

# Health Plan Prior-Authorization Data

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## 2021 Report

Jan. 1, 2022

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[www.insurance.wa.gov](http://www.insurance.wa.gov)

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# Background

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In 2020, the Washington state Legislature enacted Engrossed Substitute Senate Bill (ESSB) 6404 (Chapter 316, Laws of 2020, codified at [RCW 48.43.0161](#)), which requires health carriers with at least 1% of the market share in Washington state to annually report certain aggregated and de-identified data to the Office of the Insurance Commissioner (OIC). The 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 the codes listed above:

- 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 in each covered service in the above lists for each of the following categories:

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

Carriers' reports for PY 2020 were due to the OIC on Oct. 1, 2021.

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

# OIC implementation of ESSB 6404

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

On June 4, 2021, the OIC distributed drafts of revised filing instructions and a response template 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. Several carriers submitted comments on June 18, 2021, and the documents were finalized.

On July 1, 2021, the OIC notified the following carriers that they were required to file a report for PY 2020 based on their market share as directed in RCW 48.43.0160(1):

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

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

# Carrier reporting

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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:

- Accrediting their prior-authorization program, 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).
- Using evidence-based clinical review criteria.
- Establishing an online prior-authorization submission process to provide more transparency and clearer guidance for providers and enrollees.
- Establishing a secure online process for providers to submit prior-authorization requests.
- Setting time limits for making prior-authorization decisions.
- Requiring content of prior-authorization approvals and denials.

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

## Findings

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The OIC received PY 2020 data from 14 carriers. Some variation was observed in submissions across carriers:

- Not all the carriers reported codes as either CPT, HCPC or revenue codes. Some carriers used alternate codes, making grouping codes and identifying trends across carriers more difficult.
- Many of the reports did not contain complete responses related to average determination response time for expedited and extenuating circumstances prior-authorization decisions.
- Across the carriers, there was substantial variability in the services and codes they reported and the number of claims they reported for each service.

As of Jan. 1, 2020, there were over 11,000 Common Procedure Terminology (CPT) codes and 6,700 Healthcare Common Procedural Coding System (HCPCS) codes in use.<sup>1</sup> While 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), the OIC is not

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

aware of standardized services that are subject to prior authorization. A single type of health care service may be billable with multiple revenue or service codes.

## **Prior-authorization requests across carriers and code types**

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The carriers' submissions were aggregated to give the OIC the ability to compare trends across carriers, service categories and service code types. The analyses in this report include all carriers.

The health service codes with the highest number of prior-authorization requests across all health service categories are:

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

The two codes with the most prior-authorization requests are:

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

Figure 1 details the total number of prior authorization requests for the 10 service codes with the highest number of requests.

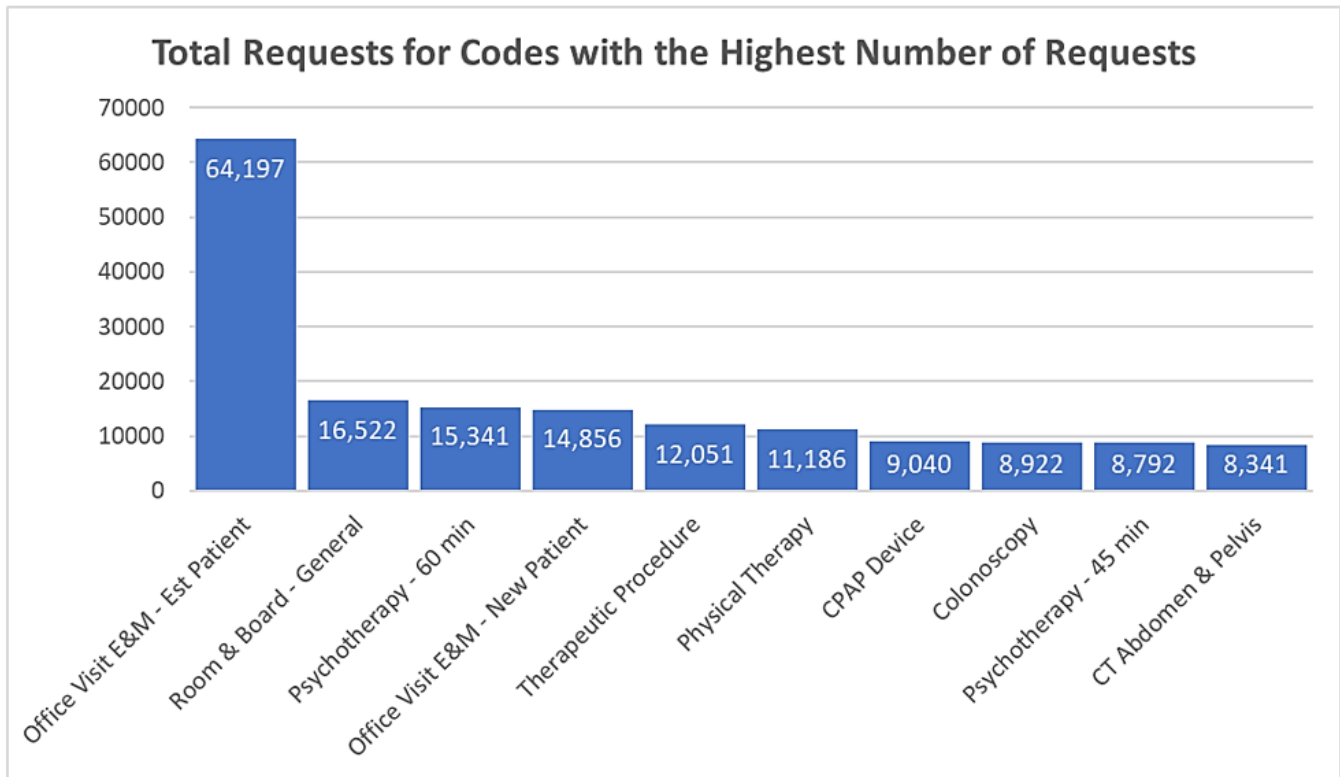


Figure 1: Codes with the highest number of prior-authorization requests

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

- The average approval rate was 84.4%.
- The lowest approval rate was 71%, for physical therapy.
- The highest approval rate was 99%, for "Colonoscopy and Psychotherapy – 45 min."

Figure 2 shows the number of approved requests for each of the 10 most-requested codes.

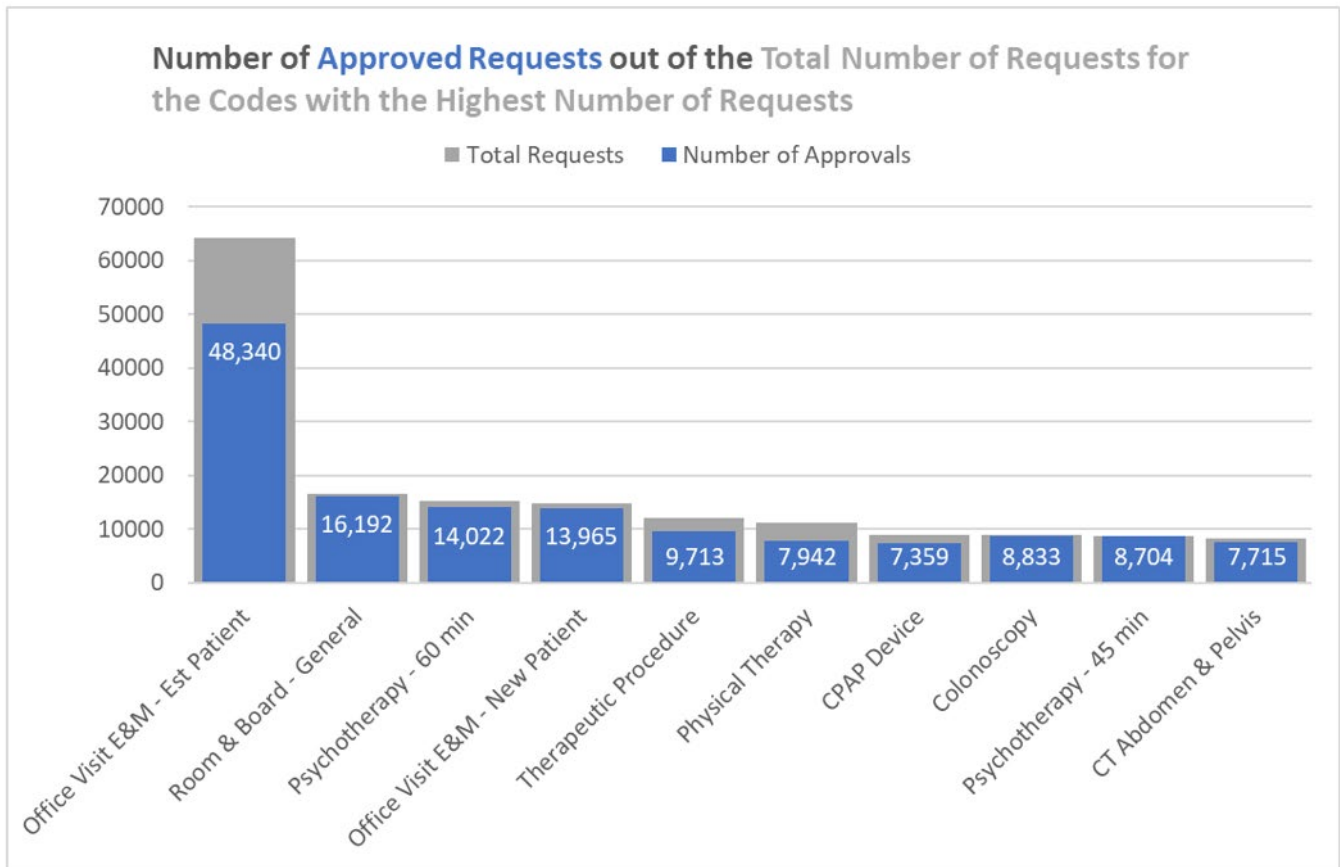


Figure 2: Number of approved requests for the codes with the highest number of requests

The data from Figures 1 and 2 are aggregated in the table below. This table highlights the codes with:

- The total number of requests
- The approval rates
- The number of carriers that reported each code
- Sorted by total prior authorization requests in descending order

Code description	Total prior-authorization requests	Number of carriers that reported code	Approval Percent approved	Number of approved requests
Office Visit E&M – Est Patient	64,197	3	75.3%	48,340
Room & Board - General	16,522	3	98.0%	16,192
Psychotherapy - 60 minutes	15,341	7	91.4%	14,022
Office Visit E&M - New Patient	14,856	2	94.0%	13,965
Therapeutic Procedure	12,051	6	80.6%	9713
Physical Therapy	11,186	1	71.0%	7942
CPAP Device	9040	7	81.4%	7359
Colonoscopy	8922	3	99.0%	8833
Psychotherapy - 45 minutes	8792	4	99.0%	8704
CT Abdomen & Pelvis	8341	4	92.5%	7715



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

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

- The lowest average approval percentage is 70.8% for a code associated with a disposable sensor for a continuous glucose monitoring (CGM) system. Five carriers reported 533 requests.
- Four codes had approval rates of 100%:
  - Face Mask Interface
  - Brain MRI; With and Without Contrast Material
  - Oral/Nasal Mask for CPAP Device
  - Brain MRI; Without Contrast Material
- Beyond the codes in this category, most codes had approval rates of 100% across carriers. Carriers reported 469 distinct codes and 352, or 75% of them, were approved 100% of the time.

Description of service	Total requests	Number of carriers that reported code	Percent approved	Number of approved requests
CPAP Device	4018	3	96.3%	3869
Room & Board - Psychiatric	1200	7	92.1%	1105
Room & Board - Rehabilitation	631	5	83.8%	529
Face Mask Interface	610	2	100.0%	610
Brain MRI; With and Without Contrast Material	559	5	100.0%	559
Disposable sensor, CGM System	533	5	70.8%	377
Oral/Nasal Mask for CPAP Device	508	2	100.0%	508
Other Therapy Services	418	2	98.0%	410
Room - Detoxification	321	2	96.0%	308
Brain MRI; Without Contrast Material	288	4	100.0%	288

## Prior-authorization requests by code type

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The OIC examined the 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.

The category with the highest number of prior-authorization requests was outpatient medical/surgical services with 196,313. The fewest requests were for inpatient mental health and substance-use disorder services with 2,920.

The figure below shows the number of requests for each service code and the highest number of prior-authorization requests for each health service category. Like codes were grouped for comprehension.

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

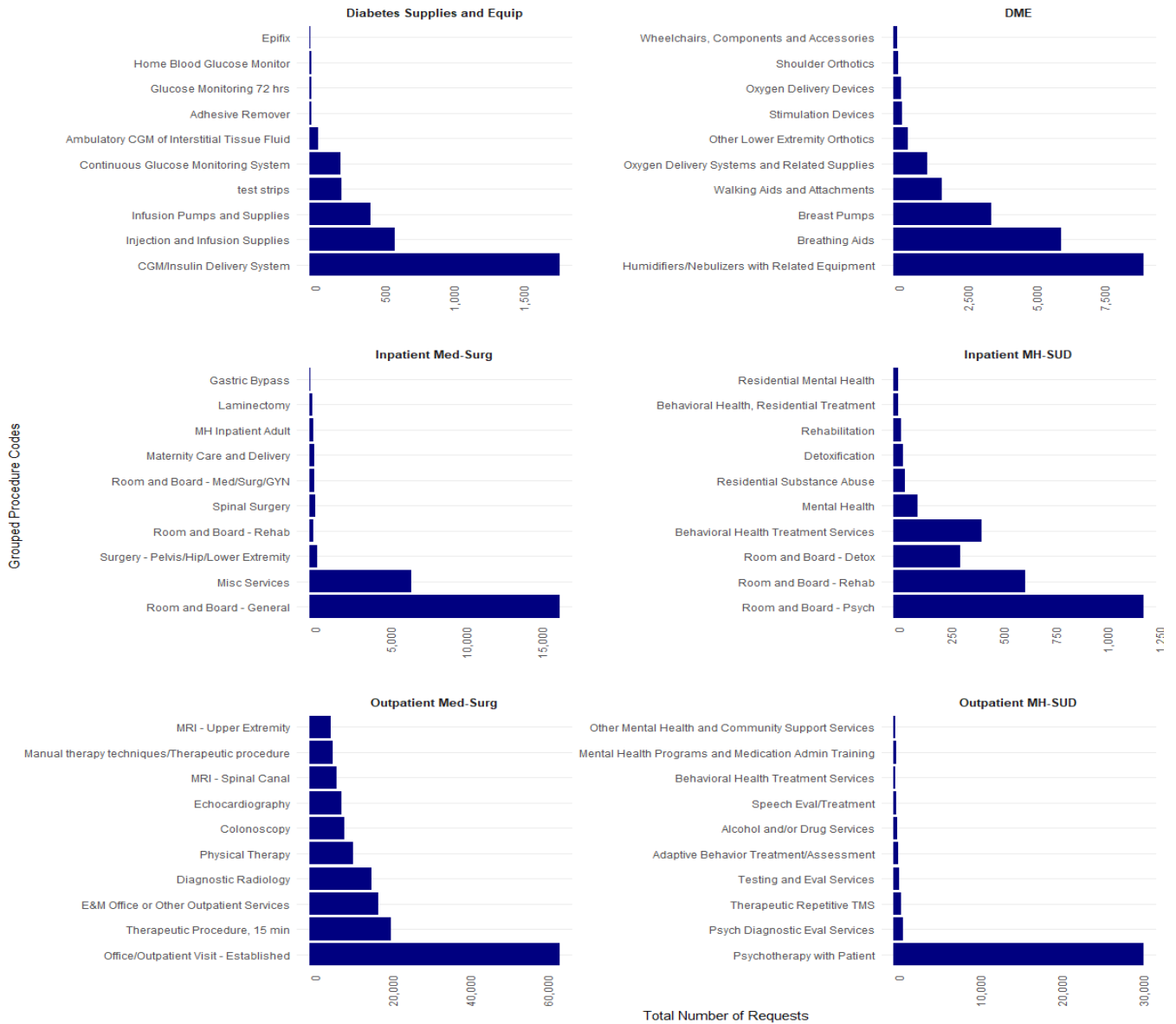


Figure 3: Total requests for top 10 most requested code groups

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

- The most requests were for the Psychotherapy with Patient code group with 30,699 requests.
- The second-highest number was for the Psych Diagnostic Eval Services group with only 1,083 requests.

Figure 4 shows the breakdown of approved requests compared to the total number of requests for codes in 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 3, like service codes were grouped.

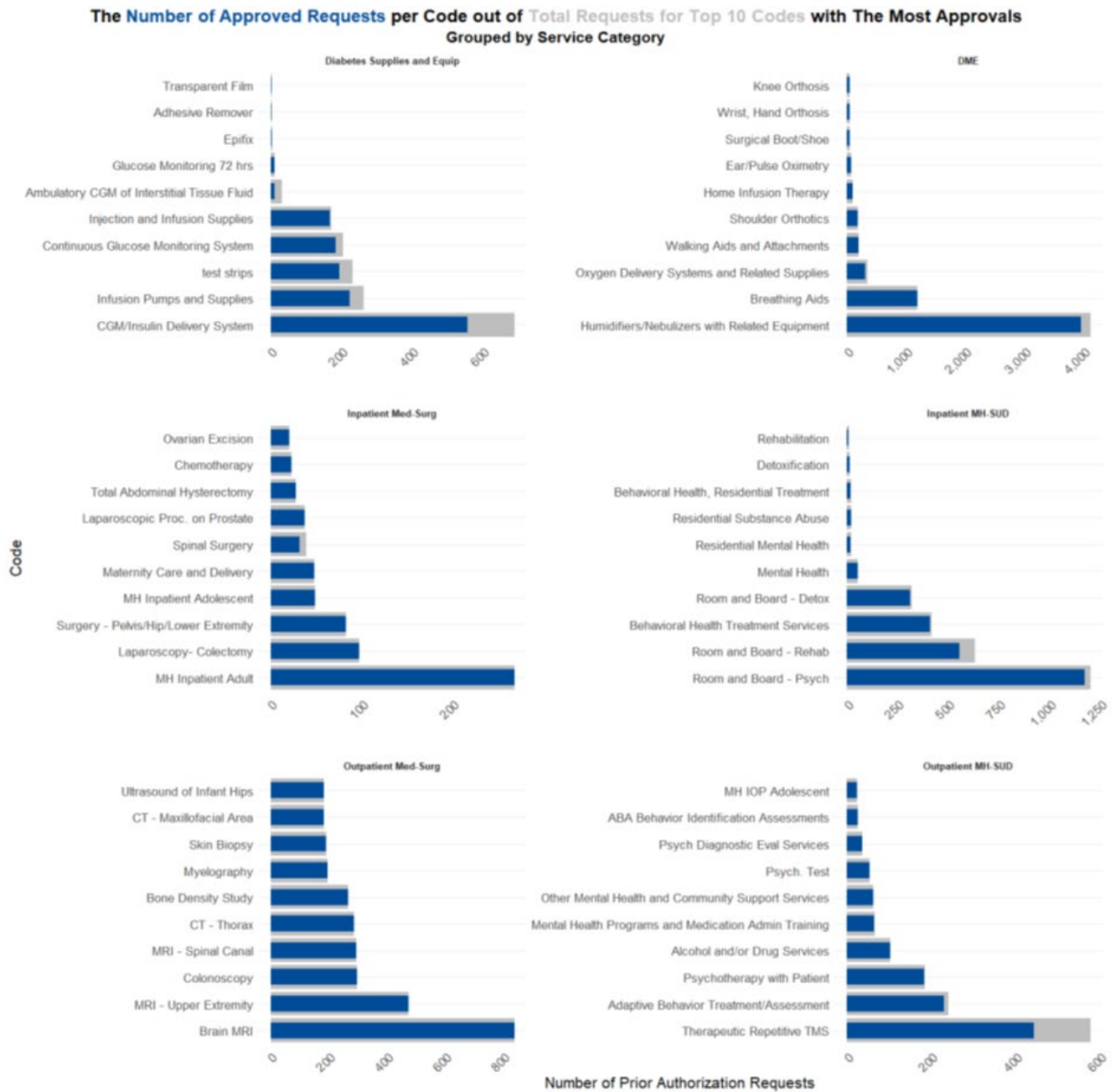


Figure 4: The number of approved requests per code for top 10 codes with the most approvals

Both inpatient and outpatient medical/surgical codes tend to have the highest percentage of approved prior-authorization requests. The code group titled Therapeutic Repetitive TMS under the outpatient

mental health and substance use disorder category had a relatively low approval rate of 76.7%. This is a weighted average of three codes that were grouped together.<sup>2</sup>

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

Code category	Percent approved	Number of distinct codes	Total number of requests
Outpatient Med-Surg	98.3%	125	6643
Inpatient Med-Surg	97.8%	99	1219
DME	96.1%	114	7136
Inpatient MH-SUD	94.5%	45	2784
Outpatient MH-SUD	91.8%	89	1783
Diabetes Supplies and Equip	84.1%	28	1631

## Prior-authorization request response times

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

Due to inconsistent reporting for both the expedited and extenuating circumstances response times, we summarized the data showing the standard response time. In the table below, the weighted average standard response times are reported for each health services category. These averages were weighted using the total number of requests per code, as each submitted code had a variable number of associated requests. These results were averaged across all carriers and then converted to days. For weighted average response times, inpatient mental health/substance use disorder codes had the longest response times.

Code category	Weighted average standard response time (Days)
Inpatient MH-SUD	14.4 days
Diabetes Supplies and Equip	12.4 days
Inpatient Med-Surg	10.7 days
Outpatient MH-SUD	6.7 days

<sup>2</sup> Two code groups under the inpatient medical/surgical category – MH Inpatient Adult and MH Inpatient Adolescent – appear out of place. These codes should have been reported under the inpatient mental health and substance use disorder services category. Additionally, there is no actual code associated with these submissions; only the code description was submitted with “NA” in place of the actual code. This is a possible limitation that should be noted.

Outpatient Med-Surg	4.2 days
DME	4.0 days

## Mental health/substance use disorder vs. medical/surgical prior authorization request findings

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This section examines the difference in prior-authorization requests between mental health/substance use disorder (MH/SUD) codes and medical/surgical codes for the prior plan year. To make this comparison, inpatient and outpatient MH/SUD codes were grouped and inpatient and outpatient medical/surgical codes were grouped. Codes in either “Durable Medical Equipment” and “Diabetes Supplies and Equipment Categories” were excluded for this analysis. The goal of this section is to determine whether any differences in the prior-authorization processes or outcomes exist between these two categories.

The following two charts highlight the difference between top ten code groups for mental health/substance use disorder and medical/surgical service code prior-authorization requests.

Figure 5 identifies the difference in the number of prior-authorization requests between mental health/substance use disorder codes and medical/surgical codes. This graph displays the ten service code groups within each health services category with the highest total number of prior-authorization requests.

- For the medical/surgical category, Office/Outpatient Visit for Established Patients had 64,552 requests, making it the highest, and 96.2% were approved.
- For the mental health/substance use disorder category, Psychotherapy with Patient had 30,699 requests, making it the highest, and 99% were approved.
- Across all medical/surgical codes, there were 222,783 total prior-authorization requests in the previous plan year. For mental health/substance use disorder, this number was only 39,110.

The following chart also compares medical/surgical and mental health/substance use disorder codes. This chart shows the ten code groups with the highest number of prior authorization requests from the service code groups with the highest approval rates.

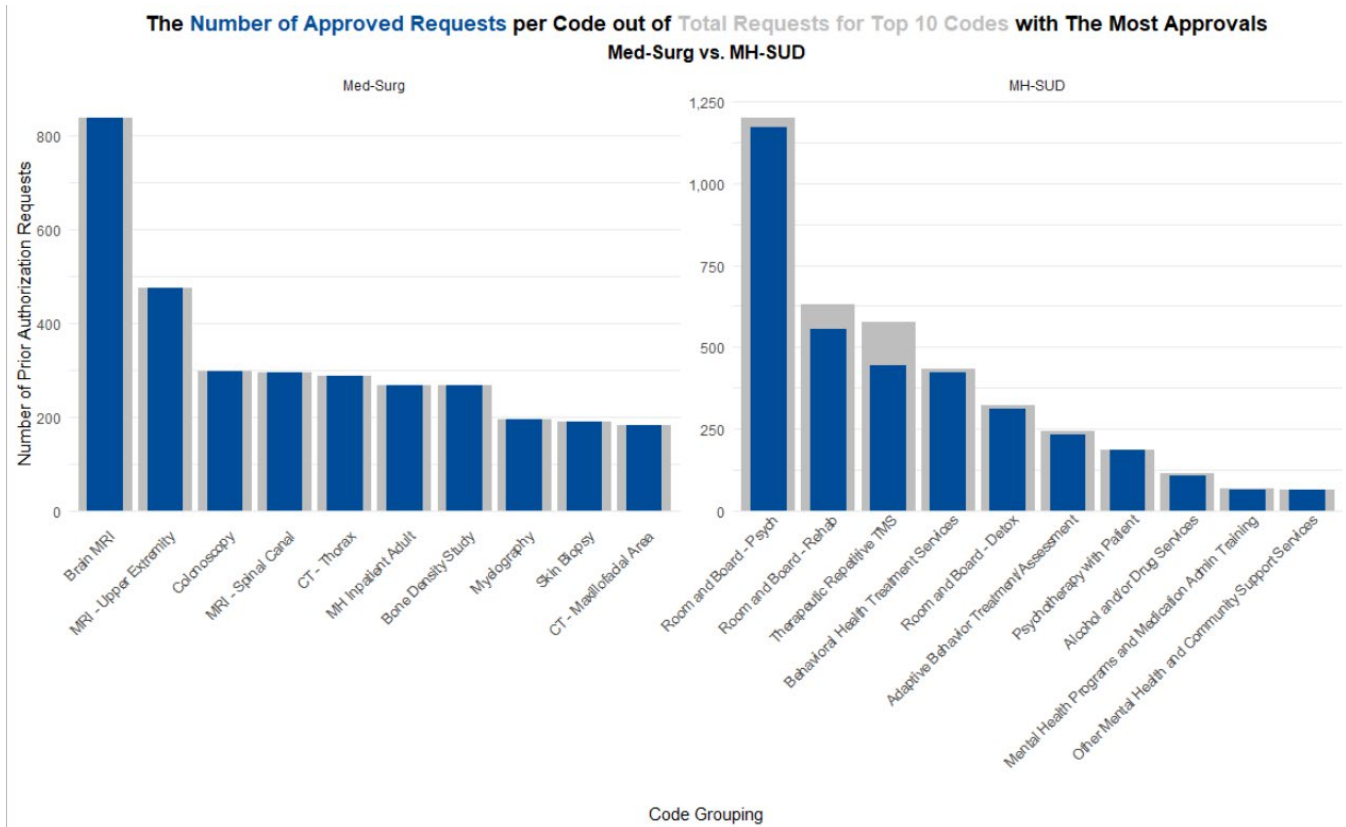


Figure 5: The number of approved requests per code for top 10 codes with the most approvals

These findings display the ten service code groups with the highest approval rates. We found:

- The medical/surgical category had an approval rate of 100%.
- The top ten code groups in mental health/substance use disorder group had an average approval rate of 92.8%.
- Medical/surgical code groups tend to have a higher approval rate than mental health/substance use disorder groups.

This table details the prior-authorization approval rates for all codes in these two groups.

MH/SUD or Med-Surg	Total requests	Number of approvals	Percent approved
Med-Surg	7,862	7,721	98.2%
MH/SUD	4,567	4,266	93.4%

Figure 7 compares the average response time in hours for prior authorization requests for medical/surgical service code groups and mental health/substance use disorder service code groups. It displays the ten code groupings in each category with the longest reported response time, out of the codes with the highest number of requests.

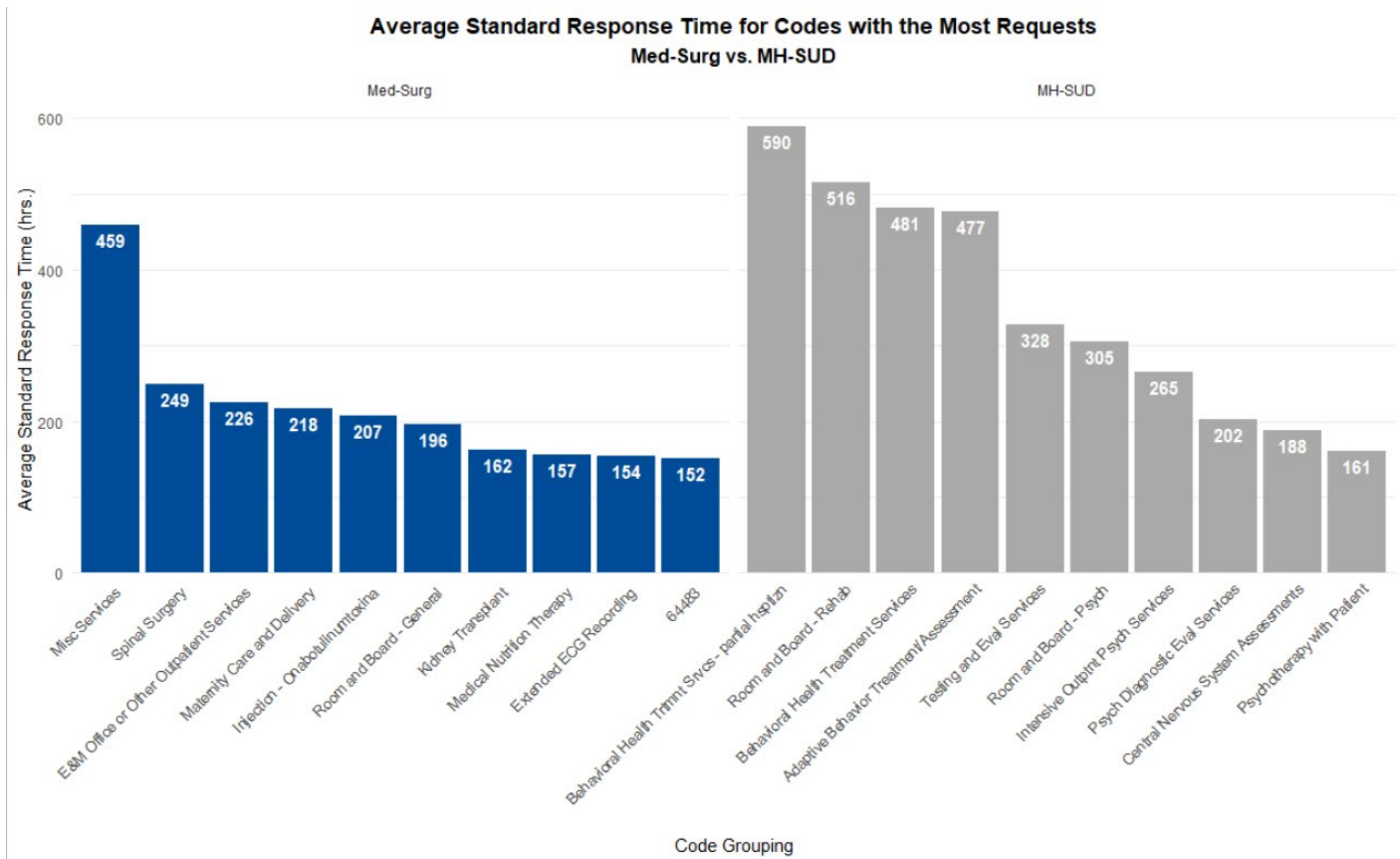


Figure 6: Average standard response time for codes with the most requests

The graphic shows the average standard response time for MH/SUD health services and medical/surgical health services categories weighed by the number of prior-authorization requests. MH/SUD codes have significantly longer standard response times than medical/surgical codes. When comparing all code groups in these two categories, not just the ten with the longest response times, we found:

- The weighted average response time for MH/SUD code groups was 174 hours.
- The weighted average response time for medical/surgical code groups was 118 hours
- The weighted average response time for MH/SUD code groups is 47.5% longer than for medical/surgical code groups.



# Conclusion

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Carrier submissions indicated a number of trends and notable comparisons.

- Outpatient medical/surgical codes had the most prior-authorization requests. These codes also had the highest approval rate of 98.3%.
- Inpatient mental health/substance use disorder codes had the fewest number of requests, with 2,918.
- Among those codes with the highest approval rate, codes in the “Diabetes Supplies and Equipment” category had the lowest approval rate of 84.1%. The second lowest rate was “outpatient mental health-substance use disorder of 91.8%

Standard response times varied substantially across health services categories.

- Inpatient mental health/substance use disorder codes had an average standard response time of 222.4 hours
- Durable medical equipment codes had an average standard response time of 83.4 hours.

There was also variation between mental health/substance use disorder codes and medical/surgical codes.

- Medical/surgical codes tended to have a shorter standard response time and a higher approval rate.
- There were substantially fewer mental health/substance use disorder codes reported.

In 2022, the OIC will work with carriers, the Washington State Medical Association (WSMA), the Washington State Hospital Association (WSHA), and other interested parties to identify whether further refinements to the reporting instructions and template are necessary. Moving forward, OIC will be able to conduct temporal analyses to compare data over different periods of time, using 2021 submitted data as a baseline to compare future submissions.

# Appendix A

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## RCW 48.43.0161 data reporting instruction sheet (instructions sent to carriers)

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### For 2021 data submission (based on PY 2020 data)

Responses should be submitted to the OIC at: [market.conduct@oic.wa.gov](mailto:market.conduct@oic.wa.gov)

July 1, 2021

RCW 48.43.0161 requires health carriers to report prior authorization data based upon a threshold percentage of premiums writ 10 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 writ 10 in the individual, student health plan, small group and large group markets during 2020 as reported to NAIC in the Supplemental Health Care Exhibit. The following carriers meet the 1% threshold for CY 2020:

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

By October 1, 2021, 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 Insurance Commissioner for CY 2020 using the Excel workbook accompanying these instructions.

To ensure that the October 1, 2021, reporting deadline is met, **carriers are strongly encouraged to submit their data by September 1, 2021**. This will provide OIC the opportunity to review each carrier's initial submission and ensure that it is in compliance with the requirements of the law prior to the October 1 statutory deadline. Failure to submit the data as specified is a violation that can result in fines and other appropriate penalties.

The data to be reported is as follows:

- The 10 inpatient medical or surgical codes, 10 outpatient medical or surgical codes, 10 inpatient mental health and substance use disorder codes, 10 outpatient mental health and substance use disorder codes, 10 diabetes supplies and equipment codes, and 10 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 10 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 with respect to each covered service included in the lists above for each of the following categories:
  - expedited decisions.
  - standard decisions.
  - Extenuating circumstances decisions.

OIC assumes that per WAC 284-43-2060, prior authorization will not have occurred for these claims. Under WAC 284-43-2060(6), claims and appeals related to an extenuating circumstance may still be reviewed for appropriateness, level of care, effectiveness, benefit coverage and medical necessity under the criteria for the applicable plan, based on the information available to the provider or facility at the time of treatment. For claims processed via extenuating circumstances, the carrier should report the average response time in which authorization occurred following notification to the carrier by the provider or claim submission. In its reporting, a carrier may distinguish between claims for which a provider has notified the carrier of an extenuating circumstance prior to claims submission, and those claims that are administratively denied because a provider did not report the extenuating circumstances prior to claim submission and are then disputed by the provider.

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

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

For each code or codes (if the same service can be billed using more than one type of code) reported, provide a description of the service to which the code applies. 10 codes must be submitted in each table and each code must be accompanied by a description that correlates with the CPT, HCPC, or revenue code. The description should use full words, rather than abbreviations, such that a person who is not a coder can understand the service description. Providing only a description of the service does not meet the requirements for submission.

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

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

Please report data for calendar year 2020, based upon the date of service.

#### Definitions:

- Codes - For purposes of this report, codes include CPT, HCPC and revenue codes and only these codes can be utilized to represent a service or prior authorization. Non-industry standard codes cannot be used. If the same service can be paid using more than one type of code, e.g. both a HCPC and a revenue code, then prior authorization requests using either code should be combined in calculating the number of prior authorization requests and utilize one code. However, if a CPT or HCPC code applies to both medical/surgical and mental health/substance use disorder diagnoses, the volume of prior authorization requests for the service should be calculated separately for medical/surgical diagnoses and for mental health/substance use disorder diagnoses to determine whether that code constitutes one of the top 10 codes for either medical/surgical or mental health/substance use disorder services. "Unlisted codes", which are used when there is not CPT or HCPC code that accurately identifies the surgery or procedure being performed, should not be considered "codes" for purposes of reporting.
- Diabetes Supplies & Equipment – Materials and equipment used to assist in the monitoring of diabetes, including but not limited to blood sugar (glucose) test strips, blood glucose monitors, lancet devices, lancets, and glucose control solutions for checking the accuracy of test strips and monitors.
- Durable Medical Equipment - Durable medical equipment is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not

useful to a person in the absence of an illness or injury, and is appropriate for use in the home. As defined in [RCW 48.43.290](#), the [HealthCare.gov glossary](#) and for [Medicare coverage](#), durable medical equipment does not include implantable devices, prosthetics or orthotics.

- Expedited Request Decisions - any request by a provider or facility for approval of a service where the passage of time could seriously jeopardize the life or health of the enrollee, seriously jeopardize the enrollee's ability to regain maximum function, or, in the opinion of a provider or facility with knowledge of the enrollee's medical condition, would subject the enrollee to severe pain that cannot be adequately managed without the service that is the subject of the request (See WAC 284-43-0160 and WAC 284-43-2050).
- Extenuating Circumstance - an extenuating circumstance means an unforeseen event or set of circumstances, which adversely affects the ability of a participating provider or facility to request prior authorization prior to service delivery (See WAC 284-43-2060).
- Prior Authorization – A mandatory process that a carrier or its designated or contracted representative requires a provider or facility to follow before a service is delivered, to determine if a service is a benefit and meets the requirements for medical necessity, clinical appropriateness, level of care, or effectiveness in relation to the applicable plan. This includes any term used by a carrier or its designated or contracted representative to describe this process. Per the definitions of “prior authorization” and “authorization” in WAC 284-43-0160, prior authorization occurs before a service is delivered and does not include concurrent reviews or continued stay reviews.
- Standard Request Decisions - a request by a provider or facility for approval of a service where the request is made in advance of the enrollee obtaining a service that is not required to be expedited (See WAC 284-43-0160 and 284-43-2050).

For questions, please contact Ned Gaines at (360) 725- 7216 or submit an e-mail to [market.conduct@oic.wa.gov](mailto:market.conduct@oic.wa.gov).

# Appendix B

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## 2020 RCW 48.43.0161 data reporting FAQ

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1. Could OIC confirm whether the data reported for CY 2020 should be date of service or date of receipt of the prior authorization request?

Response: The data reported for CY 2020 should be based upon the date of service. This is consistent with CY 2019 reporting.

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

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

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

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

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

instructions should be updated to explicitly provide direction to ensure all carriers are counting the partial prior authorizations in the same manner.

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

5. Last year, we sought and received clarification from the OIC that concurrent reviews should not be included in reporting the average determination response time categories. Concurrent reviews are when a request is made to extend a previously approved prior authorization, usually for an inpatient stay or ongoing outpatient services, such as physical therapy. We agree with this clarification because including them would artificially inflate the average response time. We believe this is an important clarification and should be included in the OIC's instructions for all carriers.
- Response: The 2020 instructions for SB 6404 CY 2019 reporting included a definition of "prior authorization" as follows:

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

Consistent with that definition, the 2021 instructions for CY 2020 reporting state that concurrent reviews should not be included in the data reported.

# Appendix C

## ESSB 6404 response template

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

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

Codes with the highest total number of prior authorization requests during					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
Column1	Description of Service	CPT Code	HCPC Code	Revenue 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					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
Column1	Description of Service	CPT Code	HCPC Code	Revenue 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					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
Column1	Description of Service	CPT Code	HCPC Code	Revenue Code					
Code 1									
Code 2									
Code 3									
Code 4									
Code 5									
Code 6									
Code 7									
Code 8									
Code 9									
Code 10									



# Appendix D/carriers responses

## Carrier A

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447			11	90.9%	N/A	13.08	N/A
<b>Code 2</b>	Arthroplasty, acetabular and proximal femoral prostheticreplacement (total hip arthroplasty), with or without autograft or allograft	27130			7	100.0%	N/A	23.05	N/A
<b>Code 3</b>	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	100.0%	N/A	21.83	N/A
<b>Code 4</b>	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	22614			4	75.0%	N/A	7.80	N/A
<b>Code 5</b>	Cholecystectomy;	47600			4	0.0%	68.65	46.25	N/A
<b>Code 6</b>	Cholecystectomy; with cholangiography	47605			3	0.0%	68.65	35.74	N/A
<b>Code 7</b>	Total abdominal hysterectomy (corpus and cervix), with orwithout removal of tube(s), with or without removal of ovary(s);	58150			3	100.0%	1.39	51.79	N/A

<b>Code 8</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845			3	100.0%	N/A	13.97	N/A
<b>Code 9</b>	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	22600			3	66.7%	N/A	9.99	N/A
<b>Code 10</b>	Laparoscopy, surgical; colectomy, partial, with anastomosis	44204			3	0.0%	N/A	72.79	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			7	100.0%	N/A	23.05	N/A
<b>Code 2</b>	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	100.0%	N/A	21.83	N/A
<b>Code 3</b>	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			3	100.0%	1.39	51.79	N/A
<b>Code 4</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845			3	100.0%	N/A	13.97	N/A
<b>Code 5</b>	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	27487			2	100.0%	N/A	139.77	N/A
<b>Code 6</b>	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	23472			2	100.0%	N/A	69.77	N/A
<b>Code 7</b>	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			2	100.0%	N/A	33.62	N/A

	separately in addition to code for primary procedure)								
<b>Code 8</b>	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			2	100.0%	N/A	0.09	N/A
<b>Code 9</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	22552			2	100.0%	N/A	0.41	N/A
<b>Code 10</b>	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			2	100.0%	N/A	54.14	N/A
<b>Code 11</b>	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			2	100.0%	N/A	33.62	N/A
<b>Code 12</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	22551			2	100.0%	N/A	0.41	N/A
<b>Code 13</b>	Arthroplasty, glenohumeral joint; hemiarthroplasty	23470			2	100.0%	N/A	23.76	N/A
<b>Code 14</b>	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupetprocedures)	43280			2	100.0%	N/A	205.43	N/A

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

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

<b>Code 1</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			7	100.0%	N/A	23.05	N/A
<b>Code 2</b>	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	100.0%	N/A	21.83	N/A
<b>Code 3</b>	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			3	100.0%	1.39	51.79	N/A
<b>Code 4</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845			3	100.0%	N/A	13.97	N/A
<b>Code 5</b>	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	27487			2	100.0%	N/A	139.77	N/A
<b>Code 6</b>	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	23472			2	100.0%	N/A	69.77	N/A
<b>Code 7</b>	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			2	100.0%	N/A	33.62	N/A
<b>Code 8</b>	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			2	100.0%	N/A	0.09	N/A

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			350	74.57%	22.44	24.49	352.00
<b>Code 2</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110			349	77.08%	22.44	25.18	360.00
<b>Code 3</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			213	73.71%	N/A	19.14	N/A
<b>Code 4</b>	Computed tomography, abdomen and pelvis; without contrast material	74176			206	89.81%	N/A	7.40	N/A
<b>Code 5</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	93306			154	92.21%	N/A	3.42	432.00
<b>Code 6</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	73721			153	85.62%	N/A	6.07	N/A
<b>Code 7</b>	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			134	76.12%	161.21	24.25	N/A
<b>Code 8</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	70553			127	95.28%	N/A	4.34	N/A
<b>Code 9</b>	Home sleep test/type III Porta		G0399		126	95.24%	N/A	4.34	N/A
<b>Code 10</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148			117	84.62%	17.35	8.48	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	74183			22	100.00%	N/A	4.10	N/A
<b>Code 2</b>	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29881			20	100.00%	N/A	29.44	N/A
<b>Code 3</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447			15	100.00%	N/A	6.52	N/A
<b>Code 4</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	72157			15	100.00%	N/A	4.56	N/A
<b>Code 5</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	64493			14	100.00%	N/A	0.17	N/A
<b>Code 6</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	64494			12	100.00%	N/A	0.18	N/A
<b>Code 7</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	73222			10	100.00%	N/A	9.42	N/A
<b>Code 8</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			10	100.00%	N/A	7.16	N/A
<b>Code 9</b>	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	58573			9	100.00%	16.77	41.52	N/A

<b>Code 10</b>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	70496			9	100.00%	N/A	2.29	N/A
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partialfacetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	63020			1	100.00%	N/A	115.68	N/A
<b>Code 2</b>	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			3	66.67%	N/A	53.00	N/A
<b>Code 3</b>	Implantation 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	50.00%	N/A	118.09	N/A
<b>Code 4</b>	Endometrial ablation, thermal, without hysteroscopic guidance	58353			5	40.00%	2.58	65.95	N/A
<b>Code 5</b>	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	29862			3	33.33%	N/A	35.73	N/A
<b>Code 6</b>	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	29875			3	33.33%	N/A	38.49	N/A

## 2020 Inpatient MH-SUD

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

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

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

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

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

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

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			12	83.3%	0.61	35.61	N/A
<b>Code 2</b>	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		10	100.0%	20.64	23.20	N/A
<b>Code 3</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor	90867			8	100.0%	N/A	37.06	N/A



	threshold determination, delivery and management								
<b>Code 4</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			8	100.0%	N/A	37.06	N/A
<b>Code 5</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			8	100.0%	N/A	37.06	N/A
<b>Code 6</b>	Alcohol and/or Drug Services		H0015		7	85.7%	N/A	19.54	N/A
<b>Code 7</b>	Alcohol and/or other drug treatment program, per diem		H2036		6	100.0%	N/A	57.31	N/A
<b>Code 8</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			2	50.0%	N/A	72.67	N/A
<b>Code 9</b>	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			2	50.0%	N/A	20.86	N/A
<b>Code 10</b>	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	81229			2	50.0%	N/A	75.45	N/A
<b>Code 11</b>	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			2	50.0%	N/A	20.86	N/A
<b>Code 12</b>	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			2	50.0%	N/A	20.86	N/A
<b>Code 13</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110			2	50.0%	N/A	72.02	N/A

Codes with the highest percentage of approved prior authorization requests during the previous plan year  
Health Plan Prior-Authorization Data: 2021 Report | Jan. 1, 2022

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		10	100.0%	20.64	23.20	N/A
<b>Code 2</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			8	100.0%	N/A	37.06	N/A
<b>Code 3</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			8	100.0%	N/A	37.06	N/A
<b>Code 4</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			8	100.0%	N/A	37.06	N/A
<b>Code 5</b>	Alcohol and/or other drug treatment program, per diem		H2036		6	100.0%	N/A	57.31	N/A
<b>Code 6</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	70553			1	100.0%	N/A	0.00	N/A
<b>Code 7</b>	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	98943			1	100.0%	N/A	1.68	N/A
<b>Code 8</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			1	100.0%	N/A	0.38	N/A
<b>Code 9</b>	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	81244			1	100.0%	N/A	75.45	N/A
<b>Code 10</b>	Mastectomy, simple, complete	19303			1	100.0%	N/A	46.29	N/A
<b>Code 11</b>	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	81321			1	100.0%	N/A	75.45	N/A
<b>Code 12</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture,	97112			1	100.0%	N/A	0.38	N/A

	and/or proprioception for sitting and/or standing activities								
<b>Code 13</b>	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	81323			1	100.0%	N/A	75.45	N/A
<b>Code 14</b>	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			1	100.0%	N/A	20.86	N/A
<b>Code 15</b>	Nipple/areola reconstruction	19350			1	100.0%	N/A	46.29	N/A
<b>Code 16</b>	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	81243			1	100.0%	N/A	75.45	N/A
<b>Code 17</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	70551			1	100.0%	N/A	0.00	N/A
<b>Code 18</b>	Computed tomography, head or brain; without contrast material	70450			1	100.0%	N/A	0.00	N/A
<b>Code 19</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	92522			1	100.0%	N/A	182.15	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		10	0.0%	20.64	23.20	N/A

## 2020 Diabetes Supplies and Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Ext Amb Infusn Pump Insulin		E0784		8	100.0%	N/A	20.44	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Ext Amb Infusn Pump Insulin		E0784		8	100.0%	N/A	20.44	N/A

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

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

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Cont Airway Pressure Device		E0601		254	98.0%	N/A	1.12	N/A

<b>Code 2</b>	Respiratory assist device, bi-level pressure capability, without backup rate		E0470		9	88.9%	N/A	9.79	N/A
<b>Code 3</b>	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		4	100.0%	N/A	7.67	N/A
<b>Code 4</b>	Osteogen Ultrasound Stimltor		E0760		1	0.0%	N/A	24.06	N/A
<b>Code 5</b>	Durable Medical Equipment Mi		E1399		1	100.0%	N/A	91.24	N/A
<b>Code 6</b>	Wheelchair accessory, calf rest/pad, replacement only, each		E0995		1	0.0%	N/A	139.76	N/A
<b>Code 7</b>	Power wheelchair accessory, 22nf sealed lead acid battery, each		E2361		1	0.0%	N/A	139.76	N/A
<b>Code 8</b>	Oscillatory Positive Expiratory Pressure Device, Nonelectric, Any Type		E0484		1	0.0%	N/A	N/A	N/A
<b>Code 9</b>	High frequency chest wall oscillation system, includes all accessories and supplies, each		E0483		1	100.0%	N/A	23.75	N/A
<b>Code 10</b>	Elec Osteogen Stim Spinal		E0748		1	100.0%	N/A	41.07	N/A

Codes with the highest percentage of approved prior authorization requests

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		4	100.0%	N/A	7.67	N/A
<b>Code 2</b>	Durable Medical Equipment Mi		E1399		1	100.0%	N/A	91.24	N/A
<b>Code 3</b>	Elec Osteogen Stim Spinal		E0748		1	100.0%	N/A	41.07	N/A
<b>Code 4</b>	High frequency chest wall oscillation system, includes all accessories and supplies, each		E0483		1	100.0%	N/A	23.75	N/A
<b>Code 5</b>	Cont Airway Pressure Device		E0601		254	98.0%	N/A	1.12	N/A
<b>Code 6</b>	Respiratory assist device, bi-level pressure capability, without backup rate		E0470		9	88.9%	N/A	9.79	N/A
<b>Code 7</b>	Oscillatory Positive Expiratory Pressure Device, Nonelectric, Any Type		E0484		1	0.0%	N/A	N/A	N/A
<b>Code 8</b>	Power wheelchair accessory, 22nf sealed lead acid battery, each		E2361		1	0.0%	N/A	139.76	N/A
<b>Code 9</b>	Osteogen Ultrasound Stimltor		E0760		1	0.0%	N/A	24.06	N/A
<b>Code 10</b>	Wheelchair accessory, calf rest/pad, replacement only, each		E0995		1	0.0%	N/A	139.76	N/A

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

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

## Carrier B

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without	27130			64	85.9%	0.89	32.22	N/A
<b>Code 2</b>	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			54	74.1%	0.35	70.67	N/A
<b>Code 3</b>	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			34	76.5%	0.18	68.48	N/A
<b>Code 4</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845			31	83.9%	0.73	61.39	N/A
<b>Code 5</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447			31	77.4%	N/A	63.78	N/A

<b>Code 6</b>	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			28	78.6%	0.18	61.12	N/A
<b>Code 7</b>	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			27	77.8%	N/A	72.88	N/A
<b>Code 8</b>	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			25	72.0%	0.15	52.33	N/A
<b>Code 9</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			25	80.0%	0.18	64.04	N/A
<b>Code 10</b>	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			22	77.3%	N/A	56.50	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	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			7	100.0%	N/A	89.48	N/A
<b>Code 2</b>	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including								

	any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29881			7	100.0%	2.98	9.04	N/A
<b>Code 3</b>	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	38240			7	100.0%	N/A	111.35	N/A
<b>Code 4</b>	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	33340			5	100.0%	N/A	106.12	N/A
<b>Code 5</b>	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769			5	100.0%	N/A	123.06	N/A
<b>Code 6</b>	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	22856			4	100.0%	N/A	86.09	N/A
<b>Code 7</b>	Revision of total knee arthroplasty, with or without allograft; 1 component	27486			4	100.0%	0.41	52.80	N/A
<b>Code 8</b>	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	47370			4	100.0%	N/A	89.51	N/A
<b>Code 9</b>	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	100.0%	N/A	53.19	N/A
<b>Code 10</b>	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	29882			4	100.0%	0.80	40.73	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	27446			6	50.0%	N/A	168.88	N/A
<b>Code 2</b>	Laparoscopy, surgical, repair of paraesophageal hernia, includes	43282			3	33.3%	N/A	148.34	N/A



	fundoplasty, when performed; with implantation of mesh								
<b>Code 3</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	21141			3	33.3%	N/A	183.67	N/A
<b>Code 4</b>	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			6	16.7%	N/A	85.74	N/A
<b>Code 5</b>	Impression and custom preparation; oral surgical splint	21085			7	14.3%	N/A	142.47	N/A
<b>Code 6</b>	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	21196			7	14.3%	N/A	146.54	N/A
<b>Code 7</b>	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	20931			14	7.1%	N/A	59.64	N/A
<b>Code 8</b>	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			19	5.3%	0.18	78.39	168.00
<b>Code 9</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	22551			21	4.8%	0.73	63.36	N/A
<b>Code 10</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			25	4.0%	0.18	64.04	N/A

## 2020 Outpatient Med-Surg

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

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

<b>Code 1</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110			5,491	78.3%	15.33	31.52	461.00
<b>Code 2</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			5,170	77.7%	23.64	31.49	393.60
<b>Code 3</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530			4,410	78.8%	20.98	30.65	466.29
<b>Code 4</b>	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			3,530	76.3%	29.34	32.36	576.00
<b>Code 5</b>	Computed tomography, abdomen and pelvis; without contrast material	74176			2,789	92.5%	2.84	5.07	240.00
<b>Code 6</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	93306			2,275	95.9%	N/A	2.90	384.00
<b>Code 7</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	73721			1,955	86.9%	0.21	6.06	432.00
<b>Code 8</b>	Home sleep test/type III Porta		G0399		1,547	96.4%	N/A	4.85	N/A
<b>Code 9</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148			1,473	85.4%	0.29	6.88	N/A
<b>Code 10</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	70553			1,375	95.0%	6.85	3.90	496.00

Codes with the highest percentage of approved prior authorization requests

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

<b>Code 1</b>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	93312			91	100.0%	N/A	0.30	N/A
<b>Code 2</b>	Computed tomography, soft tissue neck; without contrast material	70490			43	100.0%	N/A	5.07	N/A
<b>Code 3</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	72142			36	100.0%	N/A	0.02	N/A
<b>Code 4</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58552			30	100.0%	N/A	71.66	N/A
<b>Code 5</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	72147			27	100.0%	N/A	0.00	N/A
<b>Code 6</b>	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	78472			19	100.0%	N/A	1.58	N/A
<b>Code 7</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	75572			18	100.0%	N/A	2.18	N/A
<b>Code 8</b>	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	29898			18	100.0%	0.27	0.03	N/A
<b>Code 9</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	77371			17	100.0%	2.16	60.64	N/A
<b>Code 10</b>	Computed tomography, maxillofacial area; with contrast material(s)	70487			17	100.0%	N/A	1.65	N/A

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

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

<b>Code 1</b>	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	29887			1	100.0%	N/A	69.12	N/A
<b>Code 2</b>	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic Protection	37216			1	100.0%	N/A	144.59	N/A
<b>Code 3</b>	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	100.0%	N/A	144.59	N/A
<b>Code 4</b>	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	0075T			1	100.0%	N/A	144.59	N/A
<b>Code 5</b>	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	67961			4	50.0%	N/A	118.15	N/A
<b>Code 6</b>	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	81215			2	50.0%	N/A	60.51	N/A
<b>Code 7</b>	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	43236			2	50.0%	N/A	76.93	N/A
<b>Code 8</b>	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	99152			5	40.0%	N/A	79.28	N/A
<b>Code 9</b>	Genioplasty; sliding osteotomy, single piece	21121			5	40.0%	N/A	76.91	N/A
<b>Code 10</b>	Repair of ectropion; extensive (eg, tarsal strip operations)	67917			6	33.3%	N/A	108.64	N/A

<b>Code 11</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	21141			6	33.3%	N/A	189.47	N/A
<b>Code 12</b>	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	58660			3	33.3%	N/A	50.22	N/A
<b>Code 13</b>	Autologous chondrocyte implantation, knee	27412			3	33.3%	N/A	71.84	N/A
<b>Code 14</b>	Unlisted procedure, musculoskeletal system, general	20999			3	33.3%	N/A	64.07	N/A

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Alcohol and/or Drug Services		H0019		4	0.0%	N/A	24.56	N/A
<b>Code 2</b>	Alcohol and/or Drug Services		H2036		2	100.0%	N/A	132.43	N/A
<b>Code 3</b>	Alcohol and/or Drug Services		H0017		1	0.0%	N/A	142.44	N/A
<b>Code 4</b>	Alcohol and/or Drug Services		H0015		1	0.0%	N/A	43.35	N/A
<b>Code 5</b>	Alcohol and/or Drug Services	99233			1	0.0%	N/A	N/A	N/A
<b>Code 6</b>	Alcohol and/or Drug Services	95720			1	0.0%	N/A	67.56	N/A
<b>Code 7</b>	Alcohol and/or other drug treatment program, per diem		H0018		1	0.0%	73.15	N/A	N/A
<b>Code 8</b>	Psychiatric diagnostic evaluation		H0010		1	0.0%	N/A	N/A	N/A
<b>Code 9</b>	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or	90791			1	100.0%	N/A	21.85	N/A

	family's needs. Usually, the patient is unstable or has developed								
<b>Code 10</b>	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		H0011		1	0.0%	N/A	124.90	N/A

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Alcohol and/or other drug treatment program, per diem		H2036		2	100.0%	N/A	132.43	N/A
<b>Code 2</b>	Psychiatric diagnostic evaluation	90791			1	100.0%	N/A	21.85	N/A
<b>Code 3</b>	Alcohol and/or Drug Services		H0019		4	0.0%	N/A	24.56	N/A
<b>Code 4</b>	Alcohol and/or Drug Services		H0017		1	0.0%	N/A	142.44	N/A
<b>Code 5</b>	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed	99233			1	0.0%	N/A	N/A	N/A
<b>Code 6</b>	Alcohol and/or Drug Services		H0010		1	0.0%	N/A	N/A	N/A
<b>Code 7</b>	Alcohol and/or Drug Services		H0018		1	0.0%	73.15	N/A	N/A
<b>Code 8</b>	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of	95720			1	0.0%	N/A	67.56	N/A

	greater than 12 hours, up to 26 hours of EEG recording, interpret								
<b>Code 9</b>	Alcohol and/or Drug Services		H0015		1	0.0%	N/A	43.35	N/A
<b>Code 10</b>	Alcohol and/or Drug Services		H0011		1	0.0%	N/A	124.90	N/A

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

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

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			248	73.8%	N/A	57.33	432.00
<b>Code 2</b>	Alcohol and/or Drug Services		H0015		235	98.7%	28.44	17.34	N/A
<b>Code 3</b>	Alcohol and/or other drug treatment program, per diem		H2036		105	92.4%	N/A	42.57	N/A
<b>Code 4</b>	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		96	91.7%	35.94	60.64	N/A
<b>Code 5</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			76	78.9%	19.49	43.53	N/A
<b>Code 6</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			66	84.8%	22.38	45.15	N/A
<b>Code 7</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia,								

	dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	92523			59	67.8%	N/A	70.31	N/A
<b>Code 8</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			57	80.7%	25.39	38.91	N/A
<b>Code 9</b>	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			49	73.5%	N/A	73.43	N/A
<b>Code 10</b>	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			48	75.0%	N/A	74.90	N/A

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	70553			5	100.0%	N/A	0.00	N/A
<b>Code 2</b>	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	81229			5	100.0%	N/A	16.24	N/A
<b>Code 3</b>	Computed tomography, head or brain; without contrast material	70450			5	100.0%	N/A	4.23	N/A
<b>Code 4</b>	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	81243			4	100.0%	N/A	20.30	N/A
<b>Code 5</b>	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15								



	minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	97814			4	100.0%	N/A	6.39	N/A
<b>Code 6</b>	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	97813			4	100.0%	N/A	6.39	N/A
<b>Code 7</b>	Electrolysis epilation, each 30 minutes	17380			3	100.0%	N/A	126.07	N/A
<b>Code 8</b>	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	98943			3	100.0%	N/A	0.84	N/A
<b>Code 9</b>	Electrical Stimulation (Unattended), To One Or More Areas For Indicati		G0283		3	100.0%	N/A	35.97	N/A
<b>Code 10</b>	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			2	100.0%	N/A	84.87	N/A
<b>Code 11</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58571			2	100.0%	N/A	72.28	N/A
<b>Code 12</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	97124			2	100.0%	N/A	0.05	N/A
<b>Code 13</b>	Percutaneous implantation of neurostimulator electrode array, epidural	63650			2	100.0%	N/A	130.19	N/A
<b>Code 14</b>	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	81415			2	100.0%	N/A	84.87	N/A
<b>Code 15</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	64493			2	100.0%	N/A	211.34	N/A
<b>Code 16</b>	Behavior identification supporting assessment, 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.	0362T			2	100.0%	N/A	107.44	N/A
<b>Code 17</b>	facet (zygapophyseal) joint (or nerves innervating that joint)with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary	64494			2	100.0%	N/A	211.34	N/A
<b>Code 18</b>	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized	97164			2	100.0%	N/A	185.21	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Electrolysis epilation, each 30 minutes	17380			3	33.3%	N/A	126.07	N/A
<b>Code 2</b>	Behavior identification-supporting assessment, administeredby one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	97152			11	9.1%	N/A	103.21	N/A
<b>Code 3</b>	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physicianor other qualified health care professional, face-to-face with two or more patients, each 15 minutes	97154			12	8.3%	N/A	45.83	N/A
<b>Code 4</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			76	2.6%	19.49	43.53	N/A
<b>Code 5</b>	Adaptive behavior treatment by protocol, administered bytechnician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	97153			46	2.2%	N/A	77.58	N/A
<b>Code 6</b>	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			46	2.2%	N/A	65.18	N/A
<b>Code 7</b>	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			48	2.1%	N/A	74.90	N/A
<b>Code 8</b>	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			49	2.0%	N/A	73.43	N/A
<b>Code 9</b>	Therapeutic repetitive transcranial magnetic stimulation(TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869			57	1.8%	25.39	38.91	N/A
<b>Code 10</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			66	1.5%	22.38	45.15	N/A

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Ext Amb Infusn Pump Insulin		E0784		95	98.9%	N/A	49.14	N/A
<b>Code 2</b>	External Ambulatory Infus Pu		E0781		1	0.0%	N/A	N/A	N/A

<b>Code 3</b>	Disposable sensor, CGM sys		A9276		1	0.0%	N/A	125.98	N/A
<b>Code 4</b>	External transmitter, CGM		A9277		1	0.0%	N/A	125.98	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Ext Amb Infusn Pump Insulin		E0784		95	98.9%	N/A	49.14	N/A
<b>Code 2</b>	External Ambulatory Infus Pu		E0781		1	0.0%	N/A	N/A	N/A
<b>Code 3</b>	Disposable sensor, CGM sys		A9276		1	0.0%	N/A	125.98	N/A
<b>Code 4</b>	External transmitter, CGM		A9277		1	0.0%	N/A	125.98	N/A

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

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

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Cont Airway Pressure Device		E0601		3,538	95.6%	N/A	2.17	600.00
<b>Code 2</b>	Respiratory assist device, bi-level pressure capability, without backup rate		E0470		165	95.2%	N/A	2.18	N/A
<b>Code 3</b>	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		66	90.9%	N/A	4.21	N/A
<b>Code 4</b>	Durable Medical Equipment Mi		E1399		31	54.8%	N/A	86.00	N/A

<b>Code 5</b>	Elec Osteogen Stim Spinal		E0748		15	60.0%	N/A	63.03	N/A
<b>Code 6</b>	Osteogen Ultrasound Stimltor		E0760		12	33.3%	N/A	102.28	N/A
<b>Code 7</b>	Elec Osteogen Stim Not Spine		E0747		11	36.4%	N/A	90.09	N/A
<b>Code 8</b>	HOME VENT NON-INVASIVE INTER		E0466		6	33.3%	N/A	44.45	N/A
<b>Code 9</b>	Pos back post/lat wdth <22in		E2615		2	0.0%	N/A	24.98	N/A
<b>Code 10</b>	Contour back for ped size wc		E2293		1	0.0%	N/A	N/A	N/A
<b>Code 11</b>	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating		E1234		1	0.0%	N/A	N/A	N/A
<b>Code 12</b>	Wheelchair Belt W/Airplane B		E0978		1	0.0%	N/A	N/A	N/A
<b>Code 13</b>	Pneum Compres W/Cal Pressure		E0652		1	0.0%	N/A	N/A	N/A
<b>Code 14</b>	Solid seat support base		E2231		1	0.0%	N/A	N/A	N/A
<b>Code 15</b>	Seg Pneumatic Appl Full Leg		E0667		1	0.0%	N/A	N/A	N/A
<b>Code 16</b>	Multi-position stnd fram sys		E0641		1	0.0%	N/A	110.86	N/A
<b>Code 17</b>	Combination sit to stand system, any size, with seat lift feature, with or without wheels		E0637		1	0.0%	N/A	73.83	N/A
<b>Code 18</b>	Wheelchair Elevating Leg Res		E0990		1	0.0%	N/A	N/A	N/A
<b>Code 19</b>	Ped hospital bed, manual		E0328		1	0.0%	N/A	N/A	N/A
<b>Code 20</b>	High frequency chest wall oscillation system, includes all accessories and supplies, each		E0483		1	0.0%	N/A	N/A	N/A
<b>Code 21</b>	Standing frame system, any size, with or without wheels		E0638		1	0.0%	N/A	47.08	N/A
<b>Code 22</b>	Planar seat for ped size wc		E2292		1	0.0%	N/A	N/A	N/A
<b>Code 23</b>	Position back cush wd <22in		E2613		1	0.0%	N/A	126.74	N/A
<b>Code 24</b>	Skin pro/pos wc cus wd <22in		E2607		1	0.0%	N/A	N/A	N/A
<b>Code 25</b>	Humidifier, heated, used with positive airway pressure device		E0562		1	0.0%	N/A	N/A	216.00
<b>Code 26</b>	Wheelchair Adjustabl Height		E0973		1	0.0%	N/A	N/A	N/A
<b>Code 27</b>	Tray		E0950		1	0.0%	N/A	N/A	N/A
<b>Code 28</b>	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each		E0956		1	0.0%	N/A	N/A	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Cont Airway Pressure Device		E0601		3,538	95.6%	N/A	2.17	600.00
<b>Code 2</b>	Respiratory assist device, bi-level pressure capability, without backup rate		E0470		165	95.2%	N/A	2.18	N/A
<b>Code 3</b>	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		66	90.9%	N/A	4.21	N/A
<b>Code 4</b>	Elec Osteogen Stim Spinal		E0748		15	60.0%	N/A	63.03	N/A
<b>Code 5</b>	Durable Medical Equipment Mi		E1399		31	54.8%	N/A	86.00	N/A
<b>Code 6</b>	Elec Osteogen Stim Not Spine		E0747		11	36.4%	N/A	90.09	N/A
<b>Code 7</b>	Osteogen Ultrasound Stimltor		E0760		12	33.3%	N/A	102.28	N/A
<b>Code 8</b>	HOME VENT NON-INVASIVE INTER		E0466		6	33.3%	N/A	44.45	N/A
<b>Code 9</b>	Pos back post/lat width <22in		E2615		2	0.0%	N/A	24.98	N/A
<b>Code 10</b>	Contour back for ped size wc		E2293		1	0.0%	N/A	N/A	N/A
<b>Code 11</b>	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating		E1234		1	0.0%	N/A	N/A	N/A
<b>Code 12</b>	Wheelchair Belt W/Airplane B		E0978		1	0.0%	N/A	N/A	N/A
<b>Code 13</b>	Pneum Compres W/Cal Pressure		E0652		1	0.0%	N/A	N/A	N/A
<b>Code 14</b>	Solid seat support base		E2231		1	0.0%	N/A	N/A	N/A
<b>Code 15</b>	Seg Pneumatic Appl Full Leg		E0667		1	0.0%	N/A	N/A	N/A
<b>Code 16</b>	Wheelchair Adjustabl Height		E0973		1	0.0%	N/A	N/A	N/A
<b>Code 17</b>	Humidifier, heated, used with positive airway pressure device		E0562		1	0.0%	N/A	N/A	216.00
<b>Code 18</b>	Whellchair Elevating Leg Res		E0990		1	0.0%	N/A	N/A	N/A
<b>Code 19</b>	Ped hospital bed, manual		E0328		1	0.0%	N/A	N/A	N/A
<b>Code 20</b>	Standing frame system, any size, with or without wheels		E0638		1	0.0%	N/A	47.08	N/A
<b>Code 21</b>	Position back cush wd <22in		E2613		1	0.0%	N/A	126.74	N/A
<b>Code 22</b>	Planar seat for ped size wc		E2292		1	0.0%	N/A	N/A	N/A
<b>Code 23</b>	Skin pro/pos wc cus wd <22in		E2607		1	0.0%	N/A	N/A	N/A
<b>Code 24</b>	Multi-position stnd fram sys		E0641		1	0.0%	N/A	110.86	N/A
<b>Code 25</b>	Combination sit to stand system, any size, with seat lift feature, with or without wheels		E0637		1	0.0%	N/A	73.83	N/A
<b>Code 26</b>	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each		E0956		1	0.0%	N/A	N/A	N/A

<b>Code 27</b>	High frequency chest wall oscillation system, includes all accessories and supplies, each		E0483		1	0.0%	N/A	N/A	N/A
<b>Code 28</b>	Tray		E0950		1	0.0%	N/A	N/A	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Osteogen Ultrasound Stimltor		E0760		12	8.3%	N/A	102.28	N/A
<b>Code 2</b>	Durable Medical Equipment Mi		E1399		31	3.2%	N/A	86.00	N/A
<b>Code 3</b>	Cont Airway Pressure Device		E0601		3,538	0.0%	N/A	2.17	600.00
<b>Code 4</b>	Elec Osteogen Stim Not Spine		E0747		11	0.0%	N/A	90.09	N/A

## Carrier C

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior	22853			27	81.5%	97.24	61.33	N/A
<b>Code 2</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			20	70.0%	194.36	82.72	N/A
<b>Code 3</b>	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			18	66.7%	194.36	91.31	N/A
<b>Code 4</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with								

	decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047			15	66.7%	194.36	79.52	N/A
<b>Code 5</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845			14	71.4%	N/A	66.08	N/A
<b>Code 6</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	22585			11	54.5%	97.24	113.88	N/A
<b>Code 7</b>	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	81.8%	N/A	64.01	N/A
<b>Code 8</b>	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	22614			10	70.0%	97.24	77.60	N/A
<b>Code 9</b>	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			9	88.9%	97.24	84.54	N/A
<b>Code 10</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	22551			7	100.0%	N/A	42.71	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of	22551			7	100.0%	N/A	42.71	N/A



	spinal cord and/or nerve roots; cervical below C2								
<b>Code 2</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	22552			6	100.0%	N/A	49.55	N/A
<b>Code 3</b>	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150			5	100.0%	3.51	30.44	N/A
<b>Code 4</b>	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	29888			4	100.0%	1.16	26.16	N/A
<b>Code 5</b>	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	22846			3	100.0%	N/A	37.93	N/A
<b>Code 6</b>	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	20931			3	100.0%	N/A	77.56	N/A
<b>Code 7</b>	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	22610			2	100.0%	0.13	0.13	N/A
<b>Code 8</b>	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	22630			2	100.0%	N/A	41.48	N/A
<b>Code 9</b>	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			2	100.0%	N/A	41.48	N/A
<b>Code 10</b>	Removal of anterior instrumentation	22855			2	100.0%	N/A	22.48	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	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	9.1%	N/A	64.01	N/A
<b>Code 2</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047			15	6.7%	194.36	79.52	N/A
<b>Code 3</b>	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			18	5.6%	194.36	91.31	N/A
<b>Code 4</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			20	5.0%	194.36	82.72	N/A
<b>Code 5</b>	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	22853			27	3.7%	97.24	61.33	N/A
<b>Code 6</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845			14	0.0%	N/A	66.08	N/A
<b>Code 7</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	22585			11	0.0%	97.24	113.88	N/A
<b>Code 8</b>	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	22614			10	0.0%	97.24	77.60	N/A
<b>Code 9</b>	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,	63048			6	0.0%	194.36	54.79	N/A

	thoracic, or lumbar (List separately in addition to code for primary procedure)								
<b>Code 10</b>	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			4	0.0%	N/A	91.05	N/A

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110			550	76.7%	9.9	22.8	N/A
<b>Code 2</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140			505	75.0%	12.0	23.6	N/A
<b>Code 3</b>	Computed tomography, abdomen and pelvis; without contrast material	74176			304	94.1%	10.5	5.5	N/A
<b>Code 4</b>	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			288	70.5%	N/A	25.5	N/A
<b>Code 5</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	93306			280	91.1%	N/A	5.8	N/A
<b>Code 6</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities	97530			241	73.4%	N/A	24.7	N/A

	to improve functional performance), each 15 minutes								
<b>Code 7</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	73721			229	88.2%	N/A	4.5	N/A
<b>Code 8</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148			194	77.8%	N/A	9.5	N/A
<b>Code 9</b>	Application of a modality to 1 or more areas; electrical stimulation (unattended)	97014			162	77.2%	16.2	24.4	N/A
<b>Code 10</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	73221			124	87.1%	N/A	6.1	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthroscopy, shoulder, surgical; with rotator cuff repair	29827			26	100.0%	N/A	67.57	0.00
<b>Code 2</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	73722			14	100.0%	N/A	3.61	N/A
<b>Code 3</b>	Transthoracic echocardiography for congenital cardiac anomalies; complete	93303			13	100.0%	N/A	1.73	N/A
<b>Code 4</b>	Magnetic resonance imaging, breast, without contrast material; unilateral	77046			12	100.0%	20.09	2.04	N/A
<b>Code 5</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	70480			12	100.0%	N/A	0.02	N/A
<b>Code 6</b>	Computed tomography, cervical spine; without contrast material	72125			11	100.0%	N/A	2.82	N/A
<b>Code 7</b>	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	29888			11	100.0%	N/A	45.32	N/A
<b>Code 8</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	72157			9	100.0%	N/A	5.38	N/A
<b>Code 9</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet								

	(zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	64495			9	100.0%	N/A	5.33	N/A
<b>Code 10</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	73218			9	100.0%	N/A	5.92	N/A
<b>Code 11</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58552			9	100.0%	N/A	55.22	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	42145			1	100.0%	N/A	93.99	N/A
<b>Code 2</b>	Endometrial ablation, thermal, without hysteroscopic guidance	58353			1	100.0%	N/A	173.50	N/A
<b>Code 3</b>	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	43282			1	100.0%	N/A	317.10	N/A
<b>Code 4</b>	Unlisted procedure, spine	22899			1	100.0%	N/A	101.25	N/A
<b>Code 5</b>	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	22858			4	50.0%	0.44	188.61	N/A
<b>Code 6</b>	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			4	50.0%	0.44	188.61	N/A

<b>Code 7</b>	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	64590			2	50.0%	N/A	81.09	N/A
<b>Code 8</b>	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	29867			2	50.0%	N/A	17.01	N/A
<b>Code 9</b>	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	43281			5	40.0%	N/A	206.86	N/A
<b>Code 10</b>	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	43280			5	40.0%	N/A	217.56	N/A

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified healthcare professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes	99251			1	0.0%	41.59	N/A	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified healthcare professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes	99251			1	0.0%	41.59	N/A	N/A

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

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

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507			17	82.4%	N/A	23.7	N/A
<b>Code 2</b>	Alcohol and/or Drug Services		H0015		13	100.0%	15.5	18.2	N/A
<b>Code 3</b>	Alcohol and/or other drug treatment program, per diem		H2036		8	75.0%	N/A	6.8	N/A

<b>Code 4</b>	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	97810			3	100.0%	N/A	46.5	N/A
<b>Code 5</b>	Nipple/areola reconstruction	19350			2	100.0%	N/A	50.5	N/A
<b>Code 6</b>	Mastectomy, simple, complete	19303			2	100.0%	N/A	50.5	N/A
<b>Code 7</b>	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			2	100.0%	N/A	276.9	N/A
<b>Code 8</b>	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	97811			2	100.0%	N/A	1.1	N/A
<b>Code 9</b>	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		2	100.0%	N/A	29.5	N/A
<b>Code 10</b>	Group psychotherapy (other than of a multiple-family group)	90853			2	0.0%	2.9	22.1	N/A
<b>Code 11</b>	Suction assisted lipectomy; trunk	15877			2	0.0%	N/A	50.5	N/A
<b>Code 12</b>	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			2	100.0%	N/A	276.9	N/A
<b>Code 13</b>	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			2	100.0%	N/A	276.9	N/A
<b>Code 14</b>	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction	97155			2	100.0%	N/A	276.9	N/A



of technician, face-to-face with one patient, each 15 minutes								
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Alcohol And/Or Drug Services		H0015		13	100.0%	15.5	18.2	N/A
<b>Code 2</b>	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	97810			3	100.0%	N/A	46.5	N/A
<b>Code 3</b>	Nipple/areola reconstruction	19350			2	100.0%	N/A	50.5	N/A
<b>Code 4</b>	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			2	100.0%	N/A	276.9	N/A
<b>Code 5</b>	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	97811			2	100.0%	N/A	1.1	N/A
<b>Code 6</b>	Mastectomy, simple, complete	19303			2	100.0%	N/A	50.5	N/A
<b>Code 7</b>	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			2	100.0%	N/A	276.9	N/A
<b>Code 8</b>	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours		H0035		2	100.0%	N/A	29.5	N/A

<b>Code 9</b>	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			2	100.0%	N/A	276.9	N/A
<b>Code 10</b>	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			2	100.0%	N/A	276.9	N/A

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

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

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Ext Amb Infusn Pump Insulin		E0784		9	88.9%	N/A	25.04	N/A
<b>Code 2</b>	External Ambulatory Infus Pu		E0781		6	0.0%	N/A	N/A	N/A
<b>Code 3</b>	Monitoring feature/deviceNOC		A9279		1	0.0%	N/A	N/A	N/A

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

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

<b>Code 1</b>	Ext Amb Infusn Pump Insulin		E0784		9	88.9%	N/A	25.04	N/A
<b>Code 2</b>	External Ambulatory Infus Pu		E0781		6	0.0%	N/A	N/A	N/A
<b>Code 3</b>	Monitoring feature/deviceNOC		A9279		1	0.0%	N/A	N/A	N/A

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

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

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Cont Airway Pressure Device		E0601		226	94.7%	N/A	2.3	N/A
<b>Code 2</b>	Durable Medical Equipment Mi		E1399		10	20.0%	N/A	107.3	N/A
<b>Code 3</b>	Respiratory assist device, bi-level pressure capability, without backup rate		E0470		10	80.0%	N/A	17.4	N/A
<b>Code 4</b>	Elec Osteogen Stim Spinal		E0748		9	55.6%	N/A	51.9	N/A
<b>Code 5</b>	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		5	80.0%	N/A	5.4	N/A
<b>Code 6</b>	Combination sit to stand system, any size, with seat lift feature, with or without wheels		E0637		2	0.0%	N/A	112.7	N/A
<b>Code 7</b>	Elec Osteogen Stim Not Spine		E0747		2	50.0%	N/A	121.5	N/A
<b>Code 8</b>	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating		E1233		1	0.0%	N/A	81.1	N/A
<b>Code 9</b>	Bath/shower chair, with or without wheels, any size		E0240		1	0.0%	N/A	N/A	N/A
<b>Code 10</b>	Pneumatic prop tire insert		E2213		1	0.0%	N/A	81.1	N/A
<b>Code 11</b>	Wheelchair Adjustabl Height		E0973		1	0.0%	N/A	81.1	N/A

<b>Code 12</b>	HOME VENT NON-INVASIVE INTER		E0466		1	100.0%	19.4	N/A	N/A
<b>Code 13</b>	Wheelchair Belt W/Airplane B		E0978		1	0.0%	N/A	N/A	N/A
<b>Code 14</b>	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		1	0.0%	N/A	N/A	N/A
<b>Code 15</b>	Solid seat support base		E2231		1	0.0%	N/A	81.1	N/A
<b>Code 16</b>	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively		E0445		1	0.0%	N/A	N/A	N/A
<b>Code 17</b>	Accessory for speech generating device, not otherwise classified		E2599		1	100.0%	N/A	45.8	N/A
<b>Code 18</b>	Humidifier, heated, used with positive airway pressure device		E0562		1	0.0%	N/A	N/A	N/A
<b>Code 19</b>	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		E2221		1	0.0%	N/A	81.1	N/A
<b>Code 20</b>	Position back cush wd <22in		E2613		1	0.0%	N/A	81.1	N/A
<b>Code 21</b>	Skin pro/pos wc cus wd <22in		E2607		1	0.0%	N/A	N/A	N/A
<b>Code 22</b>	Tray		E0950		1	0.0%	N/A	81.1	N/A
<b>Code 23</b>	Upright gait trainer		E8001		1	0.0%	N/A	N/A	N/A
<b>Code 24</b>	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each		E0956		1	0.0%	N/A	N/A	N/A
<b>Code 25</b>	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each		E0957		1	0.0%	N/A	N/A	N/A

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Accessory for speech generating device, not otherwise classified		E2599		1	100.0%	N/A	45.8	N/A
<b>Code 2</b>	HOME VENT NON-INVASIVE INTER		E0466		1	100.0%	19.4	N/A	N/A
<b>Code 3</b>	Cont Airway Pressure Device		E0601		226	94.7%	N/A	2.3	N/A
<b>Code 4</b>	Respiratory assist device, bi-level pressure capability, without backup rate		E0470		10	80.0%	N/A	17.4	N/A
<b>Code 5</b>	Respiratory assist device, bi-level pressure capability, with back-up rate		E0471		5	80.0%	N/A	5.4	N/A

<b>Code 6</b>	Elec Osteogen Stim Spinal		E0748		9	55.6%	N/A	51.9	N/A
<b>Code 7</b>	Elec Osteogen Stim Not Spine		E0747		2	50.0%	N/A	121.5	N/A
<b>Code 8</b>	Durable Medical Equipment Mi		E1399		10	20.0%	N/A	107.3	N/A
<b>Code 9</b>	Combination sit to stand system, any size, with seat lift feature, with or without wheels		E0637		2	0.0%	N/A	112.7	N/A
<b>Code 10</b>	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware		E1028		1	0.0%	N/A	N/A	N/A
<b>Code 11</b>	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		E2221		1	0.0%	N/A	81.1	N/A
<b>Code 12</b>	Wheelchair Adjustabl Height		E0973		1	0.0%	N/A	81.1	N/A
<b>Code 13</b>	Wheelchair Belt W/Airplane B		E0978		1	0.0%	N/A	N/A	N/A
<b>Code 14</b>	Solid seat support base		E2231		1	0.0%	N/A	81.1	N/A
<b>Code 15</b>	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating		E1233		1	0.0%	N/A	81.1	N/A
<b>Code 16</b>	Humidifier, heated, used with positive airway pressure device		E0562		1	0.0%	N/A	N/A	N/A
<b>Code 17</b>	Pneumatic prop tire insert		E2213		1	0.0%	N/A	81.1	N/A
<b>Code 18</b>	Position back cush wd <22in		E2613		1	0.0%	N/A	81.1	N/A
<b>Code 19</b>	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively		E0445		1	0.0%	N/A	N/A	N/A
<b>Code 20</b>	Bath/shower chair, with or without wheels, any size		E0240		1	0.0%	N/A	N/A	N/A
<b>Code 21</b>	Skin pro/pos wc cus wd <22in		E2607		1	0.0%	N/A	N/A	N/A
<b>Code 22</b>	Tray		E0950		1	0.0%	N/A	81.1	N/A
<b>Code 23</b>	Upright gait trainer		E8001		1	0.0%	N/A	N/A	N/A
<b>Code 24</b>	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each		E0956		1	0.0%	N/A	N/A	N/A
<b>Code 25</b>	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each		E0957		1	0.0%	N/A	N/A	N/A

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

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

## Carrier D

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	22853	N/A	N/A	18	56%	4.00	44.00	
<b>Code 2</b>	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	20930	N/A	N/A	17	65%	4.24	25.41	
<b>Code 3</b>	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	N/A	N/A	11	64%	6.55	28.36	
<b>Code 4</b>	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	N/A	N/A	8	63%	9.00	63.00	
<b>Code 5</b>	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	22558	N/A	N/A	8	63%	9.00	69.00	
<b>Code 6</b>	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	22612	N/A	N/A	8	75%	9.00	96.00	
<b>Code 7</b>	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	N/A	N/A	8	88%	9.00	48.00	
<b>Code 8</b>	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	44207	N/A	N/A	8	100%	0.00	309.00	
<b>Code 9</b>	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	N/A	N/A	8	63%	9.00	45.00	
<b>Code 10</b>	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	20931	N/A	N/A	7	71%	3.43	61.71	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	22853	N/A	N/A	17	65%	4.24	25.41	
<b>Code 2</b>	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	20930	N/A	N/A	18	56%	4.00	44.00	
<b>Code 3</b>	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	22840	N/A	N/A	8	100%	0.00	309.00	
<b>Code 4</b>	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	20936	N/A	N/A	11	64%	6.55	28.36	
<b>Code 5</b>	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)	22558	N/A	N/A	8	88%	9.00	48.00	
<b>Code 6</b>	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBICRADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	22612	N/A	N/A	7	100%	3.43	48.00	
<b>Code 7</b>	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	22842	N/A	N/A	7	100%	0.00	24.00	



<b>Code 8</b>	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION	44207	N/A	N/A	7	100%	10.29	48.00	
<b>Code 9</b>	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	63047	N/A	N/A	8	75%	9.00	96.00	
<b>Code 10</b>	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)	20931	N/A	N/A	8	63%	9.00	63.00	

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

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

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	89253	N/A	N/A	71	48%	1.01	56.79	
<b>Code 2</b>	ASSISTED OOCYTE FERTILIZATION, CASE RATE	N/A	S4022	N/A	61	16%	1.18	74.75	

<b>Code 3</b>	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	N/A	S4016	N/A	56	88%	1.29	54.86	
<b>Code 4</b>	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	N/A	S4011	N/A	51	20%	1.41	64.47	
<b>Code 5</b>	CRYOPRESERVATION; EMBRYO	89258	N/A	N/A	42	31%	1.71	86.29	
<b>Code 6</b>	STORAGE, (PER YEAR); EMBRYO(S)	89342	N/A	N/A	42	36%	1.71	75.43	
<b>Code 7</b>	REDUCTION MAMMAPLASTY	19318	N/A	N/A	41	59%	1.76	14.63	
<b>Code 8</b>	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	89290	N/A	N/A	39	5%	1.85	78.77	
<b>Code 9</b>	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	89291	N/A	N/A	39	5%	1.85	70.77	
<b>Code 10</b>	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	N/A	S4015	N/A	29	31%	2.48	82.76	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	N/A	S4016	N/A	56	88%	1.29	54.86	
<b>Code 2</b>	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	89253	N/A	N/A	71	48%	1.01	56.79	
<b>Code 3</b>	REDUCTION MAMMAPLASTY	19318	N/A	N/A	41	59%	1.76	14.63	
<b>Code 4</b>	ARTIFICIAL INSEMINATION; INTRAUTERINE	58322	N/A	N/A	23	100%	3.13	65.74	
<b>Code 5</b>	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	36475	N/A	N/A	27	74%	2.67	16.89	
<b>Code 6</b>	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR	63030	N/A	N/A	25	76%	2.88	32.64	

	EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR								
<b>Code 7</b>	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	N/A	N/A	23	78%	3.13	29.22	
<b>Code 8</b>	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	19325	N/A	N/A	17	100%	4.24	31.06	
<b>Code 9</b>	STORAGE, (PER YEAR); EMBRYO(S)	89342	N/A	N/A	42	36%	1.71	75.43	
<b>Code 10</b>	UNLISTED EVALUATION AND MANAGEMENT SERVICE	99499	N/A	N/A	16	88%	4.50	27.00	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	22856	N/A	N/A	2	40%	N/A	48	
<b>Code 2</b>	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	58970	N/A	N/A	2	50%	N/A	12	
<b>Code 3</b>	EMBRYO TRANSFER, INTRAUTERINE	58974	N/A	N/A	2	29%	N/A	12	
<b>Code 4</b>	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	76942	N/A	N/A	2	50%	N/A	12	
<b>Code 5</b>	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING AND INTERPRETATION	76948	N/A	N/A	2	67%	N/A	12	
<b>Code 6</b>	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	89253	N/A	N/A	2	5%	N/A	12	
<b>Code 7</b>	CRYOPRESERVATION; EMBRYO	89258	N/A	N/A	2	7%	N/A	12	

<b>Code 8</b>	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	N/A	S4015	N/A	2	10%	N/A	12	
<b>Code 9</b>	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	N/A	S4042	N/A	2	100%	N/A	12	
<b>Code 10</b>	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	36471	N/A	N/A	1	33%	N/A	48	

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mental Health	MEN	N/A	N/A	N/A	112	51%	0.21	84
<b>Code 2</b>	Residential Substance Abuse	RSA	N/A	N/A	N/A	53	45%	1.7	21
<b>Code 3</b>	Detoxification	DAA	N/A	N/A	N/A	45	53%	0.5	72
<b>Code 4</b>	Rehabilitation	REH	N/A	N/A	N/A	36	44%	2.6	57
<b>Code 5</b>	Residential Mental Health	RMH	N/A	N/A	N/A	19	74%	1.3	72
<b>Code 6</b>	Drug & Alcohol Rehabilitation	DAR	N/A	N/A	N/A	6	17%	0	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mental Health	MEN	N/A	N/A	N/A	57	98%	0.42	32.84
<b>Code 2</b>	Residential Mental Health	RMH	N/A	N/A	N/A	24	79%	1.00	458.00
<b>Code 3</b>	Residential Substance Abuse	RSA	N/A	N/A	N/A	24	96%	1.00	118.00
<b>Code 4</b>	Detoxification	DAA	N/A	N/A	N/A	16	100%	4.50	229.50
<b>Code 5</b>	Rehabilitation	REH	N/A	N/A	N/A	14	71%	5.14	77.14
<b>Code 6</b>	Drug & Alcohol Rehabilitation	DAR	N/A	N/A	N/A	1	100%	0.00	0.00

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

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

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	N/A	H0035	N/A	46	0.956521739	0.52173913	78.26086957	
<b>Code 2</b>	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	N/A	H2036	N/A	40	1	1.8	100.2	
<b>Code 3</b>	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837	N/A	N/A	39	0.974358974	1.846153846	217.8461538	
<b>Code 4</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	90868	N/A	N/A	28	0.607142857	2.571428571	294.8571429	
<b>Code 5</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	90867	N/A	N/A	26	0.615384615	2.769230769	216.9230769	
<b>Code 6</b>	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHERQUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN( S)/CAREGIVER(S) A	97151	N/A	N/A	25	0.88	-148.8	744.96	
<b>Code 7</b>	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,	97155	N/A	N/A	23	0.869565217	-161.7391304	1562.086957	

	WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES								
<b>Code 8</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	90869	N/A	N/A	20	0.65	3.6	102	
<b>Code 9</b>	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	N/A	N/A	19	0.894736842	-195.7894737	1784.842105	
<b>Code 10</b>	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	N/A	N/A	19	0.947368421	3.789473684	990.3157895	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	N/A	H0035	N/A	46	0.956521739	0.52173913	78.26086957	
<b>Code 2</b>	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	N/A	H2036	N/A	40	1	1.8	100.2	
<b>Code 3</b>	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837	N/A	N/A	39	0.974358974	1.846153846	217.8461538	
<b>Code 4</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	90868	N/A	N/A	28	0.607142857	2.571428571	294.8571429	
<b>Code 5</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	90867	N/A	N/A	26	0.615384615	2.769230769	216.9230769	
<b>Code 6</b>	BEHAVIOR IDENTIFICATION ASSESSMENT,								

	ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHERQUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN( S)/CAREGIVER(S) A	97151	N/A	N/A	25	0.88	-148.8	744.96	
<b>Code 7</b>	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	N/A	N/A	23	0.869565217	-161.7391304	1562.086957	
<b>Code 8</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	90869	N/A	N/A	20	0.65	3.6	102	
<b>Code 9</b>	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	N/A	N/A	19	0.894736842	-195.7894737	1784.842105	
<b>Code 10</b>	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	N/A	N/A	19	0.947368421	3.789473684	990.3157895	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	N/A	H0035	N/A	46	0.956521739	0.52173913	78.26086957	
<b>Code 2</b>	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	N/A	H2036	N/A	40	1	1.8	100.2	

<b>Code 3</b>	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837	N/A	N/A	39	0.974358974	1.846153846	217.8461538	
<b>Code 4</b>	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHERQUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN( S)/CAREGIVER(S) A	97151	N/A	N/A	25	0.88	-148.8	744.96	
<b>Code 5</b>	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	N/A	N/A	23	0.869565217	-161.7391304	1562.086957	
<b>Code 6</b>	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENTPRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	97156	N/A	N/A	19	0.947368421	3.789473684	990.3157895	
<b>Code 7</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	90868	N/A	N/A	28	0.607142857	2.571428571	294.8571429	
<b>Code 8</b>	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	N/A	N/A	19	0.894736842	-195.7894737	1784.842105	
<b>Code 9</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	90867	N/A	N/A	26	0.615384615	2.769230769	216.9230769	
<b>Code 10</b>	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	90869	N/A	N/A	20	0.65	3.6	102	



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

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

## 2020 Diabetes Supplies & Equip

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

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

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

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

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

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

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	N/A	E1007	N/A	2	0.50%	12	36	
<b>Code 2</b>	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	N/A	E2311	N/A	2	0.50%	12	36	
<b>Code 3</b>	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	N/A	L5301	N/A	2	1%	0	36	
<b>Code 4</b>	S/A L5618,BELOW KNEE	N/A	L5620	N/A	2	1%	0	36	
<b>Code 5</b>	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	N/A	L5637	N/A	2	1%	0	36	
<b>Code 6</b>	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	N/A	L5671	N/A	2	1%	0	36	
<b>Code 7</b>	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	N/A	L5673	N/A	2	1%	0	36	
<b>Code 8</b>	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	N/A	L5910	N/A	2	1%	0	36	
<b>Code 9</b>	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL	N/A	L5940	N/A	2	1%	0	36	
<b>Code 10</b>	EQUAL) ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR	N/A	L5986	N/A	2	1%	0	36	

Codes with the highest percentage of approved prior authorization requests:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	N/A	L5301	N/A	2	100%	N/A	36	
<b>Code 2</b>	S/A L5618,BELOW KNEE	N/A	L5620	N/A	2	100%	N/A	36	
<b>Code 3</b>	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	N/A	L5637	N/A	2	100%	N/A	36	
<b>Code 4</b>	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	N/A	L5671	N/A	2	100%	N/A	36	
<b>Code 5</b>	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	N/A	L5673	N/A	2	100%	N/A	36	
<b>Code 6</b>	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	N/A	L5910	N/A	2	100%	N/A	36	
<b>Code 7</b>	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL	N/A	L5940	N/A	2	100%	N/A	36	
<b>Code 8</b>	EQUAL) ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR	N/A	L5986	N/A	2	100%	N/A	36	
<b>Code 9</b>	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	N/A	L5987	N/A	2	100%	N/A	36	
<b>Code 10</b>	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	N/A	L8420	N/A	2	100%	N/A	36	

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

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

## Carrier E

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRO	22853			19	78.9%	7.5	133.6	N/A
<b>Code 2</b>	ARTHDSISPOST/POSTEROLATRL/POSTINTERBODY LUMBAR	22633			13	92.3%	N/A	159.9	N/A
<b>Code 3</b>	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22840			13	84.6%	N/A	132.8	N/A
<b>Code 4</b>	ARTHRO ACETBLR/PROX FEM PROSTH AGRFT/ALGRFT	27130			13	84.6%	N/A	42.7	N/A
<b>Code 5</b>	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	63047			11	90.9%	N/A	159	N/A
<b>Code 6</b>	Room & Board - Semiprivate - 2 Beds -General			0120	10	100.0%	32.6	N/A	18.3
<b>Code 7</b>	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	20930			12	83.3%	N/A	132	N/A
<b>Code 8</b>	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416			11	81.8%	32.3	42.2	N/A
<b>Code 9</b>	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	63048			10	90.0%	N/A	145.9	N/A
<b>Code 10</b>	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	20936			11	81.8%	N/A	139.2	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Room & Board - Semiprivate - 2 Beds - General			0120	10	100.0%	32.6	N/A	18.3
<b>Code 2</b>	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN	33518			8	100.0%	4	108.3	N/A
<b>Code 3</b>	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	44207			6	100.0%	14.4	43	0
<b>Code 4</b>	CYCLOPHOSPHAMIDE 100 MG	J9070			6	100.0%	17.9	64.1	0
<b>Code 5</b>	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	38571			6	100.0%	5.1	50.6	N/A
<b>Code 6</b>	INJECTION FOSAPREPITANT 1 MG	J1453			5	100.0%	30.1	114.9	N/A
<b>Code 7</b>	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	22614			5	100.0%	N/A	135.6	N/A

<b>Code 8</b>	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	44204			5	100.0%	N/A	45.9	N/A
<b>Code 9</b>	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624			5	100.0%	18.7	131	N/A
<b>Code 10</b>	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226			4	100.0%	9.7	160.1	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	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Other Room & Board - Sterile Environment			0164	1	100.0%	73.9	N/A	N/A
<b>Code 2</b>	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	22846			1	100.0%	N/A	145.6	N/A
<b>Code 3</b>	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	27685			1	100.0%	N/A	241.7	N/A
<b>Code 4</b>	ARTHROPLASTY ANKLE W/IMPLANT	27702			1	100.0%	N/A	241.7	N/A
<b>Code 5</b>	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	33979			1	100.0%	49.3	N/A	N/A
<b>Code 6</b>	REMOVAL IMPLANT DEEP	20680			3	66.7%	42.5	141.8	N/A
<b>Code 7</b>	Intensive Care - Intermediate (ICU)			0206	2	50.0%	50.1	N/A	0
<b>Code 8</b>	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	22552			3	33.3%	N/A	103.8	N/A
<b>Code 9</b>	Room & Board - Semiprivate - 2 Beds - General			0120	10	30.0%	32.6	N/A	18.3
<b>Code 10</b>	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT	55866			4	25.0%	5.1	70.1	N/A

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN	33518			1	0.0%	N/A	N/A	N/A

<b>Code 2</b>	CYSTO W/SIMPLE REMOVAL STONE and STENT	52310			1	0.0%	N/A	45.8	N/A
<b>Code 3</b>	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	49329			1	0.0%	N/A	0.6	N/A
<b>Code 4</b>	BREAST AUGMENTATION WITH IMPLANT	19325			1	100.0%	N/A	98.2	N/A
<b>Code 5</b>	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	63030			1	100.0%	1	N/A	N/A
<b>Code 6</b>	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	20902			1	0.0%	N/A	107.2	N/A
<b>Code 7</b>	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	43621			1	0.0%	N/A	16.7	N/A
<b>Code 8</b>	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL and CURT	21040			1	0.0%	N/A	107.2	N/A
<b>Code 9</b>	OMENTAL FLAP INTRA-ABDOMINAL	49905			1	0.0%	N/A	0.6	N/A
<b>Code 10</b>	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	23472			1	0.0%	N/A	89.8	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	63030			1	100.0%	1.0	N/A	N/A
<b>Code 2</b>	INTERSEX SURG MALE FEMALE	55970			1	100.0%	N/A	98.2	N/A
<b>Code 3</b>	BREAST AUGMENTATION WITH IMPLANT	19325			1	100.0%	N/A	98.2	N/A
<b>Code 4</b>	OMENTAL FLAP INTRA-ABDOMINAL	49905			1	0.0%	N/A	0.6	N/A
<b>Code 5</b>	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL and CURT	21040			1	0.0%	N/A	107.2	N/A
<b>Code 6</b>	DEBRIDEMENT BONE MUSCLE and /FASCIA 20 SQ CM OR LT	11044			1	0.0%	N/A	107.2	N/A
<b>Code 7</b>	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	23472			1	0.0%	N/A	89.8	N/A
<b>Code 8</b>	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	49329			1	0.0%	N/A	0.6	N/A
<b>Code 9</b>	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	31536			1	0.0%	N/A	6	N/A
<b>Code 10</b>	CYSTO W/SIMPLE REMOVAL STONE and STENT	52310			1	0.0%	N/A	45.8	N/A

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

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

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	INTERSEX SURG MALE FEMALE	55970			2	100.0%	N/A	117.5	N/A
<b>Code 2</b>	ELECTROCONVULSIVE THERAPY	90870			2	100.0%	65	N/A	N/A
<b>Code 3</b>	Emergency Room - General			0450	1	0.0%	N/A	N/A	N/A
<b>Code 4</b>	Physical Therapy - Evaluation or Reevaluation			0424	1	0.0%	N/A	N/A	N/A
<b>Code 5</b>	Room & Board - Semiprivate - 2 Beds - Psychiatric			0124	1	100.0%	N/A	N/A	0
<b>Code 6</b>	Pharmacy - Other Pharmacy			0259	1	0.0%	N/A	N/A	N/A
<b>Code 7</b>	Speech-Language Pathology - General			0440	1	0.0%	N/A	N/A	N/A
<b>Code 8</b>	Laboratory - General			0300	1	0.0%	N/A	N/A	N/A
<b>Code 9</b>	EKG/ECG (Electrocardiogram) - General			0730	1	0.0%	N/A	N/A	N/A
<b>Code 10</b>	Drugs Requiring Specific Identification - Drug Requiring Det			636	1	0.0%	N/A	N/A	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	INTERSEX SURG MALE FEMALE	55970			2	100.0%	N/A	117.5	N/A
<b>Code 2</b>	ELECTROCONVULSIVE THERAPY	90870			2	100.0%	64.3	N/A	N/A

<b>Code 3</b>	Room & Board - Semiprivate - 2 Beds - Psychiatric			0124	1	100.0%	0	N/A	0
<b>Code 4</b>	Room & Board - Semiprivate - 2 Beds - General			0120	1	100.0%	146.3	N/A	146.3
<b>Code 5</b>	Pharmacy - Other Pharmacy			0259	1	0.0%	N/A	N/A	N/A
<b>Code 6</b>	Emergency Room - General			0450	1	0.0%	N/A	N/A	N/A
<b>Code 7</b>	Speech-Language Pathology - General			0440	1	0.0%	N/A	N/A	N/A
<b>Code 8</b>	Drugs Requiring Specific Identification - Drug Requiring Det			636	1	0.0%	N/A	N/A	N/A
<b>Code 9</b>	EKG/ECG (Electrocardiogram) - General			0730	1	0.0%	N/A	N/A	N/A
<b>Code 10</b>	Coronary Care - Intermediate Coronary Care Unit (CCU)			0214	1	0.0%	N/A	N/A	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Room & Board - Semiprivate - 2 Beds - General			0120	1	100%	146.3	N/A	146.3

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	G0297			53	84.9%	25.2	55.7	N/A
<b>Code 2</b>	PSYCHIATRIC DIAGNOSTIC EVALUATION	90791			9	44.4%	N/A	80.5	164.4
<b>Code 3</b>	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307			8	37.5%	N/A	72.5	9.2
<b>Code 4</b>	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	90868			7	71.4%	48.6	112	N/A
<b>Code 5</b>	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL and M	90867			7	71.4%	48.6	112	N/A
<b>Code 6</b>	BREAST AUGMENTATION WITH IMPLANT	19325			7	71.4%	N/A	42.5	N/A



<b>Code 7</b>	INTERSEX SURG MALE FEMALE	55970			7	57.1%	N/A	64	89.3
<b>Code 8</b>	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV and MN	90869			5	60.0%	48.6	107.6	N/A
<b>Code 9</b>	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	97530			5	0.0%	N/A	16.3	N/A
<b>Code 10</b>	ELECTROCONVULSIVE THERAPY	90870			4	75.0%	25.2	212.7	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381			3	100.0%	N/A	0	0
<b>Code 2</b>	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	H0004			2	100.0%	N/A	77.7	42.5
<b>Code 3</b>	HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	96164			2	100.0%	N/A	77.7	42.5
<b>Code 4</b>	MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS	H0035			2	100.0%	29.7	25.6	N/A
<b>Code 5</b>	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523			2	100.0%	N/A	175.3	213.9
<b>Code 6</b>	HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	96165			2	100.0%	N/A	77.7	42.5
<b>Code 7</b>	NIPPLE/AREOLA RECONSTRUCTION	19350			2	100.0%	N/A	110.7	N/A
<b>Code 8</b>	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	96133			2	100.0%	N/A	203.5	N/A
<b>Code 9</b>	ELECTROLYSIS EPILATION EACH 30 MINUTES	17380			1	100.0%	N/A	99.8	N/A
<b>Code 10</b>	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551			1	100.0%	N/A	23.5	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	96132			1	100.0%	N/A	192.4	N/A

<b>Code 2</b>	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522			1	100.0%	N/A	136.7	N/A
<b>Code 3</b>	EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ	92610			1	100.0%	N/A	136.7	N/A
<b>Code 4</b>	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523			2	50.0%	N/A	175.3	213.9
<b>Code 5</b>	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	96133			2	50.0%	N/A	203.5	N/A
<b>Code 6</b>	MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS	H0035			2	50.0%	29.7	25.6	N/A
<b>Code 7</b>	PSYCL/NRPSYCL TST TECH 2 Plus TST 1ST 30 MIN	96138			3	33.3%	N/A	203.5	N/A
<b>Code 8</b>	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	96121			3	33.3%	N/A	203.5	N/A
<b>Code 9</b>	PSYCL/NRPSYCL TST TECH 2 Plus TST EA ADDL 30 MIN	96139			3	33.3%	N/A	203.5	N/A
<b>Code 10</b>	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	96116			3	33.3%	N/A	203.5	N/A

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U Equal to 1D	A9276			29	79.3%	7.9	37.9	35
<b>Code 2</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			13	76.9%	12.2	22	N/A
<b>Code 3</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			13	100.0%	14.8	99.5	N/A
<b>Code 4</b>	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	A4230			10	80.0%	13.2	31.7	N/A
<b>Code 5</b>	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	A4232			9	77.8%	N/A	38.5	N/A
<b>Code 6</b>	SUPPLY ALLOW FOR TX CGM1 MO SPL Equal to 1 U OF SERVICE	K0553			3	66.7%	N/A	N/A	N/A
<b>Code 7</b>	BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50	A4253			2	50.0%	N/A	N/A	N/A
<b>Code 8</b>	DIAB ONLY FIT CSTM PREP AND SPL SHOE MX DENSITY INSRT	A5500			1	0.0%	N/A	46.5	N/A

<b>Code 9</b>	UNLISTED EVALUATION AND MANAGEMENT SERVICE	99499			1	0.0%	69.1	N/A	N/A
<b>Code 10</b>	EPIFIX PER SQ CM	Q4186			1	100.0%	N/A	24	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			13	100.0%	14.8	95.5	N/A
<b>Code 2</b>	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	A9274			1	100.0%	N/A	56.9	56.9
<b>Code 3</b>	DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA	A5514			1	100.0%	N/A	76.5	N/A
<b>Code 4</b>	EPIFIX PER SQ CM	Q4186			1	100.0%	N/A	24	N/A
<b>Code 5</b>	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249			1	100.0%	N/A	18.5	N/A
<b>Code 6</b>	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	A4230			10	80.0%	14.8	35.4	N/A
<b>Code 7</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U Equal to 1D	A9276			29	79.3%	8.5	29.2	35
<b>Code 8</b>	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	A4232			9	77.8%	14.8	38.5	N/A
<b>Code 9</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			13	76.9%	12.2	22	N/A
<b>Code 10</b>	SUPPLY ALLOW FOR TX CGM1 MO SPL Equal to 1 U OF SERVICE	K0553			3	66.7%	1.7	213.8	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	A4232			9	11.1%	14.8	38.5	N/A
<b>Code 2</b>	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	A4230			10	10.0%	14.8	35.4	N/A
<b>Code 3</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			13	7.7%	12.2	22	N/A

<b>Code 4</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			13	7.7%	14.8	95.5	N/A
<b>Code 5</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U Equal to 1D	A9276			29	3.4%	8.5	29.2	35

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U Equal to 1D	A9276			29	79.3%	8.5	29.2	35
<b>Code 2</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			13	100.0%	14.8	98.5	N/A
<b>Code 3</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			13	76.9%	12.2	22	N/A
<b>Code 4</b>	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	A4230			10	80.0%	14.8	35.4	N/A
<b>Code 5</b>	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	A4232			9	77.8%	14.8	38.5	N/A
<b>Code 6</b>	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS	E0652			7	42.9%	N/A	79.2	N/A
<b>Code 7</b>	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	K0606			5	60.0%	98.8	100.9	N/A
<b>Code 8</b>	POLISHING/RESURFACING OF OCULAR PROSTHESIS	V2624			5	100.0%	N/A	44.7	N/A
<b>Code 9</b>	HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATRSS	E0294			4	75.0%	N/A	91	N/A
<b>Code 10</b>	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	E0601			4	0.0%	N/A	62.6	N/A

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

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

<b>Code 1</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			13	100.0%	14.8	95.5	N/A
<b>Code 2</b>	POLISHING/RESURFACING OF OCULAR PROSTHESIS	V2624			5	100.0%	N/A	44.7	N/A
<b>Code 3</b>	GEN WC BACK CUSHN WDNH LT 22 IN HT MOUNT HARDWARE	E2611			3	100.0%	22.4	77.1	N/A
<b>Code 4</b>	WND CARE SET NEG PRSS WND TX ELEC PUMP SPL	A6550			3	100.0%	49.2	124.7	N/A
<b>Code 5</b>	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH	A7000			3	100.0%	49.2	124.7	N/A
<b>Code 6</b>	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	E2402			3	100.0%	49.2	124.7	N/A
<b>Code 7</b>	SKIN PROTECT and POSITIONING WC CUSH WIDTH LT 22 IN	E2624			3	100.0%	22.4	32.9	N/A
<b>Code 8</b>	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	L1960			3	100.0%	N/A	93.7	N/A
<b>Code 9</b>	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS	E0295			2	100.0%	17.3	326.1	N/A
<b>Code 10</b>	OTHER ACCESSORIES	K0108			2	100.0%	22.4	4.9	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PROSTHETIC EYE PLASTIC CUSTOM	V2623			1	100.0%	N/A	140.8	N/A
<b>Code 2</b>	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	E0766			2	50.0%	N/A	77.3	N/A
<b>Code 3</b>	FABRICATION AND FITTING OF OCULAR CONFORMER	V2628			2	50.0%	N/A	72.2	N/A
<b>Code 4</b>	SCLERAL COVER SHELL	V2627			2	50.0%	N/A	72.2	N/A
<b>Code 5</b>	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	E1399			3	33.3%	5.6	64.7	N/A
<b>Code 6</b>	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	L8699			3	33.3%	N/A	215.4	199.4
<b>Code 7</b>	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG	E0667			3	33.3%	N/A	63	N/A
<b>Code 8</b>	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	E0652			7	28.6%	N/A	79.2	N/A
<b>Code 9</b>	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	A4232			9	11.1%	14.8	38.5	N/A

<b>Code 10</b>	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	A4230			10	10.0%	14.8	35.4	N/A
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## Carrier F

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	27130			5	100%		57.1	
<b>Code 2</b>	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT	50360			4	100%			32.3
<b>Code 3</b>	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409			3	100%	4.5		
<b>Code 4</b>	INJECTION TEMOZOLOMIDE 1 MG		J9328		2	100%		29.8	
<b>Code 5</b>	RADIOLOGIC EXAM CHEST 2 VIEWS	71046			2	100%			1.6
<b>Code 6</b>	BONE MARROW STEM CELL TRANSPLANTATION, ALLOGENIC	38240			2	100%		0.3	
<b>Code 7</b>	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	27447			2	100%		15.8	
<b>Code 8</b>	HOSPICE CARE PROV INPATIENT HOSPICE FACILITY		Q5006		1	100%			
<b>Code 9</b>	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU		J7187		1	100%	4.3		
<b>Code 10</b>	D0301NON-TRAUMATIC BRAIN INJURY WITH MOTOR >41.05.,COMORBIDITY IN TIER 3		D0301		1	100%		0.1	

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

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

<b>Code 1</b>	ARTHRO ACETABULAR/PROX FEM PROSTHESIS REPLACEMENT	27130			5	100%		57.1	
<b>Code 2</b>	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT	50360			4	100%			32.3
<b>Code 3</b>	CHEMOTHERAPY ADMINISTRATION IV PUSH TQ 1/1ST SBST/DRUG	96409			3	100%	4.5		
<b>Code 4</b>	INJECTION TEMOZOLOMIDE 1 MG		J9328		2	100%		29.8	
<b>Code 5</b>	RADIOLOGIC EXAM CHEST 2 VIEWS	71046			2	100%			1.6
<b>Code 6</b>	BONE MARROW STEM CELL TRANSPLANTATION, ALLOGENIC	38240			2	100%		0.3	
<b>Code 7</b>	ARTHRO KNEE CONDYLE AND PLATE MEDIAL AND LATERAL COMPARTMENTS	27447			2	100%		15.8	
<b>Code 8</b>	HOSPICE CARE PROVIDER INPATIENT HOSPICE FACILITY		Q5006		1	100%			
<b>Code 9</b>	INJECTION VONWILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN INTRAVENOUS		J7187		1	100%	4.3		
<b>Code 10</b>	D0301 NON-TRAUMATIC BRAIN INJURY WITH MOTOR DEFICIT >41.05%, COMORBIDITY IN TIER 3		D0301		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	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	N/A				N/A	N/A	N/A	N/A	N/A

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161			749	96%	10.5	19.4	15.5
<b>Code 2</b>	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	99203			410	96%	1.2	25.9	23.0
<b>Code 3</b>	ACUPUNCTURE 1/ > NEEDLES W/O ELECTRIC STIMULATION INIT 15 MIN	97810			302	89%		39.6	23.5

<b>Code 4</b>	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	98940			165	76%		39.2	
<b>Code 5</b>	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	99213			103	95%	0.5	27.2	20.8
<b>Code 6</b>	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110			86	99%	0.5	14.4	8.7
<b>Code 7</b>	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162			72	100%	0.3	20.0	10.6
<b>Code 8</b>	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721			72	97%	4.8	27.2	21.1
<b>Code 9</b>	PT IN THE HOME PER DIEM		S9131		70	100%		8.3	
<b>Code 10</b>	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	99202			68	63%	11.4	35.2	24.0

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162			72	100%	0.3	20.0	10.6
<b>Code 2</b>	PT IN THE HOME PER DIEM		S9131		70	100%	.	8.3	.
<b>Code 3</b>	MRI BRAIN WO/W CONTRAST	70553			58	100%	11.3	15.3	0.2
<b>Code 4</b>	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	96040			48	100%	.	29.1	2.0
<b>Code 5</b>	MRI RIGHT KNEE NO CONTRAST	73721			37	100%	17.3	16.5	95.0
<b>Code 6</b>	MRI BRAIN NO CONTRAST	70551			36	100%	0.1	16.1	7.6
<b>Code 7</b>	MRI LEFT KNEE NO CONTRAST	73721			29	100%	1.5	8.5	16.5
<b>Code 8</b>	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	99204			28	100%	10.7	36.1	.
<b>Code 9</b>	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	97813			26	100%	.	32.0	.
<b>Code 10</b>	CT ABD AND PELVIS W CONTRAST	74177			26	100%	7.1	28.7	15.8

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	99202			68	3%	11.4	35.2	24.0
<b>Code 2</b>	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005			4	25%		53.2	
<b>Code 3</b>	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	97533			2	50%		50.5	

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ROOM & BOARD, SEMIPRIVATE TWO-BED - PSYCHIATRIC			124	57	100%		17.5	17.8
<b>Code 2</b>	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, PSYCHIATRIC			1001	12	83%		26.1	36.7
<b>Code 3</b>	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, CHEM DEP			1002	10	90%		33.2	27.3
<b>Code 4</b>	ROOM & BOARD, SEMIPRIVATE TWO-BED - REHABILITATION			128	5	100%		21.2	
<b>Code 5</b>	SUBACUTE CARE, LEVEL IV			194	3	100%		9.7	
<b>Code 6</b>	ALCOHOL AND/OR DRUG SERVICES GROUP COUNSELING BY CLINICIAN		H0005		1	100%		26.2	
<b>Code 7</b>	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	99284			1	100%		45.8	
<b>Code 8</b>	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	99255			1			72.4	
<b>Code 9</b>	ROOM & BOARD, THREE AND FOUR BEDS - DETOXIFICATION			136	1			98.4	
<b>Code 10</b>	ROOM & BOARD, SEMIPRIVATE TWO-BED - OTHER			129	1	100%		68.2	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ROOM & BOARD, SEMIPRIVATE TWO-BED - PSYCHIATRIC			124	57	100%		17.5	17.8
<b>Code 2</b>	ROOM & BOARD, SEMIPRIVATE TWO-BED - REHABILITATION			128	5	100%		21.2	
<b>Code 3</b>	SUBACUTE CARE, LEVEL IV			194	3	100%		9.7	
<b>Code 4</b>	ALCOHOL AND/OR DRUG SERVICES GROUP COUNSELING BY CLINICIAN		H0005		1	100%		26.2	
<b>Code 5</b>	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	99284			1	100%		45.8	
<b>Code 6</b>	ROOM & BOARD, SEMIPRIVATE TWO-BED - OTHER			129	1	100%		68.2	
<b>Code 7</b>	ROOM & BOARD, PRIVATE - PSYCHIATRIC			114	1	100%			19.6
<b>Code 8</b>	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, CHEM DEP			1002	10	90%		33.2	27.3
<b>Code 9</b>	BEHAVIORAL HEALTH ACCOMMODATIONS, RESIDENTIAL TREATMENT, PSYCHIATRIC			1001	12	83%		26.1	36.7
<b>Code 10</b>	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	99255			1			72.4	

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

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

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PSYCHIATRIC DIAGNOSTIC EVALUATION	90791			735	97%		26.3	42.4

<b>Code 2</b>	PSYCHOTHERAPY W/PATIENT 60 MINUTES	90837			305	99%		25.9	14.4
<b>Code 3</b>	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	97153			51	100%		24.5	18.9
<b>Code 4</b>	ALCOHOL AND/OR DRUG ASSESS		H0001		39	100%		21.2	
<b>Code 5</b>	ALCOHOL AND/OR DRUG SERVICES METHADONE ADMINISTRATION		H0020		34	100%		19.2	19.3
<b>Code 6</b>	PSYCHOTHERAPY W/PATIENT 45 MINUTES	90834			33	97%		26.5	
<b>Code 7</b>	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	97151			20	100%		15.5	
<b>Code 8</b>	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847			17	100%		21.5	
<b>Code 9</b>	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	97156			16	100%		31.1	
<b>Code 10</b>	ADAPT BHV TX PRCL MODIFICAJ PHYS/QHP EA 15 MIN	97155			14	100%		33.6	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	97153			51	100%		24.5	18.9
<b>Code 2</b>	ALCOHOL AND/OR DRUG ASSESS		H0001		39	100%		21.2	
<b>Code 3</b>	ALCOHOL AND/OR DRUG SERVICES METHADONE ADMINISTRATION		H0020		34	100%		19.2	19.3
<b>Code 4</b>	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	97151			20	100%		15.5	
<b>Code 5</b>	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847			17	100%		21.5	
<b>Code 6</b>	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	97156			16	100%		31.1	
<b>Code 7</b>	ADAPT BHV TX PRCL MODIFICAJ PHYS/QHP EA 15 MIN	97155			14	100%		33.6	
<b>Code 8</b>	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	90899			13	100%		7.3	
<b>Code 9</b>	GROUP PSYCHOTHERAPY	90853			13	100%		53.5	0.1
<b>Code 10</b>	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	97152			10	100%		19.3	

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

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

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS		K0554		132	90%		33.9	15.3
<b>Code 2</b>	SUPPLY ALLOW FOR TX CGM1 MO SPL = 1 U OF SERVICE		K0553		49	100%		18.8	11.1
<b>Code 3</b>	INFUS INSULIN PUMP NON NEEDL		A4230		48	100%	3.4	22.6	28.7
<b>Code 4</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sens	95250			32	38%			
<b>Code 5</b>	SYRINGE W/NEEDLE INSULIN 3CC		A4232		28	100%		16.4	
<b>Code 6</b>	EXT AMB INFUSN PUMP INSULIN		E0784		22	86%		41.1	
<b>Code 7</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D		A9276		4	100%		5.2	
<b>Code 8</b>	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS		A6257		3	100%		11.2	
<b>Code 9</b>	SKIN BARRIER WIPES OR SWABS EACH		A5120		3	33%		65.0	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	SUPPLY ALLOW FOR TX CGM1 MO SPL = 1 U OF SERVICE		K0553		49	100%		18.8	11.1
<b>Code 2</b>	INFUS INSULIN PUMP NON NEEDL		A4230		48	100%	3.4	22.6	28.7

<b>Code 3</b>	SYRINGE W/NEEDLE INSULIN 3CC		A4232		28	100%		16.4	
<b>Code 4</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D		A9276		4	100%		5.2	
<b>Code 5</b>	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS		A6257		3	100%		11.2	
<b>Code 6</b>	RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS		K0554		132	90%		33.9	15.3
<b>Code 7</b>	EXT AMB INFUSN PUMP INSULIN		E0784		22	86%		41.1	
<b>Code 8</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sens	95250			32	38%			
<b>Code 9</b>	SKIN BARRIER WIPES OR SWABS EACH		A5120		3	33%		65.0	

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

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

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	WALKER FOLDING WHEELED W/O S		E0143		154	100%	1.5	28.8	28.9
<b>Code 2</b>	BREAST PUMP HEAVY DUTY HOSP GRADE PISTON OP		E0604		131	97%	5.0	17.4	6.2
<b>Code 3</b>	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		E0730		102	89%		33.0	25.0
<b>Code 4</b>	NEBULIZER WITH COMPRESSOR		E0570		96	100%	9.3	12.6	
<b>Code 5</b>	OXYGEN CONCENTRATOR		E1390		79	99%	4.3	22.6	3.2
<b>Code 6</b>	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF		L1852		58	98%		29.1	
<b>Code 7</b>	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT PER SHOE		A5500		54	98%		33.7	32.6

<b>Code 8</b>	PHOTOTHERAPY LIGHT W/ PHOTOM		E0202		28	100%	4.8	24.6	29.4
<b>Code 9</b>	TLSO 4MOD SACRO-SCAP PRE		L0464		27	93%	1.8	39.2	
<b>Code 10</b>	AFO PLASTIC MOLDED W/ANKLE J		L1970		25	100%		30.8	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	WALKER FOLDING WHEELED W/O S		E0143		154	100%	1.5	28.8	28.9
<b>Code 2</b>	NEBULIZER WITH COMPRESSOR		E0570		96	100%	9.3	12.6	
<b>Code 3</b>	PHOTOTHERAPY LIGHT W/ PHOTOM		E0202		28	100%	4.8	24.6	29.4
<b>Code 4</b>	AFO PLASTIC MOLDED W/ANKLE J		L1970		25	100%		30.8	
<b>Code 5</b>	STANDARD WHEELCHAIR		K0001		25	100%	0.3	13.8	6.1
<b>Code 6</b>	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL		E0693		24	100%		23.6	
<b>Code 7</b>	HOSP BED SEMI-ELECTR W/ MATT		E0260		23	100%	0.4	15.5	2.4
<b>Code 8</b>	NEG PRESS WOUND THERAPY PUMP		E2402		19	100%		9.3	
<b>Code 9</b>	UV LIGHT TX SYS BULB/LAMP TIMER; TX 2 SQ FT/LESS		E0691		18	100%		27.3	
<b>Code 10</b>	FOAM DRESS STERL PAD SZ 16 SQ/> W/ADHES BORDR EA		A6212		16	100%		31.4	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	DURABLE MEDICAL EQUIPMENT MISC		E1399		5	20%		35.7	

## Carrier G

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ROOM AND BOARD	120			11,682	97%	37.54	247.41	NA
<b>Code 2</b>	MISC SERVICES	762			5,526	98%	40.54	530.38	NA
<b>Code 3</b>	ROOM AND BOARD	128			154	59%	37.32	70.48	NA
<b>Code 4</b>	FULL ROUT OBSTE CARE,VAGINAL DELIV	59400			101	90%	5.40	434.69	NA
<b>Code 5</b>	FULL ROUT OBSTE CARE,CESAREAN DELIV	59510			99	99%	6.42	112.83	NA
<b>Code 6</b>	ARTHRODESIS ANT INTERBODY W/ DISKECTOMY LU	22558			58	74%	53.13	1068.04	NA
<b>Code 7</b>	LAP GASTRIC BYPASS/ROUX-EN-Y	43644			55	95%	NA	66.05	NA
<b>Code 8</b>	LAPARO PARTIAL COLECTOMY	44204			51	100%	2.95	128.38	NA
<b>Code 9</b>	CESAREAN DELIVERY ONLY	59514			48	96%	0.88	55.73	NA
<b>Code 10</b>	LAP SLEEVE GASTRECTOMY	43775			38	92%	NA	140.76	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	LAPARO PARTIAL COLECTOMY	44204			51	100%	2.95	128.38	NA
<b>Code 2</b>	LAPARO RADICAL PROSTATECT	55866			21	100%	0.48	121.39	NA
<b>Code 3</b>	EXPLORATION OF ABDOMEN	58960			21	100%	1.01	21.99	NA
<b>Code 4</b>	SURGERY	362			20	100%	0.17	45.39	NA
<b>Code 5</b>	HOSPICE GEN INPT/NOT RESP	656			18	100%	157.02	73.52	NA
<b>Code 6</b>	SCAN PROC CRANIAL INTRA	61781			17	100%	1.13	40.63	NA

<b>Code 7</b>	LAPARO PARTIAL NEPHRECTOM	50543			16	100%	12.59	36.42	NA
<b>Code 8</b>	REVISE/REPLACE KNEE JOINT	27487			15	100%	52.78	178.65	NA
<b>Code 9</b>	INTERSEX SURG MALE TO FEMALE	55970			14	100%	NA	383.01	NA
<b>Code 10</b>	FIXATION OF KNEE JOINT	27570			14	100%	0.74	4.28	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ROOM AND BOARD	128			154	2%	37.32	70.48	NA
<b>Code 2</b>	LAP GASTRIC BYPASS/ROUX-EN-Y	43644			55	2%	NA	66.05	NA
<b>Code 3</b>	ROOM AND BOARD	120			11,682	0%	37.54	247.41	NA
<b>Code 4</b>	TRANSURETHRAL DESTRUCT PROSTAT TISSUE;BY RADIOFRQ WATER THERMOTHERPY	53854			2	50%	NA	483.88	NA
<b>Code 5</b>	LEFORT I-1 PIECE W/O GRAF	21141			1	100%	NA	2103.45	NA
<b>Code 6</b>	INS/REP SUBQ DEFIBRILLATO	33270			3	33%	23.82	596.94	NA
<b>Code 7</b>	TRANSPLANTATION OF HEART	33945			4	25%	81.76	211.16	NA
<b>Code 8</b>	PERQ VERTEBRAL AUGMENTATI	22514			3	33%	46.70	347.14	NA
<b>Code 9</b>	LAP GASTR BYPASS INCL SML	43645			8	13%	NA	159.29	NA
<b>Code 10</b>	ARTHRODESIS ANT INTERBODY W/ DISKECTOMY LU	22558			58	2%	53.13	1068.04	NA

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			52,496	96%	17.59	126.64	NA



<b>Code 2</b>	OFFICE VISIT E&M NEW SELF LIMIT/MINOR 10	99201			13,013	91%	22.27	228.84	NA
<b>Code 3</b>	THERA PROC 1+ AREAS EA 15 MIN THERA EXERCISES	97110			4,792	85%	17.51	227.26	NA
<b>Code 4</b>	THERA PROC 1+ AREAS EA 15 MIN MASSAGE	97124			4,430	83%	15.79	189.24	NA
<b>Code 5</b>	COLONOSCOPY W/ BX SINGLE/MULT	45380			4,416	98%	16.25	178.10	NA
<b>Code 6</b>	MED NUTRIT THRPY INIT ASSESS 15 MIN	97802			3,230	96%	25.88	156.24	NA
<b>Code 7</b>	COLONOSCOPY W/ BX SINGLE/MULT	45380			3,105	99%	1.76	13.32	NA
<b>Code 8</b>	OFFICE VISIT E&M NEW PT STRAIGHTFORWARD MDM, 15-29 MINS	99202			2,367	93%	17.17	250.08	NA
<b>Code 9</b>	MRI, UPPER EXTREMITY	73218			2,022	98%	7.76	136.31	NA
<b>Code 10</b>	UPPER GI ENDO DX (SEP PROC)	43235			1,686	97%	13.06	159.87	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ECHOGRAPHY OF INFANT HIPS, DYNAMIC	76885			183	100%	8.05	110.96	NA
<b>Code 2</b>	MRI JOINT UPR EXTREM W/ DYE	73222			173	100%	8.88	85.93	NA
<b>Code 3</b>	GASTROESOPHAGEAL REFLUX TEST	91034			154	100%	22.14	320.84	NA
<b>Code 4</b>	ULTRASOUND BREAST LIMITED	76642			150	100%	1.43	37.94	NA
<b>Code 5</b>	BACK OFFICE DUPLEX SCAN, VEINS, UNILATERAL	93971			122	100%	8.51	81.04	NA
<b>Code 6</b>	INSERT INTRAUTERINE DEVICE	58300			108	100%	6.32	124.43	NA
<b>Code 7</b>	UPR/L XTREMITY ART 2 LEVE	93922			107	100%	13.30	160.33	NA
<b>Code 8</b>	DUPLEX SCAN EXTRACRANIAL,BILAT	93880			102	100%	6.72	69.06	NA
<b>Code 9</b>	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227			90	100%	3.32	77.16	NA
<b>Code 10</b>	BACK OFFICE US, LIMITED, JOINT OR OTH NONVASC EXT, REAL TIME W/IMAG DOC	76882			83	100%	10.93	19.69	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			52,496	0%	17.59	126.64	NA
<b>Code 2</b>	THERA PROC 1+ AREAS EA 15 MIN THERA EXERCISES	97110			4,792	0%	17.51	227.26	NA
<b>Code 3</b>	ANES LWR INTESTINAL ENDO PX, INTRO DISTAL/DUODENUM, SCREENING COL	812			533	2%	43.07	541.01	NA
<b>Code 4</b>	OFFICE VISIT E&M NEW SELF LIMIT/MINOR 10	99201			13,013	0%	22.27	228.84	NA
<b>Code 5</b>	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	81479			94	5%	68.34	658.76	NA
<b>Code 6</b>	THERA ACTVI DIRECT PAT CONTACT EA 15 MIN	97530			880	1%	38.47	291.57	NA
<b>Code 7</b>	ANES LWR INTESTINAL ENDO PX, INTRO DISTAL/DUODENUM, NOS	811			485	1%	27.82	332.51	NA
<b>Code 8</b>	TUMORIMAGE PET/CT SKUL-THIGH	78815			455	1%	33.73	441.52	NA
<b>Code 9</b>	ANES COMBINED UPR/LWR GI ENDOSCOPIC PX, INTRO BOTH PROX/DISTAL DUODENUM	813			188	2%	29.52	297.51	NA
<b>Code 10</b>	ANES UPR GI NDSC PX PROX DUO	740			142	2%	37.07	682.69	NA

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ACCOM SEMI-PRVT 2 BED PSY	124			797	98%	22.57	277.87	NA
<b>Code 2</b>	ROOM AND BOARD	128			301	88%	70.79	321.87	NA
<b>Code 3</b>	ACCOM SEMI-PRVT DETOX/2BD	126			230	99%	28.55	183.66	NA
<b>Code 4</b>	OTHER THERAPY SERV	900			228	97%	32.67	740.00	NA
<b>Code 5</b>	ECT (W/ MONITORING) SINGLE SEIZURE	90870			5	100%	NA	164.53	NA

<b>Code 6</b>	BEHAV IDENTIFICATION ASSESSMNT, ADM BY PHYS OR QUAL PROF, EA 15 MINS	97151			3	67%	NA	318.51	NA
<b>Code 7</b>	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			2	100%	NA	350.40	NA
<b>Code 8</b>	BH/INTENS OP/PSYCH	905			2	50%	NA	852.84	NA
<b>Code 9</b>	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	96156			1	100%	NA	89.12	NA
<b>Code 10</b>	OTHER THERAPY SERV	912			1	100%	NA	590.18	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ECT (W/ MONITORING) SINGLE SEIZURE	90870			5	100%	NA	164.53	NA
<b>Code 2</b>	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			2	100%	NA	350.40	NA
<b>Code 3</b>	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	96156			1	100%	NA	89.12	NA
<b>Code 4</b>	OTHER THERAPY SERV	912			1	100%	NA	590.18	NA
<b>Code 5</b>	ACCOM SEMI-PRVT DETOX/2BD	126			230	99%	28.55	183.66	NA
<b>Code 6</b>	ACCOM SEMI-PRVT 2 BED PSY	124			797	98%	22.57	277.87	NA
<b>Code 7</b>	OTHER THERAPY SERV	900			228	97%	32.67	740.00	NA
<b>Code 8</b>	ROOM AND BOARD	128			301	88%	70.79	321.87	NA
<b>Code 9</b>	BEHAV IDENTIFICATION ASSESSMNT, ADM BY PHYS OR QUAL PROF, EA 15 MINS	97151			3	67%	NA	318.51	NA
<b>Code 10</b>	BH/INTENS OP/PSYCH	905			2	50%	NA	852.84	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ECT (W/ MONITORING) SINGLE SEIZURE	90870			5	100%	NA	164.53	NA

<b>Code 2</b>	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			2	100%	NA	350.40	NA
<b>Code 3</b>	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	96156			1	100%	NA	89.12	NA

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PSYCHOTHERAPY 60 MIN PATIENT	90837			14,129	99%	46.32	193.87	NA
<b>Code 2</b>	PSYCHOTHERAPY 45 MIN PATIENT	90834			8,109	99%	51.50	97.90	NA
<b>Code 3</b>	PSYCHOTHERAPY 45 MIN PATIENT WITH MEDICAL SVCS	90836			4,544	99%	32.33	199.89	NA
<b>Code 4</b>	GROUP PSYCHOTHERAPY	90853			1,210	99%	74.93	113.09	NA
<b>Code 5</b>	PSYCHOLOGICAL TESTING EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96130			323	95%	147.68	248.79	NA
<b>Code 6</b>	PSYCHIATRIC DIAGNOSTIC EVAL W/O MEDICAL SERVICES	90791			301	91%	125.29	585.12	NA
<b>Code 7</b>	BEHAV IDENTIFICATION ASSESSMNT, ADM BY PHYS OR QUAL PROF, EA 15 MINS	97151			214	79%	53.58	648.05	NA
<b>Code 8</b>	PSYCHOTHERAPY 30 MIN PATIENT WITH MEDICAL SVCS	90833			206	98%	NA	176.38	NA
<b>Code 9</b>	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			175	87%	65.84	442.04	NA
<b>Code 10</b>	BH/INTENS OP/PSYCH	905			165	98%	NA	130.21	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ASSESS HLTH/BEHAVE INIT	96150			16	100%	NA	129.94	NA

<b>Code 2</b>	INIT PSYCHIATRIC COLLABORATIVE CARE MGMT, FIRST 70 MINS/FIRST CAL MONTH	99492			13	100%	NA	1047.05	NA
<b>Code 3</b>	MED NUTRIT THRPY REASSESS PER 15 MIN	97803			7	100%	NA	392.21	NA
<b>Code 4</b>	MED NUTRIT THRPY INIT ASSESS 15 MIN	97802			7	100%	NA	91.20	NA
<b>Code 5</b>	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	96156			4	100%	NA	637.48	NA
<b>Code 6</b>	PSYCHOLOGICAL TESTING BILLED PER HR BY PHD	96101			2	100%	NA	45.61	NA
<b>Code 7</b>	EEG AWAKE & ASLEEP INCLUDE HYPERVENTILATION &/OR	95819			2	100%	NA	137.98	NA
<b>Code 8</b>	BRIEF EMOTION/BEHAVIOR ASSES, W/SCORING AND DOC, PER STANDARD INSTRUMNT	96127			2	100%	NA	1061.95	NA
<b>Code 9</b>	COGNITIVE TEST BY HC PRO	96125			2	100%	NA	355.82	NA
<b>Code 10</b>	BHV ID SUPRT ASSMT EA 15	0362T			2	100%	NA	811.09	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PSYCHOTHERAPY 60 MIN PATIENT	90837			14,129	0%	46.32	193.87	NA
<b>Code 2</b>	PSYCHOTHERAPY 45 MIN PATIENT	90834			8,109	0%	51.50	97.90	NA
<b>Code 3</b>	TRANSCRANIAL MAG STIMJ TX DLVR & MGMT	90868			144	2%	48.06	462.93	NA
<b>Code 4</b>	BEHAV IDENTIFICATION ASSESSMNT, ADM BY PHYS OR QUAL PROF, EA 15 MINS	97151			214	1%	53.58	648.05	NA
<b>Code 5</b>	PSYCHOTHERAPY 45 MIN PATIENT WITH MEDICAL SVCS	90836			4,544	0%	32.33	199.89	NA
<b>Code 6</b>	ORAL PRESCRIPTION DRUG CHEMO	J8999			2	50%	NA	765.04	NA
<b>Code 7</b>	ROOM AND BOARD	128			1	100%	NA	94.45	NA

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	NASAL APPLICATION DEVICE	A7034			4,096	100%	1.78	50.04	NA
<b>Code 2</b>	CPAP DEVICE	E0601			3,186	91%	4.53	162.26	NA
<b>Code 3</b>	DME ELECTRIC BREAST PUMP KIT RENTAL	E0604			1,280	93%	14.68	164.90	NA
<b>Code 4</b>	DME ELECTRIC BREAST PUMP KIT PURCHASE	E0603			1,263	100%	3.28	13.36	NA
<b>Code 5</b>	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGH	E0143			545	98%	8.52	153.80	NA
<b>Code 6</b>	PNEUMATIC, WALKING BOOT	L4361			517	98%	5.24	105.74	NA
<b>Code 7</b>	CPAP FULL FACE MASK	A7030			516	98%	0.84	28.42	NA
<b>Code 8</b>	CRUTCHES METAL UNDERARM PAIR	E0114			475	98%	1.83	125.98	NA
<b>Code 9</b>	STATIONARY LIQUID O2	E0439			462	98%	3.84	116.45	NA
<b>Code 10</b>	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WIT	E0118			451	99%	5.48	288.24	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	REPLACEMENT FACEMASK INTERFA	A7031			416	100%	22.75	816.21	NA
<b>Code 2</b>	COMB ORAL/NASAL MASK USED W/CPAP DEVICE EA	A7027			365	100%	6.86	596.81	NA
<b>Code 3</b>	NONINVASIVE EAR/PULSE OXIM O2 SAT CONT OVERNIGHT	94762			79	100%	12.30	142.81	NA
<b>Code 4</b>	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH	A7032			76	100%	NA	52.87	NA
<b>Code 5</b>	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS,	E0445			64	100%	3.56	76.61	NA
<b>Code 6</b>	HIT ANTIBIOTIC Q3H DIEM	S9497			56	100%	6.94	91.48	NA
<b>Code 7</b>	KO W ADJ FLEX/EXT ROTAT MOLD	L1846			51	100%	1.34	84.28	NA
<b>Code 8</b>	OSTOMY FACE PLATE	A4361			48	100%	29.10	7.62	NA
<b>Code 9</b>	TRACTION EQUIP,CERVICAL,FREE STAND,TRACTION FORCE O	E0849			47	100%	1.24	60.58	NA

<b>Code 10</b>	CANES OF ANY MATERIAL	E0100			46	100%	0.98	267.66	NA
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ENTERAL FORMULAE CATEGORY I	B4150			39	5%	31.66	641.68	NA
<b>Code 2</b>	HIGH FREQ CHEST WALL OSCILLATION SYSTEM, INCL ALL ACC	E0483			7	29%	NA	227.38	NA
<b>Code 3</b>	REPLACE SOCKET AB KNEE/KNEE	L5701			6	17%	NA	598.09	NA
<b>Code 4</b>	AFO PLASTIC MOLDED W/ANKLE J	L1970			47	2%	1.29	242.97	NA
<b>Code 5</b>	GRADIENT COMPRESSION STOCKING/SLEEVE NOS	A6549			122	1%	16.43	503.16	NA
<b>Code 6</b>	NEGATIVE PRESSURE WOUND THERAPY ELECT PUMP, STATIO	E2402			263	0%	29.09	396.45	NA
<b>Code 7</b>	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH	E2510			8	13%	NA	759.75	NA
<b>Code 8</b>	ORAL DEVICE/APPLIANCE PRE	E0485			73	1%	3.95	411.01	NA
<b>Code 9</b>	BK MOLD SOCKET SACH FT ENDO	L5301			17	6%	NA	733.66	NA
<b>Code 10</b>	UV LIGHT THERAPY SYS, INCL BULBS/LAMPS/TIMER/EYE PRO	E0691			26	4%	35.97	234.88	NA

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	A9276			1,041	85%	14.7	371.7	NA
<b>Code 2</b>	INFUS SET INSULIN PUMP NON NEEDLE	A4230			449	99%	6.7	199.1	NA
<b>Code 3</b>	EXTERN AMBUL INSULIN INFUS PUMP	E0784			179	78%	63.9	385.1	NA
<b>Code 4</b>	EXT AMB INSULIN DELIVERY	A9274			62	98%	10.5	270.1	NA

<b>Code 5</b>	GLUCOSE MONITORING 72 HRS MD OR OTH QUAL, EQUIP PROV, REC/STO	95250			29	86%	16.1	429.4	NA
<b>Code 6</b>	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR	K0553			21	67%	34.3	956.6	NA
<b>Code 7</b>	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	A4456			11	91%	7.2	368.8	NA
<b>Code 8</b>	GLUCOSE MONITORING 72 HRS, PT PROVIDED EQUIP, TRAINING AND REC	95249			11	100%	NA	188.2	NA
<b>Code 9</b>	HOME BLOOD GLUCOSE MONITOR	E0607			10	80%	7.3	193.9	NA
<b>Code 10</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			8	100%	0.3	75.4	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	GLUCOSE MONITORING 72 HRS, PT PROVIDED EQUIP, TRAINING AND REC	95249			11	100%	NA	188.2	NA
<b>Code 2</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			8	100%	0.3	75.4	NA
<b>Code 3</b>	SYNTHETIC DRSG <= 16 SQ I	A6460			2	100%	NA	0.1	NA
<b>Code 4</b>	WEEKLY SUPPLIES DRUG INFUS CATH	A4221			2	100%	NA	382.5	NA
<b>Code 5</b>	ALCOHOL WIPES PER BOX	A4245			1	100%	0.2	NA	NA
<b>Code 6</b>	SYNTHETIC DRSG >16<=48 SQ	A6461			1	100%	NA	0.1	NA
<b>Code 7</b>	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	A9278			1	100%	NA	1.5	NA
<b>Code 8</b>	INDWELLING CATH SPECIAL	A4340			1	100%	0.1	NA	NA
<b>Code 9</b>	SKIN BARRIER, WIPE OR SWA	A5120			1	100%	NA	191.6	NA
<b>Code 10</b>	COUDE TIP URINARY CATH	A4352			1	100%	4.4	NA	NA

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

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



<b>Code 1</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	A9276			1,041	1%	14.7	371.7	NA
<b>Code 2</b>	EXTERN AMBUL INSULIN INFUS PUMP	E0784			179	2%	63.9	385.1	NA
<b>Code 3</b>	INFUS PUMP AMBULATORY	E0781			1	100%	NA	1013.0	NA

## Carrier H

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ROOM AND BOARD	120			4,830	97%	37.07	72.80	NA
<b>Code 2</b>	MISC SERVICES	762			1,204	99%	45.98	NA	NA
<b>Code 3</b>	ROOM AND BOARD	128			88	52%	34.87	74.87	NA
<b>Code 4</b>	TOTAL HIP ARTHROPLASTY	27130			44	75%	38.01	339.93	NA
<b>Code 5</b>	OBSTETRICAL CARE	59400			27	100%	3.80	194.23	NA
<b>Code 6</b>	CESAREAN DELIVERY	59510			21	100%	0.11	77.22	NA
<b>Code 7</b>	INITIAL HOSPITAL CARE,LEVEL I	99221			16	100%	NA	62.12	NA
<b>Code 8</b>	LUMBAR SPINE FUSION	22558			15	53%	57.11	613.99	NA
<b>Code 9</b>	SURGERY	367			14	100%	NA	162.31	NA
<b>Code 10</b>	LAP GASTRIC BYPASS/ROUX-EN-Y	43644			12	75%	31.32	203.96	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	OBSTETRICAL CARE	59400			27	100%	3.80	194.23	NA
<b>Code 2</b>	CESAREAN DELIVERY	59510			21	100%	0.11	77.22	NA
<b>Code 3</b>	INITIAL HOSPITAL CARE,LEVEL I	99221			16	100%	NA	62.12	NA

<b>Code 4</b>	SURGERY	367			14	100%	NA	162.31	NA
<b>Code 5</b>	L COLECTOMY/COLOPROCTOSTO	44207			11	100%	1.10	14.10	NA
<b>Code 6</b>	LAPARO RADICAL PROSTATECT	55866			10	100%	NA	91.33	NA
<b>Code 7</b>	ARTHROPLASTY GLENOHUM JNT TOTAL SHOULDER	23472			9	100%	NA	127.07	NA
<b>Code 8</b>	REPAIR BOWEL OPENING	44620			8	100%	0.56	170.91	NA
<b>Code 9</b>	TOTAL ABDOM HYSTERECTOMY	58150			8	100%	28.44	3.63	NA
<b>Code 10</b>	LAPARO PARTIAL COLECTOMY	44204			7	100%	NA	39.86	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	LAP SLEEVE GASTRECTOMY	43775			9	22%	NA	534.68	NA
<b>Code 2</b>	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	22633			11	18%	76.86	346.45	NA
<b>Code 3</b>	ROOM AND BOARD	128			88	2%	34.87	74.87	NA
<b>Code 4</b>	LUMBAR SPINE FUSION	22558			15	13%	57.11	613.99	NA

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	OFFICE VISIT E&M EST PT, MODERATE MDM, 30-39 MINS	99214			11,503	99%	13.40	184.68	NA
<b>Code 2</b>	OFFICE VISIT E&M NEW SELF LIMIT/MINOR 10	99201			1,843	97%	19.78	222.38	NA
<b>Code 3</b>	COLONOSCOPY W/ BX SINGLE/MULT	45380			1,328	100%	18.22	114.75	NA
<b>Code 4</b>	MISC SERVICES	762			1,176	97%	29.19	126.32	NA

<b>Code 5</b>	MRI, UPPER EXTREMITY	73218			851	99%	17.13	227.02	NA
<b>Code 6</b>	THERA PROC 1+ AREAS EA 15 MIN THERA EXERCISES	97110			781	98%	18.93	195.01	NA
<b>Code 7</b>	THERA PROC 1+ AREAS EA 15 MIN MASSAGE	97124			643	97%	58.09	226.44	NA
<b>Code 8</b>	MRI JNT OF LWR EXTRE W/O	73721			543	100%	1.60	57.01	NA
<b>Code 9</b>	MED NUTRIT THRPY INIT ASSESS 15 MIN	97802			514	99%	17.29	163.46	NA
<b>Code 10</b>	CT ABD & PELV W/CONTRAST	74177			497	100%	2.32	68.72	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MRI BRAIN STEM W/O & W/DY	70553			435	100%	2.82	91.38	NA
<b>Code 2</b>	MAGNETIC RESONANCE (EG, PROTON) JOINT	73221			284	100%	2.80	72.68	NA
<b>Code 3</b>	DXA BONE DENSITY STUDY 1+ SITS AXIAL SKE	77080			267	100%	8.11	202.78	NA
<b>Code 4</b>	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; W/CONTRAST MATERIAL(S)	71260			267	100%	6.37	124.48	NA
<b>Code 5</b>	MRI BRAIN STEM W/O DYE	70551			250	100%	14.16	189.13	NA
<b>Code 6</b>	MRI NECK SPINE W/O DYE	72141			232	100%	0.78	90.43	NA
<b>Code 7</b>	DIAGNOSTIC COLONOSCOPY	45378			211	100%	9.53	71.09	NA
<b>Code 8</b>	MYLOGRAPHY POSTERIOR FOSSA COMPLETE	70010			195	100%	8.23	249.34	NA
<b>Code 9</b>	TANGNTL BX SKIN SINGLE LE	11102			191	100%	1.62	117.94	NA
<b>Code 10</b>	CT MAXILLOFACIAL W/O DYE	70486			184	100%	2.16	102.29	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MRI BREAST C-+ W/CAD BI	77049			331	2%	22.68	293.71	NA

<b>Code 2</b>	ANES UPR GI NDSC PX NOS	731			209	2%	32.07	318.62	NA
<b>Code 3</b>	ANES LWR INTESTINAL ENDO PX, INTRO DISTAL/DUODENUM, NOS	811			354	1%	35.69	334.59	NA
<b>Code 4</b>	ANES LWR INTESTINAL ENDO PX, INTRO DISTAL/DUODENUM, SCREENING COL	812			244	1%	45.43	594.55	NA
<b>Code 5</b>	BREAST REDUCTION	19318			63	3%	71.94	450.34	NA
<b>Code 6</b>	CULTURED CHONDROCYTES IMP	J7330			3	67%	NA	1631.68	NA
<b>Code 7</b>	MRI LUMBAR SPINE W/O DYE	72148			462	0%	14.08	122.05	NA
<b>Code 8</b>	ARTHRODESIS, SACROID JNT, PERCUTANE OR MINIMAL INVASIVE W/ IMAGE GUIDE	27279			3	67%	NA	427.26	NA
<b>Code 9</b>	PROTON TRMT SIMPLE W/COMP	77522			5	40%	37.28	840.14	NA
<b>Code 10</b>	OFFICE VISIT E&M NEW SELF LIMIT/MINOR 10	99201			1,843	0%	19.78	222.38	NA

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ROOM AND BOARD	124			337	97%	34.00	423.70	NA
<b>Code 2</b>	ROOM AND BOARD	128			311	89%	39.95	732.43	NA
<b>Code 3</b>	PSYCH TREATMENTS GEN THER	900			190	99%	32.06	NA	NA
<b>Code 4</b>	ROOM AND BOARD	126			91	93%	27.08	4.07	NA
<b>Code 5</b>	ELECTROCONVULSIVE THERAPY	90870			1	100%	NA	87.96	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ELECTROCONVULSIVE THERAPY	90870			1	100%	NA	87.96	NA
<b>Code 2</b>	PSYCH TREATMENTS GEN THER	900			190	99%	32.06	NA	NA

<b>Code 3</b>	ROOM AND BOARD	124			337	97%	34.00	423.70	NA
<b>Code 4</b>	ROOM AND BOARD	126			91	93%	27.08	4.07	NA
<b>Code 5</b>	ROOM AND BOARD	128			311	89%	39.95	732.43	NA
<b>Code 6</b>	CULTURED CHONDROCYTES IMP	J7330			3	67%	NA	1631.68	NA
<b>Code 7</b>	MRI LUMBAR SPINE W/O DYE	72148			462	0%	14.08	122.05	NA
<b>Code 8</b>	ARTHRODESIS, SACROID JNT, PERCUTANE OR MINIMAL INVASIVE W/ IMAGE GUIDE	27279			3	67%	NA	427.26	NA
<b>Code 9</b>	PROTON TRMT SIMPLE W/COMP	77522			5	40%	37.28	840.14	NA
<b>Code 10</b>	OFFICE VISIT E&M NEW SELF LIMIT/MINOR 10	99201			1,843	0%	19.78	222.38	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ROOM AND BOARD	124			337	1%	34.00	423.70	NA
<b>Code 2</b>	ROOM AND BOARD	128			311	1%	39.95	732.43	NA

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PSYCHOTHERAPY 60 MIN PATIENT	90837			832	99.64%	23.30319625	190.66	NA
<b>Code 2</b>	PSYCHOTHERAPY 45 MIN PATIENT	90834			646	99.69%	37.90055668	89.01	NA
<b>Code 3</b>	PSYCHOTHERAPY 45 MIN PATIENT WITH MEDICAL SVCS	90836			453	99.56%	33.43685336	193.13	NA
<b>Code 4</b>	GROUP PSYCHOTHERAPY	90853			110	100.00%	73.56166692	113.90	NA
<b>Code 5</b>	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			82	92.68%	44.40416865	452.80	NA

<b>Code 6</b>	BEHAV IDENTIFICATION ASSESSMNT, ADM BY PHYS OR QUAL PROF, EA 15 MINS	97151			68	83.82%	27.44527833	277.07	NA
<b>Code 7</b>	TRANSCRANIAL MAG STIMJ TX DLV & MGMT	90868			47	74.47%	71.99097414	349.24	NA
<b>Code 8</b>	PSYCHIATRIC DIAGNOSTIC EVAL W/O MEDICAL SERVICES	90791			38	100.00%	24.4785427	585.84	NA
<b>Code 9</b>	PSYCHOLOGICAL TESTING EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96130			35	94.29%	16.85305825	192.17	NA
<b>Code 10</b>	PSYCH SVC INTENSIVE OUTPT	S9480			15	100.00%	NA	887.26	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	GROUP PSYCHOTHERAPY	90853			110	100.00%	73.56166692	113.90	NA
<b>Code 2</b>	PSYCHIATRIC DIAGNOSTIC EVAL W/O MEDICAL SERVICES	90791			38	100.00%	24.4785427	585.84	NA
<b>Code 3</b>	PSYCH SVC INTENSIVE OUTPT	S9480			15	100.00%	NA	887.26	NA
<b>Code 4</b>	BH/INTENS OP/PSYCH	905			14	100.00%	NA	200.31	NA
<b>Code 5</b>	SKILLS TRAIN AND DEV, 15 MIN	H2014			11	100.00%	NA	693.30	NA
<b>Code 6</b>	OFFICE VISIT E&M NEW SELF LIMIT/ MINOR 10	99201			9	100.00%	NA	1448.03	NA
<b>Code 7</b>	PSYCHOTHERAPY 30 MIN PATIENT WITH MEDICAL SVCS	90833			4	100.00%	NA	194.34	NA
<b>Code 8</b>	ELECTROCONVULSIVE THERAPY	90870			3	100.00%	NA	395.82	NA
<b>Code 9</b>	ALCOHOL AND/OR DRUG SERVICES	H0020			3	100.00%	NA	651.14	NA
<b>Code 10</b>	OFFICE VISIT E&M EST PT, MODERA MDM, 30-39 MINS	99214			3	100.00%	NA	13.84	NA

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

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

<b>Code 1</b>	TRANSCRANIAL MAG STIMJ TX DLV & MGMT	90868			47	4.26%	71.99097414	349.24	NA
<b>Code 2</b>	NEUROPSYCHOLOGICAL TEST EVAL BY PHYS OR QUAL PROF; FIRST HOUR	96132			82	1.22%	44.40416865	452.80	NA

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	CPAP DEVICE	E0601			1,318	95.07%	3.8	126.4	NA
<b>Code 2</b>	NASAL APPLICATION DEVICE	A7034			1,033	99.90%	1.8	128.7	NA
<b>Code 3</b>	ELECTRIC BREAST PUMP	E0603			452	99.78%	3.6	14.6	NA
<b>Code 4</b>	HOSP GRADE ELEC BREAST PU	E0604			435	88.51%	4.9	168.1	NA
<b>Code 5</b>	REPLACEMENT FACEMASK INTERFA	A7031			194	100.00%	11.1	732.6	NA
<b>Code 6</b>	STATIONARY LIQUID O2	E0439			155	98.71%	4.7	179.8	NA
<b>Code 7</b>	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND	L3660			147	100.00%	NA	172.1	NA
<b>Code 8</b>	COMB ORAL/NASAL MASK USED W/CPAP DEVICE EA	A7027			143	100.00%	7.1	427.1	NA
<b>Code 9</b>	CPAP FULL FACE MASK	A7030			138	99.28%	2.2	238.2	NA
<b>Code 10</b>	WALKER FOLDING WHEELED W/	E0143			136	99.26%	24.2	423.6	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	REPLACEMENT FACEMASK INTERFA	A7031			194	100.00%	11.1	732.6	NA
<b>Code 2</b>	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND	L3660			147	100.00%	NA	172.1	NA

<b>Code 3</b>	COMB ORAL/NASAL MASK USED W/CPAP DEVICE EA	A7027			143	100.00%	7.1	427.1	NA
<b>Code 4</b>	POST-OP SHOE CANVAS	L3260			56	100.00%	NA	84.2	NA
<b>Code 5</b>	WRIST THUMB SPICA	L3809			55	100.00%	NA	303.9	NA
<b>Code 6</b>	HIT ANTIBIOTIC Q24H DIEM	S9500			44	100.00%	4.1	115.0	NA
<b>Code 7</b>	SHLDER IMMOB W/ABDUCTION PILLOW	L3670			42	100.00%	NA	274.6	NA
<b>Code 8</b>	ORTHO DVC REPAIR PER 15 M	L4205			35	100.00%	1.9	232.1	NA
<b>Code 9</b>	HIT NOC PER DIEM	S9379			31	100.00%	6.3	91.4	NA
<b>Code 10</b>	OXYGEN CONCENTRATOR	E1390			25	100.00%	6.2	861.5	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	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ENTERAL FORM,PEDS, HYDROLYZED/AMINO ACID/PEPTIDE CHAIN PROT, 100 CAL=1UN	B4161			13	15.38%	NA	486.1	NA
<b>Code 2</b>	GRADIENT COMPRESSION STK THIGH LEN 18-30 MMHG EA	A6533			8	12.50%	NA	528.6	NA
<b>Code 3</b>	ADJ SKIN PRO W/C CUS WD<2	E2622			2	50.00%	NA	388.4	NA
<b>Code 4</b>	MAN W/C PUSH-RIM POWR SYS	E0986			1	100.00%	NA	256.9	NA
<b>Code 5</b>	NEGATIVE PRESSURE WOUND THERAPY ELECT PUMP, STATIONARY OR PORTABLE	E2402			93	1.08%	32.8	1022.2	NA
<b>Code 6</b>	CPAP DEVICE	E0601			1,318	0.08%	3.8	126.4	NA
<b>Code 7</b>	REPAIR OR NONROUTN SVC DME OTHER THAN O2 EQUIP, REQ TECH SKILL, PER 15 MINS	K0739			41	2.44%	13.4	569.5	NA
<b>Code 8</b>	PNEUMATIC COMPRESS SEGMNT W GRAD	E0652			11	9.09%	NA	417.2	NA
<b>Code 9</b>	ELECT STIMULATION DEV USED FOR CANCERTX, INCL ALL ACCESS, ANY TYPE	E0766			14	7.14%	NA	551.3	NA
<b>Code 10</b>	OXYGEN CONCENTRATOR	E1390			25	100.00%	6.2	861.5	NA



## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	A9276			469	74.63%	13.1	554.1	NA
<b>Code 2</b>	EXTERN AMBUL INSULIN INFUS PUMP	E0784			86	68.60%	33.7	474.1	NA
<b>Code 3</b>	INFUS INSULIN PUMP NON NE	A4230			74	100.00%	6.2	197.2	NA
<b>Code 4</b>	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES	K0553			19	78.95%	19.9	2064.6	NA
<b>Code 5</b>	EXT AMB INSULIN DELIVERY	A9274			17	100.00%	9.8	517.4	NA
<b>Code 6</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			7	100.00%	42.7	594.1	NA
<b>Code 7</b>	EPIFIX, PER SQ CM	Q4186			4	50.00%	60.1	258.8	NA
<b>Code 8</b>	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	A4456			3	66.67%	NA	199.1	NA
<b>Code 9</b>	FOAM DRSG <= 16 SQ IN W/O	A6209			2	0.00%	1.2	NA	NA
<b>Code 10</b>	BLOOD GLUCOSE/REAGENT STR	A4253			2	50.00%	1.2	NA	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	INFUS INSULIN PUMP NON NE	A4230			74	100.00%	6.2	197.2	NA
<b>Code 2</b>	EXT AMB INSULIN DELIVERY	A9274			17	100.00%	9.8	517.4	NA
<b>Code 3</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			7	100.00%	42.7	594.1	NA
<b>Code 4</b>	PRIMATRIX PER SQ CM	Q4110			1	100.00%	3.3	NA	NA
<b>Code 5</b>	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR	K0553			19	78.95%	19.9	2064.6	NA

	(CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES								
<b>Code 6</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	A9276			469	74.63%	13.1	554.1	NA
<b>Code 7</b>	EXTERN AMBUL INSULIN INFUS PUMP	E0784			86	68.60%	33.7	474.1	NA
<b>Code 8</b>	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	A4456			3	66.67%	NA	199.1	NA
<b>Code 9</b>	EPIFIX, PER SQ CM	Q4186			4	50.00%	60.1	258.8	NA
<b>Code 10</b>	BLOOD GLUCOSE/REAGENT STR	A4253			2	50.00%	1.2	NA	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	A9276			469	1.07%	13.1	554.1	NA
<b>Code 2</b>	EXTERN AMBUL INSULIN INFUS PUMP	E0784			86	1.16%	33.7	474.1	NA
<b>Code 3</b>	EXTERNAL AMBULATORY INFUS	E0781			2	50.00%	26.2	1429.8	NA
<b>Code 4</b>	PRIMATRIX PER SQ CM	Q4110			1	100.00%	3.3	NA	NA
<b>Code 5</b>	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES	K0553			19	78.95%	19.9	2064.6	NA
<b>Code 6</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	A9276			469	74.63%	13.1	554.1	NA
<b>Code 7</b>	EXTERN AMBUL INSULIN INFUS PUMP	E0784			86	68.60%	33.7	474.1	NA
<b>Code 8</b>	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	A4456			3	66.67%	NA	199.1	NA
<b>Code 9</b>	EPIFIX, PER SQ CM	Q4186			4	50.00%	60.1	258.8	NA
<b>Code 10</b>	BLOOD GLUCOSE/REAGENT STR	A4253			2	50.00%	1.2	NA	NA

## Carrier I

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	LUMBAR SPINE FUSION COMBINED	22633			2	50%	N/A	60	N/A
<b>Code 2</b>	REMOVAL OF SMALL INTESTINE	44120			2	100%	N/A	0	N/A
<b>Code 3</b>	DIAG LAPARO SEPARATE PROC	49320			2	0%	N/A	96	N/A
<b>Code 4</b>	REPAIR BOWEL OPENING	44625			1	100%	N/A	0	N/A
<b>Code 5</b>	REVISE VENTRICLE MUSCLE	33416			1	100%	N/A	0	N/A
<b>Code 6</b>	CRANIOFACIAL APPROACH SKULL	61582			1	100%	N/A	0	N/A
<b>Code 7</b>	RESECT OVARIAN MALIGNANCY	58952			1	100%	N/A	24	N/A
<b>Code 8</b>	LAPAROSCOPY LYMPHADENECTOMY	38571			1	100%	N/A	0	N/A
<b>Code 9</b>	MAST SIMPLE COMPLETE	19303			1	100%	N/A	72	N/A
<b>Code 10</b>	MOBILIZATION OF COLON	44139			1	100%	N/A	24	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	LUMBAR SPINE FUSION COMBINED	22633			2	50%	N/A	60	N/A
<b>Code 2</b>	REMOVAL OF SMALL INTESTINE	44120			2	100%	N/A	0	N/A
<b>Code 3</b>	DIAG LAPARO SEPARATE PROC	49320			2	0%	N/A	96	N/A
<b>Code 4</b>	REPAIR BOWEL OPENING	44625			1	100%	N/A	0	N/A
<b>Code 5</b>	REVISE VENTRICLE MUSCLE	33416			1	100%	N/A	0	N/A
<b>Code 6</b>	CRANIOFACIAL APPROACH SKULL	61582			1	100%	N/A	0	N/A
<b>Code 7</b>	RESECT OVARIAN MALIGNANCY	58952			1	100%	N/A	24	N/A

<b>Code 8</b>	LAPAROSCOPY LYMPHADENECTOMY	38571			1	100%	N/A	0	N/A
<b>Code 9</b>	MAST SIMPLE COMPLETE	19303			1	100%	N/A	72	N/A
<b>Code 10</b>	MOBILIZATION OF COLON	44139			1	100%	N/A	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	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	N/A				N/A	N/A	N/A	N/A	N/A

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MRI, any joint of lower extremity; without contrast materia	73721			81	88%	N/A	12	N/A
<b>Code 2</b>	Computed tomography, abdomen and pelvis; with contrast material(s)	74177			77	91%	N/A	12	N/A
<b>Code 3</b>	Computed tomography (CT), thorax; with contrast material(s)	71260			57	88%	N/A	12	N/A
<b>Code 4</b>	MRI spinal canal and contents, lumbar; without contrast material	72148			52	69%	N/A	12	N/A
<b>Code 5</b>	MRI, brain, including brain stem; without contrast material(s), followed by contrast material(s) and further sequences	70553			51	96%	N/A	12	N/A
<b>Code 6</b>	MRI, spinal canal and contents, cervical; without contrast material	72141			40	82%	N/A	12	N/A
<b>Code 7</b>	MRI, any joint of upper extremity; without contrast material(s)	73221			30	67%	N/A	12	N/A
<b>Code 8</b>	MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	74183			24	83%	N/A	12	N/A
<b>Code 9</b>	Injection, anesthetic agent and/or								

	steroid, transforaminal epidural;lumbar or sacral, single level	64483			22	95%	N/A	12	N/A
<b>Code 10</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	77049			22	100%	N/A	12	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Percutaneous implantation of neurostimulator electrode array, epidural	63650			12	100%	N/A	12	N/A
<b>Code 2</b>	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	75571			12	100%	N/A	12	N/A
<b>Code 3</b>	INFLIXIMAB NOT BIOSIMIL 10MG	J1745			10	100%	72	126	N/A
<b>Code 4</b>	SPEECH/HEARING THERAPY	92507			8	100%	48	61.7	N/A
<b>Code 5</b>	LAMINOTOMY SINGLE LUMBAR	63042			4	100%	N/A	12	N/A
<b>Code 6</b>	INJECTION, VEDOLIZUMAB	J3380			4	100%	N/A	<12	N/A
<b>Code 7</b>	BEVACIZUMAB INJECTION	J9035			4	100%	N/A	<12	N/A
<b>Code 8</b>	OFFICE O/P EST LOW 20-29 MIN	99213			4	100%	N/A	90	N/A
<b>Code 9</b>	REPAIR NASAL STENOSIS	30465			4	100%	N/A	66	N/A
<b>Code 10</b>	Unlisted procedure, arthroscopy	29999			4	100%	N/A	12	N/A

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

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

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Substance Abuse Residential	N/A	N/A	N/A	3	100%		<24 hours	
<b>Code 2</b>	Detox	N/A	N/A	N/A	1	100%		<24 hours	
<b>Code 3</b>	Mental Health Inpatient	N/A	N/A	N/A	1	100%		<24 hours	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Substance Abuse Residential	N/A	N/A	N/A	3	100%		<24 hours	
<b>Code 2</b>	Detox	N/A	N/A	N/A	1	100%		<24 hours	
<b>Code 3</b>	Mental Health Inpatient	N/A	N/A	N/A	1	100%		<24 hours	

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

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

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mental Health Individual and Family Therapy	90837	N/A	N/A	4	100%	N/A	108.25 hours	N/A
<b>Code 2</b>	Substance Abuse Partial Hospitalization Program	S0201	N/A	N/A	4	100%	N/A	<24 hours	N/A
<b>Code 3</b>	Mental Health Intensive Outpatient Program	S9480	N/A	N/A	3	100%	N/A	<24 hours	N/A
<b>Code 4</b>	Substance Abuse Intensive Outpatient Program	H0015	N/A	N/A	3	100%	N/A	<24 hours	N/A
<b>Code 5</b>	Transcranial Magnetic Stimulation (TMS)	90868	N/A	N/A	2	100%	N/A	24.5 hours	N/A
<b>Code 6</b>	Psychiatric Treatment Partial Hospitalization	H0035	N/A	N/A	1	100%	N/A	<24 hours	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mental Health Individual and Family Therapy	90837	N/A	N/A	4	100%	N/A	108.25 hours	N/A
<b>Code 2</b>	Substance Abuse Partial Hospitalization Program	S0201	N/A	N/A	4	100%	N/A	<24 hours	N/A
<b>Code 3</b>	Mental Health Intensive Outpatient Program	S9480	N/A	N/A	3	100%	N/A	<24 hours	N/A
<b>Code 4</b>	Substance Abuse Intensive Outpatient Program	H0015	N/A	N/A	3	100%	N/A	<24 hours	N/A
<b>Code 5</b>	Transcranial Magnetic Stimulation (TMS)	90868	N/A	N/A	2	100%	N/A	24.5 hours	N/A
<b>Code 6</b>	Psychiatric Treatment Partial Hospitalization	H0035	N/A	N/A	1	100%	N/A	<24 hours	N/A

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

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

## 2020 Diabetes Supplies & Equip

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

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

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

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

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

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

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ELEC STIM CANCER TREATMENT	E0766			2	100	N/A	96	N/A



<b>Code 2</b>	OSTEOGEN ULTRASOUND STIMLTOR	E0760			2	100	N/A	24	N/A
<b>Code 3</b>	PWR SEAT TILT	E1002			1	100	N/A	72	N/A
<b>Code 4</b>	ELEC OSTEOGEN STIM NOT SPINE	E0747			1	0	N/A	48	N/A
<b>Code 5</b>	PWR SEAT ELEVATION SYS	E2300			1	0	N/A	72	N/A
<b>Code 6</b>	ELEC OSTEOGEN STIM SPINAL	E0748			1	100	N/A	48	N/A
<b>Code 7</b>	PROSTHETIC IMPLANT NOS	L8699			1	0	N/A	72	N/A
<b>Code 8</b>	PWC GP3 STD SING POW OPT S/B	K0856			1	100	N/A	72	N/A
<b>Code 9</b>	COCHLEAR DEVICE	L8614			1	100	N/A	48	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ELEC STIM CANCER TREATMENT	E0766			2	100	N/A	96	N/A
<b>Code 2</b>	OSTEOGEN ULTRASOUND STIMLTOR	E0760			2	100	N/A	24	N/A
<b>Code 3</b>	PWR SEAT TILT	E1002			1	100	N/A	72	N/A
<b>Code 4</b>	ELEC OSTEOGEN STIM NOT SPINE	E0747			1	0	N/A	48	N/A
<b>Code 5</b>	PWR SEAT ELEVATION SYS	E2300			1	0	N/A	72	N/A
<b>Code 6</b>	ELEC OSTEOGEN STIM SPINAL	E0748			1	100	N/A	48	N/A
<b>Code 7</b>	PROSTHETIC IMPLANT NOS	L8699			1	0	N/A	72	N/A
<b>Code 8</b>	PWC GP3 STD SING POW OPT S/B	K0856			1	100	N/A	72	N/A
<b>Code 9</b>	COCHLEAR DEVICE	L8614			1	100	N/A	48	N/A

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

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

## Carrier J

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds) Medical/Surgical/ GYN			121	355	72%	23	67	N/A
<b>Code 2</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			40	80%	20	55	N/A
<b>Code 3</b>	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			37	76%	27	79	N/A
<b>Code 4</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558			22	68%	23	66	N/A
<b>Code 5</b>	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			21	81%	N/A	67	N/A
<b>Code 6</b>	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	20930			20	70%	37	75	N/A
<b>Code 7</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with	27447			20	80%	43	61	N/A

	or without patella resurfacing (total knee arthroplasty)								
<b>Code 8</b>	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612			18	78%	3	72	N/A
<b>Code 9</b>	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			16	75%	N/A	82	N/A
<b>Code 10</b>	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			15	80%	28	91	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	44207			11	100%	37	67	N/A
<b>Code 2</b>	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			10	100%	33	86	N/A
<b>Code 3</b>	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; each additional interspace and segment (List	22634			7	100%	1	86	N/A

	separately in addition to code for primary procedure)								
<b>Code 4</b>	Laparoscopy, surgical prostatectomy, retroperitoneal radical, including nerve sparing, includes robotic assistance, when performed	55866		7	100%	47	44	N/A	
<b>Code 5</b>	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	50545		5	100%	2	43	N/A	
<b>Code 6</b>	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	36223		4	100%	N/A	87	N/A	
<b>Code 7</b>	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	36224		4	100%	N/A	87	N/A	
<b>Code 8</b>	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	36226		4	100%	N/A	87	N/A	
<b>Code 9</b>	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	36227		4	100%	N/A	87	N/A	
<b>Code 10</b>	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral,	36228		4	100%	N/A	87	N/A	

with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)								
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	33418			1	100%	26	NULL	N/A
<b>Code 2</b>	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; each additional interspace and segment (List separately in addition to code for primary procedure)	22634			7	14%	1	86	N/A
<b>Code 3</b>	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			10	10%	33	86	N/A
<b>Code 4</b>	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			16	6%	NULL	82	N/A

<b>Code 5</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Medical/Surgical/GYN			121	355	1%	23	67	N/A
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## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	43239			481	91%	30	98	N/A
<b>Code 2</b>	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	43235			380	90%	30	98	N/A
<b>Code 3</b>	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, 30-39minutes of total time is spent on the date of the encounter.	99214			198	31%	34	92	N/A
<b>Code 4</b>	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 code selection, 40-54 minutes of total time is spent on the date of the encounter.	99215			119	61%	36	113	N/A
<b>Code 5</b>	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	64483			86	91%	2	111	N/A
<b>Code 6</b>	Arthroscopy, knee, surgical; with								

	meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29881			75	91%	19	94	N/A
<b>Code 7</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130			69	90%	51	94	N/A
<b>Code 8</b>	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			62	94%	30	123	N/A
<b>Code 9</b>	Mri Brain; W/o Contrast & W/contrast & A	70553			60	100%	N/A	0	N/A
<b>Code 10</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447			54	94%	37	127	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mri Brain; W/o Contrast & W/contrast & A	70553			60	100%	N/A	0.35	N/A
<b>Code 2</b>	Slp Stdy Unatnd W/hrt Rate/o2 Sat/resp/slp Time	95800			20	100%	N/A	9.33	N/A
<b>Code 3</b>	Computed Tomography, Thorax, Diagnostic; With Contrast Material(s)	71260			20	100%	N/A	6.26	N/A
<b>Code 4</b>	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	37765			17	100%	45	83	N/A
<b>Code 5</b>	Ct, soft Tissue Neck; w/contrast Mat.	70491			11	100%	N/A	16	N/A
<b>Code 6</b>	Mri, Any Joint Of Lower Extremity; With Contrast Material(s)	73722			9	100%	N/A	N/A	N/A

<b>Code 7</b>	Mri Spinal Canal Wo & W Contrast; Thorac	72157			9	100%	N/A	25.41	N/A
<b>Code 8</b>	Mri, Pelvis; W/o Contrast Then With Contrast And Further Sequences	72197			7	100%	N/A	N/A	N/A
<b>Code 9</b>	Mri Spinal Wo & W Contrast: Cerv	72156			7	100%	N/A	29	N/A
<b>Code 10</b>	Psychotherapy, 60 Minutes With Patient	90837			6	100%	N/A	84	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Tx, 1 Area, 15 Min, ea.vist;ther.exerc	97110			32	100.00%	24.00	86	N/A
<b>Code 2</b>	Reconstruct Nipple/areolar Unil	19350			4	100.00%	N/A	72	N/A
<b>Code 3</b>	Suction Assist Lipectomy Trunk	15877			1	100.00%	N/A	84	N/A
<b>Code 4</b>	Mastectomy Simple Complete	19303			4	100.00%	N/A	72	N/A
<b>Code 5</b>	Intersex Op Male To Female	55970			3	100.00%	N/A	112	N/A
<b>Code 6</b>	Orchiectomy Simple Unilat	54520			1	100.00%	16.00	120	N/A
<b>Code 7</b>	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	15840			1	100.00%	N/A	97	N/A
<b>Code 8</b>	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15830			1	100.00%	N/A	96	N/A
<b>Code 9</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partialfacetomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	63020			1	100.00%	N/A	118	N/A
<b>Code 10</b>	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	93622			1	100.00%	N/A	118	N/A



## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	8	75%	16	38	
<b>Code 2</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Psychiatric			124	3	100%	20	39	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	8	75%	16	38	
<b>Code 2</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Psychiatric			124	3	100%	20	39	

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

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

## 2020 Outpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Mental health partial hospitalization, treatment, less than 24 hours		H0035		100	80%	24	66	N/A
<b>Code 2</b>	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		41	71%	34	65	N/A
<b>Code 3</b>	Intensive outpatient psychiatric services, per diem		S9480		40	80%	19	68	N/A
<b>Code 4</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868			28	79%	10	66	N/A
<b>Code 5</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867			23	78%	10	62	N/A
<b>Code 6</b>	Psychotherapy, 60 minutes with patient	90837			22	45%	32	91	N/A
<b>Code 7</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor t	90869			20	80%	3	55	N/A
<b>Code 8</b>	Partial hospitalization services, less than 24 hours, per diem		S0201		16	88%	23	72	N/A
<b>Code 9</b>	Group psychotherapy (other than of a multiple-family group)	90853			12	33%	23	76	N/A
<b>Code 10</b>	Psychological or neuropsychological test administration and scoring by physician or other quali	96136			12	42%	42	90	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	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			11	100%	35	95	N/A
<b>Code 2</b>	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			10	100%	23	84	N/A
<b>Code 3</b>	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			9	100%	16	92	N/A
<b>Code 4</b>	Mental health service plan development by nonphysician		H0032		6	100%	N/A	85	N/A
<b>Code 5</b>	Therapeutic behavioral services, per 15 minutes		H2019		6	100%	N/A	85	N/A
<b>Code 6</b>	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			5	100%	35	108	N/A
<b>Code 7</b>	Psychotherapy, 45 minutes with patient when performed with an evaluation and management	90836			1	100%	N/A	98	N/A

<b>Code 8</b>	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for prim	90840			1	100%	N/A	209	N/A
<b>Code 9</b>	Influenza virus vaccine, quadrivalent (IIIV4), split virus, preservative free, 0.5 mL dosage, for intr	90686			1	100%	N/A	98	N/A
<b>Code 10</b>	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(	43235			1	100%	N/A	75	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Psychotherapy, 60 minutes with patient	90837			22	9%	32	91	N/A
<b>Code 2</b>	Mental health partial hospitalization, treatment, less than 24 hours		H0035		100	1%	24	66	N/A

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	test strips				14	84%	6.57	45.22	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	test strips				14	84%	6.57	45.22	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	test strips				14	84%	6.57	45.22	N/A

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Oral Device/appliance Cusfab		E0486		5	100%	N/A	24	N/A
<b>Code 2</b>	Cranial Remolding Orthosis, Rigid, With Soft Interface Material, Custom Fabricated, Includes Fitting And Adjustment(s)		S1040		2	50%	N/A	36	N/A
<b>Code 3</b>	Wheelchair Component Or Accessory, Not Otherwise Specified		K0108		1	100%	N/A	120	N/A
<b>Code 4</b>	Addition To Lower Extremity Orthosis Carbon Graphite Lamination		L2755		1	100%	N/A	96	N/A
<b>Code 5</b>	Afo, Molded To Patient Model, Plastic, Rigid Anterior Tibial Section		L1945		1	100%	N/A	96	N/A
<b>Code 6</b>	Osteogenesis Stimulator Low Intensity Ultrasound Noninvasive		E0760		1	0%	N/A	120	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to		L0650		6	100%	N/A	89	N/A

	T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf								
<b>Code 2</b>	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories		A6550		5	100%	34	153	N/A
<b>Code 3</b>	Canister, disposable, used with suction pump, each		A7000		5	100%	34	153	N/A
<b>Code 4</b>	Negative pressure wound therapy electrical pump, stationary or portable		E2402		5	100%	34	153	N/A
<b>Code 5</b>	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only		L2755		5	100%	N/A	88	N/A
<b>Code 6</b>	Oral Device/appliance Cusfab		E0486		5	100%	N/A	24	N/A
<b>Code 7</b>	Wheelchair Component Or Accessory, Not Otherwise Specified		K0108		1	100%	N/A	120	N/A
<b>Code 8</b>	Addition To Lower Extremity Orthosis Carbon Graphite Lamination		L2755		1	100%	N/A	96	N/A
<b>Code 9</b>	Afo, Molded To Patient Model, Plastic, Rigid Anterior Tibial Section		L1945		1	100%	N/A	96	N/A
<b>Code 10</b>	Cranial Remolding Orthosis, Rigid, With Soft Interface Material, Custom Fabricated, Includes Fitting And Adjustment(s)		S1040		2	50%	N/A	36	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection		E0694		4	25%	29	76	N/A
<b>Code 2</b>	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial		A9276		38	3%	31	100	N/A

continuous glucose monitoring system,  
1 unit = 1 day supply

## Carrier K

### 2020 Inpatient Med-Surg

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

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Replacement Hip Total Simple	27130			116	90%	12	44.00	N/A
<b>Code 2</b>	Replacement Knee Total	27447			85	91%	N/A	82.05	N/A
<b>Code 3</b>	Arthro,interbdy Tech;lumbar,allogf	22558			65	67%	N/A	117.33	N/A
<b>Code 4</b>	Laps Gstrc Restrictiv Px Longitudinal Gastrectomy	43775			49	90%	N/A	110.40	N/A
<b>Code 5</b>	Arthrodesis, Combnd Post Or Postlat Techq W/post Interbdy Techq Incl Laminctmy And/or Discctmy Suffcnt To Prepre Interspce (oth Thn For Decomp), Sgl Interspce&segmt; Lumbar	22633			43	73%	24	102.92	N/A
<b>Code 6</b>	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/or Nerve Roots; Cervical Below C2	22551			42	86%	8.00	75.13	N/A
<b>Code 7</b>	Laminectomy W Facetectomy-lumbar	63047			31	55%	N/A	94.86	N/A
<b>Code 8</b>	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-en-y Gastroenterostomy (roux Limb <= 150Cm)	43644			31	97%	48	135.77	N/A
<b>Code 9</b>	Revis.totl Knee Arthroplas,w/wo Allogft;	27487			10	100%	N/A	52.80	N/A
<b>Code 10</b>	Revis.tot.hip Arthropl;both Compnts	27134			9	100%	N/A	90.00	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Revis.totl Knee Arthroplas,w/wo Allogft;	27487			10	100%	N/A	52.80	N/A
<b>Code 2</b>	Revis.tot.hip Arthropl;both Compnts	27134			9	100%	N/A	90.00	N/A
<b>Code 3</b>	Arthrod,post,spin.deform,gft;7+vert	22802			7	100%	N/A	61.71	N/A
<b>Code 4</b>	Transcatheter Therapy Embolize Any Meth	75894			6	100%	N/A	68.57	N/A
<b>Code 5</b>	Laminectomy W Facetectomy-cervical	63045			5		48	84.00	N/A
<b>Code 6</b>	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace; Lumbar	22533			5	100%	24	67.20	N/A
<b>Code 7</b>	Arthrodesis, 13 Or More Vertebral Segments	22804			4	100%	N/A	100.80	N/A
<b>Code 8</b>	Hematopoietic Progenitor Cell (hpc);autologous Transplantation	38241			4	100%	24	64.00	N/A
<b>Code 9</b>	Revis.totl Knee Arthroplas;1 Compon	27486			4	100%	N/A	36.00	N/A
<b>Code 10</b>	Transped App/decomp;sgle;lumb	63056			3	100%	N/A	72.00	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/or Nerve Roots; Cervical Below C2	22551			42	100%	0.333333	75.13	N/A
<b>Code 2</b>	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-en-y Gastroenterostomy (roux Limb <= 150 Cm)	43644			31	100%	2	135.77	N/A
<b>Code 3</b>	Intersex Op Male To Female	55970			8	100%	N/A	121.60	N/A
<b>Code 4</b>	Fusion Cervical Post < C1	22600			8	100%	1.00	153.00	N/A



<b>Code 5</b>	Arthrodesis Post Interbody-lumbar	22630			7	100%	N/A	154.00	N/A
<b>Code 6</b>	Arthrodesis, Each Additional Vertebral Segment	22614			4	100%	N/A	216.00	N/A
<b>Code 7</b>	Allograft, Structural, For Spine Surgery Only; (list Separately In Addition To Code For Primary Procedure)	20931			1	100%	N/A	108.00	N/A
<b>Code 8</b>	Unlisted Proc Hemic/Lymphatic Syst	38999			1	100%	2	72.00	N/A
<b>Code 9</b>	Osteotomy Spine Post Appr-lumbar	22214			1	100%	N/A	72.00	N/A
<b>Code 10</b>	Replacement Hip Total Simple	27130			116	90%	12	44.00	N/A

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Physical Therapy	MSMPT			11,186	70.56%	1	39.00	N/A
<b>Code 2</b>	Ct Abd & Pelvis W/o Contrast	74176			5,042	93.00%	1.71	5.72	N/A
<b>Code 3</b>	Echocardiography, Transthoracic, Real-time W/ Image Documentation (2d), Includes M-mode Recording, When Performed	93306			4,949	96.00%	N/A	3.71	N/A
<b>Code 4</b>	Magnetic Resonance Imaging, Any Jnt-lowe	73721			4,215	87.00%	N/A	7.35	N/A
<b>Code 5</b>	Mri,spin.canal,lumb;w/o Cntrst Matl	72148			3,101	83.00%	18	9.72	N/A
<b>Code 6</b>	Home Sleep Test W/type Iii Portable Monitor		G0399		3,012	97.00%	N/A	3.70	N/A
<b>Code 7</b>	Mri Brain; W/o Contrast & W/contrast & A	70553			2,493	96.00%	N/A	5.00	N/A
<b>Code 8</b>	Mri, Any Joint Of Upper Extremity	73221			2,218	84.00%	N/A	8.38	N/A
<b>Code 9</b>	Esophagogastroduodenoscopy Flexible, Transoral; With Biopsy, Single Or Multiple	43239			1,983	94.00%	16.35	47.47	N/A
<b>Code 10</b>	Mri,spin.canal,cerv;w/o Contrst Mat	72141			1,808	84.00%	N/A	10.45	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Arthroscopically Aided Anter,cruciate Li	29888			151	100%	72	81.43	N/A
<b>Code 2</b>	Cardiac Mri For Morph	75557			50	100%	N/A	4.00	N/A
<b>Code 3</b>	Ct Heart Contrast Eval Cardiac Structure&morph	75572			36	100%	N/A	N/A	N/A
<b>Code 4</b>	Egd Flex Transoral W/transendoscopic Us-guided Intramrl Or Transmrl Fine Ndl Aspiratn/biop(s) Esophag (incl Endoscopic Us Exam Of Esoph, Stom, &either Duod, Or Surg Altrd Stomac	43242			33	100%	18.00	48.00	N/A
<b>Code 5</b>	Laminotomy, With Decompression Of Nerve Root(s), Incl Partial Facetectomy, Foraminotomy And/or Excision Of Herniated Intervertebral Disc, Cervical Or Lumbar	63035			28	100%	24	70.55	N/A
<b>Code 6</b>	Supervise,handle,load Radioelement	77790			26	100%	N/A	15.00	N/A
<b>Code 7</b>	Intracavitary Radioelement Application;s	77761			26	100%	N/A	15.00	N/A
<b>Code 8</b>	Brachytherapy Isodose Plan; Simple (calculation[s] Made From 1 To 4 Sources, Or Remote Afterloading Brachytherapy, 1 Channel), Includes Basic Dosimetry Calculation(s)	77316			26	100%	N/A	15.00	N/A
<b>Code 9</b>	Hematopoietic Progenitor Cell (hpc);autologous Transplantation	38241			25	100%	96	105.88	N/A
<b>Code 10</b>	Revision Of Reconstructed Breast (eg, Significant Removal Of Tissue, Re-advancement And/or Re-inset Of Flaps In Autologous Reconstruction Or SignificantCapsular Revision	19380			23	100%	N/A	85.39	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Nasal/sinus Endoscopy, Surgical, With	31267			179	100.00%	43.20	77.29	N/A

	Maxillary Antrostomy; With Removal Of Tissue From Maxillary Sinus								
<b>Code 2</b>	Lam.,facetect,foraminot;ea Adtl.seg	63048			169	100.00%	72.00	94.97	N/A
<b>Code 3</b>	Arthroscopically Aided Anter,cruciate Li	29888			151	100.00%	72.00	81.43	N/A
<b>Code 4</b>	Nasal/sinus Endoscopy, Surgical With Ethmoidectomy; Total (anterior And Posterior), Incl Frontal Sinus Exploration, With Removal Of Tissue From Frontal Sinus, When Performed	31253			66	100.00%	24.00	74.48	N/A
<b>Code 5</b>	Arthroscop Knee W Remov Loose Body	29874			54	100.00%	N/A	74.47	N/A
<b>Code 6</b>	Endoscopy,surg, Wtih Sphenoidotomy; W Sphenoid Sinus Tissue Removal	31288			49	100.00%	N/A	85.66	N/A
<b>Code 7</b>	Nasal/sinus Endoscopy, Surgical With Ethmoidectomy; Total (anterior And Posterior), Including Sphenoidotomy, With Removal Of Tissue From The Sphenoid Sinus	31259			46	100.00%	N/A	78.21	N/A
<b>Code 8</b>	Endoscopy, Surgical, With Sphenoidotomy	31287			44	100.00%	24.00	98.71	N/A
<b>Code 9</b>	Arthropls,knee,cond/plat;medor Lat	27446			44	100.00%	61.50	76.36	N/A
<b>Code 10</b>	Intensity Modulated Radiation Treatment Delivery (imrt), Includes Guidance And Tracking, When Performed; Complex	77386			39	100.00%	N/A	141.26	N/A

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	6	67%	31	36	N/A

<b>Code 2</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Psychiatric			124	4	50%	N/A	29	N/A
<b>Code 3</b>	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		H0017		3	100%		3480	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		H0017		3	100%	0	3480	N/A
<b>Code 2</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Rehabilitation			128	6	67%	31	36	N/A
<b>Code 3</b>	Accommodation Codes - Room & Board-Semiprivate (Two-Beds)-Psychiatric			124	4	50%	N/A	29	N/A

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

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

## 2020 Outpatient MH-SUD

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

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

<b>Code 1</b>	Therapeutic Repetitive Transcranial Magnetic Simulation (tms) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Subsequent Delivery And Mgmt.	90868			170	58%	48	77	N/A
<b>Code 2</b>	Therapeutic Repetitive Transcranial Magnetic Stimulation (tms) Treatment; Subsequent Motor Threshold Re-determination With Delivery And Management	90869			155	86%	48	76	N/A
<b>Code 3</b>	Therapeutic Repetitive Transcranial Magnetic Simulation (tms) Treatment; Including Cortical Mapping, Motor Threshold Determination, Delivery And Mgmt	90867			153	91%	N/A	67	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Therapeutic Repetitive Transcranial Magnetic Simulation (tms) Treatment; Including Cortical Mapping, Motor Threshold Determination, Delivery And Mgmt	90867			153	91%	N/A	67.34	N/A
<b>Code 2</b>	Therapeutic Repetitive Transcranial Magnetic Stimulation (tms) Treatment; Subsequent Motor Threshold Re-determination With Delivery And Management	90869			155	86%	48	76.46	N/A
<b>Code 3</b>	Therapeutic Repetitive Transcranial Magnetic Simulation (tms) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Subsequent Delivery And Mgmt.	90868			170	58%	48	77.34	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Therapeutic Repetitive Transcranial Magnetic Simulation (tms) Treatment; Including Cortical Mapping, Motor Threshold Determination, Delivery And Mgmt	90867			153	33.33%	N/A	67.34	N/A
<b>Code 2</b>	Therapeutic Repetitive Transcranial Magnetic Stimulation (tms) Treatment; Subsequent Motor Threshold Re-determination With Delivery And Management	90869			155	21.74%	48	76.46	N/A
<b>Code 3</b>	Therapeutic Repetitive Transcranial Magnetic Simulation (tms) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Subsequent Delivery And Mgmt.	90868			170	9.59%	48	77.34	N/A
<b>Code 4</b>	Partial hospitalization services, less than 24 hours, per diem		S0201		44	2.00%	65	68.00	N/A
<b>Code 5</b>	Electroconvulsive therapy (includes necessary monitoring)	90870			5	20%	17	92	N/A

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Oral Device/appliance Cusfab		E0486		284	99%	N/A	3.39	N/A
<b>Code 2</b>	Wheelchair Component Or Accessory, Not Otherwise Specified		K0108		87	78%	N/A	102.04	N/A
<b>Code 3</b>	Cranial Remolding Orthosis, Rigid, With Soft Interface Material, Custom Fabricated, Includes Fitting And Adjustment(s)		S1040		58	78%	N/A	76.54	N/A
<b>Code 4</b>	Osteogenic Stimulator, Noninvasive, Spinal Applications		E0748		57	43%	N/A	86.20	N/A
<b>Code 5</b>	Osteogenesis Stimulator Low Intensity Ultrasound Noninvasive		E0760		38	60%	N/A	83.40	N/A

<b>Code 6</b>	Osteogenesis Stimulator (non-invasive)		E0747		30	37%	N/A	82.38	N/A
<b>Code 7</b>	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pr		E0652		30	64%	N/A	66.98	N/A
<b>Code 8</b>	Ultralightweight Wheelchair		K0005		28	86%	N/A	102.77	N/A
<b>Code 9</b>	Implantable Neurostimulator Electrode Each		L8680		26	93%	N/A	143.35	N/A
<b>Code 10</b>	Aed Garment With Electrocardiogram Analysis		K0606		25	64%	31.54	60.00	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Pwc Gp3 Std Mult Pow Opt S/b		K0861		13	100%	N/A	159.16	N/A
<b>Code 2</b>	Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth		E2622		11	100%	N/A	96.00	N/A
<b>Code 3</b>	Cochlear Device/system		L8614		10	100%	N/A	91.64	N/A
<b>Code 4</b>	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type		E2617		6	100%	N/A	63.00	N/A
<b>Code 5</b>	Cochlear Implant External Speech Processor And Controller, Integrated System, Replacement		L8619		6	100%	N/A	54.86	N/A
<b>Code 6</b>	Custom Fabricated Wheelchair Seat Cushion, Any Size		E2609		6	100%	N/A	66.00	N/A
<b>Code 7</b>	Manual Adult Size Wheelchair, Includes Tilt In Space		E1161		6	100%	N/A	111.27	N/A
<b>Code 8</b>	Hospital Bed, Seimi-electric (head And Foot Adjustment), With Any Type		E0260		5	100%	N/A	85.33	N/A
<b>Code 9</b>	Auditory Osseointegrated Device, Transducer/actuator, Replacement Only, Each		L8694		5	100%	N/A	87.43	N/A
<b>Code 10</b>	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/actuator, Replacement Only, Each		L8691		5	100%	N/A	79.06	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Cranial Remolding Orthosis, Rigid, With Soft Interface Material, Custom Fabricated, Includes Fitting And Adjustment(s)		S1040		58	100%	N/A	76.54	N/A
<b>Code 2</b>	Osteogenic Stimulator, Noninvasive, Spinal Applications		E0748		57	100%	N/A	86.20	N/A
<b>Code 3</b>	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-shin System,		L5856		4	100%	N/A	78.00	N/A
<b>Code 4</b>	Osteogenic Stimulator, Noninvasive, Spinal Applications		E0748		3	100%	N/A	96.00	N/A
<b>Code 5</b>	Aud Osseo Dev, Int/ext Comp		L8690		2	100%	N/A	52.80	N/A
<b>Code 6</b>	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pr		E0652		30	60%	N/A	66.98	N/A
<b>Code 7</b>	High Frequency Chest Wall Oscillation Air-pulse Generator System, (inc		E0483		11	50%	N/A	88.70	N/A
<b>Code 8</b>	Manual Wheelchair Accessory, Push-rim Activated Power Assist, Each		E0986		1	50%	N/A	120.00	N/A
<b>Code 9</b>	Aed Garment With Electrocardiogram Analysis		K0606		25	29%	31.54	60.00	N/A
<b>Code 10</b>	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type		E0766		10	27%	24.00	55.79	N/A

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	test strips				218	84%	6.51	8.17	N/A

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



	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	test strips				218	84%	6.51	8.17	N/A

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	test strips				218	84%	6.51	8.17	N/A

## Carrier L

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### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MH Inpatient Adult				269	100.00%	5.97	2.14	
<b>Code 2</b>	MH Inpatient Adolescent				49	100.00%	7.58	28.31	
<b>Code 3</b>	SUD Inpatient Detox Adult				47	97.87%	5.94	0.05	
<b>Code 4</b>	MH Inpatient Child				15	100.00%	11.13	0.02	
<b>Code 5</b>	ARTHDSIS	22633			8	88%	46	61	
<b>Code 6</b>	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	27447			7	100%	NA	46	
<b>Code 7</b>	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	23472			5	100%	NA	65	
<b>Code 8</b>	SUD Inpatient Adult				5	100.00%	5.63	0.02	
<b>Code 9</b>	MH Inpatient Adult Intensive				5	100.00%	0.05		

<b>Code 10</b>	MH Acute Inpatient Adult				4	100.00%	0.96		
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MH Inpatient Adult				269	100.00%	5.97	2.14	
<b>Code 2</b>	MH Inpatient Adolescent				49	100.00%	7.58	28.31	
<b>Code 3</b>	MH Inpatient Child				15	100.00%	11.13	0.02	
<b>Code 4</b>	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	23472			5	100%	NA	65	
<b>Code 5</b>	SUD Inpatient Adult				5	100.00%	5.63	0.02	
<b>Code 6</b>	MH Inpatient Adult Intensive				5	100.00%	0.05		
<b>Code 7</b>	MH Acute Inpatient Adult				4	100.00%	0.96		
<b>Code 8</b>	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	27134			3	100%	71	66	
<b>Code 9</b>	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	22558			2	100%	0	70	
<b>Code 10</b>	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	22551			2	100%	NA	109	

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

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

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	ECHO, Complete with Doppler	93306	N/A	N/A	666	100.00%	N/A	N/A	N/A
<b>Code 2</b>	Chiropractic Care	98941			432	99.07%	N/A	3.50 Days	N/A
<b>Code 3</b>	CT ABDOMEN & PELVIS WITH CONTRAST	74177	N/A	N/A	400	93.50%	N/A	N/A	N/A
<b>Code 4</b>	MRI LOWER EXTREMITY JOINT WITHOUT CONTRAST	73721	N/A	N/A	388	88.66%	N/A	N/A	N/A
<b>Code 5</b>	MRI Brain WITH & WITHOUT CONTRAST	70553	N/A	N/A	348	94.83%	N/A	N/A	N/A
<b>Code 6</b>	MRI LUMBAR SPINE WITHOUT CONTRAST	72148	N/A	N/A	275	81.45%	N/A	N/A	N/A
<b>Code 7</b>	CT THORAX WITH CONTRAST	71260	N/A	N/A	247	95.95%	N/A	N/A	N/A
<b>Code 8</b>	Chiropractic Care	98943			220	99.09%	N/A	2.75 Days	N/A
<b>Code 9</b>	MRI UPPER EXTREMITY JOINT WITHOUT CONTRAST	73221	N/A	N/A	204	78.43%	N/A	N/A	N/A
<b>Code 10</b>	SUD Residential Adult				116	97.41%	12.96	1.19	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Psychological and Neuropsychological Test Administration				54	100.00%		19.82	
<b>Code 2</b>	Chiropractic Care	98942			35	100.00%	N/A	2.00 Days	N/A
<b>Code 3</b>	Chiropractic Care	98940			32	100.00%	N/A	2.50 Days	N/A
<b>Code 4</b>	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385			29	100%	0	1.38	0
<b>Code 5</b>	ABA Behavior Identification Assessments				27	100.00%		5.97	
<b>Code 6</b>	MH IOP Adolescent				26	100.00%		0.92	
<b>Code 7</b>	MH Residential Eating Disorder Adult				25	100.00%	2.99	24.64	
<b>Code 8</b>	ABA Direct Care Codes				25	100.00%		2.63	
<b>Code 9</b>	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	87660			23	100%	0	1.46	0

<b>Code 10</b>	IADNA CANDIDA SPECIES DIRECT PROBE TQ	87480			23	100%	0	1.46	0
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Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently approved on appeal:

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

## 2020 inpatient MH-SUD

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

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

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

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

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

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

Code 1	N/A				N/A	N/A	N/A	N/A	N/A
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## 2020 Outpatient MH-SUD

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

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	SUD Residential Adult				116	97.41%	12.96	1.19	
Code 2	SUD IOP Adult				104	99.04%	0.07	1.69	
Code 3	SUD Partial Adult				103	99.03%	1.38	15.18	
Code 4	MH IOP Adult				93	98.92%		9.08	
Code 5	MH Partial Adult				90	97.78%	0.40	2.48	
Code 6	Psychological Testing				67	92.54%		25.38	
Code 7	Psychological and Neuropsychological Test Administration				54	100.00%		19.82	
Code 8	SUD Detox Residential Adult				54	98.15%	0.66	4.09	
Code 9	MH Residential Adult				44	97.73%	1.92	14.00	
Code 10	MH Partial Eating Disorder Adult				32	96.88%	6.90	12.18	

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

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	Psychological and Neuropsychological Test Administration				54	100.00%		19.82	
Code 2	ABA Behavior Identification Assessments				27	100.00%		5.97	
Code 3	MH IOP Adolescent				26	100.00%		0.92	
Code 4	MH Residential Eating Disorder Adult				25	100.00%	2.99	24.64	

<b>Code 5</b>	ABA Direct Care Codes				25	100.00%		2.63	
<b>Code 6</b>	MH IOP Eating Disorder Adult				24	100.00%		7.84	
<b>Code 7</b>	ABA Qualified Health Professional Services				24	100.00%		2.73	
<b>Code 8</b>	MH Residential Adolescent				23	100.00%	0.05	6.66	
<b>Code 9</b>	MH Partial Eating Disorder Adolescent				14	100.00%	22.67	15.10	
<b>Code 10</b>	SUD Residential Adolescent				13	100.00%	0.04	24.09	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	MH Partial Adolescent				20	95.00%		40.45	
<b>Code 2</b>	Transcranial Magnetic Stimulation (TMS)				17	58.82%		44.03	

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			3	100%	15.6	57.55	0

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	EXTERNAL AMBULATORY INFUSION	E0784			3	100%	15.6	57.55	0

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

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			3	100%	15.6	57.55	0

## 2020 DME

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

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	E0748			2	100%	0	13.35	0
<b>Code 2</b>	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	E0747			2	0%	0	69.2	0
<b>Code 3</b>	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	E0760			1	100%	0	0.2	0
<b>Code 4</b>	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	E2402			1	100%	0	53.6	0
<b>Code 5</b>	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	E0486			1	100%	0	75.7	0

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

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	E0748			2	100%	0	13.35	0

<b>Code 2</b>	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	E0760			1	100%	0	0.2	0
<b>Code 3</b>	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	E2402			1	100%	0	53.6	0
<b>Code 4</b>	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	E0486			1	100%	0	75.7	0
<b>Code 5</b>	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	E0486			1	100%	0	75.7	0

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

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

## Carrier M

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413			4	100%	28.35	68.2	NA
<b>Code 2</b>	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951			2	0%		92.3	NA
<b>Code 3</b>	CHEMOTX ADMN IV PUSH TQ 1/1 <sup>ST</sup> SBST/DRUG	96409			2	100%	28.35	NA	NA
<b>Code 4</b>	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411			2	100%	28.35	NA	NA
<b>Code 5</b>	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	96415			2	100%		68.2	NA



<b>Code 6</b>	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417			2	100%		68.2	NA
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Codes with the highest percentage of approved prior authorization requests during the previous plan year:

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413			4	1	28.35	68.2	NA
<b>Code 2</b>	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409			2	100%	28.35	NA	NA
<b>Code 3</b>	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411			2	100%	28.35	NA	NA
<b>Code 4</b>	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	96415			2	100%		68.2	NA
<b>Code 5</b>	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417			2	100%		68.2	NA

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

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

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior		Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Chiropractic Care	98941			402	98.01%	N/A	3.50 Days	N/A
<b>Code 2</b>	Chiropractic Care	98943			206	96.60%	N/A	3.50 Days	N/A
<b>Code 3</b>	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378			76	99%	15.2	7.75	
<b>Code 4</b>	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380			73	99%	18.16	7.47	
<b>Code 5</b>	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	95810			69	59%	NA	62.07	
<b>Code 6</b>	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385			57	100%	NA	6.52	
<b>Code 7</b>	POLYSOM 6/>YRS SLEEP W/CPAP 4/>ADDL PARAM ATTND	95811			56	59%	NA	59.98	
<b>Code 8</b>	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	81479			54	96%	NA	6.06	
<b>Code 9</b>	Chiropractic Care	98940			53	100.00%	N/A	3.00 Days	N/A
<b>Code 10</b>	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420			48	65%	NA	31.54	

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385			57	100%	NA	6.52	
<b>Code 2</b>	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239			47	100%	1.31	7.38	
<b>Code 3</b>	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235			36	100%	1.13	11.25	
<b>Code 4</b>	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384			30	100%	NA	3.78	
<b>Code 5</b>	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374			19	100%	NA	1.06	
<b>Code 6</b>	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249			16	100%	0.1	0.58	
<b>Code 7</b>	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493			13	100%	NA	21.36	

<b>Code 8</b>	CFTR GENE ANALYSIS COMMON VARIANTS	81220			13	100%	NA	0.13	
<b>Code 9</b>	LAPS TOTAL HYSTERECT 250 GM/<W/RMVL TUBE/OVARY	58571			12	100%	20.1	66.11	
<b>Code 10</b>	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558			10	100%	NA	10.58	

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

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

## 2020 Inpatient MH-SUD

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

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

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

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

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

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

## 2020 Outpatient MH-SUD

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

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

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

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

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

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

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			7	100%	16.6	40.26	NA
<b>Code 2</b>	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	A9274			3	100%	NA	47.4	NA
<b>Code 3</b>	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	A9276			3	67%	NA	71.31	NA
<b>Code 4</b>	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	A9277			3	67%	NA	71.31	NA
<b>Code 5</b>	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	A9278			3	67%	NA	71.31	NA
<b>Code 6</b>	HOME BLOOD GLUCOSE MONITOR	E0607			1	100%	NA	95.5	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	E0784			7	100%	16.6	40.26	NA
<b>Code 2</b>	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	A9274			3	100%	NA	47.4	NA
<b>Code 3</b>	HOME BLOOD GLUCOSE MONITOR	E0607			1	100%	NA	95.5	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	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	N/A				N/A	N/A	N/A	N/A	N/A

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/BACK-UP		E0471		3	100%	21.8	59.5	NA
<b>Code 2</b>	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE		L5321		3	33%	NA	62.67	NA
<b>Code 3</b>	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE		L5624		3	33%	NA	62.67	NA
<b>Code 4</b>	ADD LW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT		L5631		3	33%	NA	62.67	NA
<b>Code 5</b>	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET		L5649		3	33%	NA	62.67	NA
<b>Code 6</b>	ADD LW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTIC		L5650		3	33%	NA	62.67	NA
<b>Code 7</b>	ADD LW EXTRM BELW/ABVE KNEE SUSP LOCK MECH		L5671		3	33%	NA	62.67	NA
<b>Code 8</b>	ADD LW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH		L5673		3	33%	NA	62.67	NA
<b>Code 9</b>	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH		L5679		3	67%	NA	62.67	NA
<b>Code 10</b>	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL		L5981		3	67%	NA	52.9	NA

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	RESP ASST DEVC BI-LEVEL PRSS								

	CAPABILITY W/BACK-UP		E0471		3	100%	21.8	59.5	NA
<b>Code 2</b>	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE		E0562		2	100%	21.8	44.2	NA
<b>Code 3</b>	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE		E2402		2	100%	NA	20.7	NA
<b>Code 4</b>	ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE		L2820		2	100%	NA	47.25	NA
<b>Code 5</b>	ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE		L5620		2	100%	NA	42.25	NA
<b>Code 6</b>	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CNTC		L5637		2	100%	NA	42.25	NA
<b>Code 7</b>	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH		L5679		2	100%	NA	42.25	NA
<b>Code 8</b>	ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA		L5685		2	100%	NA	42.25	NA
<b>Code 9</b>	ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM		L5910		2	100%	NA	42.25	NA
<b>Code 10</b>	ADD ENDOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATL		L5940		2	100%	NA	42.25	NA

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

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

## Carrier N

### 2020 Inpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	HIP JOINT REPLACEMENT BY PROSTHESIS OR ARTIFICIAL JOINT	27130			23	95.7%	0.00	35.55	0.00
<b>Code 2</b>	INSERTION OF METALLIC CAGE OR MESH DEVICE BETWEEN TWO VERTEBRAE WITH SCREWS AND FLANGES	22853			16	87.5%	0.00	68.91	0.00
<b>Code 3</b>	LAMINECTOMY OF SINGLE VERTEBRAE EITHER UNILATERAL OR BILATERAL OF LUMBAR SPINE	63047			15	66.7%	0.00	43.10	0.00
<b>Code 4</b>	TOTAL ABDOMINAL HYSTORECOMY WITH/WITHOUT REMOVAL OF TUBE(S) - OVARY(S)	58150			12	100.0%	69.74	161.59	0.00
<b>Code 5</b>	BONE GRAFT OF DONOR OR SYNTHETIC MATERIAL-ADD ON	20930			12	83.3%	0.00	45.25	0.00
<b>Code 6</b>	PLACEMENT OF SPINAL INSTRUMENTATION IN NECK ACROSS A SINGLE LEVEL TO CORRECT SPINAL DEFORMITY	22840			12	91.7%	0.00	64.48	0.00
<b>Code 7</b>	ADDITIONAL VERTEBRAL LAMINECTOMY, FACETECTOMY, and FORAMINOTOMY PROCEDURES	63048			10	60.0%	0.00	49.27	0.00
<b>Code 8</b>	EXPLORATORY LAPAROTOMY- CELIOTOMY WITH OR WITHOUT BIOPSY	49000			9	100.0%	0.00	86.56	0.00
<b>Code 9</b>	LUMBAR SPINE FUSION	22612			8	100.0%	0.00	44.85	0.00
<b>Code 10</b>	CHEMOTHERAPY ADMINISTRATION TO INITIALIZE PROLONG CHEMOTHERAPY WITH INFUSION PUMP	96416			8	100.0%	7.68	83.30	0.00

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	TOTAL ABDOMINAL HYSTORECOMY WITH/WITHOUT REMOVAL OF TUBE(S) - OVARY(S)	58150			12	100.0%	69.74	161.59	0.00
<b>Code 2</b>	EXPLORATORY LAPAROTOMY- CELIOTOMY WITH OR WITHOUT BIOPSY	49000			9	100.0%	0.00	86.56	0.00



<b>Code 3</b>	ARTHROPLASTY OF KNEE CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS OF THE KNEE	27447			8	100.0%	0.00	127.47	0.00
<b>Code 4</b>	CHEMOTHERAPY ADMNIISTRATION TO INITIALIZE PROLONG CHEMOTHERAPY WITH I NFUSION PUMP	96416			8	100.0%	7.68	83.30	0.00
<b>Code 5</b>	LUMBAR SPINE FUSION	22612			8	100.0%	0.00	44.85	0.00
<b>Code 6</b>	ARTHRODESIS-ANTERIOR INTERBODY WITH MINI DISKECTOMYOF LUMBAR SPINE	22558			7	100.0%	0.00	36.39	0.00
<b>Code 7</b>	LAPAROSCOPY WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	38571			7	100.0%	0.71	79.47	0.00
<b>Code 8</b>	AUTOGRAFT DURING SPINAL SURGERY ONLY; LOCAL THRU SAME INCISION	20936			7	100.0%	0.00	38.30	0.00
<b>Code 9</b>	PLACEMENT OF SPINAL INSTRUMENTATION; 3 TO 6 VERTEBRAE SEGMENT	22842			6	100.0%	0.00	63.49	0.00
<b>Code 10</b>	CHEMOTHERAPY ADMNIISTRATION TO INITIALIZE PROLONG CHEMOTHERAPY WITH I NFUSION PUMP	96416			8	100.0%	7.68	83.30	0.00

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	STEREOTACTIC IMPLANT DEPTH ELECTRODES-CEREBRUM	61760			1	100.0%	0.00	100.88	0.00
<b>Code 2</b>	THORACIC SPINE FUSION	22610			1	100.0%	0.00	0.00	0.00
<b>Code 3</b>	LAMINECTOMY SINGLE VERTEBRAL SEGMENT-UNILATERAL/BILATERLA; THORACIC REGION	63046			1	100.0%	0.00	0.00	0.00
<b>Code 4</b>	COM:UTED TOMOGRAPHY or MAGNETIC RESONANCE IMAGING DURING PROCEDURE OF INTRADUAL CRANIAL PROCEDURE	61781			3	33.3%	0.00	91.23	0.00
<b>Code 5</b>	REVISION TOTAL KNEE ARTHROPLASTY; FEMORAL AND WHOLE TIBIA COMPARTMENTS	27487			3	33.3%	0.00	39.94	0.00
<b>Code 6</b>	PLACEMENT OF SPINAL INSTRUMENTATION; 3 TO 6 VERTEB SEGMENT	22842			6	16.7%	0.00	63.49	0.00

<b>Code 7</b>	ARTHRODESIS-POST/POSTLATERAL TECHNIQUE; EACH ADD VERTEBRAE SEGMENT	22614			7	14.3%	0.00	60.71	0.00
<b>Code 8</b>	ADDITIONAL VERTEBRAL LAMINECTOMY, FACETECTOMY, and FORAMINOTOMY PROCEDURES	63048			10	10.0%	0.00	49.27	0.00

## 2020 Outpatient Med-Surg

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	DEFINITIVE DRUG TEST FOR DRUG CLASSES 8-14		G0481		202	59.9%	34.48	99.43	0.00
<b>Code 2</b>	DEFINITIVE DRUG TEST FOR DRUG CLASSES 1-7		G0480		148	52.7%	0.00	118.50	0.00
<b>Code 3</b>	DEFINITIVE DRUG TEST FOR DRUG CLASSES 22+		G0483		139	37.4%	0.00	116.46	0.00
<b>Code 4</b>	DEFINITIVE DRUG TEST FOR DRUG CLASSES 15-21		G0482		134	35.8%	0.00	113.64	0.00
<b>Code 5</b>	OFFICE/OUTPATIENT VISIT ESTABLISHED	99212			133	56.4%	103.53	261.30	42.78
<b>Code 6</b>	SKILLED NURSING VISIT IN HOME			551	126	98.4%	18.97	129.96	0.00
<b>Code 7</b>	HOME INFUSION/SPCAILTY DRUG ADMINISTRATION-SKILLED NURSE VISIT	99601			109	89.9%	0.00	129.61	0.00
<b>Code 8</b>	INJECTION OF ONABOTULINUMTOXINA		J0585		99	86.9%	22.83	206.59	0.00
<b>Code 9</b>	TRANSFORAMINAL EPIDURAL INJECTION INTO A SINGLE LEVEL EITHER LUMBAR OR SACRAL	64483			80	83.8%	34.84	234.69	0.00
<b>Code 10</b>	EXTENDED ECG RECORDING	0296T			71	54.9%	219.48	153.64	0.15

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior	Average determination response time for prior-authorization requests (hours)
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					authorization requests	Percentage of approved requests	Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PHONE EVALUTATION/MANAGEMENT PHYSICIAN WITH ESTABLISHED PATIENT OF 11-20 MINUTES	99442			67	100.0%	0.00	0.03	0.00
<b>Code 2</b>	INJECTION OF FILGRASTIM-SNDZ(ZARXIO), BIOSIMILAR 1 MICROGRAM		Q5101		53	100.0%	11.17	67.28	0.00
<b>Code 3</b>	SEPTOPLASTY OF DEVIATED SEPTUM	30520			41	100.0%	2.67	119.35	0.00
<b>Code 4</b>	PHONE EVALUTATION/MANAGEMENT PHYSICIAN WITH ESTABLISHED PATIENT OF 21-30 MINUTES	99443			26	100.0%	0.00	0.00	0.00
<b>Code 5</b>	PHONE EVALUTATION/MANAGEMENT PHYSICIAN WITH ESTABLISHED PATIENT OF 5-10 MINUTES	99441			25	100.0%	0.00	0.00	0.00
<b>Code 6</b>	INJECTION OF OCRELIZUMAB 1 MG		J2350		16	100.0%	24.03	125.10	0.00
<b>Code 7</b>	INJECTION OF NIVOLUMAB 1 MG		J9299		13	100.0%	14.86	96.29	0.00
<b>Code 8</b>	INJECTION OF PERTUZUMAB, 1 MG	J9306			13	100.0%	22.43	81.97	0.00
<b>Code 9</b>	INJ RITUXIMAB-PVVR(RUXIENCE) BIOSIMILAR RUXIENCE 10 MG		Q5119		13	100.0%	80.71	91.25	0.00
<b>Code 10</b>	EXTRACAPSULAR CATARACT REMOVAL WITH COMPLEX TECHNIQUE AND DEVICES	66982			12	100.0%	0.00	59.79	0.00

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	LEVEL IV-SURGICAL PATHOLOGY GROSS/MICROSCOPIC EXAM	88305			3	100.0%	0.00	0.00	0.22
<b>Code 2</b>	CONSULTATION AND REPORT OF SLIDES PREPARED ELSEWHERE	88321			1	100.0%	0.00	0.00	0.00
<b>Code 3</b>	COLONOSCOPY FLEXIBLE; WITH REMOVAL IF TUMOR/LESION BY SNARE TECHNIQUE	45385			1	100.0%	0.00	0.00	0.00
<b>Code 4</b>	UPPER GATROINTESTINAL ENDOSCOPY WITH REMOVAL OF ONE OR MORE BIOPSIES	43239			1	100.0%	0.00	0.00	0.00

<b>Code 5</b>	OFFICE/OUTPATIENT NEW PATIENT FOR MEDICAL DECISION MAKING of 15-29 MINUTES	99202			1	100.0%	0.00	74.31	0.00
<b>Code 6</b>	INJECTION OF ENOXAPARIN SODIUM, 10 MG		J1650		1	100.0%	0.00	0.00	0.00
<b>Code 7</b>	COLLECTION VENOUS BLOOD VENIPUNCTURE	36415			1	100.0%	0.00	0.00	0.00
<b>Code 8</b>	PUNCH BIOPSY SKIN SINGLE LESION	11104			1	100.0%	0.00	0.00	0.00
<b>Code 9</b>	COMPREHENSIVE METABOLIC PANEL	80053			1	100.0%	0.00	0.00	0.00
<b>Code 10</b>	OFFICE/OUTPATIENT VISIT NEW PATIENT	99203			2	50.0%	0.00	313.77	0.07

## 2020 Inpatient MH-SUD

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Psychiatric Admission			124	1	100.0%	26.80	0.00	0.00

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	Psychiatric Admission			124	1	100.0%	26.80	0.00	0.00

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

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

## 2020 Outpatient MH-SUD

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

Code	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
Code 1	PSYCHOTHERAPY WITH PATIENT WITH EVALUTATION/MANAGEMENT LASTING 45 MIN	90836			29	89.7%	0.00	104.22	0.16
Code 2	INTENSIVE BEHAVIORAL HEALTH TREATMENT SERVICES			906	15	93.3%	0.00	95.29	0.00
Code 3	PSYCHOTHERAPY WITH PATIENT AND FAMILY 60 MINUTES	90837			10	100.0%	0.00	156.67	0.11
Code 4	PSYCHOLOGICAL TESTING PER HOUR FACE TO FACE TIME WITH PATIENT	96101			9	100.0%	0.00	187.72	192.35
Code 5	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES PER DIEM		S9480		7	100.0%	27.20	158.19	0.00
Code 6	BEHAVIORAL HEALTH COUNSELING AND THERAPY PER 15 MIN		H0004		6	100.0%	0.00	52.62	0.00
Code 7	INTENSIVE BEHAVIORAL HEALTH TREATMENT SERVICES PER DIEM			905	5	80.0%	0.00	136.09	0.00
Code 8	PSYCHOTHERAPY WITH PAIENT AND FAMILY 45 MINUTES	90834			4	100.0%	104.43	21.63	0.25
Code 9	ELECTROCONVULSIVE THERAPY; SINGLE SEIZURE	90870			3	100.0%	0.00	80.11	0.00
Code 10	INTENSIVE OUTPATIENT ALCOHOL AND/OR DRUG SERVICES ->=3HOURS A DAY/3DAYS A WEEK		H0015		2	100.0%	0.00	118.37	0.00

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

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

<b>Code 1</b>	PSYCHOTHERAPY WITH PATIENT AND FAMILY 60 MINUTES	90837			10	100.0%	0.00	156.67	0.11
<b>Code 2</b>	PSYCHOLOGICAL TESTING PER HOUR FACE TO FACE TIME WITH PATIENT	96101			9	100.0%	0.00	187.72	192.35
<b>Code 3</b>	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES PER DIEM		S9480		7	100.0%	27.20	158.19	0.00
<b>Code 4</b>	BEHAVIORAL HEALTH COUNSELING AND THERAPY PER 15 MIN		H0004		6	100.0%	0.00	52.62	0.00
<b>Code 5</b>	PSYCHOTHERAPY WITH PAIENT AND FAMILY 45 MINUTES	90834			4	100.0%	104.43	21.63	0.25
<b>Code 6</b>	ELECTROCONVULSIVE THERAPY; SINGLE SEIZURE	90870			3	100.0%	0.00	80.11	0.00
<b>Code 7</b>	INTENSIVE OUTPATIENT ALCOHOL AND/OR DRUG SERVICES ->=3HOURS A DAY/3DAYS A WEEK		H0015		2	100.0%	0.00	118.37	0.00
<b>Code 8</b>	OFFICE/OUTPATIENT VISIT ESTABLISHED PATIENT	99212			1	100.0%	0.00	289.85	0.00
<b>Code 9</b>	PSYCHOLOGICAL TESTING FACE TO FACE TIME WITH PATIENT FOR 1ST HOUR OF TREATMENT	96130			1	100.0%	0.00	198.10	0.00
<b>Code 10</b>	ALCOHOL AND/OR DRUG ASSESSMENT		H0001		1	100.0%	0.00	145.13	0.00

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

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

## 2020 Diabetes Supplies & Equip

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	EXTERNAL TRANSMITTER CONTINUOUS GLUCOSE MONITOR		A9277		71	95.8%	64.63	90.11	0.46

<b>Code 2</b>	DISPOSABLE SENSOR FOR CONTINUOUS GLUCOSE MONITOR SYSTEM		A9276		30	100.0%	39.07	92.80	0.46
<b>Code 3</b>	EXTERNAL RECEIVER FOR CONTINUOUS GLUCOSE MONITOR SYSTEM		A9278		21	95.2%	0.00	84.42	0.00
<b>Code 4</b>	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		E0784		13	92.3%	0.00	114.75	0.00
<b>Code 5</b>	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM		A9274		13	100.0%	0.00	92.34	0.00
<b>Code 6</b>	THERAPEUTIC CONTINUOUS GLUCOSE MONITOR RECEIVER/MONITOR		K0554		1	0.0%	0.00	193.68	0.00
<b>Code 7</b>	CONTINUOUS GLUCOSE MONITOR SYSTEM SUPPLIES		K0553		1	0.0%	0.00	193.68	0.00

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	DISPOSABLE SENSOR FOR CONTINUOUS GLUCOSE MONITOR SYSTEM		A9276		30	100.0%	39.07	92.80	0.46
<b>Code 2</b>	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM		A9274		13	100.0%	0.00	92.34	0.00
<b>Code 3</b>	EXTERNAL TRANSMITTER CONTINUOUS GLUCOSE MONITOR		A9277		71	95.8%	64.63	90.11	0.46
<b>Code 4</b>	EXTERNAL RECEIVER FOR CONTINUOUS GLUCOSE MONITOR SYSTEM		A9278		21	95.2%	0.00	84.42	0.00
<b>Code 5</b>	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		E0784		13	92.3%	0.00	114.75	0.00
<b>Code 6</b>	THERAPEUTIC CONTINUOUS GLUCOSE MONITOR RECEIVER/MONITOR		K0554		1	0.0%	0.00	193.68	0.00
<b>Code 7</b>	CONTINUOUS GLUCOSE MONITOR SYSTEM SUPPLIES		K0553		1	0.0%	0.00	193.68	0.00

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

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

## 2020 DME

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

	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE		E0601		514	94.8%	28.76	129.91	0.00
<b>Code 2</b>	OXYGEN CONCENTRATOR/1 DELIVERY PORTABLE/CAPABLE OF DELIVERNG 85% OR>OXYGEN CONCENTRATION		E1390		154	93.5%	24.31	191.52	0.00
<b>Code 3</b>	AMBULATORY INFUSION PUMP SINGLE OR MULTIPLE CHANNELS WORN BY PATIENT		E0781		96	92.7%	54.37	125.18	0.00
<b>Code 4</b>	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE		E2402		31	87.1%	0.00	165.58	0.00
<b>Code 5</b>	RESPIRATORY DEVICE/BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE WITH NONINVASIVE INTERFACE		E0470		21	81.0%	0.00	129.03	0.00
<b>Code 6</b>	RESPIRATORY DEVICE/BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE FEATURE WITH NONINVASIVE INTERFACE		E0471		20	95.0%	35.48	111.49	0.00
<b>Code 7</b>	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		B9004		14	100.0%	0.00	218.62	0.00
<b>Code 8</b>	HOME VENTILATOR TYPE USED NON-INVASIVE INTERFACE		E0466		14	92.9%	21.40	108.13	0.00
<b>Code 9</b>	ENTERAL NUTRITION INFUSION PUMP WITH ALARM		B9002		12	100.0%	26.15	84.31	0.00
<b>Code 10</b>	PASSIVE MOTION EXERCISE DEVICE		E0935		10	80.0%	66.32	144.16	0.00

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



	Description of service	CPT Code	HCPC Code	Revenue Code	Total number of prior authorization requests	Percentage of approved requests	Average determination response time for prior-authorization requests (hours)		
							Expedited Decisions	Standard Decisions	Extenuating Circumstances Decisions
<b>Code 1</b>	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		B9004		14	100.0%	0.00	218.62	0.00
<b>Code 2</b>	ENTERAL NUTRITION INFUSION PUMP WITH ALARM		B9002		12	100.0%	26.15	84.31	0.00
<b>Code 3</b>	PARENTERAL INFUSION PUMP STATIONARY SINGLE OR MULTICHANNEL		E0791		7	100.0%	0.00	169.11	0.00
<b>Code 4</b>	REPAIR OR NONROUTINE SERVICE ON DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT		K0739		5	100.0%	0.00	44.18	0.00
<b>Code 5</b>	HOSPITAL BED SEMI-ELECTRIC WITH ANY RAILS WITH MATTRESS		E0260		5	100.0%	0.00	228.24	0.00
<b>Code 6</b>	OSTEOGENESIS STIMULATOR-LOW INTENSITY ULTRASOUND NON-INVASIVE		E0760		4	100.0%	0.00	136.65	0.00
<b>Code 7</b>	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES		E0483		4	100.0%	0.00	211.55	0.00
<b>Code 8</b>	LIGHTWEIGHT WHEELCHAIR		K0003		4	100.0%	28.06	78.01	0.00
<b>Code 9</b>	COMPRESSOR AIR POWER SOURCE EQUIPMENT		E0565		3	100.0%	29.03	119.60	0.00
<b>Code 10</b>	PASSIVE MOTION EXERCISE DEVICE		E0935		10	80.0%	66.32	144.16	0.00

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

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