILITY				7	100%	11.4	24.4		4	3	
Code 3	MENTAL HEALTH INPATIENT				2	100%	.	96.0		0	2	
Code 4	DETOXIFICATION				1	100%	.	0.1		0	1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT FACILITY				7	100%	11.4	24.4		4	3	
Code 2	MENTAL HEALTH INPATIENT				2	100%	.	96.0		0	2	
Code 3	DETOXIFICATION				1	100%	.	0.1		0	1	
Code 4	MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY				47	91%	26.8	249.3		4	43	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	MENTAL HEALTH INPATIENT				2	100%	.	96.0		0	2	
Code 2	CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT FACILITY				7	100%	11.4	24.4		4	3	
Code 3	DETOXIFICATION				1	100%	.	0.1		0	1	
Code 4	MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY				47	91%	26.8	249.3		4	43	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	MH PARTIAL HOSP TX UNDER 24H		H0035		93	98%	9.8	328.8		2	91	
Code 2	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			75	99%	.	491.7		0	75	
Code 3	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	97153			66	88%	.	803.1		0	66	
Code 4	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-	97155			65	92%	.	740.1		0	65	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	TO-FACE WITH ONE PATIENT, EACH 15 MINUTES											
Code 5	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			60	98%	.	636.2		0	60	
Code 6	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM		H2036		46	87%	81.2	109.1		2	44	
Code 7	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837			42	93%	.	730.4		0	42	
Code 8	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	90868			38	61%	.	239.9		0	38	
Code 9	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	90867			35	57%	.	204.0		0	35	
Code 10	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	90869			18	56%	.	285.2		0	18	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	90832			5	100%	.	10.9		0	5	
Code 2	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	99215			2	100%	.	127.4		0	2	
Code 3	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	96131			2	100%	.	22.8		0	2	
Code 4	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	90847			2	100%	.	176.6		0	2	
Code 5	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	96137			2	100%	.	22.8		0	2	
Code 6	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	96130			2	100%	.	22.8		0	2	
Code 7	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	90846			2	100%	.	2.1		0	2	
Code 8	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	96136			2	100%	.	22.8		0	2	
Code 9	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	90839			1	100%	.	23.2		0	1	
Code 10	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	90853			1	100%	.	24.0		0	1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	90868			38	61%	.	239.9		0	38	
Code 2	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	90867			35	57%	.	204.0		0	35	
Code 3	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	99205			1	0%	.	115.6		0	1	
Code 4	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	90836			2	50%	.	58.6		0	2	
Code 5	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	90832			5	100%	.	10.9		0	5	
Code 6	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	97154			3	67%	.	1527.7		0	3	
Code 7	PSYCHIATRIC DIAGNOSTIC EVALUATION	90791			14	86%	.	124.3		0	14	
Code 8	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			75	99%	.	491.7		0	75	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 9	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	96130			2	100%	.	22.8		0	2	
Code 10	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	97158			3	33%	.	1527.7		0	3	

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		E0486		2	0%	.	59.7		0	2	
Code 2	SUCTION SUSP AK/KNEE DISART		L5652		1	100%	.	28.3		0	1	
Code 3	ISCH CONTAINMT/NARROW M-L SO		L5649		1	100%	.	28.2		0	1	
Code 4	KNEE-SHIN SYS STANCE FLEXION		L5845		1	100%	.	28.3		0	1	
Code 5	PROS SOCK SINGLE PLY AK		L8480		1	100%	.	28.2		0	1	
Code 6	FLEX-WALK SYS LOW EXT PROSTH		L5981		1	100%	.	22.0		0	1	
Code 7	SHRINKER ABOVE KNEE		L8460		1	100%	.	28.2		0	1	
Code 8	ENDO AK ULTRA-LIGHT MATERIAL		L5950		1	100%	.	28.2		0	1	
Code 9	TOT CONTACT AK/KNEE DISART S		L5650		1	100%	.	28.2		0	1	
Code 10	ENDO AK/HIP ALIGNABLE SYSTEM		L5920		1	100%	.	28.2		0	1	

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SUCTION SUSP AK/KNEE DISART		L5652		1	100%	.	28.3		0	1	
Code 2	PROS SOCK SINGLE PLY AK		L8480		1	100%	.	28.2		0	1	
Code 3	ISCH CONTAINMT/NARROW M-L SO		L5649		1	100%	.	28.2		0	1	
Code 4	KNEE-SHIN SYS STANCE FLEXION		L5845		1	100%	.	28.3		0	1	
Code 5	MULTIAXIAL ANKLE W DORSIFLEX		L5968		1	100%	.	21.9		0	1	
Code 6	FLEX-WALK SYS LOW EXT PROSTH		L5981		1	100%	.	22.0		0	1	
Code 7	SHRINKER ABOVE KNEE		L8460		1	100%	.	28.2		0	1	
Code 8	ENDO AK ULTRA-LIGHT MATERIAL		L5950		1	100%	.	28.2		0	1	
Code 9	TOT CONTACT AK/KNEE DISART S		L5650		1	100%	.	28.2		0	1	
Code 10	ENDO AK/HIP ALIGNABLE SYSTEM		L5920		1	100%	.	28.2		0	1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SUCTION SUSP AK/KNEE DISART		L5652		1	100%	.	28.3		0	1	
Code 2	ISCH CONTAINMT/NARROW M-L SO		L5649		1	100%	.	28.2		0	1	
Code 3	KNEE-SHIN SYS STANCE FLEXION		L5845		1	100%	.	28.3		0	1	
Code 4	PROS SOCK SINGLE PLY AK		L8480		1	100%	.	28.2		0	1	
Code 5	FLEX-WALK SYS LOW EXT PROSTH		L5981		1	100%	.	22.0		0	1	
Code 6	SHRINKER ABOVE KNEE		L8460		1	100%	.	28.2		0	1	
Code 7	ENDO AK ULTRA-LIGHT MATERIAL		L5950		1	100%	.	28.2		0	1	
Code 8	TOT CONTACT AK/KNEE DISART S		L5650		1	100%	.	28.2		0	1	
Code 9	ENDO AK/HIP ALIGNABLE SYSTEM		L5920		1	100%	.	28.2		0	1	

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ANTIDIABETICS	OZEMPIC/RYBELSUS	2717007000		373	56.3%	4.74	12.95		92	281	
Code 2	ANDROGENS-ANABOLIC	DEPO-TESTOSTERONE/TESTOSTERONE	2310003010		242	75.6%	4.13	9.56		65	177	
Code 3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	FIRST-OMEPRAZOLE/OMEPRAZOLE/PRILOSEC	4927006000		197	89.8%	10.16	9.46		30	167	
Code 4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	ADDERALL/AMPHETAMINE-DEXTROAMPHET/AMPHETAMINE-DEXTROAMPHETAMINE/AMPHETAMINE/DEXTROAMPHETAMINE/MYDAYIS	6110990210		147	74.8%	2.89	15.68		45	102	
Code 5	DERMATOLOGICALS	PROTOPIC/TACROLIMUS	9078407500		147	71.4%	3.12	10.50		19	128	

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	ANALGESICS - OPIOID	HYDROCODONE/ HYDROCODONE- ACETAMINOPHEN/ HYDROCODONE-APAP/ HYDROCODONE/ ACETAMINOPHEN	6599170210		146	87.0%	3.78	12.45		52	94	
Code 7	ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS	PANTOPRAZOLE	4927007010		132	93.2%	0.53	6.90		26	106	
Code 8	ANTIDIABETICS	DULAGLUTIDE/ TRULICITY	2717001500		121	77.7%	7.89	16.15		27	94	
Code 9	ANALGESICS - ANTI- INFLAMMATORY	HUMIRA	6627001500		121	87.6%	7.95	40.74		25	96	
Code 10	DERMATOLOGICALS	ABSORICA/ACCUTANE/ AMNESTEEM/CLARAVIS/ ISOTRETINOIN/ MYORISAN/ZENATANE	9005001300		115	81.7%	0.29	7.44		25	90	

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

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	DERMATOLOGICALS	SKYRIZI	9025057070		25	100%	7.74	18.09		9	16	
Code 2	ANTICONVULSANTS	GABAPENTIN	7260003000		22	100%	1.77	18.81		6	16	
Code 3	ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS	OMEPRAZOLE/ PANTOPRAZOLE/ RABEPRAZOLE	4927007610		20	100%	8.38	15.88		6	14	
Code 4	ANTIDIABETICS	JANUMET	2799250270		14	100%	5.34	2.62		4	10	
Code 5	DERMATOLOGICALS	AKLIEF	9005003500		14	100%	0.00	16.31		1	13	
Code 6	PASSIVE IMMUNIZING AND	HIZENTRA	1910002020		9	100%		16.86		0	9	

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	TREATMENT AGENTS											
Code 7	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	CAPECITABINE	2130000500		9	100%	2.66	0.04		8	1	
Code 8	HYPNOTICS/ SEDATIVES/SLEEP DISORDER AGENTS	ZALEPLON	6020407000		7	100%	0.00	0.00		2	5	
Code 9	HYPNOTICS/ SEDATIVES/SLEEP DISORDER AGENTS	RAMELTEON	6025006000		7	100%	0.00	0.01		4	3	
Code 10	ENDOCRINE AND METABOLIC AGENTS - MISC.	PROLIA	3004453000		6	100%	0.92	19.02		1	5	

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	DERMATOLOGICALS	STELARA	9025058500		5	100%		41.37		0	5	
Code 2	ANDROGENS-ANABOLIC	ANDROGEL/TESTOSTERONE	2310003000		3	100%		60.18		0	3	
Code 3	ANALGESICS - ANTI-INFLAMMATORY	HUMIRA	6627001500		3	100%	0.71	42.43		1	2	
Code 4	ANTICOAGULANTS	ELIQUIS	8337001000		3	100%	2.20			3	0	
Code 5	ANDROGENS-ANABOLIC	TESTOSTERONE	2310003010		2	100%	52.62	2.72		1	1	
Code 6	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	WEGOVY	6125207000		2	100%	13.85			2	0	
Code 7	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	ARMODAFINIL	6140001000		2	100%	0.54			2	0	

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	GRALISE	6254003000		2	100%	5.08	5.18		1	1	
Code 9	ANALGESICS - ANTI-INFLAMMATORY	SIMPONI	6627004000		2	100%		35.61		0	2	
Code 10	DERMATOLOGICALS	COSENTYX	9025057500		2	100%	0.26	19.75		1	1	

Carrier E

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	95716			5	20%	NA	151.7	NA	0	5	NA
Code 2	Breast reconstruction; with free flap	19364			4	100%	NA	49.2	NA	0	4	NA
Code 3	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	55866			4	100%	NA	69.6	NA	0	4	NA
Code 4	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	58150			4	100%	NA	76.6	NA	0	4	NA
Code 5	Electroencephalogram (EEG), continuous recording, physician or other qualified health care	95720			4	0%	NA	189.5	NA	0	4	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)											
Code 6	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	38571			3	100%	NA	92.6	NA	0	3	NA
Code 7	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58571			3	100%	NA	379.8	NA	0	3	NA
Code 8	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	15860			2	100%	NA	14.2	NA	0	2	NA
Code 9	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	21743			2	0%	NA	131.2	NA	0	2	NA
Code 10	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	32666			2	100%	22.7	143.5	NA	1	1	NA
Code 11	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	33361			2	50%	67.3	134.2	NA	1	1	NA
Code 12	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	33362			2	50%	NA	83.1	NA	1	1	NA
Code 13	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	38570			2	100%	NA	490.3	NA	0	2	NA
Code 14	Intraoperative identification (eg, mapping) of sentinel lymph node(s), includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	38900			2	100%	NA	490.3	NA	0	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 15	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	44207			2	100%	NA	102.1	NA	0	2	NA
Code 16	mplantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	49568			2	100%	NA	95.6	NA	0	2	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Breast reconstruction; with free flap	19364			4	100%	NA	49.2	NA	0	4	NA
Code 2	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	55866			4	100%	NA	69.6	NA	0	4	NA
Code 3	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	58150			4	100%	NA	76.6	NA	0	4	NA
Code 4	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	38571			3	100%	NA	92.6	NA	0	3	NA
Code 5	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58571			3	100%	NA	379.8	NA	0	3	NA
Code 6	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	15860			2	100%	NA	14.2	NA	0	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 7	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	32666			2	100%	22.7	143.5	NA	1	1	NA
Code 8	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	38570			2	100%	NA	490.3	NA	0	2	NA
Code 9	Intraoperative identification (eg, mapping) of sentinel lymph node(s), includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	38900			2	100%	NA	490.3	NA	0	2	NA
Code 10	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	44207			2	100%	NA	102.1	NA	0	2	NA
Code 11	mplantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	49568			2	100%	NA	95.6	NA	0	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient Med-Surg

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Colonoscopy, flexible; with biopsy, single or multiple	45380			265	84%	26.4	35.8	NA	2	263	NA
Code 2	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	45378			264	82%	32.4	37.2	NA	3	261	NA
Code 3	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45385			219	84%	52.5	39.8	NA	1	218	NA
Code 4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45384			129	82%	NA	19.3	NA	2	129	NA
Code 5	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			91	100%	0.1	2.8	NA	1	90	NA
Code 6	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			90	100%	0.1	2.2	NA	3	87	NA
Code 7	Unlisted molecular pathology procedure	81479			87	91%	NA	20.2	NA	NA	87	NA
Code 8	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	95810			58	55%	NA	62	NA	NA	58	NA
Code 9	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	G0121			53	70%	52.5	26.6	NA	1	52	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			43	51%	NA	55	NA	NA	43	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			91	100%	0.1	2.8	NA	1	90	NA
Code 2	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			90	100%	0.1	2.2	NA	3	87	NA
Code 3	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	43249			26	100%	0.1	1.9	NA	1	25	NA
Code 4	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	43248			25	100%	NA	1.8	NA	NA	25	NA
Code 5	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	52356			23	100%	0.2	0.1	NA	10	13	NA
Code 6	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	87799			22	100%	NA	0.2	NA	NA	22	NA
Code 7	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D and C	58558			21	100%	9.3	2.9	NA	2	19	NA
Code 8	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	52442			18	100%	NA	12.8	NA	NA	18	NA
Code 9	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene	81256			16	100%	NA	9.1	NA	NA	16	NA

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	analysis, common variants (eg, C282Y, H63D)											
Code 10	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	43251			14	100%	NA	0.2	NA	NA	14	NA
Code 11	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	52332			14	100%	0.2	0.2	NA	3	11	NA
Code 12	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	87798			14	100%	NA	0.2	NA	NA	14	NA

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Encounter for screening for malignant neoplasm of colon	Z12.11	45378	preservice	2	100%	NA	228	NA	0	2	0
Code 2	Gender identity disorder, unspecified	F64.9	19303	preservice	1	100%	NA	240	NA	0	1	0
Code 3	"											
Code 4	Temporomandibular joint disorders"	M26.6	21196	preservice	1	100%	NA	456	NA	0	1	0
Code 5	Spondylosis without myelopathy or radiculopathy, lumbar region	M47.816	64635	preservice	1	100%	NA	312	NA	0	1	0
Code 6	Superficial endometriosis of the uterus	N80.01	xxx840	NA	1	100%	NA	336	NA	0	1	0
Code 7	Superficial endometriosis of bilateral ovaries	n80.13	58573	NA	1	100%	NA	336	NA	0	1	0
Code 8	Abnormal uterine and vaginal bleeding, unspecified	N93.9	58571	preservice	1	100%	NA	336	NA	0	1	0
Code 9	Borderline intellectual functioning	R41.83	81229	NA	1	100%	NA	696	NA	0	1	0

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	External ambulatory infusion pump, insulin		E0784		8	100%	NA	59.8	NA	0	8	NA
Code 2	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service		K0553		4	50%	25.9	37.1	NA	1	3	NA
Code 3	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		K0554		3	33%	25.9	43.8	NA	1	2	NA
Code 4	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		A9274		2	100%	23	71.7	NA	1	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply		A9276		2	50%	NA	109.9	NA	0	2	NA
Code 6	Home blood glucose monitor		E0607		2	100%	23	71.7	NA	1	1	NA
Code 7	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)		A9277		1	100%	NA	95.8	NA	0	1	NA
Code 8	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)		A9278		1	100%	NA	95.8	NA	0	1	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	External ambulatory infusion pump, insulin		E0784		8	100%	NA	59.8	NA	0	8	NA
Code 2	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		A9274		2	100%	23	71.7	NA	1	1	NA
Code 3	Home blood glucose monitor		E0607		2	100%	23	71.7	NA	1	1	NA
Code 4	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)		A9277		1	100%	NA	95.8	NA	0	1	NA
Code 5	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)		A9278		1	100%	NA	95.8	NA	0	1	NA
Code 6	Supply allowance for therapeutic continuous glucose monitor (CGM),		K0553		4	50%	25.9	37.1	NA	1	3	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	includes all supplies and accessories, 1 month supply = 1 unit of service											
Code 7	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply		A9276		2	50%	NA	109.9	NA	0	2	NA
Code 8	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		K0554		3	33%	25.9	43.8	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Dexcom - - TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	E10.65	NA	NA	4	50%	1.51	8.61	NA	1	1	NA
Code 2	FreeStyle- TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	E10.65	NA	NA	4	25%	1.59	NA	NA	1	0	NA

2022 DME

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Osteogenesis stimulator, low intensity ultrasound, non-invasive		E0760		4	50%	NA	40.2	NA	0	4	NA
Code 2	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory		E1028		3	0%	NA	97.3	NA	0	3	NA
Code 3	Negative pressure wound therapy electrical pump, stationary or portable		E2402		3	100%	NA	92.8	NA	0	3	NA
Code 4	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment		E0486		2	100%	NA	81.8	NA	0	2	NA
Code 5	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications		E0747		2	0%	NA	103	NA	0	2	NA
Code 6	Osteogenesis stimulator, electrical, noninvasive, spinal applications		E0748		2	100%	NA	13.4	NA	0	2	NA
Code 7	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each		E0956		2	100%	NA	97.3	NA	0	2	NA
Code 8	Wheelchair accessory, power seating system, tilt only		E1002		2	100%	NA	85.7	NA	0	2	NA
Code 9	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse		L0482		2	100%	NA	57.8	NA	0	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	planes, includes a carved plaster or cad-cam model, custom fabricated											
Code 10	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each		L8691		2	100%	NA	95	NA	0	2	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Negative pressure wound therapy electrical pump, stationary or portable		E2402		3	100%	NA	92.8	NA	0	3	NA
Code 2	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment		E0486		2	100%	NA	81.8	NA	0	2	NA
Code 3	Osteogenesis stimulator, electrical, noninvasive, spinal applications		E0748		2	100%	NA	13.4	NA	0	2	NA
Code 4	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated		L0482		2	100%	NA	57.8	NA	0	2	NA
Code 5	Auditory osseointegrated device, external sound processor, excludes		L8691		2	100%	NA	95	NA	0	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	transducer/actuator, replacement only, each											
Code 6	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each		E0978		1	100%	NA	49	NA	0	1	NA
Code 7	Dynamic adjustable forearm pronation/supination device, includes soft interface material		E1802		1	100%	NA	0.1	NA	0	1	NA
Code 8	Dynamic adjustable wrist extension / flexion device, includes soft interface material		E1805		1	100%	NA	0.1	NA	0	1	NA
Code 9	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access		E2510		1	100%	NA	7.4	NA	0	1	NA
Code 10	Ultralightweight wheelchair		K0005		1	100%	NA	49	NA	0	1	NA

21 additional codes were billed once with a 100% approval rate.

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions

No codes reported for this service category.

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions

No codes reported for this service category.

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Immunosuppressives	STELARA INJ 90MG/ML	57894-061-03		7	100%	4.06	11.04	NA	4	3	0
Code 2	Immunosuppressives	ENBREL SRCLK INJ 50MG/ML	58406-445-04		5	100%	1.42	11.04	NA	3	2	0
Code 3	Immunosuppressives	TALTZ INJ 80MG/ML	0002-1445-11		5	80%	NA	10.91	NA	0	4	0
Code 4	Bronchodilators	DUPIXENT INJ 300/2ML	0024-5914-01		9	44%	3.47	10.32	NA	1	3	0
Code 5	Analgesics	NURTEC TAB 75MG ODT	72618-3000-2		5	80%	1.31	9.51	NA	1	3	0
Code 6	Analgesics	AIMOVIG INJ 140MG/ML	55513-843-01		3	100%	NA	7.25	NA	0	3	0
Code 7	Analgesics	AJOVY INJ 225/1.5	51759-0204-10		2	100%	2.61	11.15	NA	1	1	0

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	Hormones	OZEMPIC INJ 4MG/3ML	0169-4130-13		2	100%	NA	9.9	NA	0	2	0
Code 9	Diuretics	ENTRESTO TAB 24-26MG	0078-0659-20		2	100%	NA	9.4	NA	0	2	0
Code 10	Bronchodilators	DUPIXENT INJ 200MG	0024-5918-01		2	100%	NA	6.87	NA	0	2	0

Carrier F

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			5	80%	0.3	58.4	NA	1	4	NA
Code 2	Breast reconstruction; with free flap	19364			3	100%	NA	43.95	NA	NA	3	NA
Code 3	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	15860			2	100%	NA	42	NA	NA	2	NA
Code 4	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	38562			2	50%	NA	90.1	NA	NA	2	NA
Code 5	Intraoperative identification (eg, mapping) of sentinel lymph node(s), includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	38900			2	50%	NA	90.1	NA	NA	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	Omentectomy, epiploectomy, resection of omentum (separate procedure)	49255			2	50%	NA	90.1	NA	NA	2	NA
Code 7	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			5	80%	0.3	58.4	NA	1	4	NA
Code 8	Breast reconstruction; with free flap	19364			3	100%	NA	43.95	NA	NA	3	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Breast reconstruction; with free flap	19364			3	100%	NA	43.95	NA	NA	3	NA
Code 2	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	15860			2	100%	NA	42	NA	NA	2	NA
Code 3	Graft; derma-fat-fascia	15770			1	100%	NA	45.9	NA	NA	1	NA
Code 4	Excision first and/or cervical rib	21615			1	100%	NA	124.2	NA	NA	1	NA
Code 5	Division of scalenus anticus; with resection of cervical rib	21705			1	100%	NA	124.2	NA	NA	1	NA
Code 6	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	31622			1	100%	NA	8.4	NA	NA	1	NA
Code 7	Thoracotomy; with exploration	32100			1	100%	NA	8.4	NA	NA	1	NA
Code 8	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	32607			1	100%	NA	8.4	NA	NA	1	NA
Code 9	Biopsy or excision of lymph node(s); open, internal mammary node(s)	38530			1	100%	NA	45.9	NA	NA	1	NA
Code 10	Resection of mediastinal cyst	39200			1	100%	NA	8.4	NA	NA	1	NA
Code 11	Laparoscopy, surgical; proctopexy (for prolapse)	45400			1	100%	NA	98	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 12	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	57250			1	100%	NA	98	NA	NA	1	NA
Code 13	Sling operation for stress incontinence (eg, fascia or synthetic)	57288			1	100%	NA	98	NA	NA	1	NA
Code 14	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	57425			1	100%	NA	98	NA	NA	1	NA
Code 15	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58571			1	100%	NA	98	NA	NA	1	NA
Code 16	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	58700			1	100%	NA	98.4	NA	NA	1	NA
Code 17	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	95714			1	100%	NA	90.7	NA	NA	1	NA
Code 18	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	95720			1	100%	NA	90.7	NA	NA	1	NA
Code 19	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	96365			1	100%	NA	48.1	NA	NA	1	NA
Code 20	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	96366			1	100%	NA	48.1	NA	NA	1	NA
Code 21	Initial hospital inpatient or observation care, per day, for the evaluation and management of a	99221			1	100%	NA	90.7	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.											
Code 22	Repair device, urinary, incontinence, with sling graft	C1771			1	100%	NA	98	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Pectus excavatum	Q67.6	21743	preservice	1	100%	NA	1248	NA	0	1	0

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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			130	81%	49.4	22.7	NA	5	125	NA
Code 2	Colonoscopy, flexible; with biopsy, single or multiple	45380			120	82%	49.4	19.9	NA	5	115	NA
Code 3	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45385			111	81%	49.4	20.7	NA	4	107	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45384			58	76%	NA	24.9	NA	NA	58	NA
Code 5	Unlisted molecular pathology procedure	81479			53	92%	NA	12.9	NA	NA	53	NA
Code 6	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			35	91%	0.2	10.4	NA	1	34	NA
Code 7	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			35	91%	0.2	8.4	NA	1	34	NA
Code 8	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	95810			35	71%	42.5	114.6	NA	1	34	NA
Code 9	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	G0121			27	70%	24.5	32.3	NA	3	34	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			24	67%	NA	145.9	NA	NA	24	NA
Code 11	Chiropractic Care	99499			237	99.6%		40.3%			237	
Code 12	Therapy Care	99499			389	98.2%		43.7%			389	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA	81162			15	100%	NA	13.4	NA	0	15	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)											
Code 2	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	43248			13	100%	0.2	11.3	NA	1	12	NA
Code 3	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			12	100%	NA	10.3	NA	0	12	NA
Code 4	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	52332			10	100%	0.15	8.9	NA	2	8	NA
Code 5	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	81256			10	100%	NA	0.35	NA	0	10	NA
Code 6	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	43249			9	100%	NA	2.3	NA	0	9	NA
Code 7	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	64490			9	100%	NA	0.14	NA	0	9	NA
Code 8	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	43251			8	100%	0.2	0.14	NA	1	7	NA
Code 9	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or	58571			8	100%	27.9	62.1	NA	1	7	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	less; with removal of tube(s) and/or ovary(s)											
Code 10	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	52353			7	100%	0.2	0.13	NA	1	6	NA
Code 11	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401			7	100%	NA	0.11	NA	0	7	NA
Code 12	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	81519			7	100%	NA	2.87	NA	0	7	NA
Code 13	Chiropractic Care	99499			237	99.6%		40.3%			237	
Code 14	Therapy Care	99499			389	98.2%		43.7%			389	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Gender identity disorder, unspecified	F64.9	19303	preservice	1	50%	NA	264	NA	0	2	0
Code 2	Sleep apnea, unspecified	G47.30	95810	preservice	1	100%	NA	336	NA	0	1	0
Code 3	Supraventricular tachycardia	I47.1	93312	preservice	1	100%	NA	360	NA	0	1	0
Code 4	Maxillary hypoplasia	M26.02	21146	preservice	1	100%	NA	336	NA	0	1	0
Code 5	Spondylosis without myelopathy or radiculopathy, cervical region	M47.812	64492	preservice	1	100%	NA	240	NA	0	1	0
Code 6	Chest pain, unspecified	R07.9	K2970	750	1	100%	NA	2448	NA	0	1	0
Code 7	Encounter for screening for malignant neoplasm of colon	Z12.11	45378	preservice	1	100%	NA	336	NA	0	1	0

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	External ambulatory infusion pump, insulin		E0784		4	50%	NA	52.4	NA	NA	4	NA
Code 2	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		A9274		1	100%	NA	39.9	NA	NA	1	NA
Code 3	Home blood glucose monitor		E0607		1	100%	NA	39.9	NA	NA	1	NA
Code 4	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service		K0553		1	0%	NA	45.2	NA	NA	1	NA
Code 5	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		K0554		1	0%	NA	45.2	NA	NA	1	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		A9274		1	100%	NA	39.9	NA	NA	1	NA
Code 2	Home blood glucose monitor		E0607		1	100%	NA	39.9	NA	NA	1	NA
Code 3	External ambulatory infusion pump, insulin		E0784		4	50%	NA	52.4	NA	NA	4	NA
Code 4	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service		K0553		1	0%	NA	45.2	NA	NA	1	NA
Code 5	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		K0554		1	0%	NA	45.2	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Dexcom - - TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	E10.65	NA	NA	6	83%	NA	10.22	NA	0	5	NA
Code 2	FreeStyle - - TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	E10.66	NA	NA	2	100%	NA	13.57	NA	0	2	NA

2022 DME

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Electrical stimulation device used for cancer treatment, includes all accessories, any type		E0766		4	100%	0.6	81.9	NA	1	3	NA
Code 2	Durable medical equipment, miscellaneous		E1399		3	0%	NA	70.9	NA	NA	3	NA
Code 3	Cochlear device, includes all internal and external components		L8614		2	0%	NA	165.1	NA	NA	2	NA
Code 4	Gastrostomy/jejunostomy tube, standard, any material, any type, each		B4087		1	100%	NA	167.5	NA	NA	1	NA
Code 5	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each		B4088		1	100%	NA	167.5	NA	NA	1	NA
Code 6	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		B4149		1	100%	NA	167.5	NA	NA	1	NA
Code 7	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		B4153		1	100%	NA	167.5	NA	NA	1	NA
Code 8	Standing frame/table system, mobile (dynamic stander), any size including pediatric		E0642		1	100%	NA	70.9	NA	NA	1	NA
Code 9	Dynamic adjustable wrist extension / flexion device, includes soft interface material		E1805		1	100%	NA	0.2	NA	NA	1	NA
Code 10	Addition to lower extremity, lacer molded to Patient model, for custom fabricated orthosis only		L2330		1	100%	NA	4.1	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 11	Headset/headpiece for Use with cochlear implant device, replacement		L8615		1	100%	NA	25.1	NA	NA	1	NA
Code 12	Microphone for Use with cochlear implant device, replacement		L8616		1	100%	NA	25.1	NA	NA	1	NA
Code 13	Cochlear implant, external speech processor and controller, integrated system, replacement		L8619		1	100%	NA	25.1	NA	NA	1	NA
Code 14	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each		L8624		1	100%	NA	25.1	NA	NA	1	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Gastrostomy/jejunostomy tube, standard, any material, any type, each		B4087		1	100%	NA	167.5	NA	NA	1	NA
Code 2	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each		B4088		1	100%	NA	167.5	NA	NA	1	NA
Code 3	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		B4149		1	100%	NA	167.5	NA	NA	1	NA
Code 4	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		B4153		1	100%	NA	167.5	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	Standing frame/table system, mobile (dynamic stander), any size including pediatric		E0642		1	100%	NA	70.9	NA	NA	1	NA
Code 6	Electrical stimulation device used for cancer treatment, includes all accessories, any type		E0766		4	100%	0.6	81.9	NA	1	3	NA
Code 7	Dynamic adjustable wrist extension / flexion device, includes soft interface material		E1805		1	100%	NA	0.2	NA	NA	1	NA
Code 8	Addition to lower extremity, lacer molded to Patient model, for custom fabricated orthosis only		L2330		1	100%	NA	4.1	NA	NA	1	NA
Code 9	Headset/headpiece for Use with cochlear implant device, replacement		L8615		1	100%	NA	25.1	NA	NA	1	NA
Code 10	Microphone for Use with cochlear implant device, replacement		L8616		1	100%	NA	25.1	NA	NA	1	NA
Code 11	Cochlear implant, external speech processor and controller, integrated system, replacement		L8619		1	100%	NA	25.1	NA	NA	1	NA
Code 12	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each		L8624		1	100%	NA	25.1	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions

No codes reported for this service category.

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions

No codes reported for this service category.

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Bronchodilators	DUPIXENT INJ 300/2ML		0024-5914-01	13	92%	2.44	9.48	NA	1	11	0
Code 2	Immunosuppressives	STELARA INJ 90MG/ML		57894-061-03	11	91%	2.1	11.49	NA	7	3	0
Code 3	Analgesics	EMGALITY INJ 120MG/ML		0002-1436-11	9	100%	1.9	10.5	NA	3	6	0
Code 4	Antibiotics	XIFAXAN TAB 550MG		65649-303-02	8	100%	NA	9.1	NA	0	8	0
Code 5	Immunosuppressives	SKYRIZI PEN INJ 150MG/ML		0074-2100-01	10	60%	2.43	9.9	NA	2	4	0
Code 6	Immunosuppressives	ENBREL SRCLK INJ 50MG/ML		58406-445-04	5	100%	1.64	12.5	NA	2	3	0
Code 7	Immunosuppressives	TALTZ INJ 80MG/ML		0002-1445-11	7	57%	NA	8.54	NA	0	4	0

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	Analgesics	AIMOVIG INJ 140MG/ML		55513-843-01	4	100%	3.18	10.75	NA	3	1	0
Code 9	Immunosuppressives	HUMIRA INJ 40/0.4ML		0074-0554-02	5	80%	2.57	11.52	NA	1	3	0
Code 10	Analgesics	UBRELVY TAB 100MG		0023-6501-10	6	50%	NA	11.76	NA	0	3	0

Carrier G

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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 interspace (List separately in addition to code for primary procedure)	22853			7	71%	2.791348054	70.39001822	NA	1	6	NA
Code 2	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	86%	2.791348054	111.0486359	NA	1	6	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			6	83%	2.791348054	77.45881962	NA	1	5	NA
Code 4	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%	2.791348054	117.0430522	NA	1	4	NA
Code 5	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			5	100%	2.791348054	78.1373829	NA	1	4	NA
Code 6	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	55866			4	0%	NA	18.41237042	NA	NA	4	NA
Code 7	Closure of enterostomy, large or small intestine;	44620			4	0%	0.0869125	0.7616	NA	2	2	NA
Code 8	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	22802			3	67%	NA	69.37639917	NA	NA	3	NA
Code 9	Breast DIEP flap reconstruct		S2068		3	0%	0.086522222	0.785751388	NA	1	2	NA
Code 10	Removal of tissue expander without insertion of implant	11971			3	0%	0.0866175	0.788512082	NA	1	2	NA
Code 11	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	43280			3	67%	NA	139.3575947	NA	NA	3	NA
Code 12	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	49000			3	0%	0.080127778	0.764777778	NA	1	2	NA
Code 13	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			3	67%	NA	49.1706165	NA	NA	3	NA
Code 14	Implantation of mesh or other prosthesis for open incisional or	49568			3	0%	0.086561112	0.78579861	NA	1	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)											

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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; lumbar	63047			5	100%	2.791348054	117.0430522	NA	1	4	NA
Code 2	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			5	100%	2.791348054	78.1373829	NA	1	4	NA
Code 3	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	20931			2	100%	2.791348054	289.3120186	NA	1	1	NA
Code 4	Revision of total knee arthroplasty, with or without allograft; 1 component	27486			1	100%	NA	115.2717814	NA	NA	1	NA
Code 5	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	27487			1	100%	NA	115.2717814	NA	NA	1	NA
Code 6	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	37215			1	100%	NA	0.694999999	NA	NA	1	NA

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 7	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	63030			1	100%	NA	93.06694444	NA	NA	1	NA
Code 8	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	22610			1	100%	NA	97.46275917	NA	NA	1	NA
Code 9	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%	NA	289.3120186	NA	NA	1	NA
Code 10	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	63001			1	100%	NA	103.8729481	NA	NA	1	NA
Code 11	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; cervical	63045			1	100%	NA	0.138055555	NA	NA	1	NA
Code 12	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			1	100%	NA	289.3120186	NA	NA	1	NA
Code 13	Exploration of spinal fusion	22830			1	100%	NA	97.46275917	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 14	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	47370			1	100%	NA	0.015	NA	NA	1	NA
Code 15	Posterior segmental instrumentation (eg, 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			1	100%	NA	101.6552175	NA	NA	1	NA
Code 16	Repair recurrent incisional or ventral hernia; reducible	49565			1	100%	NA	18.58944444	NA	NA	1	NA
Code 17	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	63051			1	100%	NA	0.138055555	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient Med-Surg

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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			376	70%	NA	16.8683212	840	NA	376	2
Code 2	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			371	71%	NA	16.56013626	960	NA	371	1
Code 3	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			275	67%	NA	19.31818752	720	NA	275	1
Code 4	ECHO, transthoracic w/doppler, complete	93306			263	90%	NA	7.545336257	4536	NA	263	1
Code 5	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			236	63%	NA	19.74551118	720	NA	236	1
Code 6	MRI, lower extremity any joint; wo contr	73721			235	89%	20.66222222	5.891002268	960	1	234	1
Code 7	CT abd & pelvis	74176			217	92%	0.072777778	6.737107843	1632	1	216	1
Code 8	MRI of lumbar spine	72148			151	84%	NA	8.820283224	NA	NA	151	NA
Code 9	MRI of brain and further sequences	70553			136	95%	NA	4.436449716	NA	NA	136	NA
Code 10	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		135	97%	NA	4.253513072	NA	NA	135	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	MRI of cervical spine	72156			28	100%	NA	1.575935185	NA	NA	28	NA
Code 2	MRI of thoracic spine	72157			17	100%	NA	0.037679739	NA	NA	17	NA
Code 3	ECHO, transthoracic, complete cng	93303			16	100%	NA	2.667864584	NA	NA	16	NA
Code 4	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular si	29823			15	100%	NA	57.91622694	NA	NA	15	NA
Code 5	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			11	100%	NA	18.944518	NA	NA	11	NA
Code 6	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	77338			11	100%	0.985416666	7.284476667	NA	2	9	NA
Code 7	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	77301			10	100%	0.985277778	7.874306945	NA	2	8	NA
Code 8	CT, orbit, sella or pos fos wo contrast	70480			10	100%	NA	1.978555555	NA	NA	10	NA
Code 9	CTA, neck, w/o cntrst flwd by cntrst	70498			10	100%	NA	3.707416667	NA	NA	10	NA
Code 10	MRI orb/fc/nck w/o cntrst flwd cntr	70543			10	100%	NA	6.893388889	NA	NA	10	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Cochlear implant system		L8614		1	100%	NA	674.5363889	NA	NA	1	NA
Code 2	Cochlear device implantation, with or without mastoidectomy	69930			1	100%	NA	674.5363889	NA	NA	1	NA
Code 3	MRI, lower extremity any joint; wo contr	73721			235	1%	20.66222222	5.891002268	960	1	234	1
Code 4	MRI of lumbar spine	72148			151	1%	NA	8.820283224	NA	NA	151	NA

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Residential treatment, Substance Use Disorder			1002	3	100%	NA	31.80842593	NA	NA	3	NA
Code 2	Alcohol and/Or Drug Services		H0011		1	0%	NA	11.98046111	NA	NA	1	NA
Code 3	Residential treatment, Psychiatric			1001	1	0%	NA	138.8416667	NA	NA	1	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Residential treatment, Substance Use Disorder			1002	3	100%	NA	31.80842593	NA	NA	3	NA
Code 2	Alcohol and/Or Drug Services		H0011		1	0%	NA	11.98046111	NA	NA	1	NA
Code 3	Residential treatment, Psychiatric			1001	1	0%	NA	138.8416667	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	71271			32	88%	NA	4.858012153	NA	NA	32	NA
Code 2	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			15	60%	NA	30.65467244	NA	NA	15	NA
Code 3	Alcohol and/Or Drug Services		H0015		8	88%	20.65861028	9.896249603	NA	1	7	NA
Code 4	MRI of brain	70551			4	75%	NA	12.01145833	NA	NA	4	NA
Code 5	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			4	50%	42.90027778	56.57980991	NA	1	3	NA
Code 6	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			4	50%	42.90027778	56.5799025	NA	1	3	NA
Code 7	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			3	67%	42.90027778	23.61735375	NA	1	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		3	100%	NA	44.39453704	NA	NA	3	NA
Code 9	Psychotherapy, 45 minutes with patient	90834			2	0%	NA	25.08706903	NA	NA	2	NA
Code 10	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			2	100%	NA	44.20490278	NA	NA	2	NA
Code 11	Alcohol and/or other drug treatment program, per diem		H2036		2	100%	14.23416667	14.68944444	NA	1	1	NA
Code 12	Group psychotherapy (other than of a multiple-family group)	90853			2	0%	NA	25.08706903	NA	NA	2	NA
Code 13	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847			2	0%	NA	25.08706903	NA	NA	2	NA
Code 14	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	97113			2	100%	NA	44.20490278	NA	NA	2	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		3	100%	NA	44.39453704	NA	NA	3	NA
Code 2	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			2	100%	NA	44.20490278	NA	NA	2	NA
Code 3	Alcohol and/or other drug treatment program, per diem		H2036		2	100%	14.23416667	14.68944444	NA	1	1	NA
Code 4	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	97113			2	100%	NA	44.20490278	NA	NA	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	Physical therapy, in the home, per diem		S9131		1	100%	NA	0.442930555	NA	NA	1	NA
Code 6	CT, head or brain wo contrast	70450			1	100%	NA	0	NA	NA	1	NA
Code 7	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	71271			32	88%	NA	4.858012153	NA	NA	32	NA
Code 8	Alcohol and/Or Drug Services		H0015		8	88%	20.65861028	9.896249603	NA	1	7	NA
Code 9	MRI of brain	70551			4	75%	NA	12.01145833	NA	NA	4	NA
Code 10	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			3	67%	42.90027778	23.61735375	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		245	94%	NA	2.69965873	NA	NA	245	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
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		14	100%	NA	0.041626984	NA	NA	14	NA
Code 3	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		8	88%	NA	3.344930555	NA	NA	8	NA
Code 4	Negative pressure wound therapy electrical pump, stationary or portable		E2402		5	40%	NA	68.2403285	NA	NA	5	NA
Code 5	Elec Osteogen Stim Spinal		E0748		4	50%	NA	40.2791625	NA	NA	4	NA
Code 6	Durable Medical Equipment Mi		E1399		3	0%	NA	130.2526389	NA	NA	3	NA
Code 7	W/C Component-Accessory Nos		K0108		3	0%	NA	52.96021167	NA	NA	3	NA
Code 8	Elec Osteogen Stim Not Spine		E0747		3	0%	NA	48.99296296	NA	NA	3	NA
Code 9	Osteogen Ultrasound Stimltor		E0760		3	0%	NA	129.1766667	NA	NA	3	NA
Code 10	Adjustable Angle Footplate		K0040		2	0%	NA	2.362090834	NA	NA	2	NA
Code 11	Wheelchair Anti-Tipping Devi		E0971		2	0%	NA	2.362090834	NA	NA	2	NA
Code 12	Wheelchair Brake Extension		E0961		2	0%	NA	2.362090834	NA	NA	2	NA
Code 13	Wheelchair Belt W/Airplane B		E0978		2	0%	NA	2.362368611	NA	NA	2	NA
Code 14	Combination sit to stand system, any size, with seat lift feature, with or without wheels		E0637		2	0%	NA	3.269207362	NA	NA	2	NA
Code 15	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each		E0955		2	0%	NA	2.362368611	NA	NA	2	NA
Code 16	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		2	0%	NA	2.362229723	NA	NA	2	NA

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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 device with continuous positive airway pressure device)		E0470		14	100%	NA	0.041626984	NA	NA	14	NA
Code 2	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		245	94%	NA	2.69965873	NA	NA	245	NA
Code 3	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		8	88%	NA	3.344930555	NA	NA	8	NA
Code 4	Elec Osteogen Stim Spinal		E0748		4	50%	NA	40.2791625	NA	NA	4	NA
Code 5	Negative pressure wound therapy electrical pump, stationary or portable		E2402		5	40%	NA	68.2403285	NA	NA	5	NA
Code 6	Durable Medical Equipment Mi		E1399		3	0%	NA	130.2526389	NA	NA	3	NA
Code 7	W/C Component-Accessory Nos		K0108		3	0%	NA	52.96021167	NA	NA	3	NA
Code 8	Elec Osteogen Stim Not Spine		E0747		3	0%	NA	48.99296296	NA	NA	3	NA
Code 9	Osteogen Ultrasound Stimltor		E0760		3	0%	NA	129.1766667	NA	NA	3	NA
Code 10	Adjustable Angle Footplate		K0040		2	0%	NA	2.362090834	NA	NA	2	NA
Code 11	Wheelchair Anti-Tipping Devi		E0971		2	0%	NA	2.362090834	NA	NA	2	NA
Code 12	Wheelchair Brake Extension		E0961		2	0%	NA	2.362090834	NA	NA	2	NA
Code 13	Wheelchair Belt W/Airplane B		E0978		2	0%	NA	2.362368611	NA	NA	2	NA
Code 14	Combination sit to stand system, any size, with seat lift feature, with or without wheels		E0637		2	0%	NA	3.269207362	NA	NA	2	NA
Code 15	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each		E0955		2	0%	NA	2.362368611	NA	NA	2	NA
Code 16	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		2	0%	NA	2.362229723	NA	NA	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		10	100%	NA	14.01482231	NA	NA	10	NA
Code 2	Infus Insulin Pump Non Needl		A4230		3	0%	NA	1.194520648	NA	NA	3	NA
Code 3	Syringe W/Needle Insulin 3cc		A4232		3	0%	NA	1.194530834	NA	NA	3	NA
Code 4	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		A9277		2	0%	NA	0.086330557	NA	NA	2	NA
Code 5	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply		A9276		2	0%	NA	0.086365278	NA	NA	2	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		10	100%	NA	14.01482231	NA	NA	10	NA
Code 2	Infus Insulin Pump Non Needl		A4230		3	0%	NA	1.194520648	NA	NA	3	NA
Code 3	Syringe W/Needle Insulin 3cc		A4232		3	0%	NA	1.194530834	NA	NA	3	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		A9277		2	0%	NA	0.086330557	NA	NA	2	NA
Code 5	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply		A9276		2	0%	NA	0.086365278	NA	NA	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Analgesics	ADALIMUMAB	6627001500		68	85.3%	12.6	39.2		8	60	
Code 2	Antibacterials	CYCLOSPORINE (OPHTH)	8672002000		50	68.0%	25	33.6		3	47	
Code 3	Hormones	INSULIN GLARGINE	2710400300		47	85.1%	9.2	26.6		20	27	
Code 4	Analgesics	HYDROCODONE-ACETAMINOPHEN	6599170210		31	58.1%	9.9	54.2		5	26	
Code 5	Analgesics	OXYCODONE W/ ACETAMINOPHEN	6599000220		27	70.4%	5.7	136.1		15	12	

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	Anti-Inflammatories	EVOLOCUMAB	3935002000		25	32.0%	10.5	98.4		3	22	
Code 7	Hormones	TIRZEPATIDE	2717308000		25	0.0%	22.7	48.4		1	24	
Code 8	Anti-Inflammatories	GALCANEZUMAB-GNLM	6770203530		24	75.0%	13.2	63.2		4	20	
Code 9	Analgesics	ETANERCEPT	6629003000		24	70.8%	1.4	34.4		4	20	
Code 10	Immunosuppressives	DUPILUMAB	9027302000		22	27.3%	38.8	22.9		6	16	

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Analgesics	FENTANYL	6510002500		4	100%	2.9	23.6		1	3	
Code 2	Antibacterials	LIFITEGRAST	8673405000		3	100%	15.9	57.7		1	2	
Code 3	Antineoplastics	ACALABRUTINIB MALEATE	2153210350		3	100%	2.4	N/A		3	0	
Code 4	Antihypertensives	MAVACAMTEN	4019005000		2	100%	N/A	86.6		0	2	
Code 5	Anticonvulsants	CANNABIDIOL	7260001700		2	100%	1.9	N/A		2	0	
Code 6	Hormones	CANAGLIFLOZIN-METFORMIN HCL	2799600220		2	100%	17.3	19.7		1	1	
Code 7	Hormones	INSULIN ASPART (WITH NIACINAMIDE)	2710400220		2	100%	N/A	31.8		0	2	
Code 8	Hormones	ABALOPARATIDE	3004400500		2	100%	16.1	45		1	1	
Code 9	Hormones	ELAGOLIX SODIUM	3009003010		2	100%	N/A	309.4		0	2	
Code 10	Hormones	TERIPARATIDE (RECOMBINANT)	3004407000		2	100%	N/A	56.7		0	2	

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Antihypertensives	SELEXIPAG	4012007000		1	100.0%	222.9	N/A		1	0	

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	Immunosuppressives	GLYCOPYRRONIUM TOSYLATE	9097003020		1	100.0%	5.3	N/A		1	0	
Code 3	Analgesics	ANAKINRA	6626001000		1	100.0%	23.9	N/A		1	0	
Code 4	Anti-Inflammatories	GALCANEZUMAB-GNLM	6770203530		24	66.7%	N/A	83.8		0	2	
Code 5	Anti-Inflammatories	ERENUMAB-AOOE	6770202010		13	50.0%	N/A	234.6		0	1	
Code 6	Antibacterials	CYCLOSPORINE (OPHTH)	8672002000		50	16.7%	N/A	141.8		0	1	
Code 7	Anti-Inflammatories	EVOLOCUMAB	3935002000		25	15.4%	25.1	312.6		1	1	

Carrier H

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	69990			5	0%	NA	0.084813842	NA	NA	5	NA
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			5	100%	NA	20.46583562	NA	NA	5	NA
Code 3	Cytarabine Hcl 100 Mg Inj		J9100		4	0%	NA	0.060605	NA	NA	4	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	47135			4	100%	2.43375	9.766398194	NA	2	2	NA
Code 5	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	61781			4	0%	NA	0.084285722	NA	NA	4	NA
Code 6	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	99223			3	0%	2.110233334	0.047420417	NA	1	2	NA
Code 7	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	96415			3	0%	2.110233334	0.047501806	NA	1	2	NA
Code 8	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	96413			3	0%	2.110233334	0.047449584	NA	1	2	NA
Code 9	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			3	100%	NA	24.86217376	NA	NA	3	NA
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	22840			3	100%	NA	21.49393272	NA	NA	3	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	separately in addition to code for primary procedure)											
Code 11	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	61519			3	0%	NA	0.082916389	NA	NA	3	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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 interspace (List separately in addition to code for primary procedure)	22853			5	100%	NA	20.46583562	NA	NA	5	NA
Code 2	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	47135			4	100%	2.43375	9.766398194	NA	2	2	NA
Code 3	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			3	100%	NA	24.86217376	NA	NA	3	NA
Code 4	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at	22840			3	100%	NA	21.49393272	NA	NA	3	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	C1, facet screw fixation) (List separately in addition to code for primary procedure)											
Code 5	Repair initial incisional or ventral hernia; reducible	49560			2	100%	NA	121.2763403	NA	NA	2	NA
Code 6	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845			2	100%	NA	1.415037038	NA	NA	2	NA
Code 7	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	38240			1	100%	6.402222223	NA	NA	1	NA	NA
Code 8	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	27132			1	100%	NA	19.00441667	NA	NA	1	NA
Code 9	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			1	100%	NA	2.101027778	NA	NA	1	NA
Code 10	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	38205			1	100%	6.402222223	NA	NA	1	NA	NA
Code 11	Unlisted laparoscopy procedure, intestine (except rectum)	44238			1	100%	NA	145.4329417	NA	NA	1	NA
Code 12	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769			1	100%	NA	1.174722223	NA	NA	1	NA
Code 13	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			1	100%	NA	2.101027778	NA	NA	1	NA
Code 14	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	49654			1	100%	NA	14.82840278	NA	NA	1	NA
Code 15	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List	22842			1	100%	NA	26.49525639	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	separately in addition to code for primary procedure)											
Code 16	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	22614			1	100%	NA	26.49525639	NA	NA	1	NA
Code 17	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	63051			1	100%	NA	0.043055556	NA	NA	1	NA
Code 18	Laminectomy, facetectomy, or foraminotomy with lumbar decompression of spinal cord, cauda equina and/or nerve root during posterior interbody arthrodesis, single segment	63052			1	100%	NA	23.81538417	NA	NA	1	NA
Code 19	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	63030			1	100%	NA	26.49525639	NA	NA	1	NA
Code 20	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; cervical	63045			1	100%	NA	0.043055556	NA	NA	1	NA
Code 21	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			1	100%	NA	2.101027778	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 22	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			1	100%	NA	2.101027778	NA	NA	1	NA
Code 23	Laminectomy, with release of tethered spinal cord, lumbar	63200			1	100%	23.00301861	NA	NA	1	NA	NA
Code 24	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	22551			1	100%	NA	0.043055556	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	CT abd & pelvis	74176			186	91%	NA	3.457180484	72	NA	186	1

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	ECHO, transthoracic w/doppler, complete	93306			185	93%	NA	5.466368528	NA	NA	185	NA
Code 3	MRI, lower extremity any joint; wo contr	73721			168	74%	NA	11.37845238	NA	NA	168	NA
Code 4	MRI of brain and further sequences	70553			135	93%	NA	6.374585346	2016	NA	135	1
Code 5	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		122	90%	NA	4.890858175	NA	NA	122	NA
Code 6	MRI of lumbar spine	72148			115	79%	NA	8.113943495	2400	NA	115	1
Code 7	DIAGNOSTIC CT THORAX W/O CNTRST	71250			85	91%	NA	3.865003087	NA	NA	85	NA
Code 8	MRI, any joint of upper extremity; wo co	73221			78	76%	NA	11.34610776	NA	NA	78	NA
Code 9	MRI of brain	70551			66	85%	NA	7.230772947	NA	NA	66	NA
Code 10	ECHO, transthoracic, heart, complete	93307			64	97%	NA	10.20146032	NA	NA	64	NA
Code 11	DIAGNOSTIC CT THORAX W/CONTRAST	71260			64	95%	NA	1.650824916	NA	NA	64	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Contrast CAT scan of neck tissue	70491			19	100%	NA	7.883347953	NA	NA	19	NA
Code 2	CT abd & pelv w contrast	74177			17	100%	NA	0.028070988	NA	NA	17	NA
Code 3	MRA, head, w/o contrast	70544			12	100%	NA	5.519935897	NA	NA	12	NA
Code 4	MRI of thoracic spine	72157			11	100%	NA	2.283383838	2016	NA	11	1
Code 5	MRI orb/fc/nck w/o cntrst flwd cntr	70543			8	100%	NA	15.97277778	NA	NA	8	NA
Code 6	MRI upr ext jnt w/o cntrst flwd cnt	73223			7	100%	NA	14.35349206	NA	NA	7	NA
Code 7	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	77301			7	100%	7.47025993	32.80474069	NA	5	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	Arthroscopy, shoulder, surgical; with rotator cuff repair	29827			7	100%	NA	8.094536684	2520	NA	7	1
Code 9	MRI, abdomen; wo contrast material(s)	74181			7	100%	NA	11.34635417	NA	NA	7	NA
Code 10	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	64491			7	100%	NA	4.021460039	NA	NA	7	NA
Code 11	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular si	29823			7	100%	NA	14.4030581	NA	NA	7	NA
Code 12	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	77338			7	100%	7.47025993	32.80474069	NA	5	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Stress ECHO exam of heart	93350			25	4%	NA	17.4485	NA	NA	25	NA
Code 2	MRI breast bilateral C-/+ w/CAD	77049			39	3%	NA	10.82368056	NA	NA	39	NA
Code 3	MRI, any joint of upper extremity; wo co	73221			78	1%	NA	11.34610776	NA	NA	78	NA
Code 4	MRI of brain and further sequences	70553			135	1%	NA	6.374585346	2016	NA	135	1
Code 5	MRI, lower extremity any joint; wo contr	73721			168	1%	NA	11.37845238	NA	NA	168	NA

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Residential treatment, Substance Use Disorder			1002	18	100%	NA	31.55648576	NA	NA	18	NA
Code 2	Residential treatment, Psychiatric			1001	5	100%	NA	63.93583333	NA	NA	5	NA
Code 3	Room and board, Semi-Private, Psychiatric			0124	3	100%	1.971944445	12.63392264	NA	1	2	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Residential treatment, Substance Use Disorder			1002	18	100%	NA	31.55648576	NA	NA	18	NA
Code 2	Residential treatment, Psychiatric			1001	5	100%	NA	63.93583333	NA	NA	5	NA
Code 3	Room and board, Semi-Private, Psychiatric			0124	3	100%	1.971944445	12.63392264	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient MH-SUD

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Alcohol and/or Drug Services		H0015		12	100%	NA	83.13438671	NA	NA	12	NA
Code 2	Alcohol and/or other drug treatment program, per diem		H2036		11	100%	NA	26.97784694	NA	NA	11	NA
Code 3	Nipple/areola reconstruction	19350			6	100%	NA	18.36854273	NA	NA	6	NA
Code 4	Mastectomy, simple, complete	19303			6	100%	NA	18.36854213	NA	NA	6	NA
Code 5	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			5	100%	25.58472222	12.44678222	NA	1	4	NA
Code 6	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			5	100%	25.58472222	12.44678222	NA	1	4	NA
Code 7	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			5	100%	25.58472222	12.44678104	NA	1	4	NA
Code 8	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		5	80%	NA	36.59735794	NA	NA	5	NA
Code 9	MRI of brain and further sequences	70553			4	100%	NA	0.000208333	NA	NA	4	NA
Code 10	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	71271			2	100%	NA	0.000277776	NA	NA	2	NA
Code 11	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	17999			2	50%	NA	45.86353792	NA	NA	2	NA
Code 12	Breast reduction	19318			2	100%	NA	123.1842619	NA	NA	2	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Alcohol and/Or Drug Services		H0015		12	100%	NA	83.13438671	NA	NA	12	NA
Code 2	Alcohol and/or other drug treatment program, per diem		H2036		11	100%	NA	26.97784694	NA	NA	11	NA
Code 3	Nipple/areola reconstruction	19350			6	100%	NA	18.36854273	NA	NA	6	NA
Code 4	Mastectomy, simple, complete	19303			6	100%	NA	18.36854213	NA	NA	6	NA
Code 5	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			5	100%	25.58472222	12.44678222	NA	1	4	NA
Code 6	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			5	100%	25.58472222	12.44678222	NA	1	4	NA
Code 7	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			5	100%	25.58472222	12.44678104	NA	1	4	NA
Code 8	MRI of brain and further sequences	70553			4	100%	NA	0.000208333	NA	NA	4	NA
Code 9	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	71271			2	100%	NA	0.000277776	NA	NA	2	NA
Code 10	Breast reduction	19318			2	100%	NA	123.1842619	NA	NA	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 DME

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		281	95%	NA	1.995146947	NA	NA	281	NA
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		19	89%	NA	6.461608187	NA	NA	19	NA
Code 3	W/C Component-Accessory Nos		K0108		5	40%	NA	81.35809017	NA	NA	5	NA
Code 4	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		4	100%	NA	0.000138889	NA	NA	4	NA
Code 5	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		E0960		3	0%	NA	23.18757065	NA	NA	3	NA
Code 6	Repair/svc DME non-oxygen eq		K0739		3	0%	NA	21.67603333	NA	NA	3	NA
Code 7	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each		E0955		3	0%	NA	23.18753028	NA	NA	3	NA
Code 8	Durable Medical Equipment Mi		E1399		3	0%	40.84433056	61.47392361	NA	1	2	NA
Code 9	Skin pro/pos wc cus wd <22in		E2607		2	0%	NA	32.47239861	NA	NA	2	NA
Code 10	WC planar back cush wd <22in		E2620		2	0%	NA	0.044263472	NA	NA	2	NA
Code 11	Wheelchair Belt W/Airplane B		E0978		2	0%	NA	34.77837083	NA	NA	2	NA
Code 12	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		2	0%	NA	32.47245278	NA	NA	2	NA

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		4	100%	NA	0.000138889	NA	NA	4	NA
Code 2	Osteogen Ultrasound Stimltor		E0760		1	100%	NA	133.9513889	NA	NA	1	NA
Code 3	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		281	95%	NA	1.995146947	NA	NA	281	NA
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		19	89%	NA	6.461608187	NA	NA	19	NA
Code 5	W/C Component-Accessory Nos		K0108		5	40%	NA	81.35809017	NA	NA	5	NA
Code 6	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		E0960		3	0%	NA	23.18757065	NA	NA	3	NA
Code 7	Repair/svc DME non-oxygen eq		K0739		3	0%	NA	21.67603333	NA	NA	3	NA
Code 8	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each		E0955		3	0%	NA	23.18753028	NA	NA	3	NA
Code 9	Durable Medical Equipment Mi		E1399		3	0%	40.84433056	61.47392361	NA	1	2	NA
Code 10	Skin pro/pos wc cus wd <22in		E2607		2	0%	NA	32.47239861	NA	NA	2	NA
Code 11	WC planar back cush wd <22in		E2620		2	0%	NA	0.044263472	NA	NA	2	NA
Code 12	Wheelchair Belt W/Airplane B		E0978		2	0%	NA	34.77837083	NA	NA	2	NA
Code 13	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		2	0%	NA	32.47245278	NA	NA	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		12	58%	0.614080555	26.50367164	NA	1	11	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		12	58%	0.614080555	26.50367164	NA	1	11	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Prescription Drugs

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

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Analgesics	ADALIMUMAB	6627001500		39	84.6%	2.1	60.7		9	30	
Code 2	Anti-Inflammatories	RIMEGEPANT SULFATE	6770106070		26	0.0%	3.8	13.6		5	21	
Code 3	Antibacterials	CYCLOSPORINE (OPHTH)	8672002000		25	80.0%	2	128		1	24	
Code 4	Analgesics	ETANERCEPT	6629003000		21	85.7%	5.8	36.1		5	16	
Code 5	Antibiotics	RIFAXIMIN	1600004900		20	25.0%	21.2	45.2		9	11	
Code 6	Immunosuppressives	RISANKIZUMAB-RZAA	9025057070		20	60.0%	6.2	554.9		3	17	
Code 7	Immunosuppressives	DUPILUMAB	9027302000		18	27.8%	21.6	36.2		4	14	
Code 8	Analgesics	HYDROCODONE-ACETAMINOPHEN	6599170210		18	50.0%	23.9	142		7	11	
Code 9	Anti-Inflammatories	GALCANEZUMAB-GNLM	6770203530		17	70.6%	45.2	52.5		1	16	
Code 10	Anti-Inflammatories	UBROGEPANT	6770108000		16	0.0%	1.1	12.3		1	15	

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

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Antibacterials	LIFITEGRAST	8673405000		8	100%	n/a	40.1		0	8	
Code 2	Immunosuppressives	GUSELKUMAB	9025054200		6	100%	n/a	13.5		0	6	
Code 3	Analgesics	MORPHINE SULFATE	6510005510		3	100%	9.7	25.8		2	1	
Code 4	Bronchodilators	LEVALBUTEROL TARTRATE	4420104550		3	100%	n/a	56		0	3	
Code 5	Bronchodilators	ELEXACAFOR-TEZACAFOR-IVACAFOR	4530990340		3	100%	n/a	41.1		0	3	
Code 6	Analgesics	HYDROCODONE BITARTRATE	6510003010		2	100%	2.2	66.6		1	1	
Code 7	Hormones	TERIPARATIDE (RECOMBINANT)	3004407000		2	100%	n/a	613.9		0	2	

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	Anti-Inflammatories	ALIROCUMAB	3935001000		2	100%	n/a	23.3		0	2	
Code 9	Antineoplastics	TUCATINIB	2117008000		1	100%	n/a	64.6		0	1	
Code 10	Analgesics	FENTANYL	6510002500		1	100%	n/a	45.2		0	1	

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Analgesics	TOCILIZUMAB	6650007000		3	100.0%	19.5	n/a		1	0	
Code 2	Antihypertensives	IVABRADINE HCL	4070003510		1	100.0%	44.2	n/a		1	0	
Code 3	Antineoplastics	ABEMACICLIB	2153101000		2	50.0%	2.2	n/a		1	0	
Code 4	Anti-Inflammatories	GALCANEZUMAB-GNLM	6770203530		17	25.0%	2.2	n/a		1	0	
Code 5	Analgesics	HYDROCODONE-ACETAMINOPHEN	6599170210		18	20.0%	n/a	24.3		0	1	
Code 6	Antibiotics	RIFAXIMIN	1600004900		20	10.0%	n/a	329.7		0	1	

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2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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	22853			49	88%	1.783655699	73.67917831	NA	5	44	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	(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)											
Code 2	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			46	85%	2.826288659	70.91364191	NA	4	42	NA
Code 3	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	96416			36	0%	0.129527067	6.065881022	NA	13	23	NA
Code 4	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			29	83%	1.147280722	56.84775353	NA	7	22	NA
Code 5	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			28	96%	1.950920278	77.24536074	NA	1	27	NA
Code 6	Laparoscopy, surgical; colectomy, partial, with anastomosis, with	44207			27	0%	0.551256722	1.804173671	NA	4	23	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	coloproctostomy (low pelvic anastomosis)											
Code 7	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			23	91%	2.107086606	62.80834108	NA	2	21	NA
Code 8	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			23	83%	0.347804643	86.78757963	NA	3	20	NA
Code 9	Cytarabine Hcl 100 Mg Inj		J9100		22	0%	0.037033333	1.014778507	NA	10	12	NA
Code 10	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			22	91%	1.38484525	58.50804957	NA	4	18	NA
Code 11	Laparoscopy, surgical; colectomy, partial, with anastomosis	44204			22	0%	NA	6.045091435	NA	NA	22	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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			14	100%	NA	86.04741874	NA	NA	14	NA
Code 2	Posterior segmental instrumentation (eg, 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			8	100%	12.30354551	19.85377603	NA	2	6	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	22610			5	100%	1.656845608	28.28057457	NA	3	2	NA
Code 4	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			4	100%	NA	66.06901226	NA	NA	4	NA
Code 5	Laminectomy, facetectomy, or foraminotomy with lumbar decompression of spinal cord, cauda equina and/or nerve root during posterior interbody arthrodesis, single segment	63052			4	100%	NA	102.6514883	NA	NA	4	NA
Code 6	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	22325			4	100%	NA	10.54731758	NA	NA	4	NA
Code 7	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	47135			4	100%	27.25222222	30.38243639	NA	1	3	NA
Code 8	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; thoracic	63046			3	100%	0.353683765	19.45549528	NA	2	1	NA
Code 9	Laminectomy, facetectomy, or foraminotomy with lumbar decompression of spinal cord, cauda equina and/or nerve root, during posterior interbody arthrodesis, each additional segment	63053			3	100%	NA	103.1150832	NA	NA	3	NA
Code 10	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus,	61867			3	100%	NA	37.56240741	NA	NA	3	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array											
Code 11	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	63056			3	100%	NA	51.61418883	NA	NA	3	NA
Code 12	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			3	100%	NA	152.0604888	NA	NA	3	NA
Code 13	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	33361			3	100%	NA	17.23751732	NA	NA	3	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	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			3	33%	NA	152.0604888	NA	NA	3	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	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			28	7%	1.950920278	77.24536074	NA	1	27	NA
Code 3	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	20931			15	7%	0.132777778	47.76105976	NA	1	14	NA
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			46	7%	2.826288659	70.91364191	NA	4	42	NA
Code 5	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			21	5%	2.107086606	75.47881978	NA	2	19	NA
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			22	5%	1.38484525	58.50804957	NA	4	18	NA
Code 7	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			23	4%	2.107086606	62.80834108	NA	2	21	NA
Code 8	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			49	4%	1.783655699	73.67917831	NA	5	44	NA

2022 Outpatient Med-Surg

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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			5448	70%	1.967357631	23.23881386	2826.610024	15	5433	18
Code 2	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			5158	70%	5.32882609	24.46614153	1535.854537	11	5147	11
Code 3	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			4653	70%	1.709303195	24.2642726	3871.851042	14	4639	11
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			4186	69%	0.706925945	23.99069922	2004.755235	4	4182	9
Code 5	ECHO, transthoracic w/doppler, complete	93306			2961	94%	NA	4.254639698	2764.8	NA	2961	5
Code 6	CT abd & pelvis	74176			2851	94%	0.434583333	4.213635609	NA	12	2839	NA
Code 7	MRI, lower extremity any joint; wo contr	73721			2597	88%	0.217361111	5.416698508	1622.934375	4	2593	3
Code 8	MRI of lumbar spine	72148			1835	88%	33.27722222	5.806029607	3096	2	1833	3
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		1743	96%	6.877222222	2.820735736	1608	4	1739	2
Code 10	MRI of brain and further sequences	70553			1573	96%	0.129722222	3.445440212	1473.848889	2	1571	4

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	43249			33	100%	5.877483102	4.548783045	NA	6	27	NA
Code 2	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	29898			27	100%	0.037777778	2.33629316	5304	3	24	1
Code 3	Cardiac MRI for morph	75557			25	100%	NA	6.348544444	NA	NA	25	NA
Code 4	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			20	100%	11.42528333	43.97194503	NA	3	17	NA
Code 5	Contrast MRI of cervical spine	72142			20	100%	NA	0.018458333	NA	NA	20	NA
Code 6	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	37243			20	100%	10.20065083	17.92338387	NA	2	18	NA
Code 7	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	77373			19	100%	12.41307722	46.59385613	NA	3	16	NA
Code 8	Contrast MRI of lumbar spine	72149			18	100%	NA	3.794228395	NA	NA	18	NA
Code 9	CTA abdm arta/lg artry w/o & w/cntrs	75635			16	100%	NA	0.013003472	NA	NA	16	NA
Code 10	Contrast MRI of thoracic spine	72147			16	100%	NA	0.012777778	NA	NA	16	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	15832			1	100%	NA	6351.911167	NA	NA	1	NA
Code 2	Suction assisted lipectomy; lower extremity	15879			1	100%	NA	6351.911167	NA	NA	1	NA
Code 3	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	15839			1	100%	NA	6351.911167	NA	NA	1	NA
Code 4	Suction assisted lipectomy; trunk	15877			1	100%	NA	6351.911167	NA	NA	1	NA
Code 5	Reinsertion of spinal fixation device	22849			2	50%	NA	84.8055725	NA	NA	2	NA
Code 6	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	63655			2	50%	NA	72.49758195	NA	NA	2	NA
Code 7	Removal of posterior segmental instrumentation	22852			3	33%	NA	77.09756591	NA	NA	3	NA
Code 8	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	29805			5	20%	5.458238057	163.6368785	NA	1	4	NA
Code 9	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; cervical	63045			11	18%	NA	57.25166212	NA	NA	11	NA
Code 10	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	29862			7	14%	NA	51.25368665	NA	NA	7	NA

2022 Inpatient MH-SUD

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Residential treatment, Substance Use Disorder			1002	256	98%	13.43465713	29.23745095	4944	3	253	1
Code 2	Residential treatment, Psychiatric			1001	55	80%	32.15222222	42.34860677	5365.35762	3	52	2
Code 3	Room and board, Semi-Private, Psychiatric			0124	19	100%	536.301546	25.84960406	NA	2	17	NA
Code 4	Room and board, Semi Private Detoxification			0126	2	100%	NA	12.06753056	4872	NA	2	1
Code 5	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	99221			2	0%	NA	0.08730875	NA	NA	2	NA
Code 6	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%	NA	238.9218658	NA	NA	1	NA
Code 7	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	95714			1	0%	NA	0.087204723	NA	NA	1	NA
Code 8	Amputation of penis; complete	54125			1	0%	NA	238.9218658	NA	NA	1	NA
Code 9	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	95720			1	0%	NA	0.087161112	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 10	Leuprolide Acetate Suspnsion		J9217		1	0%	NA	0.085735277	NA	NA	1	NA
Code 11	Alcohol and/Or Drug Services		H0017		1	0%	NA	0.005833334	NA	NA	1	NA
Code 12	Urethroplasty, reconstruction of female urethra	53430			1	0%	NA	238.9218658	NA	NA	1	NA
Code 13	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	14301			1	0%	NA	238.9218658	NA	NA	1	NA
Code 14	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	54520			1	0%	NA	238.9218658	NA	NA	1	NA
Code 15	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	99223			1	0%	NA	0.087500002	NA	NA	1	NA
Code 16	Alcohol and/Or Drug Services		H0018		1	0%	NA	0.08719639	851.2	NA	1	3
Code 17	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	99222			1	0%	NA	0.087500002	NA	NA	1	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Room and board, Semi-Private, Psychiatric			0124	19	100%	536.301546	25.84960406	NA	2	17	NA
Code 2	Room and board, Semi Private Detoxification			0126	2	100%	NA	12.06753056	4872	NA	2	1
Code 3	Residential treatment, Substance Use Disorder			1002	256	98%	13.43465713	29.23745095	4944	3	253	1
Code 4	Residential treatment, Psychiatric			1001	55	80%	32.15222222	42.34860677	5365.35762	3	52	2
Code 5	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	99221			2	0%	NA	0.08730875	NA	NA	2	NA
Code 6	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%	NA	238.9218658	NA	NA	1	NA
Code 7	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	95714			1	0%	NA	0.087204723	NA	NA	1	NA
Code 8	Amputation of penis; complete	54125			1	0%	NA	238.9218658	NA	NA	1	NA
Code 9	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	95720			1	0%	NA	0.087161112	NA	NA	1	NA
Code 10	Leuprolide Acetate Suspnsion		J9217		1	0%	NA	0.085735277	NA	NA	1	NA
Code 11	Alcohol and/Or Drug Services		H0017		1	0%	NA	0.005833334	NA	NA	1	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 12	Urethroplasty, reconstruction of female urethra	53430			1	0%	NA	238.9218658	NA	NA	1	NA
Code 13	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	14301			1	0%	NA	238.9218658	NA	NA	1	NA
Code 14	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	54520			1	0%	NA	238.9218658	NA	NA	1	NA
Code 15	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	99223			1	0%	NA	0.087500002	NA	NA	1	NA
Code 16	Alcohol and/Or Drug Services		H0018		1	0%	NA	0.08719639	851.2	NA	1	3
Code 17	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	99222			1	0%	NA	0.087500002	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient MH-SUD

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			238	61%	1.166890833	49.71417048	2088	1	237	1
Code 2	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	71271			232	93%	NA	2.809104673	NA	NA	232	NA
Code 3	Alcohol and/Or Drug Services		H0015		204	100%	13.41949509	14.00535917	NA	3	201	NA
Code 4	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		115	91%	NA	40.940329	NA	NA	115	NA
Code 5	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			104	93%	28.84766406	36.95580354	3480	5	99	1
Code 6	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			104	93%	35.43247868	37.27901375	NA	4	100	NA
Code 7	Alcohol and/or other drug treatment program, per diem		H2036		91	97%	18.28416667	26.99379394	NA	1	90	NA
Code 8	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			78	95%	38.79774935	35.17500741	NA	3	75	NA
Code 9	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			53	60%	NA	37.99685158	NA	NA	53	NA
Code 10	MRI of brain	70551			44	98%	NA	2.598333333	NA	NA	44	NA

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	92522			8	100%	NA	18.12766878	NA	NA	8	NA
Code 2	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	81229			7	100%	NA	9.82712869	720	NA	7	1
Code 3	CT, head or brain wo contrast	70450			4	100%	NA	0.031527778	NA	NA	4	NA
Code 4	Breast reduction	19318			4	100%	NA	42.5827616	NA	NA	4	NA
Code 5	Unlisted procedure, dentoalveolar structures	41899			3	100%	NA	43.04668055	NA	NA	3	NA
Code 6	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	81416			3	100%	NA	32.24690926	NA	NA	3	NA
Code 7	Therapeutic services for the use of speech-generating device, including programming and modification	92609			3	100%	NA	28.34968239	NA	NA	3	NA
Code 8	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	81415			3	100%	NA	32.24690926	NA	NA	3	NA
Code 9	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	21122			2	100%	NA	150.1566292	NA	NA	2	NA
Code 10	Electrolysis epilation, each 30 minutes	17380			2	100%	NA	54.46004028	NA	NA	2	NA
Code 11	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769			2	100%	NA	2949.905131	NA	NA	2	NA
Code 12	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	21296			2	100%	NA	173.1659833	NA	NA	2	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 13	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	81243			2	100%	NA	12.36625	720	NA	2	1

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		84	96%	NA	27.22983188	624	NA	84	1
Code 2	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		A9277		7	0%	NA	0.800513849	NA	NA	7	NA
Code 3	Syringe W/Needle Insulin 3cc		A4232		7	0%	NA	11.98567639	NA	NA	7	NA
Code 4	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply		A9276		6	0%	NA	0.919602732	NA	NA	6	NA
Code 5	Infus Insulin Pump Non Needl		A4230		6	0%	NA	13.35062761	NA	NA	6	NA
Code 6	Sterile water/saline, 10 ml		A4216		5	0%	NA	0.069804833	NA	NA	5	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 7	Blood Glucose/Reagent Strips		A4253		1	0%	NA	5.160955555	NA	NA	1	NA
Code 8	Infusion Insulin Pump Needle		A4231		1	0%	NA	0.005900002	NA	NA	1	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Ext Amb Infusn Pump Insulin		E0784		84	96%	NA	27.22983188	624	NA	84	1
Code 2	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		A9277		7	0%	NA	0.800513849	NA	NA	7	NA
Code 3	Syringe W/Needle Insulin 3cc		A4232		7	0%	NA	11.98567639	NA	NA	7	NA
Code 4	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply		A9276		6	0%	NA	0.919602732	NA	NA	6	NA
Code 5	Infus Insulin Pump Non Needl		A4230		6	0%	NA	13.35062761	NA	NA	6	NA
Code 6	Sterile water/saline, 10 ml		A4216		5	0%	NA	0.069804833	NA	NA	5	NA
Code 7	Blood Glucose/Reagent Strips		A4253		1	0%	NA	5.160955555	NA	NA	1	NA
Code 8	Infusion Insulin Pump Needle		A4231		1	0%	NA	0.005900002	NA	NA	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		3645	96%	NA	1.854224334	1440	NA	3645	2
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		187	100%	NA	0.342040998	NA	NA	187	NA
Code 3	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		102	99%	20.49277778	0.210775	4872	2	100	1
Code 4	W/C Component-Accessory Nos		K0108		26	27%	19.50730556	44.5256387	NA	1	25	NA
Code 5	Durable Medical Equipment Mi		E1399		26	27%	NA	82.60064437	NA	NA	26	NA
Code 6	Elec Osteogen Stim Not Spine		E0747		15	20%	NA	142.5876372	NA	NA	15	NA
Code 7	Negative pressure wound therapy electrical pump, stationary or portable		E2402		15	33%	3.796158334	117.8163427	NA	1	14	NA
Code 8	Repair/svc DME non-oxygen eq		K0739		13	0%	NA	0.21648993	NA	NA	13	NA
Code 9	Osteogen Ultrasound Stimltor		E0760		11	9%	NA	96.55618687	NA	NA	11	NA
Code 10	Adjustable Angle Footplate		K0040		10	0%	NA	0.622384784	NA	NA	10	NA

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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		E0470		187	100%	NA	0.342040998	NA	NA	187	NA

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	(intermittent assist device with continuous positive airway pressure device)											
Code 2	PWC gp 3 std mult pow opt s/b		K0861		3	100%	NA	23.04890343	NA	NA	3	NA
Code 3	PWC gp 3 std sing pow opt s/b		K0856		1	100%	NA	#DIV/0!	NA	NA	1	NA
Code 4	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		102	99%	20.49277778	0.210775	4872	2	100	1
Code 5	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		3645	96%	NA	1.854224334	1440	NA	3645	2
Code 6	Elec Osteogen Stim Spinal		E0748		5	60%	NA	86.14078667	NA	NA	5	NA
Code 7	Accessory for speech generating device, not otherwise classified		E2599		2	50%	NA	10.0750157	NA	NA	2	NA
Code 8	Negative pressure wound therapy electrical pump, stationary or portable		E2402		15	33%	3.796158334	117.8163427	NA	1	14	NA
Code 9	W/C Component-Accessory Nos		K0108		26	27%	19.50730556	44.5256387	NA	1	25	NA
Code 10	Durable Medical Equipment Mi		E1399		26	27%	NA	82.60064437	NA	NA	26	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Elec Osteogen Stim Spinal		E0748		5	20%	NA	86.14078667	NA	NA	5	NA
Code 2	Continuous airway pressure (CPAP) device [may be used for either CPAP or APAP]		E0601		3645	0%	NA	1.854224334	1440	NA	3645	2

2022 Prescription Drugs

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

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Analgesics	ADALIMUMAB	6627001500		673	77.7%	8.8	54		170	503	
Code 2	Antibacterials	CYCLOSPORINE (OPHTH)	8672002000		410	69.5%	10.8	46.3		34	376	
Code 3	Hormones	INSULIN GLARGINE	2710400300		353	1.1%	10.7	47.5		154	199	
Code 4	Hormones	TIRZEPATIDE	2717308000		298	7.4%	14	51.6		65	233	
Code 5	Analgesics	OXYCODONE HCL	6510007510		295	51.9%	9.8	134.8		129	166	
Code 6	Anti-Inflammatories	GALCANEZUMAB-GNLM	6770203530		280	68.9%	22.4	92.8		84	196	
Code 7	Analgesics	HYDROCODONE-ACETAMINOPHEN	6599170210		277	53.4%	15.4	127.6		90	187	
Code 8	Immunosuppressives	DUPILUMAB	9027302000		266	33.1%	28.3	63.8		51	215	
Code 9	Hormones	SEMAGLUTIDE	2717007000		245	0.4%	8.1	48.4		44	201	
Code 10	Analgesics	ETANERCEPT	6629003000		239	77.0%	8.4	34.1		48	191	

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

Code	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Antibacterials	TAFLUPROST	8633006500		7	100%	1.7	34.7		2	5	
Code 2	Antineoplastics	OSIMERTINIB MESYLATE	2136006820		6	100%	8.2	n/a		6	0	
Code 3	Antineoplastics	DABRAFENIB MESYLATE	2153202510		5	100%	12.3	27.4		4	1	
Code 4	Hormones	TERIPARATIDE (RECOMBINANT)	3004407000		5	100%	14.6	28.9		1	4	
Code 5	Antineoplastics	IBRUTINIB	2153213300		5	100%	1.8	69.4		4	1	
Code 6	Analgesics	ANAKINRA	6626001000		3	100%	10.8	2.9		2	1	
Code 7	Bronchodilators	NINTEDANIB ESYLATE	4555405020		2	100%	20.6	n/a		2	0	
Code 8	Antineoplastics	REGORAFENIB	2153305000		2	100%	27.7	n/a		2	0	
Code 9	Hormones	ABALOPARATIDE	3004400500		2	100%	n/a	48.4		0	2	

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 10	Immunosuppressives	DEUCRAVACITINIB	9025052400		1	100%	n/a	50.9		0	1	

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Antineoplastics	ALPELISIB	2153801000		3	100.0%	22.5	24.5		1	1	
Code 2	Antineoplastics	TRAMETINIB DIMETHYL SULFOXIDE	2153357010		7	100.0%	12.7	N/A		2	0	
Code 3	Hormones	INSULIN GLULISINE	2710400400		3	100.0%	N/A	154.1		0	2	
Code 4	Antineoplastics	ABEMACICLIB	2153101000		31	66.7%	3.2	187.8		1	1	
Code 5	Analgesics	SARILUMAB	6650006000		8	66.7%	N/A	157.1		0	2	
Code 6	Immunosuppressives	RISANKIZUMAB-RZAA	9025057070		182	50.0%	2.9	N/A		1	0	
Code 7	Analgesics	APREMILAST	6670001500		134	50.0%	1.6	238.6		1	1	
Code 8	Antineoplastics	PALBOCICLIB	2153106000		32	50.0%	2.4	N/A		1	0	
Code 9	Hormones	INSULIN REGULAR (HUMAN)	2710401000		16	50.0%	15.9	N/A		1	0	
Code 10	Antivirals	SOFOSBUVIR- VELPATASVIR	1235990265		12	50.0%	N/A	150.1		0	1	

Carrier J

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	UNLISTED LAPS PX LIVER	47379			2	50	0	60	0	0	2	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	LAPARO PARTIAL COLECTOMY	44204			2	100	0	0	0	0	2	0
Code 3	REPLACEMENT AORTIC VALVE OPN	33405			2	100	72	24	0	1	1	0
Code 4	TOTAL HYSTERECTOMY	58150			1	100	0	0	0	0	1	0
Code 5	REVISION OF NECK MUSCLE/RIB	21705			1	0	0	120	0	0	1	0
Code 6	VALVULOPLASTY TRICUSPID	33464			1	100	0	0	0	0	1	0
Code 7	RECONSTRUCT ORBIT/FOREHEAD	21175			1	100	0	0	0	0	1	0
Code 8	THORACOSCOPY W/MEDIAST EXC	32662			1	100	0	0	0	0	1	0
Code 9	LAP COLECTOMY PART W/ILEUM	44205			1	100	0	0	0	0	1	0
Code 10	ARTHRO CMBN 1INTRSPC LUMBAR	22633			1	0	0	312	0	0	1	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	LAPARO PARTIAL COLECTOMY	44204			2	100	0	0	0	0	2	0
Code 2	REPLACEMENT AORTIC VALVE OPN	33405			2	100	72	24	0	1	1	0
Code 3	TOTAL HYSTERECTOMY	58150			1	100	0	0	0	0	1	0
Code 4	VALVULOPLASTY TRICUSPID	33464			1	100	0	0	0	0	1	0
Code 5	RECONSTRUCT ORBIT/FOREHEAD	21175			1	100	0	0	0	0	1	0
Code 6	THORACOSCOPY W/MEDIAST EXC	32662			1	100	0	0	0	0	1	0
Code 7	LAP COLECTOMY PART W/ILEUM	44205			1	100	0	0	0	0	1	0
Code 8	TRANSPLT ALLO HCT/DONOR	38240			1	100	0	0	0	1	0	0
Code 9	TRANSCATH STENT CCA W/EPS	37215			1	100	0	24	0	0	1	0
Code 10	UNLISTED LAPS PX STOMACH	43659			1	100	0	24	0	0	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SPEECH/HEARING THERAPY	92507			33	100	0	133.1	0	0	33	0
Code 2	POLYSOM 6/> YRS 4/> PARAM	95810			31	83.9	0	151	0	0	31	0
Code 3	INJECTION,ONABOTULINUMTOXINA	J0585			28	82.1	72	419.5	0	3	25	0
Code 4	CHEMODENERV MUSC MIGRAINE	64615			16	93.8	96	56.6	0	2	14	0
Code 5	POLYSOM 6/>YRS CPAP 4/> PARM	95811			14	78.6	0	222.9	0	0	14	0
Code 6	NJX SCLRSNT MLT INCMPTNT VN	36471			14	85.7	0	330.9	0	0	14	0
Code 7	OFFICE O/P EST MOD 30-39 MIN	99214			13	61.5	0	127.4	0	0	13	0
Code 8	INJECTION, INFLECTRA	Q5103			12	83.3	12	57.6	0	2	10	0
Code 9	ENDOVENOUS RF 1ST VEIN	36475			12	91.7	0	666	0	0	12	0
Code 10	AFLIBERCEPT INJECTION	J0178			10	90	0	31.2	0	0	10	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SPEECH/HEARING THERAPY	92507			33	100	0	133.1	0	0	33	0
Code 2	POLYSOM 6/> YRS 4/> PARAM	95810			26	83.9	0	98.8	0	0	26	0
Code 3	INJECTION,ONABOTULINUMTOXINA	J0585			23	82.1	96	468.6	0	2	21	0
Code 4	CHEMODENERV MUSC MIGRAINE	64615			15	93.8	96	60.9	0	2	13	0
Code 5	NJX SCLRSNT MLT INCMPTNT VN	36471			12	85.7	0	368	0	0	12	0
Code 6	ENDOVENOUS RF 1ST VEIN	36475			11	91.7	0	717.8	0	0	11	0
Code 7	POLYSOM 6/>YRS CPAP 4/> PARM	95811			11	78.6	0	117.8	0	0	11	0
Code 8	INJECTION, NIVOLUMAB	J9299			10	100	0	962.7	0	1	9	0
Code 9	BRCA1&2 GEN FULL SEQ DUP/DEL	81162			10	100	0	60	0	0	10	0
Code 10	INJECTION, INFLECTRA	Q5103			10	83.3	12	39	0	2	8	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Reproductive Medicine	89356			1	100%	0	480	0	0	1	0
Code 2	Head, Repair, Revision, and/or Reconstruction	21139			1	100%	0	384	0	0	1	0
Code 3	Surgery Digestive System	43239			1	100%	0	912	0	0	1	0
Code 4	Posterior segmental instrumentation	22842			1	100%	24	0	0	1	0	0
Code 5	Injection procedure for sacroiliac joint	27096			1	100%	48	0	0	1	0	0

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Substance Use Residential	Not Applicable	Not Applicable	Not Applicable	2	100	<24 hours	Not Applicable	Not Applicable	2	Not Applicable	Not Applicable
Code 2	Detox	Not Applicable	Not Applicable	Not Applicable	1	100	<24 hours	Not Applicable	Not Applicable	1	Not Applicable	Not Applicable

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Substance Use Residential	Not Applicable	Not Applicable	Not Applicable	2	100	<24 hours	Not Applicable	Not Applicable	2	Not Applicable	Not Applicable
Code 2	Detox	Not Applicable	Not Applicable	Not Applicable	1	100	<24 hours	Not Applicable	Not Applicable	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	MH IP	Not Applicable	Not Applicable	Not Applicable	1	100%	24 hours	0	0	1	0	0
Code 2	MH RES	Not Applicable	Not Applicable	Not Applicable	1	100%	72 hours	0	0	1	0	0
Code 3	CD RES	Not Applicable	Not Applicable	Not Applicable	1	100%	48 hours	0	0	1	0	0
Code 4	SA RES	Not Applicable	Not Applicable	Not Applicable	1	100%	24 hours	0	0	1	0	0

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	TCRANIAL MAGN STIM TX DELI	90868			5	60	Not Applicable	64.12 hours	Not Applicable	Not Applicable	5	Not Applicable
Code 2	ADAPT BEHAVIOR TX PHYS/QHP	97155			2	50	Not Applicable	36.23 hours	Not Applicable	Not Applicable	2	Not Applicable
Code 3	PSYTX W PT 60 MINUTES	90837			1	100	Not Applicable	<24 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 4	ALCOHOL AND/OR DRUG SERVICES	H0015			1	100	Not Applicable	135.90 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 5	BHV ID ASSMT BY PHYS/QHP	97151			1	100	Not Applicable	126.15 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 6	PARTIAL HOSPITALIZATION SERV	S0201			1	100	Not Applicable	<24 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 7	MH PARTIAL HOSP TX UNDER 24H	H0035			1	100	Not Applicable	98.28 hours	Not Applicable	Not Applicable	1	Not Applicable

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	TCRANIAL MAGN STIM TX DELI	90868			3	60	Not Applicable	36.16 hours	Not Applicable	Not Applicable	3	Not Applicable
Code 2	PSYTX W PT 60 MINUTES	90837			1	100	Not Applicable	<24 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 3	ADAPT BEHAVIOR TX PHYS/QHP	97155			1	50	Not Applicable	72.15 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 4	ALCOHOL AND/OR DRUG SERVICES	H0015			1	100	Not Applicable	135.90 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 5	BHV ID ASSMT BY PHYS/QHP	97151			1	100	Not Applicable	126.15 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 6	PARTIAL HOSPITALIZATION SERV	S0201			1	100	Not Applicable	<24 hours	Not Applicable	Not Applicable	1	Not Applicable
Code 7	MH PARTIAL HOSP TX UNDER 24H	H0035			1	100	Not Applicable	98.28 hours	Not Applicable	Not Applicable	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ABA	97151			1	100%	0	192 hours	0	0	1	0
Code 2	MH OIF	97155			1	100%	0	144 hours	0	0	1	0

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	EXT AMB INFUSN PUMP INSULIN	E0784			5	100	0	5	0	0	0	0
Code 2	HOME VENT NON-INVASIVE INTER	E0466			3	100	0	3	0	0	0	0
Code 3	OSTEOGEN ULTRASOUND STIMLTOR	E0760			2	66.7	0	2	0	0	0	0
Code 4	IMPLT NROSTM PLS GEN DUA NON	L8688			1	100	0	1	0	0	0	0
Code 5	SGD ACCESSORY NOC	E2599			1	100	0	1	0	0	0	0
Code 6	SGD W MULTI METHODS MSG/ACCS	E2510			1	100	0	1	0	0	0	0
Code 7	ELEC STIM CANCER TREATMENT	E0766			1	100	0	1	0	0	0	0
Code 8	IMPLT NEUROSTIM ELCTR EACH	L8680			1	100	0	1	0	0	0	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	EXT AMB INFUSN PUMP INSULIN	E0784			5	100	0	5	0	0	0	0
Code 2	HOME VENT NON-INVASIVE INTER	E0466			3	100	0	3	0	0	0	0
Code 3	OSTEOGEN ULTRASOUND STIMLTOR	E0760			2	66.7	0	2	0	0	0	0
Code 4	IMPLT NROSTM PLS GEN DUA NON	L8688			1	100	0	1	0	0	0	0
Code 5	SGD ACCESSORY NOC	E2599			1	100	0	1	0	0	0	0
Code 6	SGD W MULTI METHODS MSG/ACCS	E2510			1	100	0	1	0	0	0	0
Code 7	ELEC STIM CANCER TREATMENT	E0766			1	100	0	1	0	0	0	0
Code 8	IMPLT NEUROSTIM ELCTR EACH	L8680			1	100	0	1	0	0	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category.												

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	DIABETIC THERAPY	OZEMPIC 0.25 OR .5 PEN INJCTR		001694132	92	60%	17.31	56.4	0	16	76	0
Code 2	DIABETIC THERAPY	OZEMPIC 1/0.75 (3) PEN INJCTR		001694130	55	89%	0.09	90.64	0	10	45	0

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	NON-OPIOID ANALGESICS	NURTEC ODT 75 MG TAB RAPDIS		726183000	42	81%	31.57	59.6	0	14	28	0
Code 4	ANTICOAGULANTS	ELIQUIS 5 MG TABLET		000030894	35	100%	0.21	0.13	0	19	16	0
Code 5	Medical Supplies	DEXCOM G6 EACH/DEXCOM G6 SENSOR EACH		086270053	33	85%	3.07	155.83	0	9	24	0
Code 6	DIABETIC THERAPY	TRULICITY 0.75MG/0.5 PEN INJCTR		000021433	33	82%	0.02	29.31	0	10	23	0
Code 7	MISCELLANEOUS	STELARA 90 MG/ML SYRINGE		578940061	29	86%	3.94	138.34	0	13	16	0
Code 8	ANTIVIRALS	DESCOVY 200MG-25MG TABLET		619582002	27	30%	45.99	122.41	0	8	19	0
Code 9	ANTIARTHRITICS	HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT		000740554	26	100%	0.54	11.37	0	5	21	0
Code 10	Medical Supplies	DEXCOM G6 EACH/DEXCOM G6 TRANSMITTER EACH		086270016	24	79%	2.8	151.7	0	4	20	0

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ANTIARTHRITICS	HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT		000740554	26	100%	0.54	11.37	0	5	21	0
Code 2	DIABETIC THERAPY	TRULICITY 1.5 MG/0.5 PEN INJCTR		000021434	21	100%	0.01	1.29	0	4	17	0
Code 3	AMPHETAMINE PREPARATIONS	DEXTROAMPHETAMINE- AMPHET ER 20 MG CAP.SR 24H		001151489	18	100%	16.37	19.69	0	4	14	0
Code 4	ANTIARTHRITICS	ENBREL SURECLICK 50MG/ML(1) PEN INJCTR		584060032	16	100%	0.02	42.93	0	3	13	0
Code 5	MISCELLANEOUS	STELARA 45MG/0.5ML SYRINGE		578940060	14	100%	1.28	43.49	0	2	12	0

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	DIABETIC THERAPY	TRULICITY 3 MG/0.5ML PEN INJCTR		000022236	14	100%	0.01	12.06	0	2	12	0
Code 7	AMPHETAMINE PREPARATIONS	DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET		001850842	13	100%	0.01	0.01	0	4	9	0
Code 8	OTHER HORMONES	MENOPUR 75 UNIT VIAL		555667501	12	100%	3.06	25.09	0	9	3	0
Code 9	ALL OTHER DERMATOLOGICALS	SKYRIZI PEN 150 MG/ML PEN INJCTR		000742100	11	100%	0.1	33.04	0	1	10	0
Code 10	ANTIARTHRITICS	OTEZLA 30 MG TABLET		555130137	10	100%	0	47.31	0	0	10	0

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

Carrier K

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22842			16	69%	4.7	75.5		1	15	
Code 2	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	22614			13	62%	3.8	67.7		2	11	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416			12	92%	11	57.8		4	8	
Code 4	LAM FACETECTOMY and FORAMOT 1 VRT SGM EA ADDL SGM	63048			10	70%	3.8	99.8		2	8	
Code 5	MICROSURG TQS REQ USE OPERATING MICROSCOPE	69990			9	78%	22.1	17.2		1	8	
Code 6	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	22600			9	78%	3.8	87.4		2	7	
Code 7	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	44207			9	78%	23.9	19.9		2	7	
Code 8	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	38724			9	67%	24.9	40		2	7	
Code 9	INJECTION CYTARABINE 100 MG	J9100			8	75%	15.2	57.4		4	4	
Code 10	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150			8	88%	18.1	21.4		4	4	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22840			13	100%		62.5			13	
Code 2	ARTHRD ANT INTERBODY MIN DSC LUMBAR	22558			7	100%		75.2			7	
Code 3	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	49000			6	100%	11.3	14		4	2	
Code 4	FUNCJAL CORT and SUBCORT MAPG PHYS/QHP ATTND INIT HR	95961			6	100%	20.6	45.9		3	3	
Code 5	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	44620			4	100%	33.1	98.1		2	2	
Code 6	REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101			3	100%	26.1	58.5		1	2	
Code 7	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM OR LT	13102			3	100%	26.1	58.5		1	2	
Code 8	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002			3	100%	26.1	58.5		1	2	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 9	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003			3	100%	26.1	58.5		1	2	
Code 10	ARTHRO ANT NTRBD MIN DSC EA ADDL INTERSPACE	22585			3	100%		72.6			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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	23440			1	100%		96.2			1	
Code 2	UNLISTED LAPAROSCOPY PROCEDURE URETER	50949			1	100%	18.2			1		
Code 3	MYOMECTOMY 5 OR GT MYOMAS and OR GT 250 GM ABDOMINA	58146			1	100%		42.6			1	
Code 4	CRNEC SOPL EXPL/DCMPRN CRNL NRV	61458			1	100%		51.1			1	
Code 5	CLSR NTRSTM LG/SM RESCJ and COLORECTAL ANASTOMOSIS	44626			2	50%	48	25.6		1	1	
Code 6	CYSTO W/URTROSCOPY and /PYELOSOCOPY DX	52351			2	50%	18.2	73.6		1	1	
Code 7	AEP THRESHOLD ESTIMATION MLT FREQUENCIES I and R	92652			3	33%	21.2	37.5		1	2	
Code 8	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	47135			3	33%	19.2	150.1		1	2	
Code 9	MYOMECTOMY 1-4 MYOMAS W/250 GM OR LT ABDOMINAL APPR	58140			3	33%		46.3			3	
Code 10	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	44620			4	25%	33.1	98.1		2	2	

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC and COLR D	93306			1415	90%	9.3	45.4		28	1387	
Code 2	MYOCARDIAL SPECT MULTIPLE STUDIES	78452			261	90%		58.8		3	258	
Code 3	CV STRS TST XERS and /OR RX CONT ECG W/SI and R	93015			232	87%	1	48.9		2	230	
Code 4	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971			197	91%	14.5	22.1		23	174	
Code 5	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	77334			171	92%	13.2	18.7		65	106	
Code 6	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST and ST	93350			169	90%	29	40.3		3	166	
Code 7	CT ABDOMEN and PELVIS W/CONTRAST MATERIAL	74177			150	89%	27.3	36.6		45	105	
Code 8	BOTULINUM TOXIN TYPE A PER UNIT	J0585			157	80%	7.4	63.1		10	147	
Code 9	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271			148	91%	0	43.7		1	147	
Code 10	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION	93248			146	92%		60.5			146	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	93271			32	100%		0			32	
Code 2	DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR ORGN COM	93975			28	100%		48.1		2	26	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	93229			24	100%					24	
Code 4	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	93280			24	100%		0			24	
Code 5	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG	93460			19	100%		0			19	
Code 6	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE	A9502			18	100%		26.8			18	
Code 7	INTERROGATION EVAL REMOTE LT 90 D 1/2/MLT LD DFB	93295			17	100%		0			17	
Code 8	SPECIAL TREATMENT PROCEDURE	77470			13	100%		22.1		2	11	
Code 9	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT	93451			13	100%		40.9		1	12	
Code 10	DUPLEX SCAN HEMODIALYSIS ACCESS	93990			13	100%				1	12	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	17999			1	100%		161			1	
Code 2	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	20930			1	100%		225			1	
Code 3	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	20936			1	100%		225			1	
Code 4	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	21705			1	100%		33			1	
Code 5	TENOTOMY SHOULDER AREA 1 TENDON	23405			1	100%		33			1	
Code 6	EXC FRENUM LABIAL/BUCCAL	40819			1	100%		98			1	
Code 7	EXCISION LINGUAL FRENUM FRENECTOMY	41115			1	100%		98			1	
Code 8	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	52601			1	100%		46			1	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 9	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	61783			1	100%		225			1	
Code 10	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	64713			1	100%		33			1	

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Room & Board - Semiprivate - 2 Beds - Psychiatric			0124	1	100%		0			1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Room & Board - Semiprivate - 2 Beds - Psychiatric			0124	1	100%		0			1	

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	No Auths were initially denied and subsequently approved											

2022 Outpatient MH-SUD

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	90868			34	53%		99.3			34	
Code 2	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL and M	90867			33	55%		99.8			33	
Code 3	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV and MN	90869			24	54%		102.2			24	
Code 4	PSYCHIATRIC DIAGNOSTIC EVALUATION	90791			12	67%	98	42.3		1	11	
Code 5	PSYCHOTHERAPY W/PATIENT 60 MINUTES	90837			11	45%	72.5	43		3	8	
Code 6	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307			8	38%	40	92.7		1	7	
Code 7	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 30 MIN	90833			6	83%		122			6	
Code 8	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	96131			6	83%		68			6	
Code 9	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	59480			6	83%	32.3	60.7		3	3	
Code 10	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	96130			5	80%		82.8			5	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	96116			2	100%		185.5			2	
Code 2	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	96121			2	100%		188.5			2	
Code 3	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	96132			2	100%		185.5			2	
Code 4	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	96133			2	100%		185.5			2	
Code 5	BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD-DIEM	H0018			2	100%		72.5			2	
Code 6	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	80305			1	100%			40	1	1	
Code 7	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 60 MIN	90838			1	100%		350			1	
Code 8	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	90899			1	100%					1	
Code 9	ALCOHL and /RX SRVC;INTENSV OP;CRISIS INTRVN and ACTV TX	H0015			1	100%		49			1	
Code 10	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	H2012			1	100%		35			1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PSYCHOTHERAPY W/PATIENT 60 MINUTES	90837			11	9%	72.6	56.1		3	8	

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	O2 CONC 1 DEL PORT 85 PCT OR GT O2 CONC AT PRSC FLW RATE	E1390			78	63%	25.8	114.5		8	70	
Code 2	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	L0650			12	25%		68.2			12	
Code 3	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS	E0652			10	0%		155.6			10	
Code 4	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	L1960			9	67%		43			9	
Code 5	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	E0601			8	13%		38.3			8	
Code 6	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	E0466			8	50%	19.8	80.3		4	4	
Code 7	POLISHING/RESURFACING OF OCULAR PROSTHESIS	V2624			8	100%		57.3			8	
Code 8	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	E1399			8	25%		133.6			8	
Code 9	OTHER ACCESSORIES	K0108			7	57%		114			7	
Code 10	FABRICATION AND FITTING OF OCULAR CONFORMER	V2628			7	86%		55.9			7	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	LAPS TOTAL HYSTERECT 250 GM OR LT W/RMVL TUBE/OVARY	58571			1	100%		0			1	
Code 2	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	A9274			1	100%		75.6			1	
Code 3	NOC FOR ENTERAL SUPPLIES	B9998			1	100%		48			1	
Code 4	BATH/SHOWER CHAIR W/NO WHEELS ANY SIZE	E0240			1	100%		32.1			1	

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK	E0656			1	100%		93.5			1	
Code 6	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	E0986			1	100%					1	
Code 7	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	E1020			1	100%		96			1	
Code 8	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	E1161			1	100%		150.1			1	
Code 9	DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL	E1815			1	100%		99.2			1	
Code 10	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	E2325			1	100%		68			1	

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	L2999			1	100%		81			1	
Code 2	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	B4157			2	50%	19	48		1	1	
Code 3	SURGICAL SUPPLY; MISCELLANEOUS	A4649			4	25%	32	95		3	1	
Code 4	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	E0486			5	20%		53.5			5	
Code 5	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	E0760			5	20%		133.8			5	
Code 6	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	E0766			5	20%	159	92		1	4	
Code 7	PROSTHETIC EYE PLASTIC CUSTOM	V2623			5	20%		73.2			5	
Code 8	FABRICATION AND FITTING OF OCULAR CONFORMER	V2628			7	14%		55.9			7	
Code 9	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	E0466			8	13%	19.8	80.3		4	4	
Code 10	POLISHING/RESURFACING OF OCULAR PROSTHESIS	V2624			8	13%		57.3			8	

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			16	100%	73	45.9		1	15	
Code 2	SUPPLY ALLOW FOR TX CGM1 MO SPL Equal to 1 U OF SERVICE	K0553			1	100%		0			1	
Code 3	TRANSMITTER; EXT USE WITH NONDME INTRSTL CGM	A9277			1	0%					1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			16	100%	73	45.9		1	15	
Code 2	SUPPLY ALLOW FOR TX CGM1 MO SPL Equal to 1 U OF SERVICE	K0553			1	100%		0			1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	No auths were initially denied then approved											

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

Carrier L

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	BONE GRAFT MATERIAL ATTACHED TO SPINE	20930			11	73%	-	141.46	0	0	11	0
Code 2	AUTOGRAFT TO BONE DURING SPINAL SURGERY	20936			10	100%	-	143.29	0	0	10	0
Code 3	METALLIC MESH BETWEEN VERTEBRAE	22853			9	100%	-	72.44	0	0	9	0
Code 4	CLOSURE OF INTESTINAL DIVERSION	44620			6	100%	15.21	74.20	0	2	4	0
Code 5	LAPAROSCOPIC PARTIAL REMOVAL OF COLON	44204			6	100%	-	91.51	0	0	6	0
Code 6	CORONARY ARTERY BYPASS WITH ARTERIAL GRAFT; 1 ARTERY	33533			6	100%	12.15	59.66	0	1	5	0
Code 7	DOXORUBICIN HCL INJECTION		J9000		6	100%	55.95	64.60	0	2	4	0
Code 8	SPINAL FUSION TO JOIN TWO VERTEBRAE IN LOW BACK	22558			5	100%	-	65.86	0	0	5	0
Code 9	TOTAL ABDOMINAL HYSTERECTOMY WITH TUBES AND OVARIES	58150			5	100%	26.60	111.28	0	1	4	0
Code 10	SPINAL FUSION TO JOIN TWO VERTEBRAE	22614			5	100%	-	200.19	0	0	5	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SURGICAL TREATMENT OF SIMPLE ANEURYSM THRU THE INTRACRANIAL CAROTID ARTERY	61700			1	100%	-	49.90	0	0	1	0

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG		Q5119		4	100%	95.72	61.00	0	1	3	0
Code 3	SCOPE OF LUNGS WITH REMOVAL OF LOBE	32663			1	100%	-	125.97	0	0	1	0
Code 4	COMPLEX REPAIR OF WOUND TO TRUNK 5CM OR LESS	13102			1	100%	-	154.88	0	0	1	0
Code 5	TRANSVERSE AORTIC-ARCH GRAFT WITH CARDIAC BYPASS PREFERRED HYPOTHERMIA	33871			1	100%	-	100.23	0	0	1	0
Code 6	SURG PREP/CREAT RECIP SITE BY EXCIS OPEN WOUNDS/BURN/SCAR 1ST 100 SQ CM	15002			1	100%	-	142.88	0	0	1	0
Code 7	SCAN PROCEDURE CRANIAL ADDON	61782			2	100%	24.70	142.35	0	1	1	0
Code 8	SKIN FLAP FROM LOWER EXTREMITY TO TREAT ANOTHER AREA OF BODY	15738			1	100%	-	63.58	0	0	1	0
Code 9	MILRINONE LACTATE PER 5 ML		J2260		1	100%	3.27	-	0	1	0	0
Code 10	HARVESTING OF SKIN WITH AUTOLOGOUS SOFT TISSUE	15769			2	100%	-	133.28	0	0	2	0

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	TENDON/MUSCLE WOUND REPAIR TO UPPER ARM OR ELBOW	24341			1	100%	-	154.88	0	0	1	0
Code 2	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	19371			1	100%	-	142.88	0	0	1	0
Code 3	REMOVAL OF CAPSULE OR SCAR TISSUE AROUND BREAST IMPLANT		S2068		1	100%	-	142.88	0	0	1	0
Code 4	COMPLEX WOUND REPAIR TO TRUNK EACH ADDL 5 CM	13102			1	100%	-	154.88	0	0	1	0
Code 5	HERNIA REPAIR WITH MESH	49568			1	100%	-	142.88	0	0	1	0
Code 6	SURGICAL PREPARATION TO RECEIVE SKIN GRAFT SITE DUE TO OPEN	15002			1	100%	-	142.88	0	0	1	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	WOUNDS/BURN/SCAR 1ST 100 SQ CM											
Code 7	COMPLX WOUND REPAIR TO TRUNK; 2.6 CM TO 7.5 CM	13101			1	100%	-	142.88	0	0	1	0
Code 8	REMOVAL INTACT BREAST IMPLANT	19328			1	100%	-	142.88	0	0	1	0
Code 9	NIPPLE/AREOLA RECONSTRUCTION	19350			1	100%	-	142.88	0	0	1	0
Code 10	WOUND PREP ADDITIONAL AREA OF 100 CM	15003			1	100%	-	142.88	0	0	1	0

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	OFFICE/OUTPATIENT ESTABLISHED MEMBER LASTING 10-19 MIN	99212			106	67%	81.53	124.79	0.03	3	102	2
Code 2	SLEEP STUDY GREATER THAN 6 YRS OLD	95810			105	55%	-	141.62	-	0	105	0
Code 3	ANESTHETIC AGEN AND/OR STERIOD INJECTION FOR TRANSFORAMINAL EPIDURAL INJECTION INTO A SINGLE LEVEL	64483			100	91%	-	114.06	0.03	0	100	1
Code 4	SLEEP STUDY GREATER THAN 6 YRS OLD WITH CPAP MACHINE	95811			81	43%	19.11	164.61	-	1	80	0
Code 5	INJECTION,ONABOTULINUMTOXINA		J0585		67	75%	2.10	100.39	-	1	66	0
Code 6	SKILLED NURSE VISIT IN HOME			551	66	100%	25.41	87.06	-	2	64	0
Code 7	GENETIC TESTING FOR GENE DELETIONS OR DNA REPAIR-ASSOCIATED GENE	81162			47	66%	-	161.42	-	0	46	0
Code 8	REPAIR PROCEDURES ON THE FEMUR AND KNEE JOINT	27447			46	89%	-	60.92	-	0	46	0
Code 9	DEFINITIVE DRUG TEST OF CLASSES 8-14		G0481		44	16%	-	115.24	-	0	42	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 10	DEFINITIVE DRUG TEST OF CLASSES 1-7		G0480		44	16%	-	116.74	-	0	42	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	COCHLEAR DEVICE IMPLANT WITH/WITHOUT MASTOID	69930			1	100%	-	192.52	-	0	1	0
Code 2	ETOPOSIDE INJECTION		J9181		5	100%	5.02	7.29	-	1	4	0
Code 3	INJECTION IRON SUCROSE 1 MG		J1756		1	100%	58.22	-	-	1	0	0
Code 4	OFFICE/OUTPATIENT VISIT NEW	99205			1	100%	-	1.04	-	0	1	0
Code 5	REMOVAL TOTAL KNEE PROSTHETIC CEMENT WITH/WITHOUT SPACER	27488			1	100%	-	19.92	-	0	1	0
Code 6	OFFICE/OUTPATIENT ESTABLISHED MOD MANAGEMENT 30-39 MIN	99214			5	100%	-	86.19	-	0	5	0
Code 7	SUBMUCOUS RESECTION OF THE INFERIOR TURBINATE PARTIAL OR COMPLETE ANY METHOD	30140			1	100%	-	55.40	-	0	1	0
Code 8	OFFICE/OUTPATIENT VISIT ESTABLISHED	99215			1	100%	-	145.12	-	0	1	0
Code 9	REVISION OF LOW BACK NERVE(S)	64714			1	100%	-	22.30	-	0	1	0
Code 10	HOME VISIT ESTABLISHED PATIENT	99349			4	100%	-	165.38	-	0	4	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	X-RAY EXAM MOUTH JOINTS OPEN AND CLOSED, BILATERALLY	77063			1	100%	-	-	-	0	0	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	SURGICAL REMOVAL OF EXCESS SKIN AND SUBCUTANEOUS TISSUE OF THE ABDOMEN	15830			1	100%	-	0.09	-	0	1	0
Code 3	X-RAY EXAM MOUTH JOINTS OPEN AND CLOSED, BILATERALLY	70330			1	100%	-	167.90	-	0	1	0
Code 4	PSYCHOLOGICAL DIAGNOSTIC EVALUATION	90791			1	100%	-	-	0.02	0	0	1
Code 5	SCREENING MAMMOGRAPHY	77067			1	100%	-	-	-	0	0	0
Code 6	PSYCHO THERAPY INDIVIDUAL/FAMILY 45 MINUTES	90834			1	100%	-	-	-	0	0	0
Code 7	ELECTRICAL STIMULATION TO THE POSTERIOR TIBIAL NERVE WITH NEEDLE ELECTRODE	64566			2	50%	-	259.75	-	0	2	0
Code 8	CHIROPRACTIC MANIPULATIVE TREATMENT TO; SPINAL 3-4 REGIONS	98941			2	50%	-	331.18	-	0	1	0
Code 9	GOLIMUMAB FOR IV USE 1MG		J1602		3	33%	-	170.58	-	0	3	0
Code 10	PARTIAL/COMPLETE BLOCK OF VASULARE BLOOD FLOW TO AN ORGAN	37243			4	25%	-	243.61	-	0	4	0

2022 inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SEMI-PRIVATE PSYCHIATRIC INPATIENT STAY			124	57	98%	0	20.28	0	0	57	0
Code 2	BEHAVIORAL HEALTH ACCOMODATIONS-RELATED TO CHEMICAL DEPENDANCY			1002	45	100%	0	12.21	0	0	45	0
Code 3	DETOXIFICATION BED			126	24	100%	0	38.48	0	0	20	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	BEHAVIORAL HEALTH ACCOMODATIONS-RESIDENTIAL TREATMENT PSYCHIATRIC			1001	9	100%	0	18.29	0	0	9	0
Code 5	ROOM AND BOARD-ALL INCLUSIVE PLUS ANCILLARY			100	1	100%	0	7.63	0	0	1	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	DETOXIFICATION BED			126	24	100%	0	38.48	0	0	20	0
Code 2	BEHAVIORAL HEALTH ACCOMODATIONS-RESIDENTIAL TREATMENT PSYCHIATRIC			1001	9	100%	0	18.29	0	0	9	0
Code 3	REMOVL EMBEDDED FB CONJUNCT INCI			100	1	100%	0	7.63	0	0	1	0
Code 4	BEHAVIORAL HEALTH ACCOMODATIONS-RELATED TO CHEMICAL DEPENDANCY			1002	45	100%	0	12.21	0	0	45	0
Code 5	SEMI-PRIVATE PYSCHIATRIC INPATIENT STAY			124	57	98%	0	20.28	0	0	57	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	SEMI-PRIVATE PYSCHIATRIC INPATIENT STAY			124	57	2%	0	20.28	0	0	57	0

2022 Outpatient MH-SUD

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	PROFESSIONAL FEE FOR PSYCHOLOGY			906	16	100%	0	114.62	-	0	14	0
Code 2	INTENSIVE BEHAVIORAL HEALTH TREATMENT SERVICES			905	13	100%	0	53.94	-	0	12	0
Code 3	PSYCHOLOGICAL TESTING PER HOUR FACE TO FACE TIME WITH PATIENT	96101			10	100%	0	110.73	0.10	0	10	1
Code 4	PARTIAL HOSPITALIZATION PSYCHIATRIC PROGRAM			912	9	100%	0	24.93	-	0	9	0
Code 5	MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN 24 HOURS		H0035		6	100%	0	27.82	-	0	6	0
Code 6	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR		H2012		5	100%	0	24.02	-	0	5	0
Code 7	ELECTRIC CONVULSIVE THERAPY	90870			4	100%	0	53.19	-	0	4	0
Code 8	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES PER DIEM		S9480		3	100%	0	72.25	-	0	3	0
Code 9	ADAPTIVE BEHAVIOR TREATMENT PROCEDURES	97156			2	100%	0	37.33	-	0	2	0
Code 10	OFFICE/OUTPATIENT ESTABLISHED MEMBER LASTING 10-19 MIN	99212			2	100%	0	72.74	-	0	2	0

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	BEHAVIORAL HEALTH TREATMENT SERVICES, ELECTROSHOCK			901	1	100%	0	71.97	-	0	1	0
Code 2	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES PER DIEM		S9480		3	100%	0	72.25	-	0	3	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	OFFICE/OUTPATIENT ESTABLISHED MEMBER LASTING 10-19 MIN	99212			2	100%	0	72.74	-	0	2	0
Code 4	PROFESSIONAL FEE FOR PSYCHOLOGY			906	16	100%	0	114.62	-	0	14	0
Code 5	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR		H2012		5	100%	0	24.02	-	0	5	0
Code 6	PSYCHOTHERAPY SESSION UNDER 60 MINUTES	90870			4	100%	0	53.19	-	0	4	0
Code 7	ADAPTIVE BEHAVIOR TREATMENT PROCEDURES	97156			2	100%	0	37.33	-	0	2	0
Code 8	PARTIAL HOSPITALIZATION PSYCHIATRIC PROGRAM			912	9	100%	0	24.93	-	0	9	0
Code 9	IOP AL &/OR DRG SRV->=3HRS DA/3DAWK		H0015		1	100%	0	-	-	0	0	0
Code 10	PSYCHOLOGICAL TESTING PER HOUR FACE TO FACE TIME WITH PATIENT	96101			10	100%	0	110.73	0.10	0	10	1

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No response provided by carrier												

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	EXTERNAL TRANSMITTER CONTINUOUS GLUCOSE MONITOR DAILY		A9277		78	97%	40.17	93.72	0	1	77	0
Code 2	DISPOSABLE SENSOR FOR CONTINUOUS GLUCOSE MONITORING SYSTEM DAILY		A9276		13	85%	-	137.58	0	0	13	0
Code 3	EXTERNAL RECEIVER FOR CONTINUOUS GLUCOSE MONITORING		A9278		11	91%	-	124.62	0	0	11	0
Code 4	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM		A9274		8	100%	-	88.30	0	0	8	0
Code 5	CONTINUOUS GLUCOSE MONITORING SYSTEM SUPPLIES MONTH AT A TIME		K0553		4	0%	-	122.19	0	0	4	0
Code 6	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		E0784		4	100%	-	74.10	0	0	4	0
Code 7	THERAPEUTIC CONTINUOUS GLUCOSE MONITORING RECEIVER/MONITOR MONTHLY		K0554		3	0%	-	124.78	0	0	3	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		E0784		4	100%	-	74.10	0	0	4	0
Code 2	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM		A9274		8	100%	-	88.30	0	0	8	0
Code 3	EXTERNAL TRANSMITTER CONTINUOUS GLUCOSE MONITOR DAILY		A9277		78	97%	40.17	93.72	0	1	77	0

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests			
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions	
Code 4	EXTERNAL RECEIVER FOR CONTINUOUS GLUCOSE MONITORING		A9278		11	91%	-	124.62	0	0	0	11	0
Code 5	DISPOSABLE SENSOR FOR CONTINUOUS GLUCOSE MONITORING SYSTEM DAILY		A9276		13	85%	-	137.58	0	0	0	13	0
Code 6	THERAPEUTIC CONTINUOUS GLUCOSE MONITORING RECEIVER/MONITOR MONTHLY		K0554		3	0%	-	124.78	0	0	0	3	0
Code 7	CONTINUOUS GLUCOSE MONITORING SYSTEM SUPPLIES MONTH AT A TIME		K0553		4	0%	-	122.19	0	0	0	4	0

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

2022 DME

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE		E0601		282	95%	19.74	90.26	0	2	277	0
Code 2	PORTABLE OXYGEN CONCENTRATOR		E1390		71	93%	56.90	51.87	0	6	63	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	AMBULATORY INFUSION PUMP 1 OR MULTIPLE CHANNELS PATIENT WEARS		E0781		38	92%	-	87.78	0	0	38	0
Code 4	BI-PAP RESPIRATORY ASSIST DEVICE WITH OUT BACKUP		E0470		24	96%	2.39	139.98	0	1	22	0
Code 5	NEGATIVE PRESSURE WOUND PUMP		E2402		18	94%	67.25	102.29	0	1	17	0
Code 6	PASSIVE MOTION EXERCISE DEVICE		E0935		8	100%	-	97.10	0	0	7	0
Code 7	BI-PAP RESPIRATORY ASSIST DEVICE WITH BACKUP		E0471		7	100%	-	89.58	0	0	6	0
Code 8	STANDARD WHEELCHAIR		K0001		7	71%	14.69	67.13	0	3	4	0
Code 9	ENTERAL NUTRITION INFUSION PUMP WITH ALARM		B9002		6	100%	-	99.24	0	0	6	0
Code 10	HOSP GRADE ELECTRIC BREAST PUMP		E0604		3	67%	-	102.69	0	0	3	0

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	ULTRALIGHTWEIGHT WHEELCHAIR		K0005		1	100%	-	71.30	0	0	1	0
Code 2	MANUAL WHEELCHAIR NON-STANDARD SEAT FRAME WIDTH, 24-27 INCHES		E2202		1	100%	223.02	-	0	1	0	0
Code 3	HOME THERAPY		S9342		1	100%	22.17	-	0	1	0	0
Code 4	MONITOR FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, NOT OTHERWISE CLASSIFIED		A9279		1	100%	-	286.14	0	0	1	0
Code 5	GENERAL WHEELCHAIR BACK CUSSION WIDTH < 22 INCHES, ANY HEIGHT MOUNT HARDWARE		E2611		1	100%	-	71.29	0	0	1	0
Code 6	ENTERAL NUTRITION INFUSION PUMP WITH ALARM		B9002		6	100%	-	99.24	0	0	6	0

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 7	POWER WHEEL CHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,		K0835		1	100%	-	124.03	0	0	1	0
Code 8	HOSPITAL BED SEMI-ELEC WITH ANY RAILS WITH MATTRESS		E0260		2	100%	21.73	90.12	0	1	1	0
Code 9	COMBINATION SIT TO STAND SYSTEM		E0637		1	100%	-	285.97	0	0	1	0
Code 10	BI-PAP RESPIRATORY ASSIST DEVICE WITH BACKUP		E0471		7	100%	-	89.58	0	0	6	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	AMBULATORY INFUSION PUMP 1 OR MULTIPLE CHANNELS PATIENT WEARS		E0781		38	3%	-	87.78	0	0	38	0

2022 Prescription Drugs

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Prescription Drug Class	Prescription Drug Name	GPI 10	NDC 9 Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

Carrier M

2022 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Accommodation Codes - Room & Board Semiprivate (Two Beds)- Medical/Surgical/GYN			121	140	70.00%	19	53		31	109	
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	22853			17	94.12%	26	70		2	15	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	interspace (List separately in addition to code for primary procedure)											
Code 3	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			14	92.86%	16	71		2	12	
Code 4	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	20930			11	100.00%	26	65		2	9	
Code 5	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	90.91%	29	69		1	10	
Code 6	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			9	100.00%	17	57		3	6	
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 vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	63048			9	77.78%	19	73		3	6	
Code 8	Ancillary Services - Specialty Services-General Classification			760	7	85.71%	1	26		1	6	
Code 9	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral	22612			6	83.33%	NULL	67		0	6	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	transverse technique, when performed)											
Code 10	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	22614			6	100.00%	17	52		2	4	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	20930			11	100.00%	26	65		2	9	
Code 2	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			9	100.00%	17	57		3	6	
Code 3	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	22614			6	100.00%	17	52		2	4	
Code 4	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	44207			6	100.00%	NULL	32		0	6	
Code 5	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	55866			6	100.00%	14	31		1	5	

Code 6	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	19364			5	100.00%	NULL	80		0	5	
Code 7	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			5	100.00%	NULL	57		0	5	
Code 8	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	69990			5	100.00%	13	41		2	3	
Code 9	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	22600			4	100.00%	17	45		2	2	
Code 10	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	38770			4	100.00%	14	49		1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Accommodation Codes - Room & Board Semiprivate (Two Beds)- Medical/Surgical/GYN			121	140	0.71%	19	53		31	109	

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			505	92.67%	14	48		72	433	
Code 2	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			431	91.88%	16	49		69	362	
Code 3	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			132	93.94%	21	61		11	121	
Code 4	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	64483			131	93.89%	16	46		14	117	
Code 5	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	45378			116	66.38%	13	40		8	108	
Code 6	Colonoscopy, flexible; with biopsy, single or multiple	45380			104	69.23%	17	36		7	97	
Code 7	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	99214			102	36.27%	29	76		31	71	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 8	Fundus photography with interpretation and report	92250			91	96.70%	10	70		20	71	
Code 9	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			91	87.91%	32	73		7	84	
Code 10	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447			83	91.57%	22	67		3	80	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	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			50	100.00%	18	37		5	45	
Code 2	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	29877			14	100.00%	14	80		2	12	
Code 3	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	31276			13	100.00%	15	65		3	10	
Code 4	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	77067			12	100.00%	NULL	81		0	12	
Code 5	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography		G0260		10	100.00%	NULL	89		0	10	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	29824			9	100.00%	NULL	59		0	9	
Code 7	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	20930			8	100.00%	24	98		1	7	
Code 8	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	31287			7	100.00%	NULL	59		0	7	
Code 9	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			7	100.00%	25	75		2	5	
Code 10	Percutaneous implantation of neurostimulator electrode array, epidural	63650			7	100.00%	NULL	83		0	7	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	27784			1	100.00%	43	NULL		1	0	
Code 2	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or	27759			1	100.00%	43	NULL		1	0	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	without interlocking screws and/or cerclage											
Code 3	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	43254			1	100.00%	NULL	52		0	1	
Code 4	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	64910			2	50.00%	NULL	74		0	2	
Code 5	Vitrectomy, mechanical, pars plana approach;	67036			2	50.00%	24	119		1	1	
Code 6	Suction assisted lipectomy; trunk	15877			4	25.00%	NULL	97		0	4	
Code 7	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	99245			9	22.22%	20	100		7	2	
Code 8	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	58563			7	14.29%	NULL	85		0	7	
Code 9	Nipple/areola reconstruction	19350			14	7.14%	NULL	101		0	14	
Code 10	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	99212			22	4.55%	29	85		9	13	

2022 Inpatient MH-SUD

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	10	70.00%	29	68		3	7	
Code 2	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		H0017		4	75.00%	14	83		2	2	
Code 3	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Psychiatric			124	2	50.00%	69	112		1	1	
Code 4	Mental health services, not otherwise specified		H0046		1	100.00%	69	NULL		1	0	
Code 5	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem		H0018		1	100.00%	NULL	24		0	1	
Code 6	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)		H0011		1	100.00%	NULL	26		0	1	

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)		H0011		1	100.00%	NULL	26		0	1	
Code 2	Mental health services, not otherwise specified		H0046		1	100.00%	69	NULL		1	0	
Code 3	Behavioral health; short-term residential (nonhospital residential		H0018		1	100.00%	NULL	24		0	1	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	treatment program), without room and board, per diem											
Code 4	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		H0017		4	75.00%	14	83		2	2	
Code 5	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	10	70.00%	29	68		3	7	
Code 6	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Psychiatric			124	2	50.00%	69	112		1	1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Mental health partial hospitalization, treatment, less than 24 hours		H0035		143	87.41%	27	51		16	127	
Code 2	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week)		H0015		56	69.64%	23	60		3	53	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education											
Code 3	Intensive outpatient psychiatric services, per diem		S9480		41	82.93%	18	51		6	35	
Code 4	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			32	81.25%	23	79		2	30	
Code 5	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			30	70.00%	18	65		7	23	
Code 6	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			30	83.33%	23	76		2	28	
Code 7	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			27	62.96%	15	59		5	22	
Code 8	Partial hospitalization services, less than 24 hours, per diem		S0201		25	76.00%	26	49		6	19	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 9	Therapeutic behavioral services, per 15 minutes		H2019		24	75.00%	0	73		1	23	
Code 10	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			23	86.96%	NULL	76		0	23	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	96132			4	100.00%	NULL	46		0	4	
Code 2	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	96133			3	100.00%	NULL	43		0	3	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
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 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.	0373T			2	100.00%	NULL	103		0	2	
Code 4	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	96137			2	100.00%	NULL	54		0	2	
Code 5	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	97154			2	100.00%	NULL	51		0	2	
Code 6	Behavioral health day treatment, per hour		H2012		2	100.00%	NULL	22		0	2	
Code 7	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	90833			1	100.00%	NULL	19		0	1	
Code 8	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial	96116			1	100.00%	NULL	74		0	1	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	abilities)), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour											
Code 9	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	96138			1	100.00%	NULL	74		0	1	
Code 10	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	96139			1	100.00%	NULL	74		0	1	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Test Strips				23	60.86%	9.2	24	N/A	3	20	N/A

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Test Strips				23	60.86%	9.2	24	N/A	3	20	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	None				23	0.00%	9.2	24	N/A	3	20	N/A

2022 DME

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply		A9276		39	66.67%	NULL	93		0	39	
Code 2	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)		A9277		29	79.31%	NULL	91		0	29	
Code 3	Continuous positive airway pressure (CPAP) device		E0601		22	40.91%	NULL	74		0	22	
Code 4	Canister, disposable, used with suction pump, each		A7000		15	86.67%	13	102		2	13	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 5	Negative pressure wound therapy electrical pump, stationary or portable		E2402		15	93.33%	13	102		2	13	
Code 6	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories		A6550		14	92.86%	13	100		2	12	
Code 7	Wheelchair component or accessory, not otherwise specified		K0108		9	55.56%	NULL	54		0	9	
Code 8	External ambulatory infusion pump, insulin		E0784		9	88.89%	NULL	48		0	9	
Code 9	Headgear used with positive airway pressure device		A7035		8	12.50%	NULL	71		0	8	
Code 10	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		8	87.50%	21	50		1	7	

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		S9342		7	100.00%	1	93		1	6	
Code 2	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section		L2820		6	100.00%	NULL	90		0	6	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 3	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include four tests		G0249		5	100.00%	NULL	98		0	5	
Code 4	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		L0464		5	100.00%	4.3	52		1	4	
Code 5	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf		L1833		5	100.00%	NULL	90		0	5	
Code 6	Polishing/resurfacing of ocular prosthesis		V2624		5	100.00%	NULL	87		0	5	
Code 7	Portable oxygen concentrator, rental		E1392		4	100.00%	13	70		2	2	
Code 8	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only		L2330		4	100.00%	NULL	82		0	4	
Code 9	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain),		B4153		3	100.00%	NULL	82		0	3	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit											
Code 10	Osteogenesis stimulator, electrical, noninvasive, spinal applications		E0748		3	100.00%	NULL	97		0	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		L3913		2	50.00%	NULL	142		0	2	
Code 2	Bath/shower chair, with or without wheels, any size		E0240		2	50.00%	NULL	73		0	2	
Code 3	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		B4153		3	33.33%	NULL	82		0	3	
Code 4	Segmental pneumatic appliance for use with pneumatic compressor, full leg		E0667		4	25.00%	0	112		2	2	
Code 5	Pneumatic compressor, segmental home model with calibrated gradient pressure		E0652		4	25.00%	0	112		2	2	
Code 6	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary		S9342		7	14.29%	1	93		1	6	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	supplies and equipment (enteral formula and nursing visits coded separately), per diem											

2022 Prescription Drugs

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

Carrier N

2022 Inpatient Med-Surg

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Accommodation Codes - Room & Board Semiprivate (Two Beds)- Medical/Surgical/GYN			121	109	67%	16.4	48.7		18	91	
Code 2	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass and Roux-En-Y Gastroent	43644			61	75%	24.0	40.1	N/A	1	60	N/A
Code 3	Total Abdominal Hysterectomy (Corpus and Cervix), With Or Without Removal Of Tube(S), With	58150			49	69%	28.8	45.2	N/A	7	42	N/A
Code 4	Laps Gstrc Rstrictiv Px Longitudinal Gastrectomy	43775			47	94%	N/A	47.5	N/A	0	47	N/A
Code 5	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Int	22614			42	86%	12.0	66.2	N/A	2	40	N/A
Code 6	Arthrodesis, Anterior Interbody, Incl Disc Space Prep, Discectomy, Osteophytectomy & Decom	22552			21	86%	N/A	50.5	N/A	0	21	N/A
Code 7	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Techn	22634			14	100%	24.0	54.5	N/A	1	13	N/A
Code 8	Removal Of Intact Breast Implant	19328			14	7%	N/A	24.0	N/A	0	14	N/A
Code 9	Arthrodesis, Anterior/-Lateral,Ea Add.In	22585			14	64%	N/A	64.8	N/A	0	14	N/A
Code 10	Esophagogastroduodenoscopy Flexible, Transoral; Diagnostic, Including Collection Of Specim	43235			14	43%	0.0	68.0	N/A	1	13	N/A

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Techn	22634			14	100%	24.0	54.5	N/A	1	13	N/A
Code 2	Replacement Hip Total Simple	27130			13	100%	0.0	40.0	N/A	1	12	N/A
Code 3	Transcatheter Therapy Embolize Any Meth	75894			7	100%	0.0	48.0	N/A	4	3	N/A
Code 4	Percutaneous Transcatheter Closure Of The Left Atrial Appendage With Endocardial Implant,	33340			6	100%	N/A	40.0	N/A	0	6	N/A
Code 5	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Percutaneous Fem	33361			5	100%	N/A	28.8	N/A	0	5	N/A
Code 6	Arthrodesis, Combined Posterior Or Posterolateral Technique Wi/ Posterior Interbody Techni	22633			5	100%	24.0	0.0	N/A	1	4	N/A
Code 7	Pharyngoplasty	42950			4	100%	N/A	54.0	N/A	0	4	N/A
Code 8	Arthrodesis, Each Additional Interspace	22632			4	100%	N/A	54.0	N/A	0	4	N/A
Code 9	Renal Homotxplnt,Implnt Gft;W/Recipt Ne	50365			3	100%	N/A	8.0	N/A	0	3	N/A

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass and Roux-En-Y Gastroent	43644			61	100%	24.0	40.1	N/A	1	60	N/A
Code 2	Laps Gstrc Restrictiv Px Longitudinal Gastrectomy	43775			47	100%	N/A	47.5	N/A	0	47	N/A
Code 3	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Techn	22634			14	100%	24.0	54.5	N/A	1	13	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	Esophagogastroduodenoscopy Flexible, Transoral; Diagnostic, Including Collection Of Specim	43235			14	100%	0.0	68.0	N/A	1	13	N/A
Code 5	Unlisted Laparoscopy Procedure, Stomach	43659			11	100%	0.0	37.7	N/A	2	9	N/A
Code 6	Replacement Knee Total	27447			10	100%	N/A	45.3	N/A	0	10	N/A
Code 7	Gastric Restrictive Proc W/ Partial Gastrectomy, Pylorus-Preserving Duodenoileostomy & Ile	43845			5	100%	N/A	33.6	N/A	0	5	N/A
Code 8	Arthrodesis, Each Additional Interspace	22632			4	100%	N/A	54.0	N/A	0	4	N/A
Code 9	Laser Interstitial Thermal Tx (Litt) Of Lesion, Intracranial, Incl Burr Hole(S), W/ Magnet	61736			2	100%	N/A	36.0	N/A	0	2	N/A

2022 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Echo, Transthoracic W/Doppler, Complete	93306			32093	97%	2.4	3.8	N/A	20	32073	N/A
Code 2	Continuous Airway Pressure (Cpap) Device [May Be Used For Either Cpap Or Apap]		E0601		27168	97%	N/A	1.7	N/A	0	27168	N/A
Code 3	Mri, Lower Extremity Any Joint; Wo Contr	73721			25161	93%	1.9	4.9	N/A	63	25098	N/A
Code 4	Ct Abd & Pelvis	74176			24003	96%	2.1	4.5	N/A	174	23829	N/A
Code 5	Physical Therapy	MSMPT			21069	69%	4.0	11.0	N/A			N/A
Code 6	Mri Of Lumbar Spine	72148			18239	93%	6.3	5.6	N/A	23	18216	N/A
Code 7	Mri Of Brain and Further Sequences	70553			15547	97%	1.7	3.6	N/A	28	15519	N/A
Code 8	Mri, Any Joint Of Upper Extremity; Wo Co	73221			12303	92%	4.0	5.8	N/A	18	12285	N/A
Code 9	Mri Of Cervical Spine	72141			10691	93%	2.4	5.9	N/A	10	10681	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 10	Mri Of Brain	70551			9509	96%	2.5	5.0	N/A	19	9490	N/A

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Mri Fetal Sngl/1St Gestation	74712			107	100%	N/A	0.7	N/A	0	107	N/A
Code 2	Mra, Head, W/Contrast	70545			101	100%	12.0	3.2	N/A	2	99	N/A
Code 3	Injection, Onabotulinumtoxin A, 1 Unit		J0585		49	100%	N/A	0.0	N/A	0	49	N/A
Code 4	Ct Colonography, Diag, W/O Dye	74261			41	100%	N/A	1.8	N/A	0	41	N/A
Code 5	Chemodeneration Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal	64615			34	100%	N/A	0.0	N/A	0	34	N/A
Code 6	Cta Upr Extrm W/Wo Contrast	73206			31	100%	N/A	3.9	N/A	0	31	N/A
Code 7	Cta, Pelvis W/O Cntrst Flwd Cntrst	72191			27	100%	N/A	0.0	N/A	0	27	N/A
Code 8	Trb@ Gene Rearrange Amplify	81340			24	100%	N/A	3.0	N/A	0	24	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Replacement Knee Total	27447			229	100%	4.8	34.9	N/A	5	224	N/A
Code 2	Replacement Hip Total Simple	27130			191	100%	0.0	32.5	N/A	6	185	N/A
Code 3	Grafting Of Autologous Fat Harvested By Liposuction Technique To Trunk, Breasts, Scalp, Ar	15771			71	100%	N/A	35.0	N/A	0	71	N/A
Code 4	Tlh, Uterus 250 G Or Less	58570			69	100%	24.0	43.0	N/A	3	66	N/A
Code 5	Grafting Of Autologous Fat Harvested By Liposuction Technique To Trunk, Breasts, Scalp, Ar	15772			42	100%	N/A	31.8	N/A	0	42	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	Injection Of Non-Compounded Foam Sclerosant W/ Ultrasound Compression Maneuvers To Guide D	36465			41	100%	N/A	38.0	N/A	0	41	N/A
Code 7	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytec	22551			38	100%	0.0	72.0	N/A	2	36	N/A
Code 8	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass and Roux-En-Y Gastroent	43644			33	100%	N/A	32.0	N/A	0	33	N/A
Code 9	Vascular Embolizatn Or Occlusion Incl Of All Rad Sup & Int Intraprocedural Roadmapping & Im	37243			32	100%	3.4	39.3	N/A	7	25	N/A

2022 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	11	18%	20.7	63.4	N/A	5	6	N/A
Code 2	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		H0017		2	50%	N/A	24.2	N/A	0	2	N/A
Code 3	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		1	0%	N/A	65.4	N/A	0	1	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Psychiatric			124	1	0%	41.7	N/A	N/A	1	0	N/A
Code 5	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Detoxification			126	1	0%	N/A	65.4	N/A	0	1	N/A
Code 6	Alcohol and/Or Drug Services; Subacute Detoxification (Residential Addiction Program Inpat		H0010		1	0%	N/A	0.0	N/A	0	1	N/A
Code 7	Alcohol and/Or Drug Services; Subacute Detoxification (Hospital Inpatient)		H0008		1	0%	N/A	0.0	N/A	0	1	N/A
Code 8	Alcohol and/Or Drug Services; Acute Detoxification (Residential Addiction Program Inpatient)		H0011		1	0%	N/A	0.0	N/A	0	1	N/A

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		H0017		2	50%	N/A	24.2	N/A	0	2	N/A
Code 2	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	11	18%	20.7	63.4	N/A	5	6	N/A
Code 3	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Psychiatric			124	1	0%	41.7	N/A	N/A	1	0	N/A
Code 4	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Detoxification			126	1	0%	N/A	65.4	N/A	0	1	N/A
Code 5	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3		H0015		1	0%	N/A	65.4	N/A	0	1	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	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											
Code 6	Alcohol and/Or Drug Services; Subacute Detoxification (Residential Addiction Program Inpat		H0010		1	0%	N/A	0.0	N/A	0	1	N/A
Code 7	Alcohol and/Or Drug Services; Subacute Detoxification (Hospital Inpatient)		H0008		1	0%	N/A	0.0	N/A	0	1	N/A
Code 8	Alcohol and/Or Drug Services; Acute Detoxification (Residential Addiction Program Inpatient)		H0011		1	0%	N/A	0.0	N/A	0	1	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		H0017		2	50%	N/A	24.2	N/A	0	2	N/A
Code 2	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	11	18%	20.7	63.4	N/A	5	6	N/A
Code 3	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Psychiatric			124	1	0%	41.7	N/A	N/A	1	0	N/A
Code 4	Accommodation Codes - Room & Board Semiprivate (Two Beds)-Detoxification			126	1	0%	N/A	65.4	N/A	0	1	N/A
Code 5	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3		H0015		1	0%	N/A	65.4	N/A	0	1	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	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											
Code 6	Alcohol and/Or Drug Services; Subacute Detoxification (Residential Addiction Program Inpat		H0010		1	0%	N/A	0.0	N/A	0	1	N/A
Code 7	Alcohol and/Or Drug Services; Subacute Detoxification (Hospital Inpatient)		H0008		1	0%	N/A	0.0	N/A	0	1	N/A
Code 8	Alcohol and/Or Drug Services; Acute Detoxification (Residential Addiction Program Inpatient)		H0011		1	0%	N/A	0.0	N/A	0	1	N/A

2022 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Therapeutic Repetitive Transcranial Magnetic Simulation (Tms) Treatment; Initial, Includin	90868			258	87%	6.9	54.5	N/A	10	248	N/A
Code 2	Therapeutic Repetitive Transcranial Magnetic Simulation (Tms) Treatment; Including Cortica	90867			202	86%	78.0	52.4	N/A	4	198	N/A
Code 3	Mental health partial hospitalization, treatment, less than 24 hours		H0035		176	80%	33.5	43.9		11	165	
Code 4	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor	90869			174	83%	56.0	59.8	N/A	8	166	N/A
Code 5	Behavior identification assessment, administered by a physician or other	97151			93	70%	32.4	58.3		14	79	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	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											
Code 6	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			93	74%	31.6	50.8		18	75	
Code 7	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			92	73%	16.5	53.8		11	81	
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			90	72%	32.2	53.3		21	69	
Code 9	Intensive outpatient psychiatric services, per diem		S9480		86	72%	17.1	45.3		7	79	
Code 10	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			79	72%	32.4	51.2		18	61	

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Family Adptve Bhvr Trtmnt Guidance, Admnstrd By Phys Or Other Qualified Hlth Care Profess	97156			9	100%	24.0	9.0	N/A	1	8	N/A
Code 2	Adaptive Behavior Treatment By Protocol, Admnstrd By Tech Under The Direction Of A Phys Or	97153			9	100%	24.0	9.0	N/A	1	8	N/A
Code 3	Behavior Identification Assessment, Administered By A Physician Or Other Qualified Health	97151			8	100%	N/A	12.0	N/A	0	8	N/A
Code 4	Adptve Bhvr Trtmnt W/ Protocol Modifictn, Admnstrd By Phys Or Other Qualified Hlth Care Pr	97155			8	100%	24.0	10.3	N/A	1	7	N/A
Code 5	Intensive Outpatient Psychiatric Services Per Diem		S9480		7	100%	0.0	33.0	N/A	1	6	N/A
Code 6	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		6	100%	N/A	28.0	N/A	0	6	N/A
Code 7	Electroconvulsive Therapy;1 Seizure	90870			2	100%	N/A	0.0	N/A	0	2	N/A
Code 8	Skills Training and Development Per 15 Minutes		H2014		1	100%	N/A	24.0	N/A	0	1	N/A

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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Therapeutic Repetitive Transcranial Magnetic Simulation (Tms) Treatment; Initial, Includin	90868			258	100%	6.9	54.5	N/A	10	248	N/A
Code 2	Therapeutic Repetitive Transcranial Magnetic Simulation (Tms) Treatment; Including Cortica	90867			202	100%	78.0	52.4	N/A	4	198	N/A
Code 3	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor	90869			174	100%	56.0	59.8	N/A	8	166	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 4	Office Or Other Outpatient Visit For The Evaluation and Management Of An Established Patie		G2083		44	100%	74.4	45.0	N/A	11	33	N/A
Code 5	Office Or Other Outpatient Visit For The Evaluation and Management Of An Established Patie		G2082		31	100%	82.7	45.2	N/A	10	21	N/A
Code 6	Unclassified drugs		J3490		3	33%	26.4	121.9		2	1	N/A
Code 7	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			93	2%	32.4	58.3		14	79	
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			79	1%	32.4	51.2		18	61	
Code 9	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			90	1%	32.2	53.3		21	69	
Code 10	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with	97156			93	1%	31.6	50.8		18	75	

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
	guardian(s)/caregiver(s), each 15 minutes											

2022 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Test Strip				107	62%	9.0	31.2	N/A	29	78	N/A

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Test Strip				107	62%	9.0	31.2	N/A	29	78	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

2022 DME

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Adjustable, Custom Fabricated, Includes Fitting and Adjustment		E0486		208	95%	N/A	7.7	N/A	0	1329	N/A
Code 2	Wheelchair Component Or Accessory, Not Otherwise Specified		K0108		99	80%	N/A	43.0	N/A	0	99	N/A
Code 3	Cranial Remolding Orthosis, Rigid, With Soft Interface Material, Custom Fabricated, Includ		S1040		71	94%	0.0	56.9	N/A	2	69	N/A
Code 4	Implantable Neurostimulator Electrode Each		L8680		48	92%	24.0	105.4	N/A	1	47	N/A
Code 5	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pr		E0652		41	80%	0.0	62.4	N/A	1	40	N/A
Code 6	Osteogenic Stimulator, Noninvasive, Spinal Applications		E0748		36	36%	24.0	87.2	N/A	1	35	N/A
Code 7	Osteogenesis Stimulator (Non-Invasive)		E0747		32	25%	48.0	88.6	N/A	3	29	N/A
Code 8	Addition To Lower Extremity Orthosis Carbon Graphite Lamination		L2755		27	89%	24.0	36.0	N/A	1	26	N/A
Code 9	Aed Garment With Electrocardiogram Analysis		K0606		26	58%	21.8	72.0	N/A	24	2	N/A
Code 10	Implt Nrostm Pls Gen Dua Non		L8688		23	87%	N/A	109.4	N/A	0	23	N/A

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

Code	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, R		L8691		9	100%	N/A	97.7	N/A	0	9	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 2	Auditory Osseointegrated Device, Transducer/Actuator, Replacement Only, Each		L8694		8	100%	N/A	61.7	N/A	0	8	N/A
Code 3	Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardwar		E0955		6	100%	N/A	67.2	N/A	0	6	N/A
Code 4	Gradient compression stocking/sleeve, not otherwise specified		A6549		5	100%	N/A	60.4		0	5	
Code 5	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply		A9276		4	100%	32.8	169.5		3	1	
Code 6	Alternating Pressure Mattress		E0277		4	100%	0.0	48.0	N/A	1	3	N/A
Code 7	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating		E1233		3	100%	N/A	24.0	N/A	0	3	N/A
Code 8	Hospital Bed, Total Electric (Head, Foot and Height Adjustments), With Any Type Side Rails		E0265		3	100%	N/A	56.0	N/A	0	3	N/A
Code 9	Implt Nrostm Pls Gen Dua Rec		L8687		3	100%	N/A	108.0	N/A	0	3	N/A
Code 10	Pt Prgm For Implt Neurostim		L8681		3	100%	N/A	156.0	N/A	0	3	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	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 1	Adjustable, Custom Fabricated, Includes Fitting and Adjustment		E0486		208	100%	N/A	7.7	N/A	0	1329	N/A
Code 2	Implantable Neurostimulator Electrode Each		L8680		48	100%	24.0	105.4	N/A	1	47	N/A
Code 3	Osteogenic Stimulator, Noninvasive, Spinal Applications		E0748		36	100%	24.0	87.2	N/A	1	35	N/A
Code 4	Ultralightweight Wheelchair		K0005		22	100%	N/A	58.7	N/A	0	22	N/A
Code 5	Cochlear Device/System		L8614		14	100%	N/A	112.0	N/A	0	14	N/A

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
Code 6	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, R		L8691		9	100%	N/A	97.7	N/A	0	9	N/A
Code 7	Auditory Osseointegrated Device, Transducer/Actuator, Replacement Only, Each		L8694		8	100%	N/A	61.7	N/A	0	8	N/A
Code 8	Manual Wheelchair Accessory, Push-Rim Activated Power Assist, Each		E0986		4	100%	N/A	72.0	N/A	0	4	N/A
Code 9	Alternating Pressure Mattress		E0277		4	100%	0.0	48.0	N/A	1	3	N/A
Code 10	Ko, Single Upright, Thigh and Calf, With Adjustable Flexion and Extens		L1844		3	100%	N/A	80.0	N/A	0	3	N/A

2022 Prescription Drugs

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												

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

	Description of service	CPT Code	HCPCS Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior authorization requests (hours)			Number of requests		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions	Expedited decisions	Standard decisions	Extenuating circumstances decisions
No codes reported for this service category												